

MEDICOMP
SYSTEMS



STATE OF THE HEALTH IT INDUSTRY

January 2020

Overview

- Introduction
- Industry overview
- Health IT buzz
- Industry challenges
- Practical requirements for solutions
- Real-world examples
- Evolving trends
- Takeaways
- Q/A



HIMSS 20

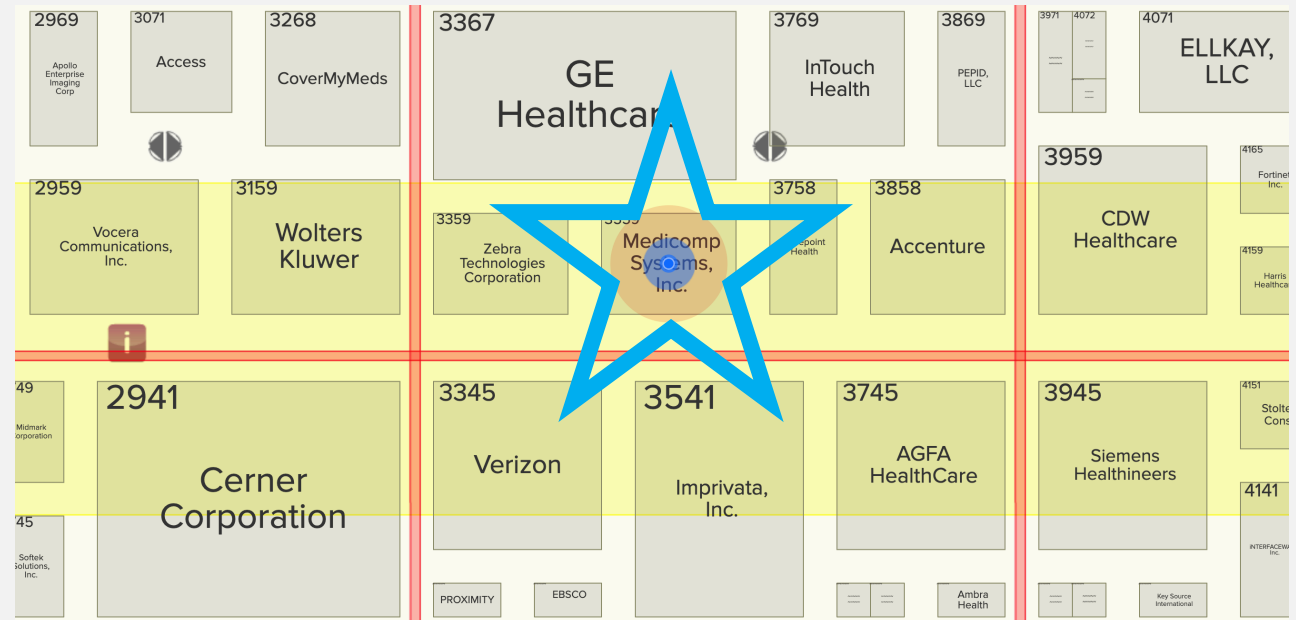
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Speaker Intro



