

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 CMS WEB INTERFACE. ARE YOU READY?

Primaris can help you streamline your Medicare reporting process.

Your Medicare income—as much as 4 percent in 2019—is at stake if you don't take time to prepare for Medicare's CMS Web Interface submission, formally known as the Group Practice Reporting Options (GPRO). CMS Web Interface reporting takes place during the first quarter of 2018. Are you ready?

- Who will be responsible for the data abstraction?
- Who will train those responsible and review ongoing abstraction efforts?
- How many man hours will be added to their regular work load?
- Have you considered outsourcing?

The reporting season's short reporting timeframe, coupled with the enormity of records that have to be abstracted, require abstraction expertise and the staffing to absorb the workload.

During the first quarter of 2017, Primaris completed more than 43,000 abstractions on top of regular core measures and registry abstractions. It takes an average of 1000 man hours for our team of dedicated abstractors to handle the workload for one client. Do you have 1000 hours to invest?

Don't wait until the last minute. If you need assistance with CMS Web Interface, Primaris can help!

THE PRIMARIS DIFFERENCE

"Our abstractors review the record and narratives to find additional information that may contradict what was electronically pulled in from the data warehouse. The result is higher scores that more accurately reflect the provider's performance."

-Victoria Alexander,

Director of Quality Data Services

The Primaris Difference: DART® (Data Abstraction Reporting Tool)

DART® (Data Abstraction Reporting Tool) is the technical heart of abstraction efforts at Primaris. Custom built to support our experienced abstractors requirements for CMS Web Interface reporting efforts, the tool enables faster and more complete organization, tracking, reporting, and ongoing quality control efforts.

DART® streamlines the process by:

- Increasing abstractor efficiency.
- Reducing abstraction errors.
- Providing live measure performance feedback.
- Analyzing opportunities for improvement.
- Coordinating abstraction activity across EHRs, NPIs, and practices.

How the Tool Works

The tool supports real time abstraction throughout the CMS Web Interface season. The client's CMS Web Interface file gets uploaded to the tool. Organized by each of the 15 measures that need abstracted for the season, each case gets abstracted within the electronic tool, and the results of each abstraction display on a dashboard as they are completed. Throughout the project, there are multiple dashboards, gridviews, excel and PDF reports available to use and evaluate data in real-time.

Features of DART®:

- Identifies data issues and allows correction during import.
- Upgraded technology architecture that emphasizes performance.
- Inter-rater reliability (IRR) – Abstractor certification on each measure and ongoing quality monitoring.
- Customized user workflow designed to improve user experience, accelerate quality abstraction, and reduce clicks.
- Dashboards displaying live data.
- Internal messaging system for all users that enhances communication between abstraction team and client. It also keeps PHI contained within the HIPAA secure system.
- Comprehensive reporting including user-friendly data exports of abstraction level data. It exports entire measure or all measures.

ACO-focused features include:

- Allow provider and clinic names to display in place of numeric identifiers.
- Filter measure grid by clinic and export subset of data.
- Checkboxes and color coding for each NPI to see which NPIs have been reviewed, and which still need reviewed. Invaluable in a multi EMR environment.
- Comment boxes for each NPI allows for a better audit trail.
- DACO Scoring Reports.

BY THE NUMBERS



8
WEEKS

15
MEASURES

12
MONTHS OF
DATA

FOUR THINGS TO CHECK OFF YOUR LIST



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. There are 15 measures this year. Four measures are going away, including Heart Failure, Coronary Artery Disease, Prev-11, and Care-3. Care-1 is a returning measure from prior reporting years.

2. Conduct a benchmarking project. There's still time for performance improvement this year. If this is your first time reporting CMS Web Interface measures, conduct a benchmarking project to determine where you stand with all of the measures. If you have participated in reporting in the past, be sure to conduct benchmarking of Care-1. Abstract a sampling of 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. Formulate a plan for improvement, and provide continual feedback to those involved.

4. Focus on Care-1. Care-1 includes Medication Reconciliation for patients who had a hospital stay, and followed up in the office within 30 days of their hospital stay. To pass the measure, medications should have been reconciled between the hospital stay and the office visit by a provider, pharmacist, or Registered Nurse.

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.