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Certification and Adoption Workgroup Virtual Meeting

Crystal Kallem

Regulatory Perspective Panel

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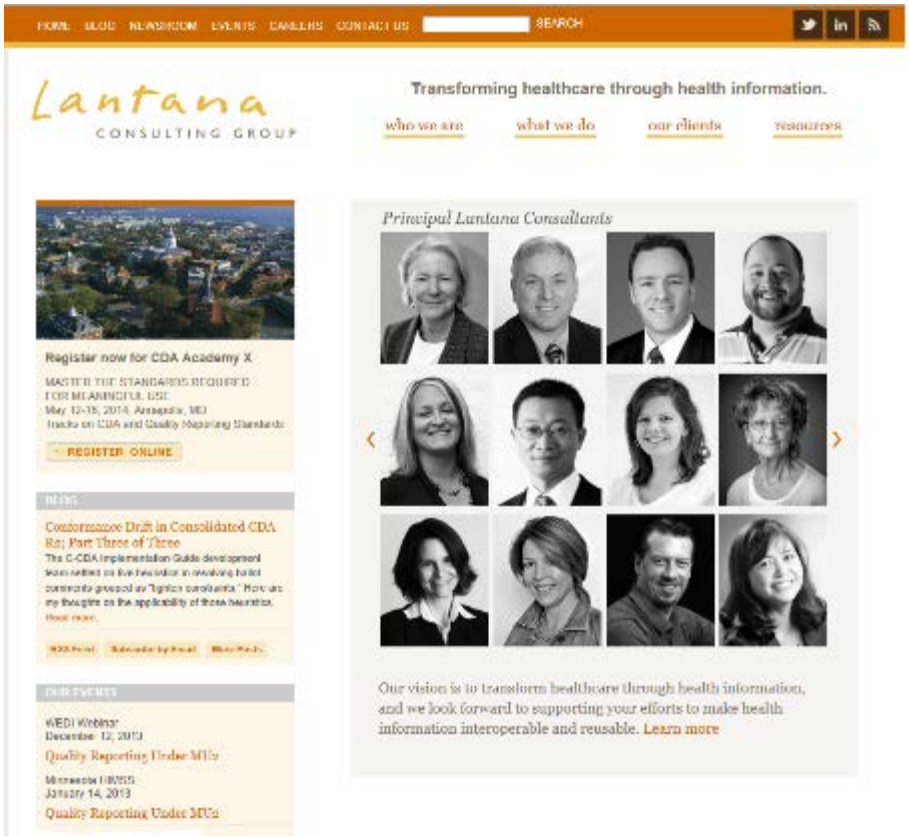
Mission: Information driven healthcare

- Staff of 35, 26 consultants
- Interoperability experts
  - Over two dozen standards developed, including key requirements in Meaningful Use
  - Services include quality reporting, implementation, standards development, architecture, strategy, compliance and certification, terminology, and training
  - Clients include startups, Fortune 100 companies, public and private organizations



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LTPAC EHRs and HIT Interoperability

- LTPAC EHRs must be included in HIT interoperability strategies to support coordination of care.
  - LTPAC EHRs should share many capabilities with ambulatory and acute hospital EHRs.
  - Setting-specific EHRs should contain unique extensions (characteristics) that align with the inherent capabilities of a "Base EHR."
  - Patient-centered care should determine shared capabilities.
- ***May require some change to the Meaningful Use definition of a "Base EHR."***