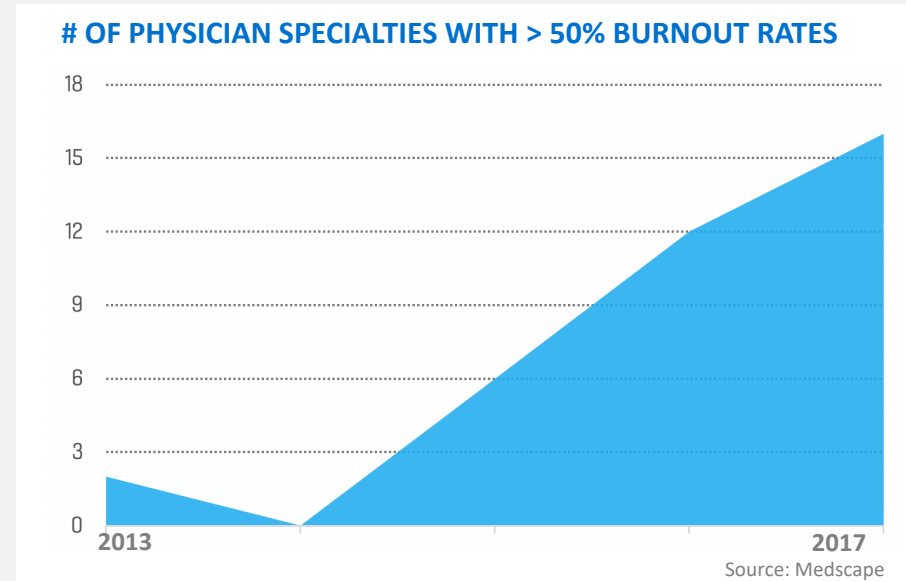
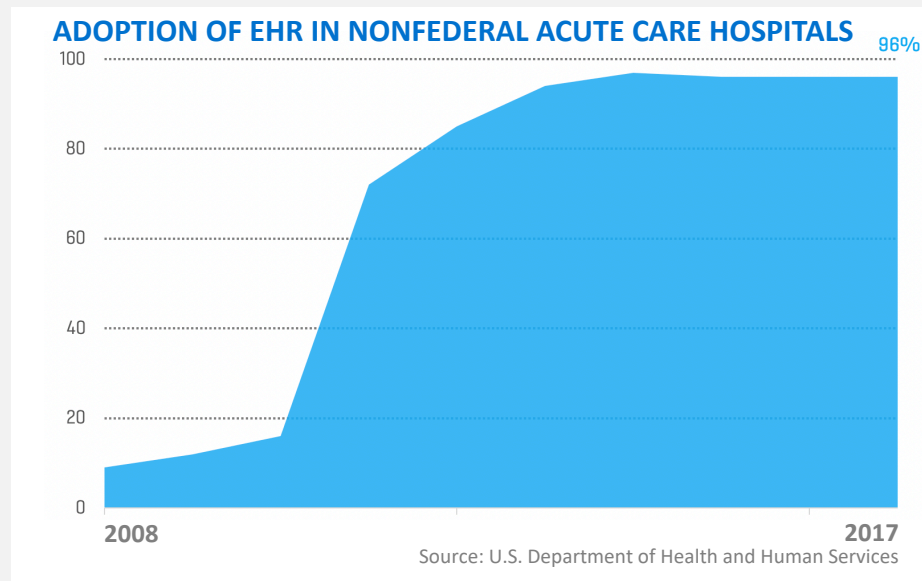
David Lareau
Chief Executive Officer



Jay Anders, M.D.
Chief Medical Officer

Industry Overview

- EHR adoption levels since HITECH Act: up from <30% to 90+% overall¹
- Data is largely unstructured, fragmented and inconsistently stored
- Data sharing infrastructure still nascent
- Lack of incentives to promote data sharing
- 50+% of US physicians express feelings of burnout; EHR is a top contributor²
- Constant hype about panacea solutions that don't live up to their promise



1) Office of the National Coordinator, (2019, June), [Health IT Dashboard](#) 2) Herbert, Fred et al, (2018, Aug 1), [Physician Burnout: Consequences, Causes and Cures](#)

EHR Usability and Physician Satisfaction

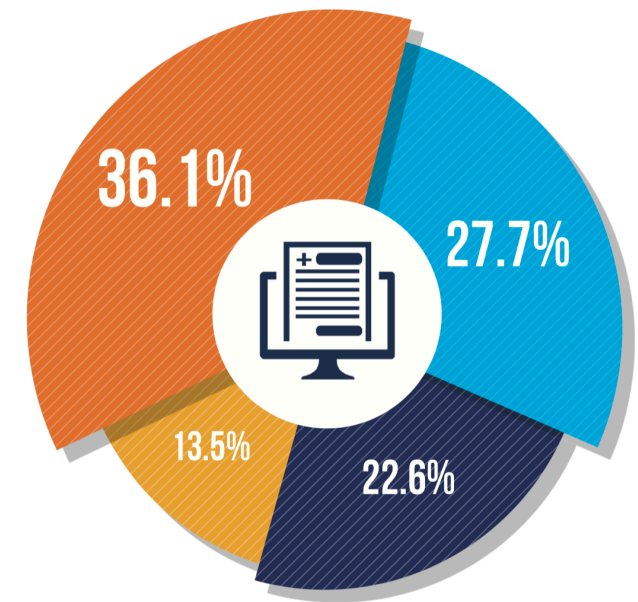
- Poorly built EHR documentation modules create inefficiencies that fuel physician burnout
- Data sharing between disparate systems is difficult without “clean” data
- Physicians – and not EHRs - should dictate clinical workflows
- The future of clinical applications is mobile-first and multi-device

