

Clinical Analytics Version 2019.1 Release Notes

The 2019.1 release includes several highly-anticipated features, including additional logic for profile customization, measures for tracking patient returns, and new PPE Workflow features. We are also excited to announce that Peak is now officially part of the Syntellis Performance Solutions, LLC Axiom Software suite and will now be referred to as the Clinical Analytics solution within that suite. With this new alignment also comes new branding, which you will start to see around your Clinical Analytics server in the coming releases.

Highlights

Read further for more details about:

- **New Profile Logic:** We have added additional functionality to profile customization allowing you to use and/or with your profile filters.
- **New Measures:** We built several new measures, including ones for patient returns, Total PSIs, and HCAHPS Volume.
- **New Scorecards Section:** The Readmission Analytics section is designed to help you focus on your CMS readmission measures.

General Features

Profiles

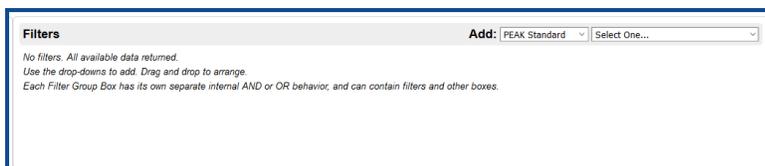
And/Or Logic

Based on client request, we have added an Advanced profile customization option that allows you to create more complex profiles.

+ Add Profile: Basic | Advanced

From the Profile Customizer screen, the +Add Profile link has been changed to offer you the choice between a Basic or Advanced Profile.

- Selecting Basic will offer you the typical Profile Editor view you are used to; when you add Profile Filters, each parameter is further limiting the population (using "and" logic; all encounters in the profile meet ALL conditions).
- Selecting Advanced will offer you additional options for customization.



Once you add the profile filters you'd like, you will see a new dropdown to the left of the filter header bar. Using this drop-down you can select if the new filter should apply "and" logic, which narrows your population further, or "or" logic, which will typically expand the population. The vertical arrows along the left of the header bars can be used to rearrange the order of the filters, as needed.

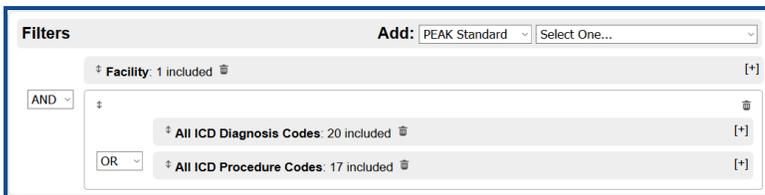
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For example, we can filter on some diagnosis and procedure codes. If we select "AND" (the default behavior for "Basic" profile filters), the profile will only include the patients with one of the 20 diagnosis codes AND one of the 17 procedure codes (must meet BOTH conditions). However, we can open up the population to include more patients by selecting encounters with either one of the 20 eligible diagnosis codes OR one of the 17 eligible procedure codes. This AND/OR option now provides more flexibility in your profile customization to suit the needs of your analysis.



The screenshot shows a 'Filters' panel with an 'Add' dropdown set to 'PEAK Standard' and a 'Select One...' dropdown. Below, there are two filter items: 'All ICD Diagnosis Codes: 20 included' and 'All ICD Procedure Codes: 17 included'. A dropdown menu is open showing 'OR' as the selected logic operator.

If we want to limit this analysis to just one facility, we can add a Filter Group Box. These are new and are added like any other filter; we can drag and drop the existing filters into this box, then add our additional Facility filter.



The screenshot shows a 'Filters' panel with an 'Add' dropdown set to 'PEAK Standard' and a 'Select One...' dropdown. Below, there is a 'Facility: 1 included' filter. A group box is shown with a dropdown menu set to 'AND'. Inside the group box, there are two filter items: 'All ICD Diagnosis Codes: 20 included' and 'All ICD Procedure Codes: 17 included'.

Once we click Save, we see our new profile listed on the Profile Customizer screen, including the logic statement. We can now use this profile like any other internal profile in the software. Please Contact Peak Support for more information about incorporating this feature into your analytics.

