

# DI QUARTERLY NEWSLETTER



## Practice Performance Registry – Metric Timeline

Over the next 12 months, DARTNet is committed to adding Performance Report Registry metric options for all Registry users. DARTNet amended the Performance Registry Metric Development Plan in September 2017 in an effort to get meaningful metrics into the hands of all providers and specialties accessing the Registry. To do this, each specialty will have 2-4 Quality metrics developed according to the timeline below. Once each represented specialty has a base 2-4 metrics, DARTNet will return and add additional metrics to specialties.

If you have feedback on metrics you are most interested in seeing for your specialty, please contact [DIRegistry@dartnet.info](mailto:DIRegistry@dartnet.info) at your earliest convenience.

*MIPS Reporting Solution Demo (p.3)*

*Primary Care Providers—the AAFP needs your help—quick smoking cessation survey (p.5)*

If your specialty is not represented in the timeline, email [DIRegistry](mailto:DIRegistry@dartnet.info).

*NOTE: Metrics will be available by the end of the listed Quarter.*

Currently Available	Q4 2017	Q1 2018	Q2 2018
<ul style="list-style-type: none"> <li>Preventive Services</li> <li>Primary Care</li> <li>Blood Pressure Control</li> <li>Nephrology</li> <li>Endocrinology</li> <li>Cardiology</li> </ul>	<ul style="list-style-type: none"> <li>Infectious Disease</li> <li>OBGYN</li> <li>Pediatrics</li> <li>Pulmonology</li> <li>Podiatry</li> <li>Rheumatology</li> <li>Thoracic / Vascular Surgery</li> </ul>	<ul style="list-style-type: none"> <li>General Surgery</li> <li>Gastroenterology</li> <li>Orthopedics</li> <li>Otolaryngology</li> <li>Urology</li> </ul>	<ul style="list-style-type: none"> <li>Dermatology</li> <li>Hematology / Oncology</li> <li>Neurology</li> <li>Ophthalmology</li> <li>Physical Medicine / Rehab</li> <li>Psychology / Psychiatry</li> </ul>

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### Performance Registry Clients:

#### Is your contract up for renewal? Don't lose your attestation!

Many Registry contracts will be up for renewal in Q4 2017. If your organization signed up in Q4 2015, then you will receive notice to renew your contract. Once you receive a notice, 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.

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.

## CMS Proposed Rule for MACRA/MIPS 2018 and what it means for DI Registry Clients

On June 20, 2017, CMS released the Proposed Rule for MACRA 2018. There are three (3) notable items in the Proposed Rule that DARTNet would like to highlight:

First, the Advancing Care Information Category, which is the category that the DARTNet Registries are included in, is allowing MIPS eligible clinicians to fulfill Public Health Reporting by either a) submitting to an Immunization Registry for 10 points or b) submitting data to a Public Health agency or and Clinical Data Registry at 5 points per submission (can earn up to 10 points this way).

Second, you can receive an additional 5 point bonus for reporting to an additional registry not reported under the performance score above. **If you are registered for both the DARTNet Performance Registry and Safety Registry (below) you could potentially be eligible for additional bonus points.**

Third, the proposed rule includes a new Small Practice Bonus, which would give practices with 15 or fewer providers a bonus of up to 5 points as long as the eligible clinician or group submits data in at least one (1) performance category in an applicable performance period – this could help many DARTNet clients.

### 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.

#### Getting Audited?

If you require new or additional documentation in the event of an audit, please contact [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info)

### PPR By the Numbers

As of 9/25/2017, the DARTNet Registry dataset represented the following:

- ◆ Organizations: 870
- ◆ Care Sites: 29,637
- ◆ Providers: 115,269
- ◆ Patients: 16,725,012



Links for more information:

[Guidance on MACRA/MIPS/APMs](#)

[Proposed Final Rule Fact Sheet](#)

[Proposed Final Rule \(Full 1,058 pages\)](#)

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

**DARTNet's second 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 improve population health outcomes and increase patient safety.

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. The first set of metrics in the DI PSR focuses on safe use of ACEi/ARBs. This registry meets the requirements of a Clinical Data Registry in the CMS Meaningful Use Objective 10: Public Health and Clinical Data Registry Reporting.

