



Inspira HealthRegistries Overview

FEATURES & OPPORTUNITIES

HealthRegistries Link: <https://ihn.registries.healthintent.com/>

1. Key Features:

- Comprehensive disease and wellness registry solution, which leverages clinical and financial data across the continuum of care to qualify, attribute, measure, and monitor members.
- Provides clinical teams the ability to identify potential gaps in care and opportunities to improve a patients’ health and wellbeing.
- Aggregated data normalized across multiple disparate sources and displayed in a longitudinal record in near real time.
- Sources:

Medicare ACO (Claim)	Inspira Health Network Siemens Soarian 837 (Claim)
Inspira Health Network Horizon Claims (Claim)	Soarian Financials RCM (BILLING)
PowerChart Ambulatory ASP (EMR)	Inspira Medical Center MobileMD STI CCD (EMR)
STHJ_NJ P646 (EMR)	Inspira Medical Center Greenway Intergy CCD (EMR)

2. Supported Roles:

- Providers: Access a Person’s summary view to identify gaps in care & review quality scores
- Provider Office Staff: Examine metric performance of a practice/provider’s score to identify measures needing attention, review attribution lists compared to scheduled appointments, and view registry criteria along with registry justifications.
- Quality Improvement Analysts: Review scorecards to identify top opportunities and perform attribution and registry changes.

3. Scorecards:

- Scorecards provide the ability to display Quality Measures that relate to a provider or organization’s quality initiative(s) involvement.
- The Scorecards tab allows you to view a provider or organizations performance on quality metrics. Providers and organizations can be scored on their ability to manage chronic disease care, preventive care, and a variety of operational efficiency measures.

4. Registries:

- Disease registries: By identifying those members of the population who traditionally require more intense care and incur elevated costs, you can manage your activities toward improving the health of those members.
- Wellness registries: Wellness registries identify appropriate and critical preventive measures for pediatric, adult, and senior members in a system.
- Measure viewability: You can view the quality measures for the provider's population and performance.

5. Person Summary View:

- Clinical information such as; conditions, medications, allergies, and provider relationship information are displayed in the person summary view.
- A list of providers who care for that individual can be viewed allowing you to access all status updates on a person throughout their continuum of care.
- Registries and quality measures that person qualifies are displayed showing what is; Achieved, Not Achieved, Missing, & Due
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6. Analytics:

- HealtheAnalytics assists in creating executive dashboards with drill-down capabilities for:
 1. Balancing attribution relationships.
 2. Organizational/Provider performance across various outcomes measures

7. Attribution Algorithm

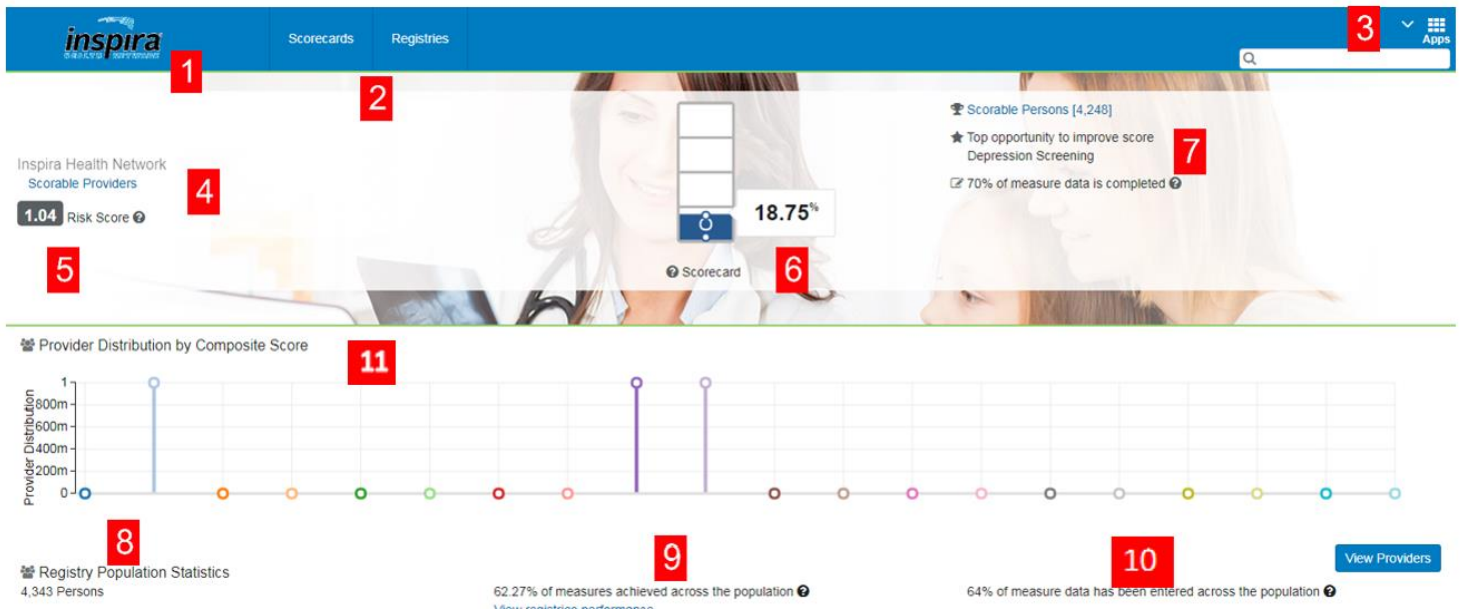
- Soft Attribution
 1. 3-year lookback period
 2. Visits with PCP or Specialist in attributable groups
 3. Provider with plurality of visits gets the attribution
 - a. If more than one provider has the same number of visits with patient, the most recent visit provider will break the tie
- Hard Attribution
 1. 180 & 90-day lookback periods
 2. Enrollment files from our contracted payers
 - a. Medicare
 - b. Horizon

