



CCAP

COMPREHENSIVE COMMUNITY ACTION PROGRAM

RHODE ISLAND'S HELPING HAND FOR OVER 50 YEARS

CCAP Data Share



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How we began...

- CCAP was contacted by a representative at EOHHS regarding a new initiative with a company named IMAT
- CCAP agreed to be an early adopter
- CCAP then participated in regular meetings with EOHHS representatives, health plans and other providers as well as IMAT
- CCAP became the first RI practice to connect our EHR (NextGen) to the IMAT system



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Why did CCAP agree?

- Direct data submission would soon be the norm in healthcare
- As part of the Medicaid Accountable Entity CCAP would soon be required to submit data to the health plans directly
- The roadmap ahead was clear that other entities would soon also require direct submission of healthcare data
 - HRSA and UDS Reporting
 - CMS
 - State agencies and stakeholders
 - CCE/RIDOH



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Next Steps

- Reviewing data entry and workflows at CCAP
 - Where would data pull from?
 - Do we need to modify clinical workflows or documentation?
- Data Validation work with IMAT/CCE/RIDOH
 - CCAP worked with IMAT staff along with RIDOH staff to validate a handful of measures
 - Controlling High Blood Pressure
 - Diabetes: Hemoglobin A1c Poor Control
 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- It took several meetings with IMAT and trading detailed reports to reach a 2% or less margin of error



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Accountable Entity

- The health plans that were participating in the Medicaid Accountable Entity (AE) contracted with IMAT for the required data submissions
 - The Medicaid AE Program's Electronic Clinical Data Exchange (ECDE) requirement
- This was helpful to CCAP as we were already connected to IMAT
- There was no additional cost to CCAP to connect to each health plan
- No need for additional validation with the plans



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RIQI/CurrentCare

- CCAP was able to begin CCD-A submission to CurrentCare via IMAT
- Previously CCAP considered a direct interface to RIQI cost prohibitive
- Connecting to IMAT enabled CCAP to begin submitting our patient's data to RIQI for use in the CurrentCare system



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Upstream

- CCAP is also involved in a state initiative with Upstream
- Upstream is working with health care providers to enhance access to Family Planning care and services
- Upstream has also contracted with IMAT to collect and stratify data
- This also requires validation that is currently ongoing



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CCE/QRS Use Case Project

- CCAP chose Controlling High Blood Pressure
 - 1 requirement was related to Cardiovascular Disease
 - Additionally, we found for multiple years our Hispanic and Latino population had better outcomes than our Non Hispanic and Latino patient population

Compliance by Race and Ethnicity				
Count of extract.patient_local_id	Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total	
⊕ Not Hispanic or Latino	1335	639	1974	68%
⊕ Hispanic or Latino	638	188	826	77%
⊕ Unknown	76	29	105	72%
⊕ Other		3	3	0%
Grand Total	2049	859	2908	70%



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QRS Use Case Continued...

- Over the next several slides you can see all of the different data points IMAT was able to create for the Blood Pressure Measure

Compliance by age and sex				
Count of extract.patient_local_id	Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total	
Female	1097	414	1511	73%
60-69	383	141	524	73%
50-59	340	125	465	73%
40-49	162	49	211	77%
70-79	114	51	165	69%
30-39	52	30	82	63%
80-85	26	7	33	79%
18-29	20	11	31	65%
Male	950	445	1395	68%
50-59	327	137	464	70%
60-69	271	114	385	70%
40-49	151	93	244	62%
30-39	90	60	150	60%
70-79	80	23	103	78%
18-29	22	15	37	59%
80-85	9	3	12	75%
Unknown	2		2	100%
30-39	2		2	100%
Grand Total	2049	859	2908	70%

Here you can see a simple breakdown by age and sex



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Count of extract.patient_local_id	Column Labels				
Row Labels	Compliant	Non-Compliant	Grand Total		
No Zcodes	1817	762	2579	70%	
+ Not Hispanic or Latino	1220	579	1799	68%	
+ Hispanic or Latino	537	160	697	77%	
+ Unknown	60	20	80	75%	
+ Other		3	3	0%	
Patient with Zcodes	232	97	329	71%	
+ Not Hispanic or Latino	115	60	175	66%	
+ Hispanic or Latino	101	28	129	78%	
+ Unknown	16	9	25	64%	
Grand Total	2049	859	2908	70%	

