



InDxLogic 2010

Closing the Data Gap : Improving the Quality of Data in Quality Measures.

Reporting HEDIS quality measures becomes easier with the InDxLogic document management experience with indexer-based tools for enterprise-wide document standardization and streamlined document content and clinical observation mapping.

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InDxLogic provides a host of benefits that only InDxLogic and Kryptiq can offer --- including superior performance in any organization and up to 60% savings in indexing overhead. InDxLogic and Kryptiq's Document Management v8.4 (formerly Docutrak) with **InDxLogic Advanced Auto Indexing** enhances the document management experience with built in service level tools for proactive problem resolution, enterprise-wide document standardization and an indexer-based tool set for streamlined document content and clinical observation mapping. InDxLogic point of indexing data mapping toolset allows organizations to harvest valuable HEDIS data from virtual and paper based document workflows in a predictable and organized fashion effectively closing the paper data gap. This unique toolset provides not only enterprise wide cost savings of up to 60% but also allows organizations to achieve Medicare Quality Pay for Performance metrics.

71 HEDIS measures are divided into eight "domains of care":

- **Effectiveness of Care**
- **Access/Availability of Care**
- **Satisfaction With the Experience of Care**
- **Use of Services**
- **Cost of Care**
- **Health Plan Descriptive Information**
- **Health Plan Stability**
- **Informed Health Care Choices**

What are HEDIS Measures?

The Healthcare Effectiveness Data and Information Set better known as HEDIS, is a group of measures related to quality of care that is reported by most health plans across the nation; it is owned by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks. Although not originally intended for trending, HEDIS results are increasingly used to track year-to-year performance. HEDIS is one component of NCQA's accreditation process, although some plans submit HEDIS data without seeking accreditation. An incentive for many health plans to collect HEDIS data is a Centers for Medicare and Medicaid Services (CMS) requirement that Health maintenance organizations (HMOs) submit Medicare HEDIS data in order to provide HMO services for Medicare enrollees under a program called Medicare Advantage.

Structure

The Measures are added, deleted, and revised annually. Increased attention to medical care for seniors prompted the addition of measures related to glaucoma screening and osteoporosis treatment for older adults. Other health care concerns covered by HEDIS are immunizations, cancer screenings, treatment after heart attacks, diabetes, asthma, flu shots, access to services, dental care, alcohol and drug dependence treatment, timeliness of handling claims and phone calls, prenatal and postpartum care, mental health care, well-care or preventive visits, inpatient utilization, drug utilization, and distribution of members by age, sex, and product lines.

Data collection

HEDIS data are collected through surveys, medical charts and insurance claims for hospitalizations, medical office visits and procedures. Clinical measures use the administrative or hybrid data collection methodology, as specified by NCQA. Administrative data are electronic records of services, including insurance claims and registration systems from hospitals, clinics, medical offices, pharmacies and labs. For example, a measure titled Childhood Immunization Status requires health plans to identify 2 year old children who have been enrolled for at least a year. The plans report the percentage of children who received specified immunizations. Plans may collect data for this measure by reviewing insurance claims or automated immunization records, but this method will not include immunizations received at community clinics that do not submit insurance claims. For this measure, plans are allowed to supplement claims data with data from medical records. By doing so, plans may identify additional immunizations and report more favorable and accurate rates.

Closing the Paper Data Gap

To achieve enterprise-wide reporting, organizations can no longer ignore the valuable data that lie within unstructured document workflows. Collection of HEDIS data from an unstructured data sources such as document workflows, presents significant challenges for any healthcare organization. Prior to IDL, these organizations resorted to costly and time-consuming methods requiring nurses or medical record reviewers who are authorized to review confidential medical records. Even with shrinking health care budgets, these organizations can no longer afford to ignore this valuable data. With IDL, an indexer is able to map document content as they encounter new documents - whatever the document, at the point of indexing, to automating the capture of clinical data and administrative data related to HEDIS quality indicea.

InDxLogic offers rule-based, point of indexing, document management strategies with granular control

InDxLogic clients have a secure web portal enabling InDxLogic users and administrative staff to manage and review document work flows. This approach has the following key advantages:

- Design and deploy document specific workflow attributes at the point of indexing
- Document attribute hierarchy set at the folder, document type and [document type:summary line] level
- Ability to deploy document automation routines with review status at the indexer or EMR level
- Manage document attributes such as Obs, signature, review, LOC, Resp provider, clinical date review, EMR review, IndxNotes and Carbon Copy
- Leverage centrally managed processes such as search

This application delivery enables the most efficient, cost effective use of Indexing resources enabling staff to design and deploy flexible document management schema for the lowest software acquisition, staff and management costs.

