

# DI QUARTERLY NEWSLETTER



DARTNet Institute Newsletter—Vol 4

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## Letter from Dr. Wilson Pace, DARTNet Chief Medical Officer

The staff at the DARTNet Institute continue to look for ways to provide greater value to our partners. In this issue you will learn more about a new data partner for MACRA/MIPS reporting (**Able Health**). You will also read about a long term partner that is ready to roll out population health management and clinical decision support systems (**Apervita**).

*DARTNet Patient Safety Registry is Ready to Accept Data (p.4)*

The Research section highlights DARTNet activities that help advance knowledge and also includes details on projects that are currently available to our partners. All research projects that involve interaction or intervention include monetary incentives for participation. Monetary incentives range from small projects offering \$500-\$2000 to larger studies offering tens of thousands of dollars to participating practices. If you would like earlier notification about upcoming research participant opportunities please contact Lucy Scott ([Lucy.Scott@dartnet.info](mailto:Lucy.Scott@dartnet.info)) or DeeJay Zwaga ([Deejay.Zwaga@dartnet.info](mailto:Deejay.Zwaga@dartnet.info)) and indicate your interest. DARTNet research interests are focused on improvement in the delivery of health care. We do not conduct new drug studies for the pharmaceutical industry.

*AAFP National Research Network Recruiting for Two Studies (p.6)*

Along the lines of expanding activities based upon data already on hand at DARTNet, we are working with the American Board of Medical Specialties (ABMS) to become a provider of / attester for Maintenance of Certification activities related to Quality Improvement in Practice (formally known as MOC IV.) Once approved, DARTNet will be able to offer a number of different pre-packaged, approved, QI activities as well as work to develop new activities that meet our clients' needs. There will be an overall structure that QI activities will need to generally follow for attestation but the approach should be flexible enough to meet most needs. We hope to have this in place by the second quarter of 2017 and look forward to discussing with you how this can help meet your physician's medical specialty board requirements. For more detail on MOC IV see page 6.

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### Able Health offers “MIPS-in-a-box”

DARTNet supports upcoming MACRA / MIPS reporting with partner Able Health. The **Able Health MIPS Solution** tracks performance on any MIPS quality measure and supports Advancing Care Information and Improvement Activities reporting all in one place to ensure success in MIPS. For more information on Able Health, see page 2.

Join us for the Able Health MIPS Solution demo on **April 4th, 2-3p CDT**

Email [rachel.kent@dartnet.info](mailto:rachel.kent@dartnet.info) for registration link or [Click Here](#).



The DARTNet Institute is a rapidly growing collaboration of practice-based research networks that are building a national collection of data from electronic health records, claims, and patient-reported outcomes. The networks blend quality improvement, effectiveness, and translational research with a data-driven learning system.

DARTNet has been collaborating with Apervita Inc. for two years and is excited to now offer Apervita’s Population Management tool to DI clients via the **Apervita Platform and Marketplace**.



**Apervita** offers a technology platform for building and executing analytics, and the DARTNet Population Management tool, available in the **Apervita Marketplace**, is a great companion to the CINA Point of Care Report. This tool allows practices to generate reports that will target patients who are not meeting the clinical recommendations for different chronic disease screening, management, and prevention guidelines. This data can then be used to generate mail merges or other forms of communication to reach out to the practice’s patient population. Users also have access to the broader **Apervita Marketplace**, where they can browse and purchase additional analytics created by leading health organizations worldwide.

[www.apervita.com](http://www.apervita.com)

For more information or to set up a demo, visit the Apervita website or contact Caitlin Watkins. [Caitlin.Watkins@dartnet.info](mailto:Caitlin.Watkins@dartnet.info)



**Two birds, One stone.** Use the data that you are already submitting to the DARTNet Performance or Safety Registries for your MIPS Reporting needs in 2017 and beyond.