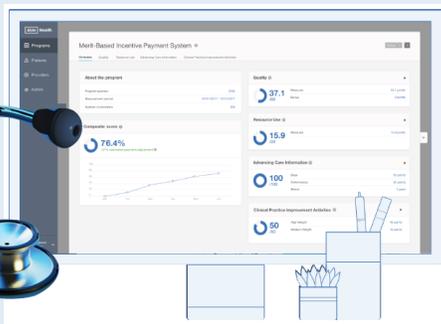
Please contact [DIRegistry@DARTNet.info](mailto:DIRegistry@DARTNet.info) if you have questions or are interested in joining the DI PSR. More information on PSOs can be found at <https://pso.ahrq.gov/>.

**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.

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.*

Contact [Rachel.Kent@dartnet.info](mailto:Rachel.Kent@dartnet.info) for a demo or visit the [Able Health website](#) for more details.



#### Able Health's Key Benefits / Offerings:

- 1) **Performance Tracking**—Able Health uses patient-level data across any of 243 Quality measures allowing you to track your scores as often as monthly in the Able Health dashboard.
- 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**—guidance built into the dashboard, including extensive knowledge bases pre-loaded with program information and all measure specifications, which will reduce your training costs and your time spent researching measure requirements.
- 4) **Direct Reporting to CMS**—as a Qualified Clinical Data Registry (QCDR), Able Health is able to submit data to CMS across three performance categories: Quality, Advancing Care Information, and Improvement Activities.

### Notable Publications *(Click titles to link to publications)*

DARTNet Chief Medical Officer, Dr. Wilson Pace, is a co-investigator for both of these studies.

#### [Extracting Deep Phenotypes for Chronic Kidney Disease using Electronic Health Records](#)

Published June 12 2017 | Study: Improving Evidence-Based Primary Care for Chronic Kidney Disease

DARTNet participated as the clinical data resource for this study providing the study researchers with access to datasets that included millions of patient lives over multiple years of study from across the country. The findings of this multi-year study are included.

#### [Diagnosis and Medication Treatment of Pediatric Hypertension: A Retrospective Cohort Study](#)

Published December 2016

Supplemental Commentary: [Childhood Hypertension: An Underappreciated Epidemic?](#)

A large-scale study using electronic data from pediatric clinicians across the country asked the question – are primary care and pediatric providers effectively diagnosing and treating hypertension and pre-hypertension in their pediatric patient population. The study used clinical findings from 398,079 patients (age 3-18 years) that were seen in a primary care setting over a fifteen year period of time.



# What's New in RESEARCH

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

## Pharmacogenomics and Clinical Decision Support Systems for Advancing Patient Care in Depression

**Funder:** Tabula Rasa Healthcare

**Current Status:** Study Underway

**Participation:** Currently Recruiting

The DARTNet Institute has partnered with the American College of Clinical Pharmacy Practice-Based Research Network (ACCP PBRN), Tabula Rasa Healthcare, and the University of Colorado School of Pharmacy to complete a pilot study to evaluate the integration of pharmacogenetic (PGx) testing into medication treatment of depression in the primary care setting. In the United States, 20% of women and 12% of men suffer from depression. Although proper treatment alleviates symptoms in 70 to 80% of patients suffering from depression, half of patients do not respond to the first antidepressant prescribed to them. It is difficult for clinicians to predict how a patient will respond to antidepressants, so the correct medication and dosage is found through a process of trial and error over months or even years.

Case studies show that PGx testing can guide clinicians in selecting the proper antidepressant and dosage, or by suggesting alternatives to medications a patient may already be on, thus improving patient outcomes. Pharmacogenetic testing works by analyzing variations and mutations in genes that control how the patient metabolizes certain medications. Once the clinician knows if the patient is a slow, normal, or rapid metabolizer, the clinician can use this insight to decide the proper medication and dosage to prescribe. This pilot study adopts a more holistic approach by using MedWise Advisor—medication safety software—to analyze patients' PGx test results, medical conditions, current medications, and past medication history

with the aim of personalizing treatment and mitigating adverse effects across the entire medication regimen.



### Interested in DI Research Opportunities?

Follow DI Newsletters 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.

### Interested in Participating?

We are looking for Primary Care sites that have an on-site clinical pharmacist who can recruit 15 patients with treatment resistant depression or newly diagnosed depression in a three month period of time.

Contact Lucy Scott, PhD ([Lucy.Scott@dartnet.info](mailto:Lucy.Scott@dartnet.info)) to receive more information.

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

**American Academy of Family Physicians  
National Research Network (AAFP NRN)  
News and Opportunities**



**Is your Primary Care office interested in treating smoking cessation as a chronic condition?**

Share your feedback with the American Academy of Family Physicians National Research Network (AAFP NRN) on a grant proposal for adaptive smoking cessation treatment.

