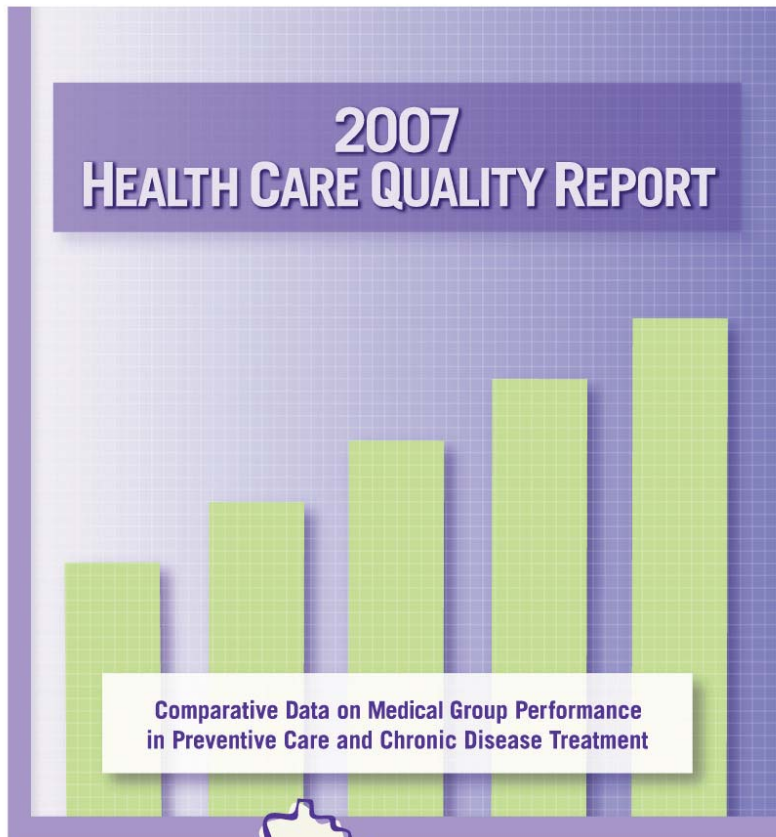


# Minnesota Direct Clinical Data Collection Methods and Results

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Pay for Performance  
Concurrent Session 4.07  
February 28, 2008

# 2007 Health Care Quality Report



- Reports on 14 quality measures
- Reports results on 128 medical systems
  - 73 multi-specialty groups
  - 34 single-specialty groups
  - 21 urgent/convenience care
  - Over 90% of Minnesotans get their care from these providers



[www.mnhealthcare.org](http://www.mnhealthcare.org)

# Impacts of Public Reporting and P4P

- Measures are being imbedded in clinical practice
- Results are being used for clinic promotion and marketing
- Call for alignment
- Improve the measures



# MANAGING DIABETES IN MINNESOTA



## HOW DOES DIABETES CARE MEASURE UP?

It can be difficult to tell which clinics offer the best care for diabetes and who delivers the best results.

This site lets you compare clinics in and around Minnesota using "the D5". This information can help you to make choices about your care and talk with your doctor about the results. Clinics are already using this information to improve the care they provide.

### VIEW & COMPARE diabetes care in area clinics

enter clinic name, city, zip, county or address

START YOUR SEARCH HERE >>

### WHO WE ARE

learn about Minnesota Community Measurement >

### LEARN MORE

about the D5 data and how it's collected >

## WHAT IS THE D5?

The D5 is a set of five treatment goals that, when achieved together, represent the gold standard for managing diabetes. Reaching all five goals greatly reduces a patient's risk for the cardiovascular problems associated with diabetes. A clinic's D5 is based on the number of diabetes patients, ages 18-75, who reached all five goals in 2006: \*



- 1 **Hemoglobin**  
A1c (HbA1c) level less than 7%
- 2 **Blood Pressure**  
less than 130/80 mmHg
- 3 **LDL-C**  
(bad cholesterol) less than 100 mg/dl
- 4 **Daily aspirin use**  
for patients ages 41-75
- 5 Documented as **tobacco-free** in medical record

\* The data collected for this measure are from medical groups and clinics. The data have been audited and validated by MN Community Measurement. [Read more details here.](#)