*Join us for a free MIPS Solution webinar:*

- April 4th, 2-3p CDT— [Register Here](#)
- July 13th, 1-2p CDT
- Fall Demo—TBD

The first performance period for the Medicare Merit-Based Incentive Payment System (MIPS) began January 1, 2017. With CMS combining multiple Medicare Part B programs into one performance-based payment system, provider organizations must stay on top of requirements in order to maintain and increase Medicare payments over the next decade. The Able Health MIPS Solution will allow you to succeed in MIPS with less administrative cost to your organization, leaving you with more time to care for your patient population.

Please contact [Rachel.Kent@dartnet.info](mailto:Rachel.Kent@dartnet.info) if you have questions or would like to set up a demo.



- Able Health’s Key Benefits / Offerings:**
- 1) Performance reports automatically generated bi-annually or monthly throughout the measurement year.
  - 2) Performance Improvement—early identification of clinicians and patients who are not meeting guidelines so that you can make improvements throughout the year.
  - 3) MIPS education for your team built into the product, including extensive knowledge bases pre-loaded with program information and all measure specifications.
  - 4) Submission to CMS across the Quality, Advancing Care Information, and Improvement Activities performance categories (Able Health is a Qualified Registry).

**2017 Updated CINA Point of Care Content**

*CINA Point of Care Clients Only (Quality Suite)*

DARTNet updated 2017 protocol content is now available for those using CINA Point of Care Reports. DARTNet clinician experts consistently follow nationally recognized, evidence-based guidelines to keep DARTNet clinical content up to date. The current version update includes all guideline edits made through the end of the 2016 calendar year.

Contact Caitlin Watkins to update your CINA content. [Caitlin.Watkins@dartnet.info](mailto:Caitlin.Watkins@dartnet.info)



## Practice Performance Registry– Medicaid Meaningful Use 2017

In the Final CMS Rule for Meaningful Use, Public Health and Clinical Data Registry Reporting have been consolidated into a single **Objective 10**. All Eligible Professionals (EPs) who participate in the DI Practice Performance Registry and use a certified EHR technology to provide data meet the Clinical Data Registry Reporting measure, measure 3 of Objective 10. In addition, EPs can now meet two measures of Objective 10 by submitting data to both the DI Practice Performance Registry and the Patient Safety Registry.

## Practice Performance Registry– MACRA / MIPS 2017

The Medicare Access & CHIPS Reauthorization Act of 2015 (**MACRA**) final rule was released in November 2016. The Merit-Based Incentive Payment System (MIPS) is a new program that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) incentive program into one single program.

If you continue submission with DARTNet, you are eligible to attest for bonus points. If reporting, the minimum reporting period is 90 days. By reporting to DARTNet, you are eligible for 5% bonus points in the Advancing Care Information category. We will comply with the MACRA/MIPS requirements and will relay any new information as it becomes available.

**If you are reporting to MIPS in 2017,** please note that CMS is now requiring the following Eligible Clinicians to report:

- Physicians (MD, DO)
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified RN Anesthetists

Contact [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info) to update your provider count at any time during the year.

For more information on who is required to report, visit: <https://qpp.cms.gov>.

**Available metric list and Development timeline can be found on the DARTNet website.**

### Specialty content in development Q2 2017:

- **Pediatrics:** *Childhood Immunizations; Chronic Disease Mgmt and Preventive Screenings*
- **Pulmonology:** *Asthma / COPD Mgmt; Preventive Screenings*

**Don't forget to view the Training Videos:** Check the Registry SharePoint documents section regularly for updates to the user manuals or Training Videos section for new demo videos.

## PPR By the Numbers

As of 3/30/2017, the DARTNet Registry dataset represented the following:

- ◆ Organizations: **824**
- ◆ Care Sites: **11,622**
- ◆ Providers: **37,053**
- ◆ Patients: **10,932,976**



## DARTNet Component Patient Safety Organization (DCPSO) Registry Update

DARTNet is excited to announce that a second DARTNet Clinical Data Registry is ready to accept data.

The DARTNet Component Patient Safety Organization (DCPSO) is accepting data for the **Patient Safety Registry (DI PSR)**. The DCPSO is an AHRQ certified Patient Safety Organization which will help health care professionals learn from quality and safety events to prevent them from happening in the future.

