Bring focus to your quality reporting efforts

With the greater focus on quality and value, providers must report on quality improvements for shared savings programs, and various quality programs. Without data insights, reporting and contract negotiation are often based on guesswork.

MedeAnalytics Quality Management enables you to analyze readmissions, gaps in care, patient safety indicators, patient mortality, hospital-acquired conditions, and potentially preventable procedures—so you can easily determine your compliance with quality measures and get back to patient care.

With MedeAnalytics Quality Management, you can:

- Analyze clinical quality and outcomes components like 30-day unplanned readmissions
- Identify hospital-acquired conditions
- Review mortality rates based on industry-standard methodologies
- View gaps in care with HEDIS\textsuperscript{®}-like measures
- Reduce the resource-intensive, error-prone process of chart abstraction

**HEDIS\textsuperscript{®}** is a registered trademark of the National Committee for Quality Assurance (NCQA).

**who.**
Quality directors, outcomes managers, and clinical directors at health systems

**what.**
Simplifies and streamlines quality improvement processes to meet quality requirements

**how.**
Quality Management uses data insights to support quality measurement, reporting, and workflow management

**why.**
- Meet quality requirements to avoid penalties and earn incentives
- Prioritize quality improvements without guesswork
- Increase efficiencies with scalable, quality reporting
- Standardize clinical quality
Focus quality efforts with empirical insights

MedeAnalytics Quality Management offers big-picture insights into quality metrics so you can quickly identify and close gaps in care. With empirical data, you can eliminate guesswork and focus only on those areas that need the most improvement. Quality metrics are measured with:

- AHRQ (PQI, IQI, PSI, and PDI) measures
- Chronic disease population trends
- 30-day unplanned readmissions
- Length-of-stay (ALOS) analysis

Meet quality requirements with efficiency and simplicity

Typically, providers are now on the hook to report on multiple quality measures, and the stakes are only getting higher. MedeAnalytics Quality Management helps you identify how you’ve historically performed in a particular area, where you may need to improve, and which measures deserve your time and attention. The insights can also be used in shared savings agreements with payers, so you can confidently manage contract negotiations.

Provider Solutions

Revenue Cycle Management
- Patient Access
- Revenue Integrity
- Business Office Suite

Value Based Performance
- Population Health
- Quality Management

Cost and Operations
- Supply Chain
- Labor Productivity
- Service Line
- Throughput

Enterprise Performance Management
- Action Planning
- Progress Tracking

Analyze quality metrics across the entire organization

Link payer and provider data with events reporting

Roll up all member enrollment and claims (payer) data and patient accounts and charges (provider) data into consolidated patient event records. Gain unprecedented insight with a whole new set of patient-centric reports that weren’t possible before.

- Get access to a wider, more cohesive set of patient data
- Receive member data faster by bypassing claim lag time
- View a superset of diagnosis and procedure codes from both payers and providers

For more information about MedeAnalytics Quality Management, visit our solutions page.

call us. 469.916.3300 | visit us. www.medeanalytics.com

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