New Measures

PATIENT RETURNS MEASURES

Similar to existing readmission measures, we have created several new forward-looking Patient Returns measures to help track returns for all patient types, not just inpatient encounters. These new measures are grouped into three types:

- Patients returning as any patient type (any return encounter):
 - Patient returns within 24 hours (any patient type)
 - Patient returns within 48 hours (any patient type)
 - Patient returns within 7 days (any patient type)
 - Patient returns within 14 days (any patient type)
 - Patient returns within 30 days (any patient type)
- Patients returning to the emergency department (return encounter is an ED patient type):
 - Returns to ED within 24 hours
 - Returns to ED within 48 hours
 - Returns to ED within 7 days
 - Returns to ED within 14 days
 - Returns to ED within 30 days
- Patients returning to surgery (return encounter is an ASC patient type or an inpatient encounter with a surgical MS-DRG):

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- Returns to surgery within 24 hours
- Returns to surgery within 48 hours
- Returns to surgery within 7 days
- Returns to surgery within 14 days
- Returns to surgery within 30 days

We offer 5 different return periods: within 24 hours, within 48 hours, within 7 days, within 14 days, and within 30 days. To support this, we also have supplementary measures:

- Hours to Return (Any Patient Type)
- Days to Return (Any Patient Type) - Decimal
- Hours to Return to ED
- Days to Return to ED - Decimal
- Hours to Return to Surgery
- Days to Return to Surgery - Decimal

There are no external benchmarks available for these measures. Complete Measure Definitions can be found in Documentation.

TOTAL PSIs

The existing Any PSI measure will flag any patient who had any PSI, then count the number of encounters impacted by at least one PSI incident. The new measure, Total PSIs, will count all PSI incidents, including encounters with more than one event. This will yield a value greater than or equal to the Any PSI measure value. There are currently no external benchmarks for PSI measures available through the AHRQ software; in the meantime, PSIs should be considered never-events (benchmark=0).

DEEP VEIN THROMBOSIS (DVT)

To help identify encounters with a Deep Vein Thrombosis separately from Pulmonary Embolism cases, as identified in the PE/DVT (combined) complications measure, we have created the *Deep Vein Thrombosis (DVT)* measure. This will flag any patient with a secondary diagnosis code of DVT, not Present on Admission (POA). See Measure Definitions for a full list of applicable codes.

THA/TKA COMPLICATIONS - RATE

The *THA/TKA Complications - Rate* measure is based on the CMS measure and only applies to patients in the THA or TKA cohorts. Encounters are flagged if they have any of the included complication events. Complications include: AMI within 7 days of admission, Pneumonia within 7 days of admission, sepsis within 7 days of admission, surgical site bleed within 30 days of admission, pulmonary embolism within 30 days of admission, mortality within 30 days of admission, periprosthetic joint/wound infection within 90 days of admission and mechanical complications within 90 days of admission. Each of these complications are already available separately in the software. There are no external benchmarks for these complications measures.

HCAHPS VOLUME MEASURES

There are two new HCAHPS Patient Satisfaction measures available to help you track the total number of surveys received and number of completed surveys received.

- HCAHPS Total Volume
- HCAHPS Completed Volume

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In creating the HCAHPS Adjusted measures, the software excludes incomplete or ineligible surveys according to CMS' guidelines. The excluded surveys are reflected in the difference between these two measure values. There are no external benchmark values available for these measures.

OAS-CAHPS & IRF-CAHPS MEASURES

We are now prepared to receive and calculate measures from your Outpatient Ambulatory Surgery CAHPS and Inpatient Rehabilitation Facility CAHPS Patient Satisfaction surveys. These data can often come from your survey vendor with your HCAHPS data. New measures include:

- OAS-CAHPS - Overall Rating (9 or 10)
- OAS-CAHPS - Recommendation (Definitely yes)
- OAS-CAHPS - Doctor or staff provided information before procedure (Yes, definitely)
- OAS-CAHPS - Doctor or staff provided preparation instructions (Yes, definitely)
- OAS-CAHPS - Doctors and nurses treated patient with courtesy and respect (Yes, definitely)
- OAS-CAHPS - Doctors and nurses keep patient as comfortable as possible (Yes, definitely)
- OAS-CAHPS - Doctors and nurses explained procedure (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained anesthesia process (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained anesthesia side effects (Yes, definitely)
- OAS-CAHPS - Doctor or staff set recovery expectations (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained what to do about pain (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained what to do about nausea or vomiting (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained what to do about bleeding (Yes, definitely)
- OAS-CAHPS - Doctor or staff explained what to do about signs of infection (Yes, definitely)
- IRF-CAHPS - Overall Rating (9 or 10)
- IRF-CAHPS - Recommendation (Definitely yes)
- IRF-CAHPS - Doctors treated patient with courtesy and respect (Always)
- IRF-CAHPS - Doctors explained things in a way the patient could understand (Always)