The AAFP NRN is developing a research grant application to look at chronic disease-based treatment for smoking cessation. If funded, the grant will test the effectiveness of adapting pharmacotherapy based on responses and behaviors of smokers using a chronic disease care model.

Complete a brief survey about your activities related to smoking cessation by **October 20th**. Your feedback will help develop a protocol and also identify practices that could potentially participate in the project or benefit from it, if funded.

[Click Here](#) and complete the smoking cessation survey by **October 20**.

Contact [Christina Hester, PhD, MPH](#), AAFP NRN Research Director, for additional information.



**Calling all Family Medicine Practices  
The American Academy of Family Physicians  
(AAFP) needs 15 minutes of your time**

**Help the AAFP assess patient engagement in family medicine**—The American Academy of Family Physicians National Research Network (AAFP NRN), with funding from the Patient-Centered Research Outcomes Institute (PCORI), is evaluating patient engagement in family medicine. The AAFP NRN is seeking to learn how family physicians are reaching out to patients and caregivers.

**[Please complete this anonymous survey](#)** to assist with this important research.

The survey should take approximately 15 minutes to complete. You may skip any question you desire. Your answers will be pooled with others and will not be reported individually. After completing the survey, you may also choose to enter a random drawing for an iPad Pro (valued at \$600).

Contact [Mindy Spano](#), AAFP NRN Research Communications Manager, with any questions about this survey.

**AAFP NRN and DARTNet Collaborate in Research: Current Pending Proposals**

**Funder: Centers for Disease Control and Prevention (CDC)**  
**Status: Pending Funding**

AAFP NRN, DARTNet and ICF Macro, Inc. proposed to design and implement clinical decision support tools into EHRs to improve uptake and adherence to the CDC's Guideline for Prescribing Opioids for Chronic Pain. DARTNet will facilitate collection of pre- and post-data from participating practices to evaluate outcomes related to opioid prescribing during the study term.

**Funder: Office of Disease Prevention and Health Promotion**  
**Status: Pending Funding**

AAFP NRN and DARTNet proposed to evaluate whether activating both patients and providers around accessing preventive health information via the online myhealthfinder tool will improve preventive services uptake in the primary care setting.

Contact [Christina Hester, PhD, MPH](#), AAFP NRN Research Director, for additional information.

## CINA Point of Care Report Clients: NEW ASCVD Risk Calculator

DARTNet now offers ASCVD Risk Calculator scoring on the CINA Point of Care Reports. These individualized patient scores are based on content released by the American Heart Association and American College of Cardiology to assess patients' 10-year and lifetime risk for developing ASCVD.

The ASCVD Risk Score allows clinicians to quickly spot at-risk patients and easily implement risk-lowering interventions during the patient appointment.

*Please contact Caitlin Watkins if you would like to add this calculator to your patient reports.*

## CONTACT DARTNet

### Business Collaborations / Partnerships—

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



## Employee Spotlight: Jeff McClure



Jeff McClure is the DARTNet featured employee of the quarter. Jeff joined the DARTNet team in March of 2017 as Director of Finance. His strong background in accounting, finance and operations make him a valuable member of the team. Not to mention his sparkling personality!

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

I'm very grateful for how everyone is so very helpful to others.

### Q: How do you balance your career with DARTNet and family?

Multi-task and delegate.

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

Helpful, inventive, hopeful.

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

I have a very broad capability set – I build decks, make things with stained glass and cook a lot of our family meals.

### Q: What is something you have always wanted to try?

A couple of years ago I hired a guide to teach me how to fly fish in Colorado. It's an art with some science mixed in and it takes a great deal of time to master.

### Q: What was your best vacation?

We have vacationed many summers in Beaver Creek, Colorado. It's become tradition.

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

Right now, I'm very busy with children's sports – volleyball, basketball, soccer, cheer and tumbling.

### Q: Do you have an irrational fear? What is it?

My most irrational fear is that I discover I have irrational fears for as of right now I'm not aware that I have any.

### Q: If you could take three things to a deserted island, what would they be?

A volleyball named Wilson, a couple of federal express boxes and a dentist.

### Q: What is your favorite lyric or line from a movie?

Inspector Callahan – "A man has to know his limitations"

### Q: What is the most interesting place you have lived?

I've lived all my life in Kansas. One of the most interesting things about Kansas is the Garden of Eden in Lucas, Kansas. <http://www.garden-of-eden-lucas-kansas.com/>