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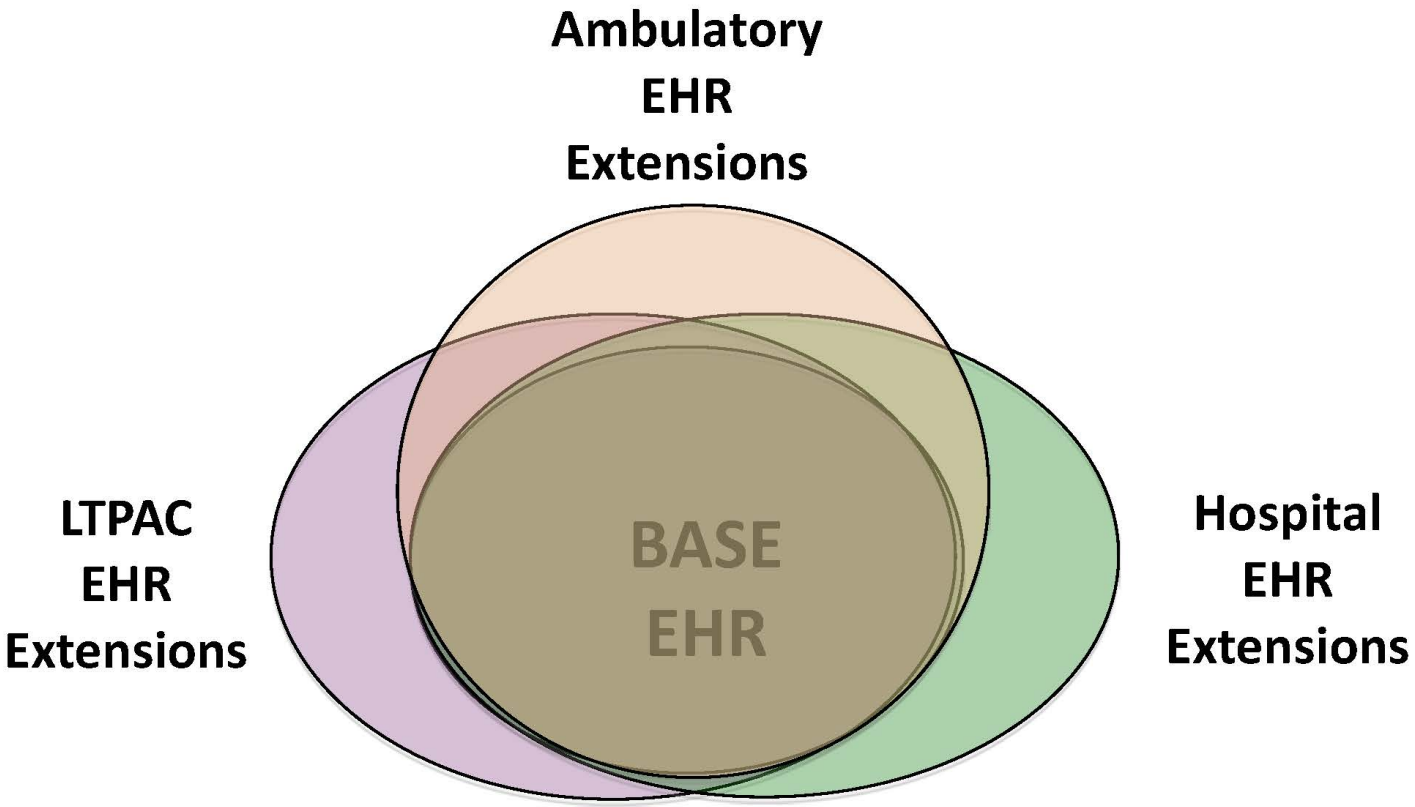
Lantana's Vision: Alignment of Certified EHRs



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LTPAC Quality Measurement Data

- Information required for LTPAC quality measurement should leverage clinical information recorded in the patient record.
  - LTPAC clinical quality measures (CQMs) should be derived from the Quality Data Model (QDM)[1], a framework that encompasses data from EHRs and other sources to manage measures of health.
  - EHRs can then process these CQMs to guide the collection and reporting of LTPAC quality data.
  - Decision support rules derived from CQMs will prompt providers to do the right thing.

[1] National Quality Forum. Quality Data Model (QDM) December 2012. http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72517

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Clinical Data for Transitions of Care

- This same clinical information must be made available for transitions of care.
  - We envision incremental incorporation of structured data in and out of LTPAC EHRs. This is a similar strategy taken under Meaningful use for ambulatory and acute hospital EHRs.
  - ***Big data, incrementally structured:*** Large volumes of primarily narrative data in CDA format can begin flowing from LTPAC EHRs, which can be augmented by structured data as business needs dictate.
  - This strategy meets the needs of front-line clinicians involved in transitions of care, while increasing availability of richer, structured data needed for quality reporting, decision support, and shared care planning.

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Public/Private Consistency

- Public and private payers should agree on and promote consistent and efficient methods for electronic reporting of quality and health status measures across settings of care.[2]
  - Today, providers' EHRs must support incompatible reporting formats for quality measure data.
  - This places a development burden on vendors and a workflow burden on providers.
  - Establishment of a consistent, computable representation of measures is a pre-condition to harmonization.

[2] Workgroup for Electronic Data Interchange (WEDI) Foundation. *2013 WEDI Report* (December 5, 2013). Accessed December 10, 2013 at http://wedi.org/topics/2013-wedi-report#areas.

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Harmonized LTPAC Reporting Requirements

- LTPAC reporting requirements should be harmonized with clinical data required for patient care.
  - Requires harmonization of data elements applicable to various LTPAC use cases.
  - Incrementally, harmonized data element can be mapped to Meaningful Use standards
  - Harmonization will reduce data collection burden and enable data re-use.

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Thank You

Crystal Kallem

Crystal.Kallem@lantanagroup.com

515-992-3616

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