36.1%
Said lack of interoperability between EHRs as well as between providers

27.7%
Named the overall dissatisfaction with EHRs

22.6%
Cited difficulties using data to improve clinical and financial outcomes

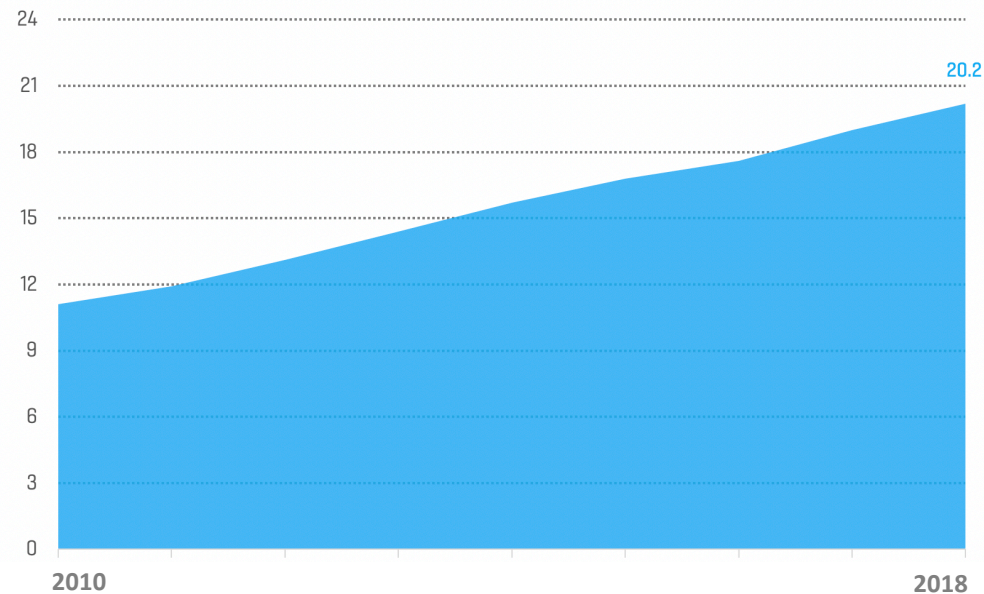
13.5%
Responded lack of innovation compared to other industry sectors



Value-Based Payment Requires Clinical Data

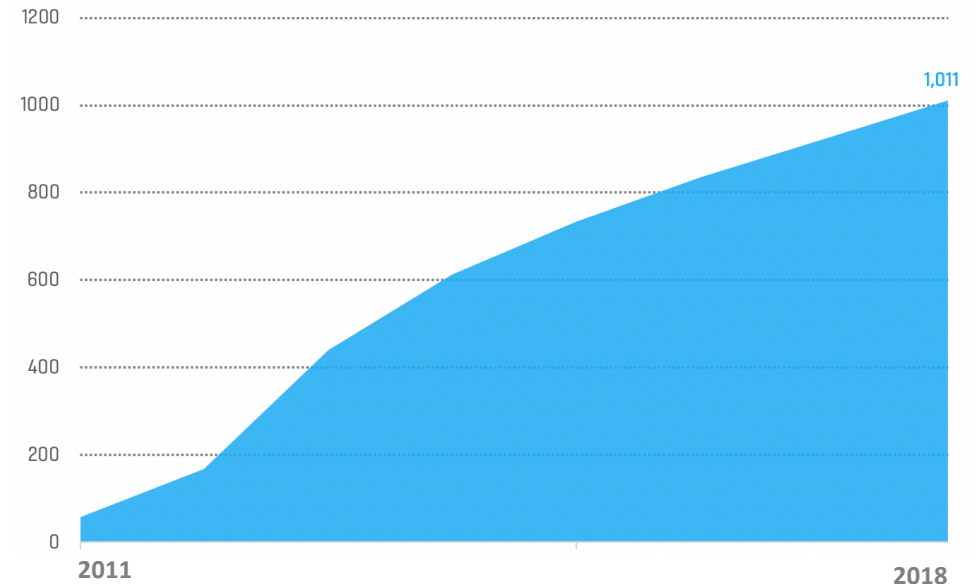
- Value-based payment models, including Medicare Advantage, are becoming the norm
- Value based payment requires ready-access to granular clinical data to monitor performance