We wanted to understand if “Z” codes which can be indicative of Social Determinants of Health (SDOH) might have an impact on the patient outcomes



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We tried the same measure of Controlling High Blood Pressure with a breakdown by mental health diagnosis or problem

Mental Health by Age range and Sex				
Count of extract.patient_local_id	Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total	
⊕ Mental & Behavioural Disorder	604	263	867	70%
⊕ No Mental Disorder	549	253	802	68%
⊕ Mood Disorder	526	192	718	73%
⊕ Neurotic, stress	237	101	338	70%
⊕ Schizophrenia	51	10	61	84%
⊕ Organic, Mental Disorder	45	25	70	64%
⊕ Behavioural Syndrome	26	11	37	70%
⊕ Psychological Dev disorder	4	1	5	80%
⊕ Behave, emotional disorder	3	3	6	50%
⊕ Personality Disorder	2		2	100%
⊕ Unspecified Mental disorder	1		1	100%
⊕ Mental Retardation	1		1	100%
Grand Total	2049	859	2908	70%



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	Count	Compliant	Non-Compliant	Grand Total	Percentage
No Mental Disorder	549	253	802		68%
Male	279	148	427		65%
Ex-smoker	189	64	253		75%
Non_Smoker	70	71	141		50%
Active Smoker	16	10	26		62%
Passive smoke exposure	2	1	3		67%
Smoking history	2		2		100%
Nicotine dependence		2	2		0%
Female	270	105	375		72%
Ex-smoker	169	37	206		82%
Non_Smoker	87	64	151		58%
Active Smoker	13	3	16		81%
Smoking history	1		1		100%
Nicotine dependence		1	1		0%

Mental Health by sex and smoking status				
Count of extract.patient_local_id	Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total	
Mental & Behavioural Disorder	604	263	867	70%
Male	338	164	502	67%
Active Smoker	181	90	271	67%
Ex-smoker	123	43	166	74%
Non_Smoker	22	27	49	45%
Passive smoke exposure	4		4	100%
Marijuana smoker	3		3	100%
Nicotine dependence	3	2	5	60%
Smoking history	2	2	4	50%
Female	266	99	365	73%
Active Smoker	166	60	226	73%
Ex-smoker	86	20	106	81%
Non_Smoker	11	16	27	41%
Smoking history	2	1	3	67%
Passive smoke exposure	1	1	2	50%
Marijuana smoker		1	1	0%

You can see how granular the data can get as IMAT was able to dig into the measure, this is still related to Controlling High Blood Pressure

These 2 examples show data in the measure broken down by patients with and/or without a mental health diagnosis and their smoking status as listed in CCAP's EHR



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We were even able to look at a comparison of patient visits of No Telehealth Visits and Multiple Telehealth

Count of extract.patient_local_id	Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total	
<input type="checkbox"/> No Telehealth Visits	1064	489	1553	69%
In person only	1062	489	1551	
No visit location	2		2	
<input type="checkbox"/> Multiple telehealth	508	168	676	75%
Hybrid	508	167	675	
#N/A		1	1	
<input type="checkbox"/> One telehealth	477	202	679	
Hybrid	477	202	679	
Grand Total	2049	859	2908	



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No of times BP taken					
Count of extract.patient_local_id		Column Labels			
Row Labels	Compliant	Non-Compliant	Grand Total		
BP taken once	1785	201	1986	90%	
Multiple BP	264	357	621	43%	
No BP in IMAT		301	301	0%	
Grand Total	2049	859	2908	70%	

Lastly, we wanted a breakdown of compliant and non-compliant patients based on if the patient had multiple blood pressure readings during a primary care visit



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Outcome/Conclusions

- The last data displayed reinforces that 2 or more blood pressure readings should be taken when the patient has High Blood Pressure and the first reading indicates they are not in control
- CCAP will use this data to form a PDSA working with the RIDOH QRS team weaving this into our PI Initiatives around the Controlling High Blood Pressure measure