The DCPSO has experts who can collect, analyze, and aggregate clinical data to develop insights into the underlying causes of patient safety events that might not be obvious. Data in the **DI PSR** will be accessed through a secure web-based interface and will be used to improve population health outcomes and increase patient safety. The first set of metrics focuses on safe ACE/ARB use. This registry meets the requirements of a Clinical Data Registry in the CMS Meaningful Use Objective 10: Public Health and Clinical Data Registry Reporting.

Please contact [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info) if you have questions or are interested in joining the DI PSR. More information on PSOs can be found at <https://ps0.ahrq.gov/>.

### Important Reminders For Registry Clients

#### Practice Staff Changes?

If at any time there is a change to Super Users, Attestation Contacts, or provider counts, please contact us so that we can make changes to our records.

#### Attestation letters sent in March 2017

If you have not received a 2017 attestation letter, please contact us at: [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info)

#### Contract Renewal

If you have received notice that your contract with DARTNet has expired, please respond with any questions or return the new contract at your earliest convenience.

Accounts not renewed within 90 days of expiration will be cancelled automatically and you will lose your attestation. Client will have to pay an additional set up fee to have account reinstated.

## —DI Registry Updates by Client Type / Data Source—

#### DI Quality / Foundation Clients

DARTNet is working on a rollout timeline for the Quality and Foundation Suite clients. The goal is to have client data in the Registry by the end of Q4 2016. DARTNet will work with Network partners directly on more specific details.

#### Cerner ASP Clients

Version 2 data query and files tested successfully in Q2 2016. DARTNet has processed all data received in Q1-Q3 2016 and emailed super users with login credentials to access data in the User Interface. If you did not receive login credentials, please email [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info). DARTNet continues to receive new historical and quarterly files from

Cerner. The Registry will continue to be updated on a quarterly basis.

#### eCW Clients

The eClinicalWorks data query was validated and finalized in late April 2016. eCW is in the process of extracting and transferring historical data files for all clients registered with DARTNet. A roll out plan has been established. After DARTNet receives the data, it takes 8-16 weeks to become available in the Registry User Interface. As data becomes available in the Registry User Interface, DARTNet will email super users with login credentials and a link to training videos and guides. User credentials and access is currently disabled due to issues with practice location data linking across

organizations. The DARTNet technical team is currently correcting this issue. As soon as the fix is complete, we will send an email and reinstate access to the User Interface. We appreciate your patience during this issue.

#### Individual Hosted Clients

DARTNet is working directly with several clients that represent approximately 15 other data sources. Please contact [DIRegistry@dartnet.info](mailto:DIRegistry@dartnet.info) if you fall into this category and have questions regarding your data or timeline.

**Questions? Contact us at:**

[DIRegistry@dartnet.info](mailto:DIRegistry@dartnet.info)

# What's New in RESEARCH

DARTNet Institute is engaged in cutting-edge research on topics important to primary care clinicians, policy-makers, and patients.

## Safe Stimulant Prescribing for Adult ADHD

**Funder:** FDA

**Current Status:** Study Underway

**Participation:** Open for two more practice participants.

**Email** [Lucy.Scott@dartnet.info](mailto:Lucy.Scott@dartnet.info) for details.

The DARTNet Institute will collaborate with the AAFP National Research Network on a 24-month FDA-sponsored project entitled "Safe Stimulant Medication Prescribing for Adult ADHD." ADHD affects the quality of life of 5% of adults in the United States, and physicians commonly prescribe stimulants to control adult ADHD. The FDA has concerns about the safety of prescribing stimulants to adult patients for three reasons: (1) stimulant abuse is common, (2) administering a stimulant dosage that is too high has negative side effects for the patient, and (3) stimulants may interact adversely with other medications. Moreover, primary care physicians are uncomfortable prescribing stimulants due to worries that the patient may abuse the drugs.

The goal of the ADHD study is to address both FDA and physician concerns regarding the safety of stimulant prescriptions by identifying physician-level prescribing errors and improving prescribing practices. The study will take a three-pronged approach to achieve this goal.