8. Icons & Symbols

	Attributed Provider		Measure Not Achieved
	Measure Achieved		Person List Filter
	Measure Due Date		Person List Sort
	Measure Excluded		Top Opportunities
	Measure Missing Data		Scorable Person

9. Homepage Elements

- The homepage summarizes scorecard information specific to the Practice and is the launch point into registries.



- Elements of the Homepage include:
 - HealthRegistries Home Button:** Select this to return to the homepage from any location within the tool.
 - Scorecards and Registries Buttons:** Select these to navigate to the respective locations within the tool.
 - Toolbar:**
 - Help and Sign Out:** Expand the drop-down menu next to the provider’s name to link to Cerner’s online standard Help Pages or to sign out of the tool.
 - Apps:** Select the Apps button to link to additional tools, such as Analytics.

- c. Search: Enter the name of a person, provider or organization to view scorecard and registry information.
4. Entity identifier: Link to Scorecard(s) of Provider(s) associated with information that is reflected on the homepage.
5. Risk score: The MARA risk score represents a provider's overall expected health outcome or cost. It is normalized at a value of 1, so a score less than 1 indicates better cost management and better health outcomes and a score greater than 1 indicates that cost was above average and more than the estimated cost.
6. My Scorecard: Displays the provider's current composite score. The composite score is calculated by dividing the total number of points achieved by the total number of points eligible (weighted by category, if applicable). This calculation includes scorable people, only. Click on the graph to view the top ten opportunities for improving the score.
7. Top opportunity to improve score: Identifies the measure that provides the greatest opportunity to improve the composite score.
 - a. Measures completed: Calculates the number of measures that have a documented result divided by the total number of measures eligible. This does not reflect the measure status (e.g., met versus unmet), but simply represents the percentage of documentation completed.
 - b. Scorable persons: Number of people who are included in the Practice's scorecard calculations.
8. Registry population statistics: The number of patients attributed to the Practice. Attribution is the relationship between a provider and a person and is based on the Inspira's attribution algorithm. Attribution determines which patients, and consequently which registries/measures, will be factored into the scorecard performance for individual providers and the organizations in which they belong.
9. Measures achieved across the population: This can be thought of as the Practice's quality score. It is calculated by dividing the total number of measures met by the total number of measures eligible. The calculation includes all people who are treated by the Practice, not just scorable people. You can link to an overview of all the Practice's registries from here.
10. Measure data entered: This can be thought of as the Practice's completion score. It is calculated by dividing the total number of measures that have a documented result by the total number of measures eligible. This does not reflect the measure status (e.g., met versus unmet), but simply represents the percentage of documentation completed.
11. Provider distribution by composite score: Graphic representation of provider position within the composite score continuum.