These measures are all raw survey response values, without aggregating composite questions or adjusting for patient demographics. Please Contact Peak Support for more information about sending us these data for use in your software.

SURVIVAL RATE

To compliment the *Mortality Rate (with exclusions)* and *Mortality Rate without Palliative (with exclusions)* measures released in 2018.4, we have created two new measures:

- Survival Rate (with exclusions)
- Survival Rate without Palliative (with exclusions)

These measures exclude patients from the denominator if they are transferred in or transferred out. There are MedPAR and All Payer external benchmarks available for these measures.

USAGE MEASURES

There are 4 new Usage measures to help identify patients receiving therapy services based on revenue codes for charges. Patients are flagged if they had charges for an included revenue code; aggregated measures display the percent of patients in the profile who

were flagged for that service. Measures include:

- Usage - Respiratory Therapy
 - Revenue codes: 0410, 0412, 0413, 0419, 0460, 0469
- Usage - Physical Therapy
 - Revenue codes: 0420-0424, 0429
- Usage - Occupational Therapy
 - Revenue codes: 0430-0434, 0439
- Usage - Speech Therapy
 - Revenue codes: 0440-0444, 0449, 0470-0472, 0479

There are MedPAR and All Payer external benchmarks available for all of these measures.

Scorecards

Readmission Analytics Section

The new Readmission Analytics section gathers the 13 CMS Readmissions measures together in one convenient section. These readmission measures were released last year and have National Readmission Database (NRD) external benchmarks available. This section is under the Outcome Analytics section category in Scorecards.

The screenshot shows the 'Readmissions Analytics' settings page. At the top, there are fields for 'Profile' (set to 'health system'), 'Benchmark Profile' (set to 'NRD Nationwide'), and a date range 'Jan 1st, 2015 to Dec 31st, 2015'. Below this is a 'Settings' section with a 'Readmissions Analytics Template' dropdown (set to 'No template selected') and a 'Save' button. The 'Report Type' is set to 'CMS All-Cause Readmissions'. There are several 'Add' buttons for 'Add Measure', 'Results Grouped By' (set to 'Facility ID'), 'Filters', 'Excludes', and 'Measure Filter'. At the bottom, there are dropdowns for 'Include CMS Payer Restriction' and 'Include CMS Age Restriction', both set to 'Yes'. A red notification bar at the bottom says 'Changes have been made please Rerun'.

The Settings for this section are very similar to Details, with a few distinct differences.

- You can select your Analytic Profile of interest from any of your internal profiles; your Benchmark Profile is restricted to be an internal profile or an NRD profile.
- You can select between two Report Types (see below), which limit your measure options.
- You also have the option to display the measure with or without accounting for CMS' age (65+) and Payer (Medicare) restrictions on these measures.

The other Settings options function similarly to Details, including sorting or rearranging columns using the headers, including or excluding columns with the Columns button, and exporting the table to Excel or CSV.

The *CMS Condition & Procedures* Report Type allows you to select from the following 7 measures:

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- CMS 30 Day Readmission Rate - AMI Cohort
- CMS 30 Day Readmission Rate - CABG Cohort
- CMS 30 Day Readmission Rate - COPD Cohort
- CMS 30 Day Readmission Rate - Heart Failure Cohort
- CMS 30 Day Readmission Rate - Pneumonia Cohort
- CMS 30 Day Readmission Rate - Stroke Cohort
- CMS 30 Day Readmission Rate - THA/TKA Cohort

The screenshot shows the 'Add Measures' dialog box. It features a table with columns for 'Category', 'Measure', and 'Encounter Types'. The table lists six measures, all with 'Quality' as the category and 'ALL' as the encounter type. To the right, the 'Select Columns' panel is open, showing a list of columns with checkboxes: Num, Den, Score, Count, Opportunity, Benchmark, Average Opportunity, and O/E. Below this list are radio buttons for 'At End' (selected), 'At Beginning', and 'After', followed by a 'Facility ID' dropdown menu. At the bottom of the dialog, there are 'OK' and 'Cancel' buttons, and a pagination control showing '1/1' and '10'.

