



**REAL PATIENTS.**

**REAL PROBLEMS.**

**REAL ANSWERS.**

## **WE'RE A HEALTHCARE CONSULTING COMPANY WITH NATIONAL REACH AND MIDWESTERN ROOTS.**

Primaris is a healthcare consulting and services firm that works with hospitals, physicians and nursing homes to drive better health outcomes, improved patient experiences and reduced costs. We take healthcare data and translate it into actionable quality improvement initiatives that create the foundation for highly reliable healthcare organizations.

Primaris got its start in Columbia, Missouri, as Missouri's Quality Improvement Organization. More than thirty years later, we are proud to be able to drive healthcare forward across the nation. Today, Primaris is partnered with healthcare organizations from the California coast to the streets of Boston, without losing sight of the values and culture that helped us become a leader in healthcare consulting.

## **THE PEOPLE AND THE PASSION TO HELP TRANSFORM THE FACE OF HEALTHCARE.**

**EXPERIENCE MAKES THE DIFFERENCE.** Primaris has more than 30 years of experience advising healthcare organizations on how to improve quality, patient safety and clinical outcomes. In fact, as nurses, clinicians and former administrators, our consultants understand what it's like to be on the front line of healthcare. Primaris has worked as a trusted partner with more than 1,000 providers in a wide-range of healthcare improvement initiatives, including quality monitoring, quality improvement, care coordination, operational efficiency and meaningful use achievement.

**STAYING AHEAD OF THE GAME.** Quality improvement has been a cornerstone of Primaris since our beginning. This passion has driven us to continually improve our quality measures abstraction process to help other organizations avoid drowning in their abstraction demands. It's a full-time job, keeping up with constant changes to reporting requirements, but our passion for helping to drive quality improvement in healthcare means that Primaris is committed to keeping our partners up-to-date with existing, new and modified measures.

**A COMMITMENT TO EXCELLENCE:** Primaris' expert team of abstractors have advised clients on clinical documentation ever since the original core measures pilot project began in 1999. As a result of our experience, our highly-focused and process-driven abstraction teams are led by project leaders with more than five years of quality reporting expertise. Each and every member of our team understands and appreciates the importance of your data and is committed to ensuring that your critical information is treated with the utmost respect for patient privacy and in accordance with industry-leading security practices.

## HOW WE DO IT.

Through our TIME healthcare improvement model, Primaris has delivered documented returns-on-investment to customers in 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 monetary incentives for improving and coordinating healthcare. We also gather baseline performance data to evaluate how you align with 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 success. 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 technology or any other improvement strategy, we combine implementation with ongoing evaluation to drive measurable healthcare improvements and cost reductions.



## WE HANDLE YOUR DATA, SO YOU CAN FOCUS ON WHAT MATTERS MOST—YOUR PATIENTS!

Your quality measures data is more than just numbers. It tells a story about your patients, your staff and your organization as whole. With the transition to value-based care, the stakes have never been higher. Quality and clinical performance measures are being utilized for many purposes including reimbursement, penalties, accountability, outcomes, reputation, and cost reduction.

## THE MEASURES THAT MATTER



**REGISTRY ABSTRACTION.** Primaris offers abstraction services for national, state and local registries and programs, including NCDR, STS, SCPC, GWTG, VQI, NSQIP, VON, and QOPI registries.



**CORE MEASURE ABSTRACTION.** Primaris has been a core measure abstraction pioneer since our work with the Joint Commission (TJC) in 1999.



**CMS WEB INTERFACE.** Supported by our advanced CMS Web Interface abstraction tool, Primaris' expert staff processes more than 40,000 abstractions each season.



**MACRA/MIPS OPTIMIZATION.** Primaris helps with new Quality Payment Program initiatives including Quality Reporting, Advancing Care Information (ACI), Improvement Activities (IA) and Alternative Payment Models (APMS).

## THE PRIMARIS DIFFERENCE IN ACTION

**AN 86-BED REGIONAL MEDICAL FACILITY** reduced surgical site infections and improved patient care and attained 100-percent compliance for seven of eight SCIP (Surgical Care Improvement Project) measures.

**A QUALITY IMPROVEMENT CONSORTIUM** based in a major metropolitan area is driving to a goal of reducing Medicare fee-for-service readmissions by more than 20 percent across a community of 15 hospitals and more than 30 downstream providers.

**A COMMUNITY HOSPITAL IN RURAL MISSOURI** was able to begin to collect data on rates of receipt of the pneumococcal polysaccharide vaccination (PPV), enhancing its ability to compile performance measures for that in support of improving pneumonia management.



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