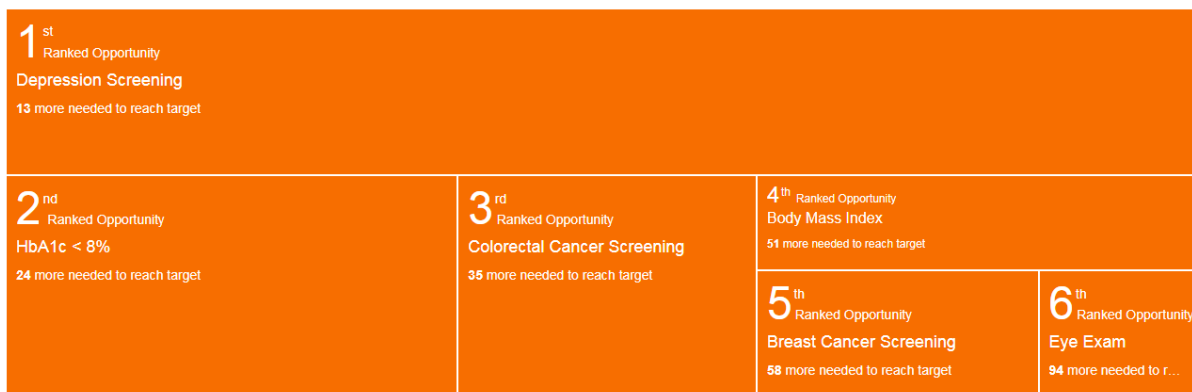
10.Scorecard Elements

- The **Scorecards** tab displays the performance scores of measures related to the Practice/Provider’s quality initiative participation



- Elements of the Scorecard section include:
 - Demographics: Displays name of Practice/Provider. If Practice, contains Provider Count & Link
 - Scorable Persons link: Link to view the list of scorable people
 - Composite Score Graph: Overall composite score of the scorecard calculated by the total number of points achieved divided by the total number of points eligible (calculated for scorable persons only). Hovering over the bar graph displays the location of the 25th percentile, median, and 75th percentile of within the scoring group or organization
 - Top Opportunities: When selected, displays the top ten metrics with the greatest opportunity to improve the scorecard.
 - Filters: Drop-down lists that narrow the results shown on the Treemap/Table view.
 - Treemap View and Table View: Changes how the information is displayed.

Treemap View



- Location:
 - The cells in the upper left corner have the lowest performance
 - The cells in the bottom right corner have the highest performance
- Size: The size of the cells indicates the metric performance relative to all other metrics on the scorecard. As cells get smaller, less and less data is displayed.

Table View

Measure	Opportunity Rank	% of Target	Met %	Completion %	Numerator	Denominator
Pediatric Wellness : Depression Screening	1 st	80%	62%	62%	52	83
Diabetes : HbA1c < 8%	2 nd	92%	67%	80%	290	429
Comprehensive Adult Wellness : Colorectal Cancer Screening	3 rd	96%	63%	63%	865	1354
Comprehensive Adult Wellness : Body Mass Index	4 th	97%	83%	83%	2254	2686
Comprehensive Adult Wellness : Breast Cancer Screening	5 th	88%	66%	66%	430	644
Diabetes : Eye Exam	6 th	63%	37%	37%	159	428

- **Measure:** Item measured for a given program.
- **Opportunity Rank:** Represents the priority of a measure based on its chance to improve your composite score.
- **% of Target:** Percentage of target goal reached.
- **Met %:** Percentage of measures met.
- **Completion %:** Percent of measures with data documented, regardless of outcome.
- **Numerator:** Scoreable Persons who meet the Registry and Measure numerator criteria
- **Denominator:** Scoreable Persons who meet the Registry and Measure denominator criteria

Scorecard Details – In the Scorecards tab under the search function is “Scorecard Details”

Chronic Disease Care	Numerator	Denominator	Achievement	Target	Composite Score Impact
Diabetes					
HbA1c < 8%	291	430	67.6%	>72.9%	+6.25%
Eye Exam	159	429	37.0%	>58.8%	+12.50%
Hypertension					
Blood Pressure < 140/90 mm Hg	961	1340	71.7%	>67.6%	+0.00%
Wellness					
Comprehensive Adult Wellness					
Breast Cancer Screening	430	644	66.7%	>75.7%	+12.50%
Colorectal Cancer Screening	867	1352	64.1%	>66.4%	+6.25%
Depression Screening	1938	2400	80.7%	>78.0%	+0.00%
Body Mass Index	2263	2688	84.1%	>85.7%	+6.25%
Pediatric Wellness					
Depression Screening	53	83	63.8%	>78.0%	+6.25%

- Each measure is displayed with bar graph completion along with:
 1. **Achievement:** Percentage of Numerator divided by the Denominator
 2. **Target:** Measure’s Benchmark
 3. **Composite Score Impact:** Percentage composite score will increase if measure achieves benchmark

