

## Using Data to Improve Performance

NQP's data analytics team is ramping up capabilities to help providers meet the 29 DSRIP performance measures and lay the groundwork for success in value-based care. Efficient analysis of data allows providers to understand exactly what's being measured and how they're doing.

"It all comes back to the data," said **Nadeem Ramjan, Director of Data Analytics and Quality Improvement of NQP**. "How are we doing, what do we need to do to improve, what strategies can be employed."

Ramjan leads a team of data analysts to deliver actionable reporting regarding DSRIP measures. In the first two years of the DSRIP program, it was simply a matter of getting reimbursed for documented interventions. Now, the focus is on outcomes and performance.

Last year, NQP missed 14 of the performance measures. Through analytics, the team was able to verify that just slight improvements could net the system about \$9 million more in revenue by hitting some additional performance benchmarks.

Analytics helps providers focus on what they need to do to drive the outcomes for these different quality measures, according to **Gilbert Burgos, M.D., NQP's Medical Director**. Looking at pay for performance in the DSRIP program also ties in to the state's major initiative around value-based payment arrangements. What the state wants to do is move all of the Medicaid providers into a value-based arrangement with the managed care companies.

"This whole strategy around DSRIP and pay for performance is part of educating the providers," he explained. "Even as DSRIP comes to its conclusion in 2020, the state is actively working to move providers into these pay for performance arrangements and we're really educating them and supporting them and preparing them for that inevitability."

Performance measures, which were created by the state, emphasize metrics like avoidable readmissions, preventable emergency department visits, various benchmarks around diabetes and hypertension, access, and preventive visits. "To the extent that they're learning how to improve their performance around these measures now, will serve providers well when they move into value-based arrangements with managed care companies," Burgos said.

Ramjan said his team is constantly reanalyzing ways to use the data. So far, information is fairly old and one-directional, but they have devised various ways to create improved, more accurate scorecards. That sometimes means getting creative. Because NUMC's skilled nursing facility does not have an EMR, the team had to "reverse engineer" clinical insight by using billing data — the only task which is handled electronically. Additionally, many providers haven't focused on optimizing use of EMRs so getting timely data has been a challenge. The team is working with the health systems to improve the process and help physicians gain close to real-time performance information and better understand how to improve outcomes.

There has been significant improvement in overall readmission rates and preventable visits, based on available DSRIP trends, according to Burgos. “Every year, we’re seeing some improvement.”

Another important DSRIP initiative is also a work in progress — the regional health information organization (RHIO) known as Healthix. There’s been a lot of work done by the state to get all providers to feed information into this exchange, which would ideally allow them to find a patient’s history regardless of EMR or facility. “We see this as probably the biggest opportunity for eliminating some of the silos, and allow providers to see all information across systems,” said Burgos. “It presents real opportunity to help improve patient outcomes.”

The analytics team is involved in two other major data initiatives: one is PSYKES, which provides nearly real-time analysis of behavioral health populations through a special online database at the Department of Health. The other involves accessing state Department of Health claims data. This will be payer-agnostic so even if a patient jumps between insurance companies, analysts will still see all of the data, regardless of where a patient obtained services — even out of state. “This will be a very powerful tool,” Ramjan said.

The team is also beginning to access patient-level data for all of the measures they’ve been using for the past three years. This will enable more interesting analytics and allow the team to do hot-spotting, as well as shore up the analysis done on providers, Ramjan explained. “So long as the patient is part of NQP I can run a report and tell you exactly what measures they’re missing.”

The most critical thing that has to happen is that providers take all of this data and use it to do something new or different with their patients. The goals for years four and five of DSRIP will involve taking all of the data analytics and using that information to more effectively work within the health systems and with the providers to keep driving quality and performance.