MEDICARE ADVANTAGE ENROLLMENT, IN MILLIONS



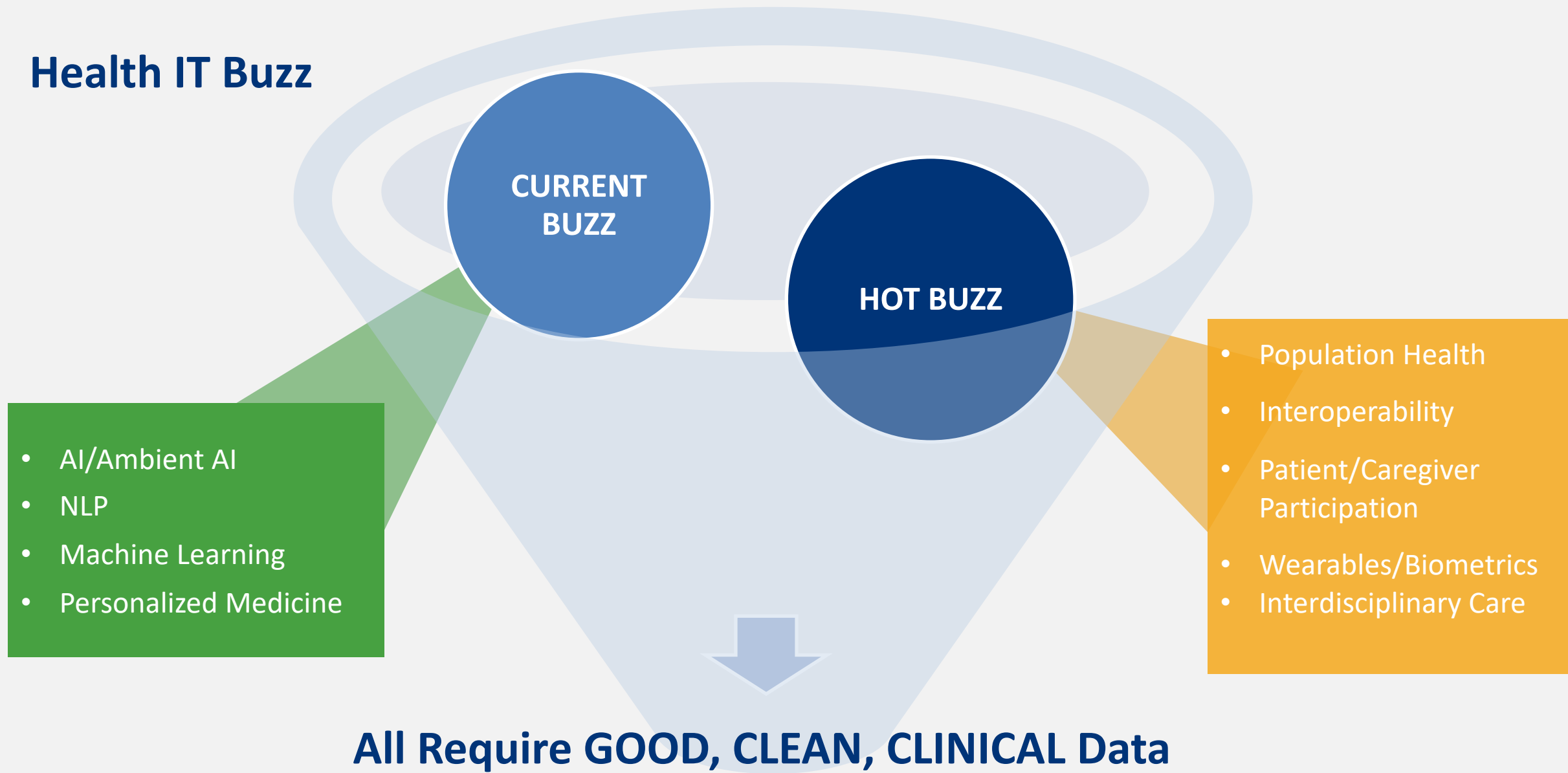
Source: Kaiser, CMS, The Fiscal Times

NUMBER OF ACOs OVER TIME



Source: Health Affairs

Health IT Buzz



Challenges

Computable clinical data is needed to solve these issues, but:

- Unstructured data, disorganized, siloed data
- Explosion of terminologies, quality measures, HCCs, all needing data to predict and control clinical risk
- Providers cannot find data at the point of care
- Growth of outcomes-based reimbursement (Medicare Advantage & other risk-sharing arrangements)

50

EP eCQM Measures 2019

16

EH eCQM Measures 2019

257

MIPS QPP Measures 2019

83

HCC Categories

9,500+

HCC ICD-10-CM Codes

70,000+

ICD-10-CM Codes

What's Needed to Fix Things

- Computable clinical data *at the point of care* (not hours, days, or weeks later based on pop health analytics)
- AI supporting clinical decision-making and workflows in real-time
- Tying all information together so it can be accessed instantly
- Integration of clinical teams (care plans, workflows, data)



The Upcoming Clinical Data Wars

- Data is now more valuable than oil¹
- Monetizing clinical data is the future² - and could be what's needed to drive interoperability
- Organizations (and AI) need reliable, clean, usable data, and systems that can make sense of that data – garbage in, garbage out



1) The Economist, (2017, May), [*The World's Most Valuable Resource is no Longer Oil but Data*](#)

2) Healthcare IT News, (2019, Dec), [*The Economy of Connecting*](#)