2009 HEDIS Measures and Associated IDL Workflow OBS Terms			
New for 2009			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term* [Short Name,Code]
	Adult BMI assessment Ages 18-74	Patients 18-74 who had their body mass index (BMI) in the measurement year or year prior documented through either administrative data or medical record review	[BMI, MLI-4001.89]
	Weight assessment and counseling for nutrition and physical activity for children and adolescents Ages 2-17	Patients 2-17 who had evidence of body mass index (BMI) percentile, counseling for nutrition and counseling for physical activity documented through either administrative data or medical record review during the measurement year	[weight educ, MLI-22598.51]
	Care for older adults Age 65 years and older	Adults aged 65 and older who had each of the following during the measurement year <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain screening 	[FALLMEDREV,MLI-203179] [AdvanceDirCm, MLI-26362] [AdvancDirect, MLI-45037] [GerADCompI, MLI-187838] [FAS date, MLI-9894] [FUNC TTL, MLI-119020]
Preventive health care			
Children and adolescents			
	Well-child exams Ages 0-15 months	6 well-care visits (at least 2 weeks apart) with a PCP. Must show evidence of all of the following: <ul style="list-style-type: none"> • Health and development history (physical and mental) • Physical exam • Health education/anticipatory guidance 	
	Well-child exams Ages 3-6 years	Annual well-care visit with a PCP each year. Must show evidence of all of the following: <ul style="list-style-type: none"> • Health and development history (physical and mental) • Physical exam • Health education/anticipatory guidance 	

Preventive health care (Continued)			
Children and adolescents (Continued)			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Childhood immunization Series must be completed by the 2nd birthday	<ul style="list-style-type: none"> • 4 DTaP/DT (none prior to 42 days of age) • 3 IPV (none prior to 42 days of age) • 1 MMR or documented disease occurring prior to 2nd birthday • 2 HIB (none prior to 42 days of age) • 3 hepatitis B • 1 VZV, or documented chicken pox disease occurring prior to 2nd birthday • 4 pneumococcal conjugate 	[TD #1,CPT-90718.1] [TD #2,CPT-90718.2] [TD #3,CPT-90718.3] [OPV #1 CPT-90712.1] [MMR #1 dse, MLI-15652] [DTAP/HIB#1VI, MLI-8202] [DTAP/HIB #2 immunization] [DTAP/HIB#1VI, MLI-8203] [Varicella#1D, MLI-100034] [BoostrixVFC, MLI-143454] [Pneuped#1Hx, MLI-143875]
	Lead screening in children (Medicaid only)	Children who receive at least one capillary or venous lead screening test on or before their second birthday	[Lead screeni, SNO-P3-78380]
Children Age 2			
	Treatment of children with upper respiratory infections Ages 3 months- 18 years	Children 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and Prescription for antibiotic not dispensed on or within three days of the URI diagnosis Exclusions: <ul style="list-style-type: none"> • Encounters with > 1 diagnosis • Children with a history of antibiotic Rx within 30 days of encounter 	
	Appropriate testing of children with pharyngitis Ages 2-18 years	Children who had an outpatient visit or ED encounter with only a diagnosis of pharyngitis who were dispensed an antibiotic and also received a Group A streptococcus test 3 days before or 3 days after the prescription Exclusions: <ul style="list-style-type: none"> • Encounters with > 1 diagnosis • Children with a history of antibiotic Rx within 30 days of encounter 	

Preventive health care (Continued)			
Women and adolescent girls			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Chlamydia screening Age 16-24 and sexually active	<p>Women identified as presumed sexually active by pharmacy Rx data, or claims data indicating potential sexual activity Screening test for chlamydia yearly</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Women who had a pregnancy test followed within 7 days by either a prescription for Accutane (isotretinoin) or an X-ray. 	<p>[chlamclt res, MLI-112461] [C tracho DNA, MLI-11209]</p>
	Cervical cancer screening Age 21-64	<p>PAP test within the measurement year or prior 2 years.</p> <p>Exclusions: Women who have had a complete hysterectomy with no residual cervix.</p>	<p>[PAP SURVEY, RHS-4] [Pap thin smr, MLI-11438]</p>
	Breast cancer screening Age 40- 69	<p>Mammogram in the measurement year or one year prior.</p> <p>Exclusions: Women who have had bilateral mastectomy (may occur on the same or separate dates)</p>	<p>[MAMM SURVEY, RHS-3] [mammogr ord, MLI-7004] [MammoScreeng, MLI-34678] [Mammogram, CPT-76092] [MgmResults, MLI-48855]</p>
	Prenatal/ postpartum care Pregnant women	<p>Prenatal visit within first trimester (or within 42 days of enrollment) Postpartum visit between 21 and 56 days after delivery</p>	
Adults			
	Avoidance of antibiotic treatment for adults with acute bronchitis. Ages 18-64	<p>Adults diagnosed with acute bronchitis who did not receive an antibiotic Rx on or within 3 days of diagnosis</p>	
	Colorectal cancer screening Ages 50-80	<p>One or more of the following screenings:</p> <ul style="list-style-type: none"> • Fecal occult blood test yearly • Flexible sigmoidoscopy every five years • Double contrast barium enema every five years • Colonoscopy every 10 years <p>Exclusions</p> <ul style="list-style-type: none"> • Colorectal cancer • Total colectomy 	<p>[COLORECTSCRN,MLI-216936]</p>