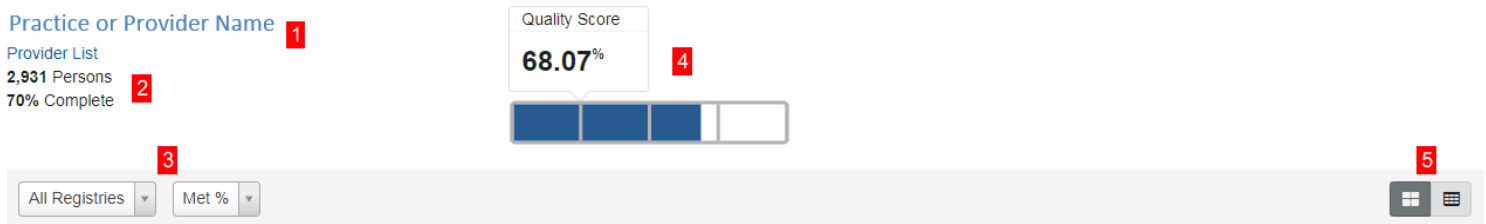
Drill Down

- Click on a measure in Treemap or Table view to filter to that measure’s persons.
- Selecting a measure changes the “View Persons” button at the bottom to “View Filtered Persons”. Clicking on it opens the person summary list of all scorable persons attributed to the selected Practice/Provider’s measure.
- “View Due Persons” button appears in Provider perspective to provide an additional filter option when selecting a measure.

	No Measure Selected	Measure Selected
Practice Level	View Persons View Providers	View Filtered Persons View Filtered Providers
Provider Level	View Due Persons View Persons	View Due Persons View Filtered Persons

11.Registries Elements

- The **Registries** tab lets you analyze the health of a population and the performance of a Practice/Provider(s).
- Unlike the Scorecard tab, which focuses on scorable individuals, the Registries tab includes your entire population.



The screenshot shows the 'Registries' section with the following elements:

- 1** Practice or Provider Name
- 2** Provider List
- 2** 2,931 Persons
- 2** 70% Complete
- 4** Quality Score: 68.07%
- 3** All Registries (dropdown)
- 3** Met % (dropdown)
- 5** Grid/List view toggle

- Elements of the Registries section include:
 1. Demographics: Displays name of Practice/Provider. If Practice, contains linkable Provider List
 2. Attributed Persons link: Link to see a list of everyone attributed to the Practice/Provider
 3. Filters: Drop-down lists that narrow the results shown on the Treemap/Table view.
 4. Quality Score Graph: Overall Quality Score calculated by the total number of measures met divided by the total number of measures eligible (calculated on all people not just those who are scorable).
 5. Treemap View and Table View: Changes how the information is displayed.

Treemap View



- **Location:**
 1. The cells in the upper left corner have the lowest performance
 2. The cells in the bottom right corner have the highest performance
- **Size:** The size of the cells indicates the metric performance relative to all other metrics on the scorecard. As cells get smaller, less and less data is displayed.

Table View

Registry	Met %	Completion %	Persons/Events Qualified
Depression	53%	56%	368
Pediatric Wellness	56%	56%	119
Diabetes	60%	65%	430
Comprehensive Adult Wellness	63%	64%	2,733
Chronic Obstructive Pulmonary Disease	76%	77%	158
Heart Failure	80%	86%	184
Hypertension	85%	90%	1,340

- **Registry:** The subset of the overall person population that is being managed for a specific program. Persons are on registries when they meet the program's qualifying criteria.
- **Met %:** The percentage of measures that have been met.
- **Completion %:** The number of measures that have a documented result, regardless of measure status, divided by the total number of measures eligible.
- **Persons/Events Qualified:** Scoreable Persons qualified for that specific registry

Drill Down

- Double click a Treemap or Table view cell to view measure details for that specific Registry.
 1. Selecting “Zoom out” at the top of either view returns to registry viewpoint.
 2. Right-Clicking in Treemap View returns to registry viewpoint.
- Click on a registry in Treemap or Table view to filter to that registry’s persons.

- Selecting or double clicking into a registry changes the “View Persons” button at the bottom to “View Filtered Persons”. Clicking on it opens the person summary list of all attributed to the selected Practice/Provider’s registry.

	No Registry Selected	Registry Selected
Practice Level	View Persons	View Filtered Persons
Provider Level	View Persons	View Filtered Persons

12. Person Summary Elements

- The person-level summary contains information specific to each person
- Elements of the Registries section include:
 1. **Demographics:** Displays demographic information and the person’s MARA risk score. Expand the section to view additional details.