Practical Requirements

- **Information Sources**
 - Clinical Notes (Narrative)
 - Coded Data
- **Clinical AI Capabilities**
 - Quality care initiatives
 - Intelligent presentation of data
 - CDS at the point of care
 - Clinically relevant filtering
 - Audit-proofing for value-based payment





Narrative Text to Data to Quality Metrics (NLP)

History of Present Illness

Past Medical History

Family History

Review of Systems

Assessment

Plan

Therapy

Quality Measures

History of Present Illness

Patient comes in today for a follow-up for rheumatoid arthritis, and COPD. He is a former smoker. He is also being treated by Dr. Lewis Karl for coronary artery disease and is currently taking beta blockers. He was recently disoriented and fell after a dizzy spell and went to the emergency room where he was evaluated and negative for stroke, but further testing confirmed atrial fibrillation. He is currently using a cane as a precaution. His father has a history of lung cancer and died at age 55. His brother has recently been diagnosed with depression and congestive heart failure.

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Create Text Macro

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 2  0  0

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Past Medical History

Reported Physical Trauma: **fall**;

Personal History

Behavioral History: **previous history of smoking**;

Family History

Paternal History: **lung cancer**; **overall condition: expired**;

Fraternal History: **congestive heart failure**; **depression**;

Review of Systems

Neurological Symptoms: **dizziness**; **disorientation**;

Assessment

atrial fibrillation; **coronary artery disease**; **chronic obstructive pulmonary disease**; **rheumatoid arthritis**; **no stroke syndrome**;

Plan

beta adrenergic blocking agents;

Therapy

Quality Measures ⚠️ 9 ⓘ 0 ✅ 0

Incomplete

⚠️ Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

⚠️ Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy

⚠️ Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy

⚠️ Falls: Screening for Fall Risk

⚠️ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

⚠️ Rheumatoid Arthritis (RA): Functional Status Assessment

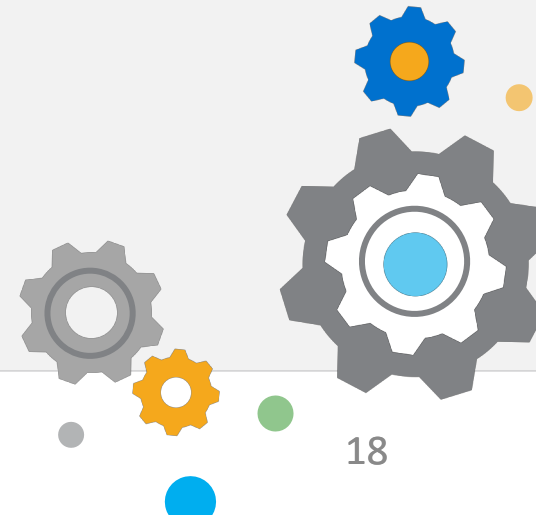
⚠️ Rheumatoid Arthritis (RA): Glucocorticoid Management

⚠️ Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

▶️ ⚠️ Rheumatoid Arthritis (RA): Tuberculosis Screening



Making Sense of Data from Disparate Systems



Remember the Days When...



**Unfortunately, this
scenario is the same
but has shifted into the
world of technology.**

Finding what you're looking for in today's systems can be challenging

The screenshot displays a medical software interface with multiple overlapping windows and panels. The top window shows patient demographics for 'ANDY T HOMER', including address, contact information, and insurance details. Below this, a 'Physical Exam' section contains a table of vital signs and a narrative of the exam findings. To the left, a 'Chief Complaint' and 'History of Present Illness' section is visible. The bottom right window shows a 'Specialty Template Set' and a 'Reason(s) for visit' section. The interface is cluttered with various buttons, tabs, and data fields, illustrating the complexity of modern medical systems.

Demographics - Patient Monitor

123 MAPLE AVENUE
YOUNGSTOWN, OH 44512

Home: (330) 758-4564 (P)
Work: (330) 758-1356
Cell: (330) 456-8412 (S)
Alternate: 9/05/2017
Next Appt:

Occupation: Writer
Marital Status: Widowed
Language: English
Parent: English
Legal Guardian: Primary, M.D., Paul
Care Given: Referring Dr.

Current every day smoker
(449060002)

Plan Set Name Insurance Coverage Policy# Group# Co-Pay Insured
Medical [X] UNITED HEALTH CARE [13] 1234567890 GRP14564 \$25.00 ANDY HOMER
Medical [X] ALLSTATE INS. CO. [89] 78986456 GRP7610123 \$15.00 ANDY HOMER

Physical Exam

Note	Weight	Height	Temp
11/21/2013	195 lb	68 in	101.6 F
03/04/2009	208.0	62.0	98.7
04/06/2009			

WNLWMD NAD. Mucosa pink & moist. Inferior na injection or exudate. Neck supple with shotty. Left mid sinuses are nontender. Chest is clear.