The CMS All Cause Readmissions Report Type allows you to select from the following 6 measures:

- CMS 30 Day All Cause Readmission Rate - Cardio-Respiratory Cohort
- CMS 30 Day All Cause Readmission Rate - Cardiovascular Cohort
- CMS 30 Day All Cause Readmission Rate - Medical Cohort
- CMS 30 Day All Cause Readmission Rate - Neurology Cohort
- CMS 30 Day All Cause Readmission Rate - Surgical Cohort
- CMS 30 Day All Cause Readmission Rate - Roll Up All Cohorts

This screenshot is similar to the one above, showing the 'Add Measures' dialog box. The table lists six measures, all with 'Quality' as the category and 'ALL' as the encounter type. The 'Select Columns' panel is open, showing the same list of columns with checkboxes: Num, Den, Score, Count, Opportunity, Benchmark, Average Opportunity, and O/E. Below this list are radio buttons for 'At End' (selected), 'At Beginning', and 'After', followed by a 'Facility ID' dropdown menu. At the bottom of the dialog, there are 'OK' and 'Cancel' buttons, and a pagination control showing '1/1' and '10'.

Top Service Lines Section

Clients with Custom Service Line designations now have the option to view the data by Service Line or Custom Service Line in this section. Simply select which field you prefer in the Service Line Type drop-down and the section will display encounters accordingly.

Top Service Lines

Profile: Health System Period: All (Jul 1st, 2014 to Jun 30th, 2016) Service Line Type: Service Line

Description Cases Percent

PPE Reporting

View Workflow Progress

On the PPE Dashboard, you can now view the progress of a Workflow by clicking the "Progress" boxes in the right column. Clicking the box will pop up a table showing you the status of each reviewer on that specific workflow level.

Reviewers in Physician Level ✕

Email	First Name	Last Name	Completed Review?
TestEmail@kaufmanhall.com	April	Parrish	No
Test4Email@kaufmanhall.com	Jenny	Mann	No
Test3Email@kaufmanhall.com	Fred	Conway	No
Test2Email@kaufmanhall.com	Kelsey	Martinez	No
bogusemail3@kaufmanhall.com	Angel	Hardin	Yes

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OK

View Completed Reviewers

Another feature to help you track the progress of Workflows is found on the Workflow Details screen. There is a new subsection listing the Outstanding Reviewers who have not yet completed that level so you can more easily identify which reviewers may need to be followed up with. Completed Reviewers are listed below, including the date/time of completion.

Current Level Outstanding Reviewers:

Email	First Name	Last Name	Actions
TestEmail@kaufmanhall.com	April	Parrish	Override
Test4Email@kaufmanhall.com	Jenny	Mann	Override
Test3Email@kaufmanhall.com	Fred	Conway	Override
Test2Email@kaufmanhall.com	Kelsey	Martinez	Override
	Andres	Hale	Override

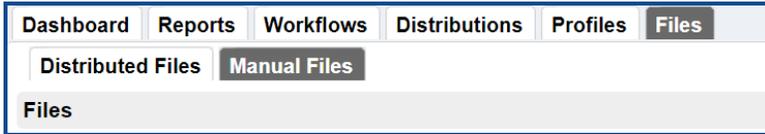
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Current Level Completed Reviewers:

Email	First Name	Last Name	Completed
bogusemail3@kaufmanhall.com	Angel	Hardin	2019-02-27 05:45:27

Background Report Processing

To help cut down your waiting time for Reports, manual PDF reports will process in the background so you are free to continue working in the software. You can find a Manual Files sub-tab to retrieve these reports on the Files Tab. Note that manual reports will expire after 7 days, so make sure to download any files you'd like to save longer.



Skipping Workflow Level Warning

When you select to finalize, approve all, override, or override all, you will now see a warning that subsequent levels in the workflow may be skipped if there are no flagged reports.