**First**, the study will determine patterns for how physicians are currently prescribing stimulants to adult ADHD patients. For this step, the AAFP NRN will recruit practices to participate in the study and DARTNet will perform the necessary data pull and analysis.

**Second**, the study will implement an education program for physicians regarding stimulant prescription. Primary care physicians will be provided with performance reports focusing on prescribing errors (e.g., resulting drug interactions, dosages not in accordance with FDA guidelines) and actionable feedback for improving their prescribing practices. Physicians will also be provided with webinars about safe medication practices to boost their knowledge and comfort with managing stimulant prescriptions.

**Third**, the study will explore the possibility of expanding practical applications of the Prescription Drug Monitoring Program (PDMP) registry data. Gaining access to this registry would allow for future projects for sustained, long-term practice quality improvement efforts.

## Renal Impact of NSAID Use

**Funder:** FDA

**Current Status:** Study Complete

**Participation:** Study Closed to new participants

The DARTNet Institute recently completed all data collection for a project related to minimizing kidney injury caused by excessive use of non-steroidal anti-inflammatory drugs (NSAIDs).

NSAIDs such as ibuprofen and naproxen are commonly taken in the US both as over-the-counter and prescribed medication. NSAIDs have long been known to cause acute kidney injury (AKI) in some people. Understanding this risk related to over the counter use of these medications has been difficult to explore in the US, which lacks a nationalized healthcare system and a national database infrastructure for analyzing large data sets between given medications and healthcare risks. Use of diverse electronic healthcare record systems throughout the US also hinders national healthcare studies. The DARTNet Institute assisted in overcoming these obstacles by providing standardized EHR data from its Practice Performance Registry, which includes healthcare records from over 2500 practices nationwide serving roughly 8 million patients. Data provided by the DARTNet Institute will be used in this study to develop NSAID patient risk profiles for AKI, intervention protocols, and patient education materials.

All DI research collaborations begin with a conversation. If you have a research idea and you would like to explore opportunities for collaboration with DI, please contact Dr. Wilson Pace, DI CMO.

[Wilson.Pace@dartnet.info](mailto:Wilson.Pace@dartnet.info), or 1-800-434-0278 ext. 12

## In Development: MOC Certificates

*Available to DARTNet contributing sites in the future*

The DARTNet Institute is developing a grant proposal for a pilot program in providing Maintenance of Certification (MOC) credits to physicians in the area of Quality Improvement in Practice, formally known as MOC IV. The MOC process developed by the American Board of Medicine Specialties (ABMS) evaluates physicians in four categories:

- (1) professionalism and professional standing;
- (2) lifelong learning and self-assessment;
- (3) assessment of knowledge, judgment, and skills; and
- (4) improvement in medical practice.

DARTNet's competence in data extraction and quality improvement activities would allow it to support physicians in generating the reports needed to complete this

fourth module in the MOC process. In this pilot program, DARTNet intends to develop a protocol for measuring baseline data for a given practice, a bank of support tools for quality improvement, and methods for reporting changes in practice quality.

DARTNet is applying to be able to attest to a physician's or practice's QI efforts if they follow along with a general process approach.

Once DARTNet receives approval from ABMS, any physician

requiring assistance with quality improvement can either review improvement offerings that DARTNet will be posting or suggest a new area of improvement to work on. Once provided with the data to support the improvement work, DARTNet should be able to attest for 21 of 23 boards.



## The American Academy of Family Physicians (AAFP) National Research Network (NRN) has recruitment opportunities for upcoming research.



Follow the DARTNet Quarterly Newsletter for information on upcoming research opportunities through the AAFP NRN and other

research partners. DARTNet clients have the unique opportunity to become involved in research led by networks nationwide by using data already submitted to DARTNet.

### *Study Recruitment Opportunity:*

#### **The Clinical Research Awareness and Clinical Research Access & Information Exchange Project**

AAFP National Research Network is working with **TransCelerate Bio-pharma, Inc.**, to support a new initiative to enable better informed patient and healthcare professional communities through improved access to and information from clinical research trials.