Preventive health care (Continued)			
Adults (Continued)			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Annual monitoring for patients on persistent medications Ages 18 and over	Patients 18 and older on persistent medications (at least 180 days) who received annual monitoring. Medications examined Annual monitoring ACE inhibitors/ARBs Digoxin Diuretics Serum potassium (K+), and either serum creatinine (SCr), or blood urea nitrogen (BUN) Anticonvulsants: Carbamazepine Phenobarbital Phenytoin Valproic acid Anticonvulsant drug serum concentration level Exclusion: <ul style="list-style-type: none"> • Anyone with a hospitalization in the measurement year 	
Seniors			
	Glaucoma screening in older adults Ages 65 and older	Medicare members without a prior diagnosis of glaucoma or glaucomasuspect who received a glaucoma eye exam by an ophthalmologist or optometrist.	[tonometry, MLI-31398.33]
	Osteoporosis management in women who had a fracture Age 67 and older	Women who received the following within 6 months of suffering a fracture: <ul style="list-style-type: none"> • Bone mineral density (BMD) test • Prescription for a drug to treat or prevent osteoporosis in six months after the fracture Exclusions: <ul style="list-style-type: none"> • Women who received screening and/or treatment in the year prior to the fracture- Fractures of the finger, toe, face and skull are not included in this measure	[OSTEOREGENRL, MLI-79707] [OSTEOPRXCLAS, MLI-212514] [PQRI MEAS 40, MLI-132620] [OPFXHX, MLI-212513]

Condition-specific care			
Alcohol and other drug dependence			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Initiation and engagement of alcohol and other drug dependence treatment Ages 13 and older	Patients diagnosed with alcohol and other drug dependence who: <ul style="list-style-type: none"> • initiate treatment within 14 days • receive two additional AOD services within 30 days of initiation 	[EH DA EAP, MLI-130734] [ALCOHDRG USE, MLI-138249] [DRUG USE, SNO-S-32200]
Asthma			
	Use of appropriate medications for people with asthma Ages 5-56 years	Children and adults identified with asthma who received Rx for long term control of asthma (inhaled corticosteroids, cromolyn sodium, nedocromil, leukotriene modifiers, methylxanthines). Exclusions: <ul style="list-style-type: none"> • Patients with diagnosis of emphysema or COPD Note: Long-acting beta-2 agonists do not count by themselves. They are considered add-on therapy.	
Cardiac			
	Persistence of Beta-blocker treatment after heart attack Age 18 and older	Patients who were hospitalized and discharged alive after an acute MI who: <ul style="list-style-type: none"> • Received treatment with beta-blockers for six months after discharge Exclusions: <ul style="list-style-type: none"> • Patients identified as having a contraindication to beta-blocker therapy • Patients with a history of adverse reaction to beta-blocker therapy 	

Condition-specific care (Continued)			
Cardiac (Continued)			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Cholesterol management for patients with cardiovascular condition Ages 18-75	<p>Patients who were discharged alive for any of the following:</p> <ul style="list-style-type: none"> • Acute myocardial infarction • Coronary artery bypass graft • Percutaneous transluminal coronary angioplasty <p>Or who had:</p> <ul style="list-style-type: none"> • Diagnosis of ischemic vascular disease <p>Patient should have each of the following during the measurement year</p> <ul style="list-style-type: none"> • LDL-C screening performed • LDL level < 100 	[CHOLE BF, MLI-22857] [OrdCholester, MLI-48339]
	Controlling high blood pressure Age 18-85	<p>Patients 18-56 with a diagnosis of hypertension whose most recent blood pressure reading was controlled (<140/90).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Patients with end stage renal disease • Pregnant during the measurement year 	
COPD			
	Use of spirometry testing in the assessment and diagnosis of COPD Ages 40 and older	<p>Adults with a new (within the measurement year) diagnosis or newly active COPD who received spirometry testing to confirm the diagnosis</p> <p>Spirometry testing must occur 730 days prior to or 180 days after the diagnosing event</p>	FVC, AS4-94010.1 VC, AS4-94010.2 PEFCC, MLI-77997 SPIROMETRY, MLI-132931 SpiromInterp, MLI-25294