Diagnoses
common cold

Problem List
ACUTE NASOPHARYNGITIS (COMMON C expected course of this diagnosis and need to expected course, or if any worse.

Plan
Return in 6 weeks to review progress.
CQI: URI Quality measures:
Patient was not prescribed an antibiotic for this visit.

Specialty Template Set
CHM

Visit Type
Classification
Medical WA 07/15/2010
(or combined)
BH MS 07/15/2010
Other

Reason(s) for visit

Chronic Problem List

Chronic Problem	Code
Chronic Problem	754.2
Deformity, spine, congenital	253.5
Diabetes insipidus	

Vitals

Date / Time	Temp	BP	Pulse	Respirations	Height (in)	Weight	BMI	Pulse Ox	Peak Flow
07/15/2010 11:17 AM	98.9	122/71			71.0	150.0	20.92		
07/15/2010 11:17 AM	99.0	120/70			71.0	160.0	22.31		

Medications

Medication	Dose	Sig	Description	Start Date	Comment
ACETAMINOPHEN	325MG	take 1 tablet (325MG) by ORAL route every 4 hours as needed		07/15/2010	
WARFARIN SODIUM	1 MG	take 1 tablet (1MG) by ORAL route every 24 hours		07/15/2010	

Health Monitor

Health Assessment	Due:
TST	08/23/2010
Lipid Panel	08/23/2010
Colonoscopy	08/23/2010
Sigmoidoscopy	08/23/2010
FOBT x3	08/23/2010

Due:

Due:
Breast Exam
Mammogram
PAP Test
GYN Exam
DEXA Scan

Medications

CVX 141 - Influenza, seasonal, injectable	12/01/2018
RxNorm 861007 - Metformin hydrochloride 500 MG Oral Tablet	12/01/2018
RxNorm 310346 - Finasteride 5 MG Oral Tablet	11/20/2018
RxNorm 858813 - Enalapril Maleate 5 MG Oral Tablet	06/20/2018
RxNorm 1422098 -	06/20/2018

Lab & Imaging Results

Labs	
CPT 82465 - total plasma cholesterol level	11/20/2018
Patient Health Questionnaire 9-Item (PHQ-9)	08/15/2018
PHQ-9: quick depression assessment panel 3	08/15/2018
PHQ-9: total score 8	08/15/2018
SAMHSA questionnaire:	08/15/2018

Procedures & Therapies

SNOMED-CT 1221000119103 - History of tobacco use (situation)	12/01/2018
CPT 4274F - influenza immunization administered, SNOMED-CT 86198006 - Influenza vaccination (procedure)	12/01/2018
SNOMED-CT 275919002 - Weight loss advised (situation)	12/01/2018
SNOMED-CT 428181000124104 -	11/20/2018

Orders

CPT 81005 - urinalysis, SNOMED-CT 27171005 - Urinalysis (procedure)	11/20/2018
antidepressant pharmacotherapy prescribed	08/15/2018
CPT 85025 - blood cell counts	04/10/2017
CPT 82270 - upper gastrointestinal endoscopy with removal of foreign body	08/06/2016

History

ICD-10-CM W42.9 - Exposure to other noise	12/01/2018
SNOMED-CT 77176002 - Smoker (finding)	12/01/2018
SNOMED-CT 449868002 - Smokes tobacco daily (finding)	12/01/2018
ICD-9-CM 305.1 - Nondependent abuse of drugs, Tobacco use disorder, SNOMED-CT 65568007 - Cigarette	12/01/2018

ROS & Exam

Systemic Symptoms	
SNOMED-CT 82991003 - Generalized aches and pains (finding) - Negative	12/01/2018
SNOMED-CT 248427009 - Fever symptoms (finding) - Negative	12/01/2018
not feeling fatigued	08/15/2018
no recent weight loss	08/15/2018
Head-related Symptoms	
SNOMED-CT 25064002 -	12/01/2018

Seymour Patients

Male, DoB: 5/19/1952, Age: 67

Filter by Problem

- chronic renal failure
- dementia with Lewy bodies
- diabetes mellitus type 2 with complication
- essential hypertension
- moderate depression

Focus List Size:

III

Focused

Broad

Medications

Metformin hydrochloride 500 MG Oral Tablet; 1 tablet orally 2 times a day	12/01/2018
Enalapril Maleate 5 MG Oral Tablet; 1 tablet orally every day	06/20/2018
Atorvastatin 40 MG / ezetimibe 10 MG Oral Tablet [Liptruzet]	06/20/2018
Enalaprilat 1.25 MG/ML	03/06/2018
atorvastatin 20 MG Oral	01/07/2016