Dunn, Barbara
 79 years F DOB: Jan 3, 1938 ^

Contact Information

Phone 555-555-5555 Ext. +1
 Address 1963 Rosemont Avenue
 Springfield, 95202
 Email June.Avalos@test.com
 ja.test@test.com

Identification

Payer Member IDs **MSSP**
 MSSP 211E5954A8C68056632D1D182088D7352700F381
 HMO Missouri
 7CBDB595B17A73E7C56A3163AA007DC74F6A1A6
 MRNs **PH Client 1, Source 1, EMR**
 388A5E57B82CA9DB8DE1205244830F727CC5DB33
PH Client 1, Source 1, EMR
 3C1AC81A419BFC78B676811DA87BED09B62DA3A7

Demographics Supporting Facts

- Click Demographics Supporting Facts to open a pop-up box and view the sources of the person's demographic information.

Demographics Supporting Facts

Name	Dunn, Barbara	Pop Health 1 MSSP Staging (Claim)
Gender	F	Pop Health 1 MSSP Staging (Claim)
DOB	Jan 3, 1938	Pop Health 1 MSSP Staging (Claim)
Phone	555-555-5555 Ext. +1	CERN:RECORD:AD_HOC_TEST-1:STAGE (EMR)
Address	1963 Rosemont Avenue Springfield, 95202	Pop Health 1 MSSP Staging (Claim)

2. **Registries Tab:** This tab identifies the registries that the person qualifies for and the status of each related measure.

- Expand: Displays information on the measure(s) the registry contains. Colored tiles serve as visual indicators drawing attention to those unmet.
 - Make Changes: Location to request additions and exclusions for registry, measure, and scorability.
 - Filters: Ability to expand all registries and filter measures according to status.
 - Grid View and Table View: Changes how the information is displayed.
 - Scorable Person Icon: Displayed next to registries in which the person is being counted for scoring.
 - Registry Supporting Facts: Displays facts as to why person is a member of that specific registry.
 - Measure Supporting Facts: Clicking on tiles accesses documentation source(s).
3. **Relationships Tab:** Displays the provider relationships established for the person, the date last seen by the provider, and the number of visits with the provider. Section for a user to attribute & unattribute the person to the provider.

- Clinical Information:** This tab displays the person’s longitudinal record. It contains person-specific clinical information.

- To view more clinical information
 - Click the section’s label
 - Click an item in one of the sections
 - Filter the display to reveal specific components of interest
- Display components include:

Overview	Conditions	Medications	Results	Vital Signs
Immunizations	Procedures	Visits	Allergies	Encounters

- Activity History:** Displays details regarding requests and outreach activities, if applicable

13. Glossary

Term	Definition
Achieved	Measure status indicating it has been performed and successfully achieved by a person.
Affiliation	Direct relationship between an organization and a person. The organization is assuming responsibility for the health and care of the indicated person.
Attribution	Relationship between a care provider and a person. The care provider is assuming responsibility for the health and care of the indicated person.
Completion Percentage	The number of measures that have a documented result, regardless of measure status, divided by the total number of measures eligible.
Composite Score	The total number of points achieved divided by the total number of points eligible, calculated for scorable people only.
Due	A measure becomes due 30 days prior to its due date. This also includes a measure that has not been met or is missing data after the due date has passed.
Due Date	The specific date when a measure is due based on when it was last performed and its defined frequency.
Excluded	Measure status indicating a measure is not applicable for a person. <ul style="list-style-type: none"> • Registry exclusion refers to a person being excluded from a registry. • Measure exclusion refers to a person being excluded from a measure.
Measure	The combination of a discrete concept, a time window, and possibly a threshold value. Measures are the items of interest that are measurable for a given program
Met Percentage	The percentage of measures that have been met.
Not Due	The status of a measure that does not meet the due parameters
Opportunity Rank	A ranked order which represents the greatest chance to improve your composite score.
Organization Class	A health care organization type, such as a physician-hospital organization (PHO) or practice.
Percentage of Target	Represents how much of the target percentage has been achieved. When this number reaches 100 percent or greater, it means that the target has been met.
Population	A group of people whose health a health care organization is responsible for managing.
Potential Points	A measurement that indicates the impact a person may have on your composite score. The person who has the biggest potential impact on your composite score has the highest number of potential points.
Quality Score	The total number of measures met divided by the total number of measures eligible, calculated on all people (not just scorable people).
Registry	The subset of the overall person population that is being managed for a specific program. Persons are on registries when they meet the program's qualifying criteria.
Risk Score	The MARA risk score represents a provider's overall expected health outcome or cost. It is normalized at a value of 1, so a score less than 1 indicates better cost management and better health outcomes and a score greater than 1 indicates that cost was above average and more than the estimated cost.
Scorability	A person attribute indicating if the person is counted in scorecard calculations for a given registry
Threshold	The range that is expected for a specific measure (for example, in the HBA1C < 7% measure, less than seven percent is the threshold).
Top Opportunities	The measures on which you have the greatest chance to improve your composite score.