AAFP NRN will be recruiting 8 primary care physicians to participate in a series of panel meetings to provide input to key aspects of the initiative.

Please contact Natalia Loskutova at [nloskutova@aafp.org](mailto:nloskutova@aafp.org) to receive further information on panelist expectations, remuneration, and timelines for engagement.

### *Study Recruitment Opportunity:*

#### **The Safe Stimulant Medication Prescribing for Adult ADHD Study**

AAFP National Research Network is recruiting up to two more practices for a study that aims to optimize pharmacotherapy for adult patients with attention deficit disorder (ADHD). The study will involve implementing a 6-month intervention consisting of various audit, feedback, and educational components with a focus on stimulant medication prescribing.

Study details on page 5.

Please contact [Natalia Loskutova](mailto:Natalia.Loskutova@nloskutova@aafp.org) at [nloskutova@aafp.org](mailto:nloskutova@aafp.org) if you are interested in learning more.

All DI research collaborations begin with a conversation. If you have a research idea and you would like to explore opportunities for collaboration with DI, please contact Dr. Wilson Pace, DI CMO.

[Wilson.Pace@dartnet.info](mailto:Wilson.Pace@dartnet.info), or 1-800-434-0278 ext. 12

## Reminder for CINA Quality / Foundation Suite Clients: EHR UPGRADING SOON?

Let DARTNet know when you are expecting a version update to your EHR. These updates can affect the DARTNet data connectors, data imports, data element mapping and access to EHR Interface.

Contact Caitlin Watkins with questions.

[Caitlin.Watkins@dartnet.info](mailto:Caitlin.Watkins@dartnet.info)

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### Research Opportunities—

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For more contact information visit [www.dartnet.info](http://www.dartnet.info)

## Employee Spotlight: Amanda Ratigan



Amanda Ratigan is the DARTNet featured employee of the Quarter. Amanda joined the DARTNet team in May of 2016 after completing a Doctorate in Public Health Epidemiology at the University of California, San Diego. In 2016, she moved cross country with her family to the DARTNet Headquarters in Denver where she lives with her husband and son. They are expecting their second child this Summer!

### Q: What do you value most about working for DARTNet?

A: I value the variety of work activities that we do as a company, including data management, data transformations to produce reports of clinical quality measures for monitoring improvements in healthcare, as well as the numerous research studies that we are involved in. It helps that we have such a great team at DARTNet that makes each day more enjoyable.

### Q: List three words that describe DARTNet.

A: Engaging, Dynamic, Collaborative

### Q: What have you gained from working at DARTNet?

A: I learned to appreciate how intense data transformation can be to extrapolate meaningful results from EHR data. In addition I have gained invaluable skills working as a part of the team here in both professional and personal domains.

### Q: What are three things most people don't know about you?

- 1) I served as a Public Health Officer in the Air Force.
- 2) I am mostly Italian and hail from South Jersey.
- 3) I've traveled to both The Gambia and Liberia to assist in the development of HIV/AIDS monitoring and surveillance systems amongst their militaries.

### Q: What are your hobbies / interests outside of work?

A: These days, most of my spare time is enjoyed with my husband and two-year-old son hanging out at home, going on walks or hikes, and frequenting the zoo or hall of animals at the Museum of Nature and Science. And although the time may not be now, I look forward to being able to continue my world travels to experience the sights and cultures of other countries.

### Q: What was your best vacation?

A: I've been to many different regions around the world for vacation or work (Canada, Caribbean, Mexico, Central America, United Kingdom, Germany, Italy, Africa) and by far the best vacation I've ever been on was a trip my husband and I took to Italy. We spent time in Rome, Venice, Florence, Tuscany and hiked the approximately 8 miles of trails that connect the 5 coastal villages of Cinque Terre along the Italian Riviera. Coming from a mostly Italian heritage, and having Italian grandparents who were first and second generation in America, I felt a strong connection to this country that I have never felt before. I can't wait to go back!