Lab & Imaging Results

Labs	
plasma glucose 150 mg/dL	06/20/2018
blood hemoglobin A1c 9.2 %	06/20/2018
blood glucose level 145 mg/dl	03/06/2018

Procedures & Therapies

weight loss diet	12/01/2018
low sodium diet	06/20/2018
performed ECG	09/06/2016

Orders

urinalysis	11/20/2018
CBC with differential	04/10/2017
comprehensive metabolic panel	01/03/2016
lipid panel	01/03/2016

History

history of diabetes mellitus	12/01/2018
family history of Hashimoto's thyroiditis	09/06/2016
family history of diabetes mellitus	09/06/2016
family history of type 2 diabetes mellitus	09/06/2016

ROS & Exam

Systemic Symptoms	
no recent weight loss	08/15/2018
Head-related Symptoms	
no headache	12/01/2018
Eye Symptoms	
eye strain	12/01/2018
Genitourinary Symptoms	
increased urinary frequency	11/20/2018
Endocrine Symptoms	
no polydipsia	12/01/2018

Seymour Patients

Male, DoB: 5/19/1952, Age: 67

Filter by Problem

- chronic renal failure
- dementia with Lewy bodies
- diabetes mellitus type 2 with complication
- essential hypertension
- moderate depression

Focus List Size:

Focused

Broad

Filter



Entry



Medications

Enalapril Maleate 5 MG Oral Tablet; 1 tablet orally every day	06/20/2018
Atorvastatin 40 MG / ezetimibe 10 MG Oral Tablet [Liptruzet]	06/20/2018
Enalaprilat 1.25 MG/ML	03/06/2018
atorvastatin 20 MG Oral Tablet [Lipitor]; 1 tablet orally every day	01/07/2016

Lab & Imaging Results

Labs	
BUN level 42 mg/dL	 06/20/2018
serum creatinine level 3.4 mg/dL	 06/20/2018

Procedures & Therapies

performed ECG	09/06/2016
---------------	------------

Orders

urinalysis	11/20/2018
CBC with differential	04/10/2017
comprehensive metabolic panel	01/03/2016

History

history of systemic HTN	12/01/2018
history of diabetes mellitus	12/01/2018
family history of systemic HTN	03/06/2018
family history of diabetes mellitus	09/06/2016
family history of type 2 diabetes mellitus	09/06/2016

ROS & Exam

Genitourinary Symptoms	
nocturia	11/20/2018
Neurological Symptoms	
no confusion	12/01/2018
confusion fluctuates	02/09/2017
Skin Symptoms	
not itching	12/01/2018
Vital Signs	
RR 18 breaths/min	12/01/2018
pulse rate 80 bpm	12/01/2018

Seymour Patients

Male, DoB: 5/19/1952, Age: 67

Filter by Problem

chronic renal failure

dementia with Lewy bodies

diabetes mellitus type 2 with complication

essential hypertension

moderate depression

Focus List Size:

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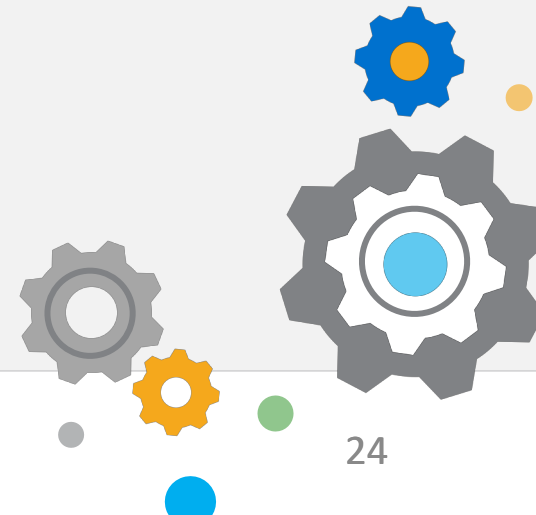
Filter

Entry





Audit-proofing for Value-based Payment Systems



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Past Medical History

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Review of Systems

Assessment


Plan

Therapy

Current Encounter

- ^
- HPI
- ROS
- Exam
- Assessment
- Plan
- Tests
- Therapy
- ▼

 HCC Analysis

 Patient Settings

 Engine Settings

 Refresh

×

Component	2020 Model	2017 Model	Date	Entry
Age 70-74 Years	0.394	0.379		
Raw Score	0.394	0.379		
Normalized Raw Score	0.347	0.332		
Blended Proportion Of Raw Score	0.173	0.166		
Blended risk score for existing enrollee	0.339			
Monthly Capitation Rate	-			
Monthly Plan Payment	-			

