

DYNAMIC NEWS

Dynamic Health IT • New Orleans, Louisiana

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www.DynamicHealthIT.com



ONC Certification:

- CQMsolution
- Patient Portal
- ConnectEHR

Interoperability:

- HL7Connect
- Registry Hub

HIMSS 17

2017 marks the fourth year DHIT will be exhibiting at HIMSS Annual Conference & Exhibition. The conference will take place on February 19– 23 at the Orlando County Convention Center. The team looks forward to sharing our progress with our Quality Measure software and take-aways from recent FHIR events.

We will be catching up with our partner and booth-neighbor, MaxMD and con-

Come see our
2015 Edition
Quality Measure
Solution
At **BOOTH 8149**

CQMsolution expands

Well received from the start, DHIT has frequently upgraded CQMsolution to improve usability, performance and roll out new features to expand its input, display and output capabilities.

Select a Program for Validation: HQR_IQR

Please select a Program

Select a Program for Validation:

Add Files

Submit Test Files to CMS

Submit Production Files to CMS

Last year, we announced that we were the first software developer to be certified for Clinical Quality Measures under the latest ONC Health IT Certification (2015 Edition) - another milestone on the journey toward making CQMsolution an all-encompassing tool for quality reporting. Shortly after, we completed support for the Hospital Inpatient Quality Reporting program. Here's a quick summary of CQMsolution support for quality programs, current and planned:

- **PQRS:** QRDA-III XML output submitted to QualityNet, including successful submission for the 2016 reporting year.
- **HQR (IQR, EHR & combined):** QRDA-I output for eligible hospitals submitted to QualityNet, including successful submission for the 2016 reporting year
- **HEDIS:** Developing NCQA-based measures used across multiple programs
- **Joint Commission** (expected 2017): QRDA-I and aggregate "ePop" XML for hospitals
- **MIPS** (expected 2017): QRDA-III XML for an expanded roster of measures providers transition from PQRS to the new Quality Payment Program
- **CPCI** (expected 2017): QRDA-III for CMS' advanced primary care payment model
- **CCBHC** (expected 2017): Selected measures for behavioral health clinic pilot program

With Dynamic Health IT as your data submission vendor (DSV), we can test, validate and submit the required patient QRDA-I files to QualityNet to meet HQR, PQRS and more programs to come. If this list does not include a program you are interested in, please inquire about how DHIT can assist with your submission.

HL7*FHIR* Connectathon 14

Fast Health Integration Resources (FHIR) has become very popular due to its rest API and accessible resources. But getting a broader understanding of everything FHIR touches and how it behaves - the goal for any given Connectathon - can be more daunting. For the 14th Connectathon, our focus was on the CCDAs on FHIR track.

Over the course of the weekend, we were able to get a better understanding of the current status and purpose of CCDAs on FHIR in general as well as the following key insights:

- Difference between composition and bundles
- How to reference a different server for resources used in our composition
- How to style and render our bundle as retrieved from the server
- Search parameters and where to find them

- How CCDAs on FHIR imposes additional constraints on existing resource types

The DHIT team was able to make it through all of the producer and some of the consumer scenarios, which we counted as a major success in two short days. Outside of our development track, we were able to gain quite a bit of information about strategies for integrating FHIR servers into our ecosystem, the viability of the Spark Production server, strategies for integrating OAuth, and more.

Organizationally, it is good to know for those coming into the FHIR fold that Work Group Meetings are where a lot of the development work on FHIR happens. Numerous work groups will be considering FHIR change proposals, working on FHIR profiles and resources and debating other aspects of FHIR implementation. As well, there will be meetings of the FHIR Governance Board and FHIR Management

Update on CCDA v2.1

San Antonio hosted the fourth-ever CCDA Implementation-a-thon. The scope of CCDA v2.1 - and its implications for 2015 Edition Certification - have made for wide-ranging discussions at each of these events. On the ONC front, implementers are focused on achieving 2015 Certification for CCDA and reaching benchmarks according to the ONC SITE CCDA scorecard tool.