Condition-specific care (Continued)			
COPD (Continued)			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Pharmacotherapy management of COPD exacerbation Adults age 40 or older	Adults age 40 or older who had an acute inpatient discharge or an ED encounter with principal diagnosis of COPD who were dispensed both: <ul style="list-style-type: none"> • A systemic corticosteroid within 14 days of discharge • A bronchodilator within 30 days of discharge NOTE: the eligible population for this measure is based on the discharges and visits, not the patient. It is possible for the denominator for this measure to include multiple events for the same patient.	
Depression			
	Antidepressant medication management Ages 18 years and older	Adults newly diagnosed with depression and treated with an antidepressant who received the following: <ul style="list-style-type: none"> • Effective acute phase: filled sufficient number of Rx to allow for 84 days of continuous therapy. • Effective continuation phase: filled sufficient number of Rx to allow for 180 days of continuous therapy. To qualify as a new diagnosis, 2 criteria must be met: <ol style="list-style-type: none"> 1. A 120-day (4 month) negative diagnosis history on or before the start date 2. A 90-day (3 month) negative medication history on or before the start date 	
Diabetes			
	Comprehensive diabetes care Age 18-75	Yearly screening of the following: <ul style="list-style-type: none"> • HbA1c testing • HbA1c result > 9.0 = poor control • HbA1c result < 7.0 = good control • LDL-C • LDL-C result < 100 • Retinal eye exam • nephropathy screening test or evidence of nephropathy • Blood pressure collected as 2 measures <140/90 • < 130/80 	

Condition-specific care (Continued)			
Mental Illness			
#	Measure	Care, Screening or Test Needed	Suggested Obs Term [Short Name,Code]
	Follow-up after hospitalization for mental illness Age 6 and over	Patients discharged from an inpatient mental health admission and receive: <ul style="list-style-type: none"> • One follow-up encounter with a mental health provider within 7 days of discharge • One follow-up encounter with a mental health provider within 30 days of discharge 	
Tobacco Users			
	Medical assistance with smoking cessation Tobacco users aged 18 and older	Current smokers who were seen by a practitioner during the measurement year and: <ul style="list-style-type: none"> • Received advice to quit • Cessation medications were recommended and discussed • Cessation methods were recommended or discussed Information is received via CAHPS survey methodology.	[SMOKASSTPROV, MLI-79697]

*** Suggested Obs Terms**

The suggested Obs terms in this table are just that, suggestions. Your organization should confer with the clinical informatics staff to ensure that the Obs data set chosen is appropriate for your data collection needs. Once you have established the Obs data set that you would like to automate to your document work flows, please contact InDxLogic support for assistance in loading these Obs values into your IDL indexer. The list of suggested Obs terms in this table is purposefully left incomplete as many HEDIS Obs terms are best gathered during the clinical workflow, and not from the document workflow. For additions, omissions or improvements to this guide, please e-mail your suggestions to support@indxlogic.com.

In Summary

InDxLogic provides the following toolset and features to allow IDL-enabled organizations to achieve HEDIS goals:

Benefit Summary	InDxLogic
Employment costs (FTE)	0.4
Software Costs	Nominal
Unique mapped documents	Unlimited
Training	Unlimited
Indexer Key Strokes	Few
Proven ROI	✓
Search technology based	✓
Integrated live support (VOC pathways)	✓
Flexible document mapping	✓
Indexer tool for document mapping	✓
Indexer tool for Obs term mapping	✓
Automate HEDIS data capture	✓
Document mapping, granular, standardized	✓
Preview document (IndxNotes) feature	✓
User metrics	✓
Indexing service	✓
Granular controls	✓
Content based	✓

Conclusion

When it comes to document indexing solutions, InDxLogic and Kryptiq Document Management v8.4 (formerly Docutrak) with InDxLogic Advanced Auto Indexing has the capabilities to meet all your needs. You will increase user satisfaction, decrease cost and indexing staff turnover and establish enterprise-wide standardization of document indexing by providing a clearly superior user experience with outstanding performance across any network, on any Centricity™ EMR platform. For practice managers, the ability to measure and effectively manage staff costs, document indexing standards and data capture is delivered through built in service level metrics and superior indexing tools for creating automation. InDxLogic content based automation and streamlined management tools result not only in massive savings, but also in lower costs of overall document management.

For more information, please visit: www.indxlogic.com and www.kryptiq.com



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About InDxLogic

InDxLogic is the leading provider of document indexing automation software as a service technologies for organizations that use electronic medical records. InDxLogic services radically simplify document indexing tasks for users, delivering an on demand service to any user, in any network. InDxLogic customers include some of the nations largest health care organizations. Commercially released in 2008, InDxLogic users range from small to medium and large practices nationwide.

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