Quality Measures

History of Present Illness

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Patient Settings

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- Summary
- Calculation
- Analysis
- Request
- Response

Quality Measures

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Review of Systems

Current Encounter

-  HPI
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Component	2020 Model	2017 Model	Date	Entry
Age 70-74 Years	0.394	0.379		
HCC40 Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.421	0.423	1/21/2020	rheumatoid arthritis
HCC96 Specified Heart Arrhythmias	0.268	0.268	1/21/2020	atrial fibrillation
HCC111 Chronic Obstructive Pulmonary Disease	0.335	0.328	1/21/2020	chronic obstructive pulmonary disease
Raw Score	1.418	1.398		
Normalized Raw Score	1.248	1.224		
Blended Proportion Of Raw Score	0.624	0.612		
Blended risk score for existing enrollee	1.236			

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Quality Measures  9  0  0

Incomplete

 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

 Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy

 Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy

 Falls: Screening for Fall Risk

 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

 Rheumatoid Arthritis (RA): Functional Status Assessment

 Rheumatoid Arthritis (RA): Glucocorticoid Management

 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

 Rheumatoid Arthritis (RA): Tuberculosis Screening

Assessment

atrial fibrillation;

Plan

aspirin; antiarrhythmics; amiodarone HCl; flecainide; flecainide acetate; propafenone HCl (Rythmol); procainamide HCl; sotalol HCl; beta adrenergic blocking agents: propranolol HCl, atenolol, carvedilol, metoprolol; anticoagulants; heparin preparations; enoxaparin sodium; warfarin sodium (Coumadin); apixaban; rivaroxaban; dabigatran etexilate mesylate; antiplatelet; clopidogrel bisulfate;

Tests

Blood Analysis: CBC with differential; comprehensive metabolic panel; hepatic function panel; comprehensive thyroid panel; thyroid function tests: serum TSH level, 3rd generation, free T4 level; toxic drug assays;

Laboratory Studies: ECG: portable electrocardiogram, standard ECG, 12-lead electrocardiogram; continuous ECG monitoring patient demand event recording; continuous ECG monitoring: Holter monitor; electrophysiologic evaluation with induction of arrhythmia with ablation of arrhythmogenic focus; cardiac stress test;

Telemetry: telemetry;

Imaging Studies: transthoracic (2-D) echo mode with spectral and color flow Doppler; echo (3-d) reconstruction; chest x-ray: posterior-anterior and lateral views; MRI of heart;

Genetic Analysis: genetic pedigree analysis; genetic testing;

Therapy

Physician's Services: anticoagulant management;

Office and Lab Procedures: elective cardioversion; catheter ablation of arrhythmogenic bypass tracts; atrial fibrillation ablation;



Rehabilitation: lifestyle change;

Referrals/Consults: referral to cardiologist; referral to pediatric cardiologist; consultation with a cardiologist; consultation with a pediatric cardiologist;

Counseling and Education

Current Encounter

Sources

-  **Atrial Fibrillation**
-  Chronic Renal Failure

Quality Measures

 2  0  0

Evolving Trends

- Aging population will result in more home, virtual and long-term care
- Increasing shift to **reimbursement based on “measurable outcomes”**
- Delivering evidence-based guidance in real-time to **ALL caregivers**
- Personalized medicine and genetics

All will require better data.



Solving Health IT's Biggest Challenges in 2020 and Beyond

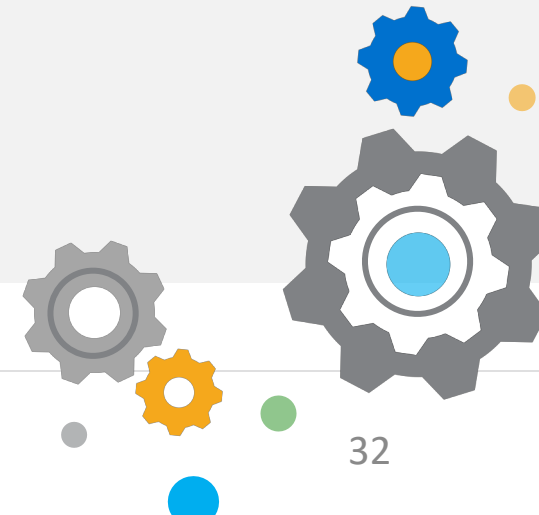


Data on its own is not enough. Need **clinical AI engines** with expert intelligence that make sense of data and can support clinical decision making and workflows in real-time



Need help implementing these solutions?

- ▶ Contact James Aita
Director of Business Development & Strategy
jaita@medicomp.com



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