# Why Composite Measures?

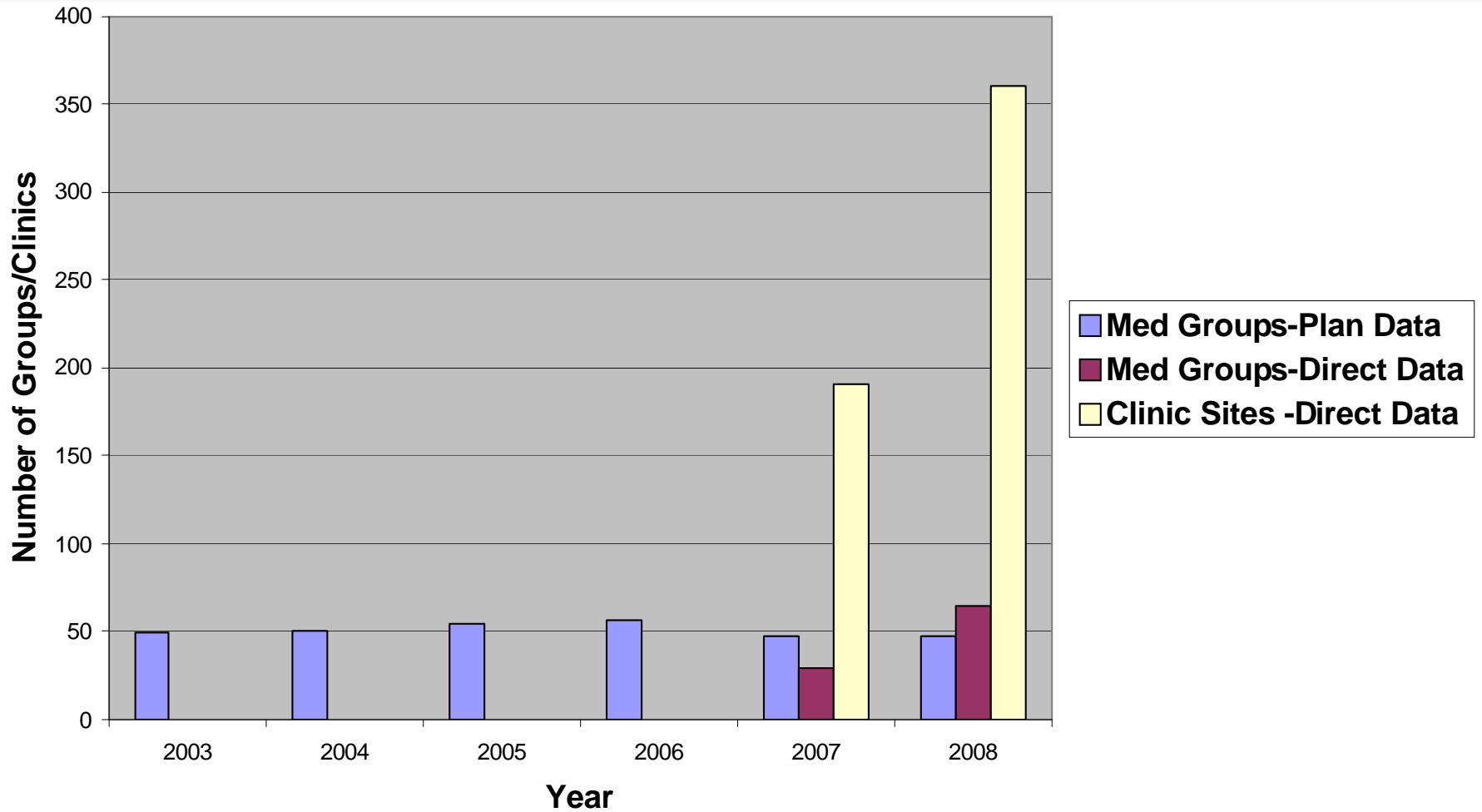
- Types of composite measures
  - All or none
  - Continuous or discrete
  - Keep it simple
- Focus for improvement
- Provides summary of information for consumers
- Intermediate outcomes/risk reduction

