



Clinical Analytics Version 2019.3 Release Notes

The 2019.3 release includes Version 37 coding updates, new core measures and system-wide changes to all references of "Peak" in keeping with the new branding of Axiom Clinical Analytics.

Highlights

Read further for more details about:

- » **Updated Naming:** "Peak" references have been removed to reflect new branding
- » **Regulatory Updates:** Updates to coding tables and definitions to account for Version 37 changes
- » **Core Measures:** There are several new core measures available for clients sending applicable data

General Features

System-wide Updates

Branding Updates: Removal of "Peak" Naming

Continuing the rebranding work from the last two releases, references to Peak are being changed to reflect the naming change from Peak Software to Axiom Clinical Analytics. You will see the following changes:

- » "Peak Encounter ID" is now "Axiom Encounter ID"; note that this will affect where the group-by and filter will appear in alphabetical lists
- » The "Peak Attributed Physician" Role is now the "Clinical Analytics Attributed Physician" Role; note that this will affect where the group-by and filter will appear in alphabetical lists
- » "Peak MS-DRG" is now just "MS-DRG"
- » The "Peak Reporting" application is now "Facility Reporting"
- » The "Peak Library" is now called the "Scorecard Library"
- » The "Peak Standard" creator label for Scorecard Templates is now "Kaufman Hall"
- » The "Peak Standard" template type has been changed to "Kaufman Hall"
- » Email templates in PPE Reporting for Workflows and Distributions have Peak references updated to Clinical Analytics
- » "PEAK Standard" Profile Filters are now called "Clinical Analytics Standard"
- » URLs in PPE Reporting footers have been updated to: www.kaufmanhall.com/software/axiom-healthcare/clinical-analytics

This is not a comprehensive list, but is intended to prepared you for the most prominent changes you may notice.

Profiles

CPT®/HCPCS Profile Filters

There are now Profile Filters for:

- » All CPT®/HCPCS Procedure Codes
- » All Secondary CPT®/HCPCS Procedure Codes
- » All Charge CPT®/HCPCS Codes [formerly "All CPT®/HCPCS Codes"]
- » Principal CPT®/HCPCS Procedure Code [now enabled for Inpatient and Observation encounters]

For facilities sending these data in the charge and/or procedure files, this allows you to filter on them separately.

Regulatory Updates

The following code sets have been updated according to the latest Version 37 for FY2020:

- » ICD-10-CM Diagnosis Codes
- » ICD-10-PCS Procedure Codes
- » HCPCS Codes
- » MS-DRGs
- » APR-DRGs

These updates add new codes and update existing codes, but do not remove any retired codes. Retired codes are retained for their value to historical data.

Measures

New Cohort Mortality Rate Measures

There are 6 new cohort-based Mortality Rate measures. These measures follow the cohort definitions similar to the CMS 30-day Mortality Rate measures, but only encounters discharged deceased are included in the numerator; patients discharged expired on a subsequent encounter are not included in these numerators. Measures include:

- » Mortality Rate – AMI Cohort
- » Mortality Rate – CABG Cohort
- » Mortality Rate – COPD Cohort
- » Mortality Rate – Heart Failure Cohort
- » Mortality Rate – Pneumonia Cohort
- » Mortality Rate – Stroke Cohort

Updates to Other Cohort Mortality & Readmission Rate Measures

To avoid the confusion of these measures replicating, but not being identical to CMS measures, the CMS reference has been removed from the following measure names:

- » 30 Day Mortality Rate – AMI Cohort
- » 30 Day Mortality Rate – CABG Cohort
- » 30 Day Mortality Rate – COPD Cohort
- » 30 Day Mortality Rate – Heart Failure Cohort
- » 30 Day Mortality Rate – Pneumonia Cohort
- » 30 Day Mortality Rate – Stroke Cohort
- » 30 Day All Cause Readmission Rate - Cardio-Respiratory Cohort
- » 30 Day All Cause Readmission Rate - Cardiovascular Cohort
- » 30 Day All Cause Readmission Rate - Medical Cohort
- » 30 Day All Cause Readmission Rate - Neurology Cohort
- » 30 Day All Cause Readmission Rate - Surgical Cohort
- » 30 Day All Cause Readmission Rate - Roll Up All Cohorts
- » 30 Day Readmission Rate - AMI Cohort
- » 30 Day Readmission Rate - CABG Cohort
- » 30 Day Readmission Rate - COPD Cohort
- » 30 Day Readmission Rate - Heart Failure Cohort
- » 30 Day Readmission Rate - Pneumonia Cohort
- » 30 Day Readmission Rate - Stroke Cohort
- » 30 Day Readmission Rate - THA/TKA Cohort

The definitions and calculations of these measures have not changed.