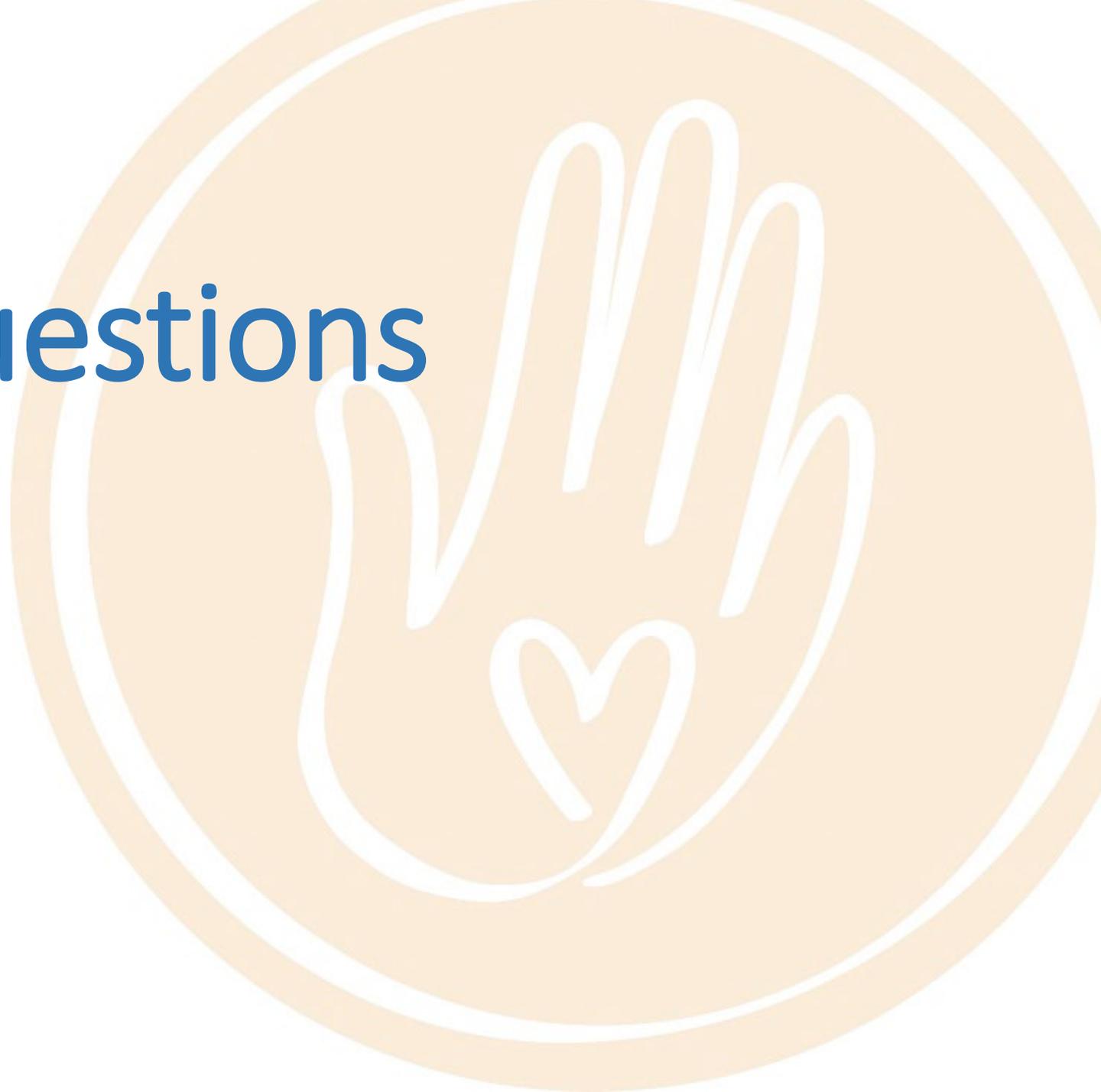


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Questions





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