# Direct Data Submission

## Advantages

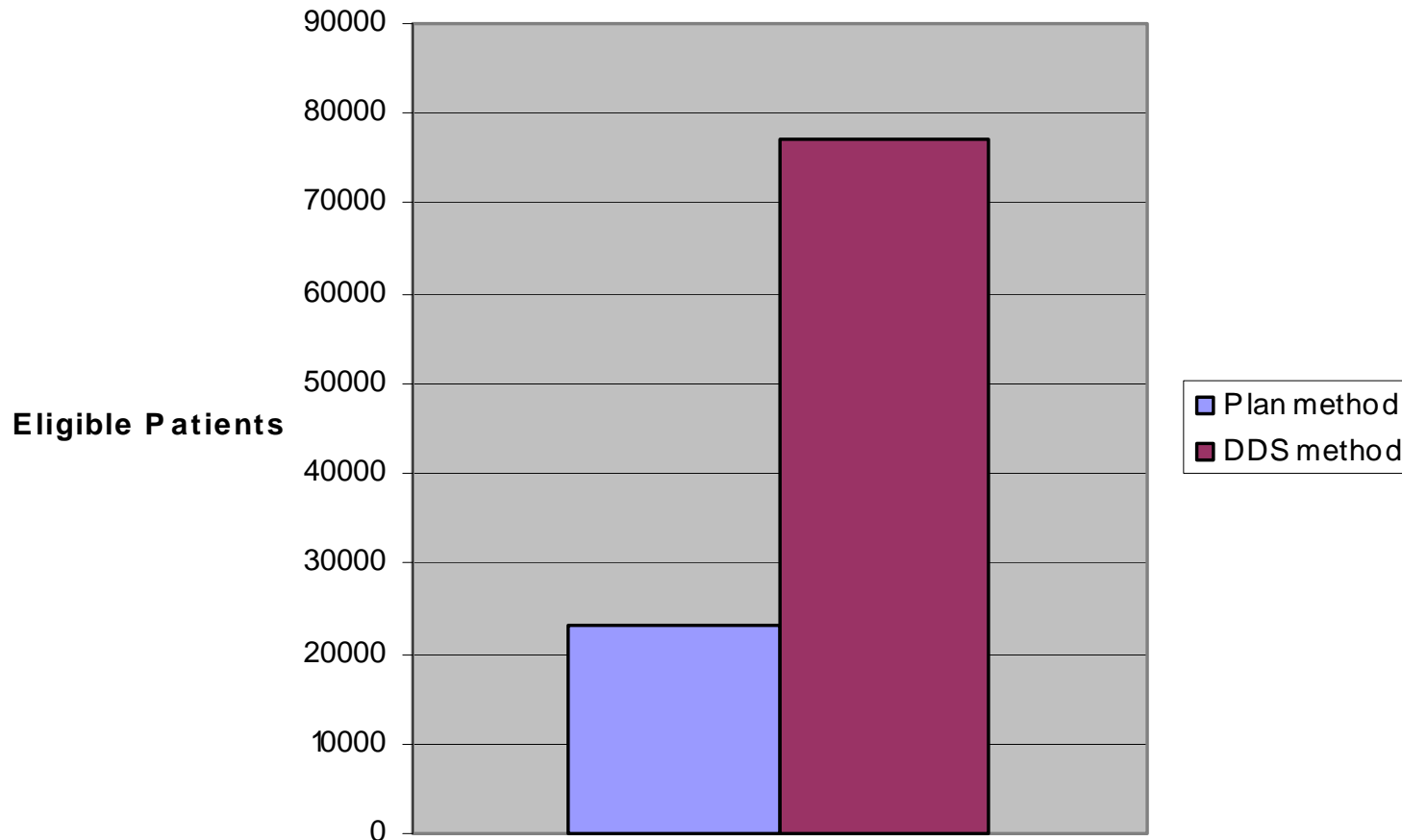
- All patients represented
- Faster results
- Site level reporting
- Increased provider confidence in data
- Submitted through a secure portal
- Used with electronic or paper records
- Collects clinical and patient experience data not available in claims

