



IT'S TIME

**TO INCREASE YOUR
ABSTRACTION EFFICIENCY**

**TO PROVIDE PERFORMANCE
FEEDBACK USING LIVE DATA
AND MEASURES**

**TO REDUCE YOUR
ABSTRACTION ERRORS**

**TO ANALYZE AND PURSUE
NEW OPPORTUNITIES
FOR IMPROVEMENT**

IT'S TIME TO REPORT PQRS ARE YOU READY?

Primaris can help you streamline your Medicare reporting process.

Your Medicare income — up to six percent — is at stake if you don't take time to prepare for Medicare's Physician Quality Reporting System (PQRS) program.

- Will you report as a group or as individual eligible providers?
- How will you report?
- Will you use your EHR, a registry, or the web interface?
- Who will be responsible for the data abstraction?

PQRS' short reporting timeframe coupled with the enormity of records that have to be abstracted require someone with professional abstraction expertise and the staffing to absorb the workload.

During the first quarter of 2016, Primaris completed more than 30,000 abstractions on top of regular core measures and registry abstractions. It takes an average of 800 man hours for our team of dedicated abstractors to handle the workload for one client. Do you have 800 hours to invest?

Don't wait until the last minute. If you need assistance with PQRS, Primaris can help.

HOW PRIMARIS CAN HELP

"Our abstractors review the record and narratives to find additional information that may contradict what was electronically pulled in from the data warehouse," said Stacey Arens-Wilson, Director of Commercial Operations. "The result is higher scores that more accurately reflect the provider's performance."

Primaris' new PQRS Abstraction Tool streamlines the process by:

- Increasing abstractor efficiency.
- Reducing abstraction errors.
- Providing live measure performance feedback.
- Analyzing opportunities for improvement.

IT'S ALL ABOUT TIME

Through its **TIME** healthcare improvement model, Primaris has delivered its own documented returns-on-investment to customers in hundreds of healthcare organizations worldwide. The **TIME** healthcare improvement model includes four areas of focus:

1. Thresholds for Success

The first step in our healthcare improvement model is to identify the success thresholds – or the minimum acceptable performance standards you must achieve – in order to receive your monetary incentives for improving and coordinating healthcare. We also gather baseline performance data to evaluate how you align with the often pre-determined success thresholds. How much improvement is required to meet and exceed the success thresholds?

2. Improvement Strategies

Once we've determined where you stand, we focus on developing improvement strategies that will enable you to close the gaps in the quality and efficiency of care across your healthcare organization. We use this knowledge to devise a strategy tailored to address your specific challenges, drive quality improvements and cost reductions. Our goal is to help you achieve all of the thresholds for success in today's performance-driven healthcare system.

3. Measures for Goal Attainment

Most healthcare organizations have a lot of work to do, and success doesn't happen overnight. We focus on multi-year goal setting that enables healthcare organizations to drive incremental improvement over time to achieve all success thresholds. Our measures for goal attainment help you increase achievement and close gaps so you can cross the success threshold, avoid penalties and increase monetary incentive revenues.

4. Execution and Evaluation

From processes and procedures, to workflows, to training, to documentation, to office design, to technology or any other improvement strategy, we combine implementation with ongoing evaluation to drive measurable healthcare improvements and cost reductions.



PQRS BY THE NUMBERS



**SIX
WEEKS**

**25
MEASURE
GROUPS**

**198
INDIVIDUAL
MEASURES**

FOUR THINGS TO CHECK OFF YOUR LIST FOR PQRS



1. Educate clinicians on the measures and appropriate documentation.

Make sure practitioners know the measures and understand what the documentation must include to meet the CMS specifications and where in the medical record data is located most easily.

2. Conduct a benchmarking project. There's still time for performance improvement this year. Conduct a full benchmarking project to determine where you stand with the new measures if you have participated in GPRO reporting in the past. If this is your first time reporting GPRO measures, conduct a full benchmarking project to determine where you stand with all of the measures. Pick 50-100 charts for each of the measures or contact Primaris for help.

3. Create a performance improvement plan for low performing areas.

Educate providers on gaps identified via the benchmarking project (or last year's data) and create a plan for consistent documentation in the record.

4. Focus on new measures for the New Year. PREV-13 is a new measure for 2016. PREV-13 is statin therapy for the prevention and treatment of cardiovascular disease for patients aged 21 years and older.

YOUR TIME IS VALUABLE. THE TIMELINE IS SHORT.

It's your data. Primaris is ready to make it the best it can be.

For more information about Primaris' abstraction services, visit www.primaris.org or email engage@primaris.org.