

Quality Measures Reporting: Meaningful Use and Clinical Integration

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Discussion Points

- Clinical Integration: what it is not
- Clinical Integration: what it is
- How CI fits with Meaningful Use and medical group quality reporting, improvement, and physician incentive programs

What Clinical Integration is not:

- CI is not an ownership or merger agreement
- CI is not a PHO or ‘Messenger Model’ arrangement
- CI is not a health-plan driven physician panel
- CI is not collusion or anti-competitive activity

What clinical integration is :

- CI is an agreement between financially unrelated entities to collaborate on quality measurement, reporting, and improvement
- CI is an opportunity to share and see operational and quality data, and to develop quality improvement activity with other groups
- CI has the potential for working directly with employers to lower health care spend

Meaningful Use: recap

- Federal Stimulus package dollars available to doctors and hospitals (separately) beginning in 2011, through 2016 or later
- 2 aspects: technology side (EMR) and quality measurement side (use)
- Successful participation by a physician or group requires measurement and reporting

CI and Meaningful Use

- Physicians and groups have 3 options for measurement and reporting:
 - Hire/ use your own tech people to abstract from EMR
 - Rely on your EMR vendor to do it for you, or
 - Look to an outside party to compile data and report
- CI: groups use a shared resource to aggregate, display, and report quality measurements
 - Necessary for CI operations AND necessary for successful Meaningful Use reporting

Summary

- CI is not the same old PHO
- CI is an information sharing and quality improvement collaborative
- Access to Meaningful Use dollars requires both measurement and reporting
- CI can measure, report, and so much more

Thank you!

For more info or collaborative opportunities:

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