



ARcare learns to mine its data for REAL RESULTS.

Health center turns to Health Initiatives Consulting to maximize its patient care data, boost revenue potential.

About ARcare

ARcare is a large federally qualified health center, with 56,000 unique patients at 70 service sites spanning 21 counties in Arkansas, Kentucky, and Mississippi. The non-profit agency employs more than 500 people and leverages 17 federal and state grants to help it deliver its primary care and ancillary services.

A Unique Challenge

Federally qualified health centers are required to serve anyone who comes to them for care.

Many patients live in poverty, and suffer from deeply rooted, chronic diseases that too often are a way of life for people who struggle with access to care.

Over the years, ARcare amassed vast stores of data about its patients and the communities it serves. To help them manage the data, they invested in Greenway Health EHR, i2i Tracks, and SAP Business Objects. But staff struggled with the most efficient ways to turn the data into regular, meaningful reports and

dashboards that could help ARcare drive its strategic planning, monitor patient initiatives, and demonstrate continuous quality improvement.

Begin With the End in Mind

When ARcare reached out, Health Initiatives Consulting (HIC) came in with a clear focus: develop a well-organized data governance and stewardship strategy that would allow ARcare to continually mine its data while monitoring its progress on a broad range of quality initiatives.

The project team consisted of Loretta Khangura, Vice President of Practice Transformation at HIC, Greg Wolverton, ARcare Chief Information Officer, Leisa Watkins, ARcare Director of Disease Management, and a number of ARcare's educators, clinical leaders, IT professionals, and other staff.

Early on, the health IT and data optimization challenge was driven by ARcare's vast reporting requirements for its federal, state and community-based grant-funded programs. Although ARcare had made substantial investments in integrated, purpose-built health IT,

staff was unable to effectively and efficiently leverage those investments and access meaningful data to connect the dots along the care continuum. They knew they wanted to generate both required, and telling, reports and dashboards to share their story with board members, staff, funders, patients, and other stakeholders.

ARcare implemented a formal "data governance/stewardship" protocol and approval process, whereby leadership and middle-managers were encouraged and empowered to make requests for their desired data and reporting needs.

"The ability to track our quality measures lets me see if we are meeting the National Standards of Diabetes Education and therefore maintain our accreditation! It also allows me to make corrections in policy and procedures if I identify gaps in our care. Thank you for that!"

Leisa Watkins
Diabetes Program Manager



Then HICs data experts – what ARcare came to call data gurus – and ARcare’s members of the team facilitated data mapping and population tracking, along with customized reporting and dashboards, to guide ARcare on its ongoing data mining journey and the best patient care possible.

Early Returns are Impressive

The most promising opportunity to reveal itself to date: the identification of more than 5,000 ARcare patients who qualify for chronic care management services through the Centers for Medicare and Medicaid Services (CMS). These services can

'More than 5,000 ARcare patients have been identified as qualifying for chronic care management services. The projected increase in revenue – as much as \$2.58 million annually – can help the agency sustain these services.'

be sustained by the projected increase in revenue of as much as \$2.58 million annually.

And more than 788 patients were helped in 2017 by ARcare’s new diabetes self-management education toolkit. The toolkit entails a clinical dashboard with five trended metrics, a comprehensive report with required reporting metrics, and additional analytics to help the program manager monitor patient care. A series of queries helps identify patients with gaps in their care plans.

Other Promising Trends:

CMS MITRE on HIV Populations: HIC assessed, mapped and validated HIV patient data and metrics that will enhance reporting and improve outcomes. This includes searches to identify patients who need nutritional interventions.

Million Hearts: For this self-monitoring blood pressure management program, HIC developed a clinical dashboard with four trended metrics, a comprehensive report, and a set of queries to run daily to identify opportunities for patient engagement.

"HIC has taken the burden off our clinicians and IT staff. Their work frees us up, and gives us the tools to create innovations in health care."

Greg Wolverton, CIO

Precision Medicine: To support ARcare’s strong pharmacy program, HIC added data items to i2i Tracks, helped map the data, and coached pharmacists to use the system to work with patients and providers to modify treatment regimens based on genomic testing.

Uniform Data System: Health centers are required to make regular reports on their clinical performance to the federal Bureau of Primary Health Care. HIC helped staff correctly enter and integrate prenatal data between the electronic health record and i2i Tracks, the population health management platform, and developed the tools to support all UDS reporting requirements. ●



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HIC CONNECT

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Greg Wolverton, CIO

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U H I R E S O U R C E

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