There was considerable interest in clarifying the links between concerns, goals and intervention. A source of confusion is that, as of this writing, there is an issue with the ONC CCDA Scorecard not scoring Care Plan documents correctly.

For health concerns, there were a number of clarifications that

CQMsolution: Automating your Quality Measure process

Along with our enhancements related to measure versions and programs, CQMsolution has also added several automated features that enable easier access to reporting and user management.

CQMsolution added a Report API in mid-2016 and has been enhancing this feature since. The Web A REST-based Web API can queue CQM reports using an HTTP POST method. REST is based on open standards and the client may use any web development language to access the API. The API also delivers detailed success/error messages to clients calling it.

We have also added a User Agent that allows bulk adding of users, practices and management of user accounts. As an alternative to manual user and practice entry through the user interface, CQMsolution's User Agent can be deployed to add/edit clinicians and add practices in bulk. The agent monitors a configurable folder path for a CSV file; the contents of this file determine the attributes of new and existing clinicians and practices in CQMsolution.

New clinicians and practices are added, while existing clinicians will be marked 'inactive' if not present in the file. All preexisting reports for inactive existing clinicians can also be archived when the agent processes a new file.

A more interoperable portal

Dynamic Health IT is working on sweeping enhancements to our Patient Portal, with new alternatives for accessing CCDA-related data. We have added OAuth support, enabling login from existing portal applications. OAuth is an open standard used to enable authorization across web applications without having to enter passwords at each point of entry.

Looking ahead to the 2015 Certified Portal, DIHT will support for the certification measure "Trusted Connection" [170.315(d)(9)]. The upshot will be that ConnectEHR + Patient Portal will enable both secure logins and securing message across healthcare applications.

proved helpful. Concerns expressed by patient need not be collapsed into a code and, by nature, will often need narrative. On the topic of goals, there was discussion around differentiating between patient goals and provider goals. This may not always be a fine distinction captured by code sets, but where possible it will be defined by the author concept. Goals that have both a patient and provider author are coded as shared or negotiated goals.

The concept of document-level authorship in general was conceptually challenging. Vendors can generate and recognize their own document roots, but may extend only within your own vendor system in many cases.

Quality Net DSV - Easing the pain

During 2016, Dynamic Health IT achieved Data Submission Vendor (DSV) status with QualityNet, the site authorized by CMS to accept submission of eCQM files across multiple programs. A DSV collects clinical quality data from a Certified Electronic Health Record for submitting to CMS via specified formats for a given reporting year.

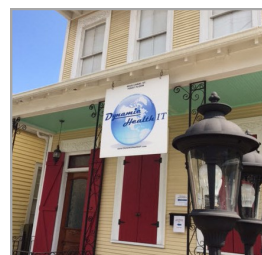
In a nutshell, this means that for hospital inpatient quality reporting programs, CQMsolution can generate your eCQM output and Dynamic Health IT can lead you all the way through the process to final submission.

We are currently in the process of submitting for several North-eastern hospitals. Our experience has allowed us to improve our output and validation process to simplify the process of submission.

For instance, a number of non-required fields in staged data that come in blank can be auto-populated so that the data process for clients is less manual. Our file outputs for HQR are also available at the "full qrda" and measure-level. The full QRDA aggregates all measure data to the patient level and is ready for submission, with zip files automatically rolling over once they have reached the QualityNet file threshold. Files are also named descriptively so that they can be tracked throughout the process by TIN, MRN and report ID.

DHIT quality assurance staff guide this process, testing against multiple validation tools and receiving direct feedback on each file from Quality Net's test secure upload, providing resolution for each instance of data incompleteness.

DHIT also plays an active role in regular Cypress calls, advocating that CMS and QualityNet testing be more aligned. Although the QualityNet bugs still exist, we have prioritized reporting and resolving site issues, which benefits all participating hospitals. If



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