KINGMAN REGIONAL MEDICAL CENTER

Makes Strides in Value-based Care With MEDITECH

As the largest provider in northwest Arizona, Kingman Regional Medical Center is committed to delivering value-based care. Recognizing that patient management and clinical quality metrics are key to identifying areas for improvement, the healthcare system engaged MEDITECH Professional Services to implement a robust, KPI-driven solution within six months; this initiative laid a solid foundation for KRMC’s efforts to improve care quality while optimizing its financial return.

So far, the KPI-driven solution has streamlined clinical workflows for capturing discrete data and led to new strategies for preventive health management. Robust reporting mechanisms have helped to improve the quality of care while offering new opportunities for financial reimbursement from insurance payers.

Targeting people, process, and performance

KRMC engaged a multidisciplinary committee of over 40 stakeholders including physicians, nurses, IT analysts, and IS staff in addition to the MPS team. Together, they adjusted workflows to meet the needs of the hospital and align with MEDITECH’s regulatory best practices, addressing operational efficiencies by incorporating workflows to facilitate access, assignment, and accountability.

Working with MPS, KRMC staff received expert guidance and designated resources to help them make the required process changes and maximize the efficiency of new processes. In addition, KRMC learned quality reporting strategies from the team, enabling the hospital to tackle future projects independently.

“It was our first time working with MEDITECH Professional Services, and they have been a tremendous help,” said Arek Shennar, CIO of KRMC. “The most important part for me as a CIO is that we’re being taught, enabling us to ask more sophisticated questions and work on more sophisticated projects.”
Partnering with payers to improve reimbursement

KRMC targeted Medicare Condition and Patient Management benchmarks, and identified Humana Medicare Advantage patients, the largest volume payer for this subset. For the project to succeed, onboarding Humana as a payer was vital.

“We’ve been working with Humana for a while, but we needed to function as partners to promote better outcomes, improve quality measures, and enhance reporting,” explained Shennar. “This project enabled us to do that, to work toward a common goal.”

KRMC looked to Humana’s 2019 Q4 Quality Recognition Program report for opportunities. The report calculated approximately $16K in missed opportunities per quarter for diabetes HEDIS/Patient Safety Measures and Clinical/Strategic Initiatives. By implementing electronic clinical quality measure mapping and adjusting workflows for discrete data capture, KRMC could close gaps between opportunities and actual reimbursements from Humana.

Improving and coordinating diabetes care

KRMC chose diabetes as the pilot condition, believing it presented a scalable use case with ample opportunity to build out, test, and train. Additionally, 60% of the organization’s quality measures, including eCQMs, are linked to diabetes. The program aimed to provide more comprehensive care — and more appropriate documentation of that care — to patients with diabetes, leading to improved reimbursement and Medicare star ratings.

To set organizational thresholds for improvement, KRMC implemented a Quality Vantage dashboard in MEDITECH’s Ambulatory solution to measure performance. The interactive dashboard displays in red text all metrics that require attention, allowing the organization to adjust criteria for condition management and wellness registries. For example, when the dashboard indicated eye exams were at 1%, KRMC targeted the metric by including eye exams as part of the follow-up care for patients with diabetes. In addition to helping staff manage diabetes quality measures for MIPS eCQM reporting, the dashboard has eliminated surprises related to analytics.

Fostering proactive health and wellness protocols

KRMC clinicians adopted new functionality in their ambulatory workflows to foster proactive condition and wellness management. They designed diabetes and wellness registries and health management protocols for preventive health management and HEDIS/Star quality metric tracking. A case coordinator role, referred to as a nurse navigator, was created to close gaps in care and understand opportunities using the new Humana Diabetes Patient Registry.

In MEDITECH’s Business and Clinical Analytics solution, MPS created a Humana Membership Dashboard to assist KRMC with reconciling its payer roster with its MEDITECH EHR data — helping the organization address discrepancies to achieve 99% accuracy.

Planning for the future

KRMC looks forward to establishing partnerships with other hospital payers in the future. With the knowledge gained from working with MPS, the organization expects to address additional quality initiatives and expand the nurse navigator role to further improve outcomes and the patient experience.

As KRMC moves toward a complete value-based care solution, its engagement with MPS continues; Shennar noted that his organization plans to extend the value-based care program with Humana to include cardiac and renal care, behavioral health, and hypertension management.

“This is just the beginning of our journey,” said Shennar. “We experienced a very positive outcome from this [engagement] and fully expect to replicate it in other areas. I look forward to continuing to work with MEDITECH Professional Services.”