

PQRI Survey: DocSite

The American College of Physicians, a medical association representing over 126,000 doctors of internal medicine and medical students is asking all CMS certified PQRI Registries to complete this survey for our members. The responses to this survey will be made accessible to the College's members in order to assist our members in choosing a registry.

For more information on ACP please visit our website at www.acponline.org

PQRI Reporting:

1. *Official (commercial) name of the registry*
DocSite Registry and DocSite PQRI Registry

2. *Contact Information*

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3. *Provide an overview of the product (please limit to 150 words or less).*

Simple, Affordable, Effective Solution to make care easier and better from a Physician owned company. Get paid your PQRI bonus in 2 days asking 4 to 9 questions for 30 patients. Can complete process directly on website (www.docsite.com/pqri). Free in some states through the medical societies. Currently more than 3 million patients managed in the system. Can be used with or without existing data. Using existing data allows physicians to submit for PQRI without data entry. Expanded use includes Level I, Level II and Level III medical home; Bridges to Excellence as well as Cardiac and Heart Stroke programs. Used to successfully earn \$6K to \$10K Anthem bonus payment in paper practices in 2007 - 2008. Can migrate to fully electronic solution with DocSite or through partners. www.docsite.com

4. *Describe the focus, e.g., patient or disease - e.g. supported diseases, if disease-focused.*
Patient Focused. Made for Medical Home and other initiatives. Integrates diseases for the patient. Has more than 6000 data elements in it across 400+ conditions and programs. examples beyond the typical prevention, diabetes, cardiac, respiratory, depression, back pain, include HIV, Sickle Cell, Tracheotomy and Central line, Coumadin / Anticoagulation clinic, Transitions of care, Medication reconciliation.
5. *One or more of the following conditions covered by the registry:*
 - *Any (customizable)*
 - *Asthma*
 - *Cancer screening or follow up*
 - *Cardiovascular Disease*
 - *Depression*

- *Diabetes*
- *Immunizations*
- *Preventative Services*
- *Other*

6. *List the key functionality traits of the product (please limit to the top 10 traits or less).*

Pure web (no software to install, data to back up) - physician owned company with Physicians Foundation partnership doing this for 10+ years - can get free use for PQRI in a number of states through the medical societies - works in 2008 and 2009 and beyond - can include e-prescribing or connect with your system (4% in 2009 - e-prescribing + registry) - Self-service option - no commitment, full year 2008 payment bonus takes 2 days in Most practices - Can continue to use for general medical home - ACP Pier content available at no extra charge

7. *Is your product/registry identified by CMS as "qualified" to submit quality data to CMS on behalf of eligible professionals for 2008 PQRI reporting?*

Yes

Privacy:

8. *Describe the overall security level of the system, e.g., access control strategy, network security measures.*

Secure signon with strong passwords. Secure web channels (HTTPS) that work in a standard browser. Role-based security - includes cross-site permissioning if desired. DocSite can deploy in 1 office or across a region. Full HIPPA audits - including sign-on, create, read, update, delete. Full audits on any external feeds or data loads. Evaluated by and passed third party security audits.

9. *Describe the controls available to secure protected health information (PHI).*

DocSite becomes a HIPPA agent for physicians with respect to PHI. This is something we have done for multiple years in multiple settings. We are physician owned and understand the importance and sanctity of patient medical information.

10. *Identify any affiliated or owned entities who might have access to patient data (identifiable or de-identified)*

DocSite has a relation with the Physicians Foundation for Excellence (Quality Foundation originally formed by the state medical societies that successfully sued the managed care companies on behalf of physicians) wherein if a physician wants to have data included in the Physician Foundation benchmark, it will be included.

11. *Describe your business model for operating the registry and any current or intended plans for sharing or selling any registry data (identifiable, aggregated, or de-identified)*

DocSite has a business model predicated on low variable cost and high volume use - resulting in fees well less than \$100 / month. DocSite is Physician owned. DocSite's business model is not predicated on selling data. As stated in the previous discussion, DocSite does not have plans to sell or share the registry data.

Data and Reporting

12. Please check off which of the following hosting models is supported by your product.

- Web-Based

13. Please check off which of the following is supported by your product.

- Local Network/PC
- Remote Network

14. Data Export/Import: List the standards used in data exchange, e.g., HL7 interfaces.

DocSite has a number of exchange and file capabilities for getting information into and out of DocSite. HL7 2.x, 3.x. Custom XML. Comma and other delimited. Batch file and transaction feeds. Customized feeds and file imports. Continuity of Care Record (CCR) via file or web service. HL7-CCD. DocSite participates in local, regional and state data exchanges, offering clinical workflow and clinical data repository and reporting functions. Data can export natively out of the web browser to Access, Excel, etc on the desktop.

15. List the software programs from which you can import data into your product and/or export data from your product, e.g., MS Excel, MS Access, other.

Data can export natively out of the web browser to Access, Excel, etc on the desktop

16. List the Point-of-Care tools implemented by your system, e.g., clinical alerts, documentation templates.

DocSite has full clinical alerts, hybrid documentation (structured + unstructured for speed and data use for P4P such as PQRI). Broad constellation of conditions. Electronic and Paper workflow at the point of care.

17. List the patient outreach capabilities implemented by your system, e.g. generated letters, surveys, patient education materials, messaging capabilities.

Letters, education, messaging, mailing and phone lists, drillable reports, etc. includes workflow links to other systems.

18. List the reporting capabilities of the system, including support for any standards.

Native reporting for summary and detail reporting for performance programs. Population outreach lists. Patient level letters, alerts, reminder and decision support. Reports are graphical and tabular. One-site, cross-site. Patient & Population. Weighted scorecards to calculate performance program compliance and payment.

PQRI Overview

19. Describe the relative strengths of the product (please limit to 150 words or less).

Web native. Simple, Effective, Affordable. Proven ability to improve care and get physicians paid. Works for 1 physician or across a state. Works for multiple programs - eg PQRI, Bridges to Excellence, Medical Home, etc. Patient centered. Extensive care library (more than 6000 elements and extendable without programming). fully e-prescribing compatible. Works in paper or electronic offices.

20. Describe the relative weaknesses of the product (please limit to 150 words or less).

DocSite leads the registry market - in terms of volume of users, years in business, number of external vetting processes. No system is perfect, to be sure, but we offer the comfort of using a product from a physician owned company that focuses on making care better and easier. Identified shortcomings get quick attention!

21. Cost

Free with Restrictions and Priced

22. Provide a detailed description of the costing model, including any special pricing for PQRI data submission.

Many states offer DocSite Free through the Medical Society for 2008 (including but not limited to Texas and North Carolina). General pricing is \$350 / submitter - payable at the time of submission - If you start and don't finish the process, there is NO COST. If you submit, you will know that you have a complete submission prior to payment, so with typical Medicare billing in the practice, you will have a greater than 4:1 return on Investment. DocSite can take existing data from a group or IPA or IDN data warehouse and submit it on behalf of all relevant providers in the group. CONTACT DOCSITE for group data mining pricing. NOTE - ONLY CLINICAL REGISTRIES (SUCH AS DOCSITE) can submit for the FULL YEAR bonus from CMS for 2008 by asking 30 patients 4-9 questions. Admin / G-code processes can get a maximum of 1/2 the bonus.