New OP-10 and OP-11 Replication Measures

Typically, Core Measures are provided to Clinical Analytics in your Core Measures file. However, these replication measures will be calculated by Clinical Analytics based on received CPT and diagnosis codes. These measures are called:

- » Use of Contrast Material - Abdomen CT
- » Use of Contrast Material - Thorax CT

New Core Measures

For clients sending these data in the core measures file, the following core measures are now available in Clinical Analytics:

HBIPS (HOSPITAL-BASED INPATIENT PSYCHIATRIC SERVICES) CORE MEASURES

- » HBIPS-1a - Admission Screening - Overall Rate
- » HBIPS-1b - Admission Screening - Children (1 through 12 years)
- » HBIPS-1c - Admission Screening - Adolescent (13 through 17 years)
- » HBIPS-1d - Admission Screening - Adult (18 through 64 years)
- » HBIPS-1e - Admission Screening - Older Adult (≥65 years)
- » HBIPS-2a - Physical Restraint - Overall Rate
- » HBIPS-2b - Physical Restraint - Children (1 through 12 years)
- » HBIPS-2c - Physical Restraint - Adolescent (13 through 17 years)
- » HBIPS-2d - Physical Restraint - Adult (18 through 64 years)
- » HBIPS-2e - Physical Restraint - Older Adult (≥ 65 years)
- » HBIPS-3a - Seclusion - Overall Rate
- » HBIPS-3b - Seclusion - Children (1 through 12 years)
- » HBIPS-3c - Seclusion - Adolescent (13 through 17 years)
- » HBIPS-3d - Seclusion - Adult (18 through 64 years)
- » HBIPS-3e - Seclusion - Older Adult (≥ 65 years)
- » HBIPS-4a - Multiple Antipsychotic Medications at Discharge - Overall Rate
- » HBIPS-4b - Multiple Antipsychotic Medications at Discharge - Children (1 through 12 years)
- » HBIPS-4c - Multiple Antipsychotic Medications at Discharge - Adolescent (13 through 17 years)
- » HBIPS-4d - Multiple Antipsychotic Medications at Discharge - Adult (18 through 64 years)
- » HBIPS-4e - Multiple Antipsychotic Medications at Discharge - Older Adult (≥ 65 years)
- » HBIPS-5a - Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Overall Rate
- » HBIPS-5b - Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Children (1 through 12 years)
- » HBIPS-5c - Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Adolescent (13 through 17 years)
- » HBIPS-5d - Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Adult (18 through 64 years)
- » HBIPS-5e - Multiple Antipsychotic Medications at Discharge with Appropriate Justification - Older Adult (≥ 65 years)
- » HBIPS-6a - Post Discharge Continuing Care Plan - Overall Rate
- » HBIPS-6b - Post Discharge Continuing Care Plan - Children (1 through 12 years)
- » HBIPS-6c - Post Discharge Continuing Care Plan - Adolescent (13 through 17 years)
- » HBIPS-6d - Post Discharge Continuing Care Plan - Adult (18 through 64 years)
- » HBIPS-6e - Post Discharge Continuing Care Plan - Older Adult (≥ 65 years)
- » HBIPS-7a - Post Discharge Continuing Care Plan Transmitted - Overall Rate
- » HBIPS-7b - Post Discharge Continuing Care Plan Transmitted - Children (1 through 12 years)
- » HBIPS-7c - Post Discharge Continuing Care Plan Transmitted - Adolescent (13 through 17 years)

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- » HBIPS-7d - Post Discharge Continuing Care Plan Transmitted - Adult (18 through 64 years)
- » HBIPS-7e - Post Discharge Continuing Care Plan Transmitted - Older Adult (≥65 years)

STK (STROKE) CORE MEASURE

- » STK-10 - Assessed for Rehabilitation

SUB (SUBSTANCE ABUSE) CORE MEASURES

- » SUB-2 - Alcohol Use Brief Intervention Provided or Offered
- » SUB-2a - Alcohol Use Brief Intervention Treatment
- » SUB-3 - Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge
- » SUB-3a - Alcohol and Other Drug Use Disorder Treatment at Discharge

TOB (TOBACCO USE) CORE MEASURES

- » TOB-2 - Tobacco Use Treatment Provided or Offered
- » TOB-2a - Tobacco Use Treatment
- » TOB-3 - Tobacco Use Treatment Provided or Offered at Discharge
- » TOB-3a - Tobacco Use Treatment at Discharge

OP (OUTPATIENT) CORE MEASURES

- » OP-22 Left Without Being Seen

Scorecards

New Details Group-By

In the Details section, you can now group encounters by their Cohort assignments. These Cohorts align with the Cohorts Profile Filter. See Cohort Definitions for details about cohort assignments.

PPE Reporting

Role Analysis by Facility

You now have the option to view a physician's roles by facility in the Physician Role Analysis section. The default is to view the volume breakdown of each role for all facilities together. You can select to unroll the facilities by clicking the Unroll By Facility check box while customizing your PPE Report.



The screenshot shows a user interface element for 'Physician Role Analysis'. It features a title bar with a dropdown arrow, a pencil icon, and a trash icon. Below the title bar is an 'Options:' section containing a checkbox labeled 'Unroll By Facility' which is currently unchecked.

Note that this only applies to the standalone section and not the Role Analysis block within Simple Report.