# Participating Medical Groups Diabetes Measure



# DDS uses all populations – more patients eligible for the measure

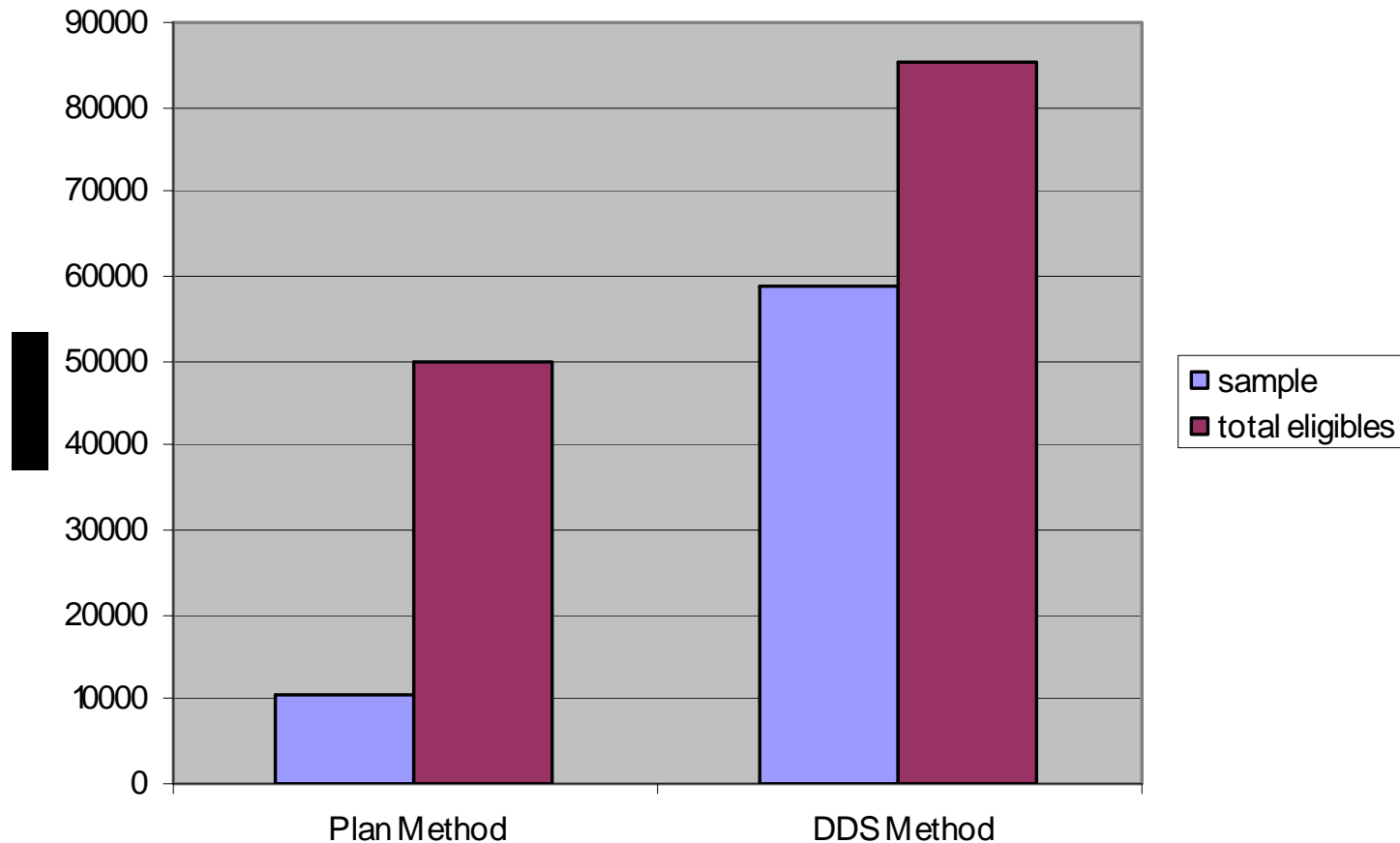
Eligible patients at DDS groups





# DDS samples more of the eligible population (data from all groups reporting)

Sample to total eligibles



# MNCM Data Portal

The screenshot shows a Windows Internet Explorer browser window displaying the MN Community Measurement Data Portal login page. The browser's address bar shows the URL <https://data.mncm.org/login>. The page features the MN Community Measurement logo on the left, which includes a map of Minnesota. To the right of the logo is a green rounded rectangle containing the text "Data Portal". Below this is a large green box with the following content:

**Welcome to the MN CM Data Portal!**

**Registration** Need to [register](#) for an account? [Click Here.](#)

Everyone will need a new account for the portal. Your old account information does not transfer over from the old portal. If you have not been assigned an account already, please register now. [Contact Support](#) with any questions.

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**Already have an account? [Log In](#)**

E-mail Address

Password  
 [I forgot my password.](#)

**GO >>**

Need Help? Have Questions? [Contact Support](#)

The browser's taskbar at the bottom shows the Windows Start button, several application icons, and the system tray with the time 4:04 PM and 100% zoom level.

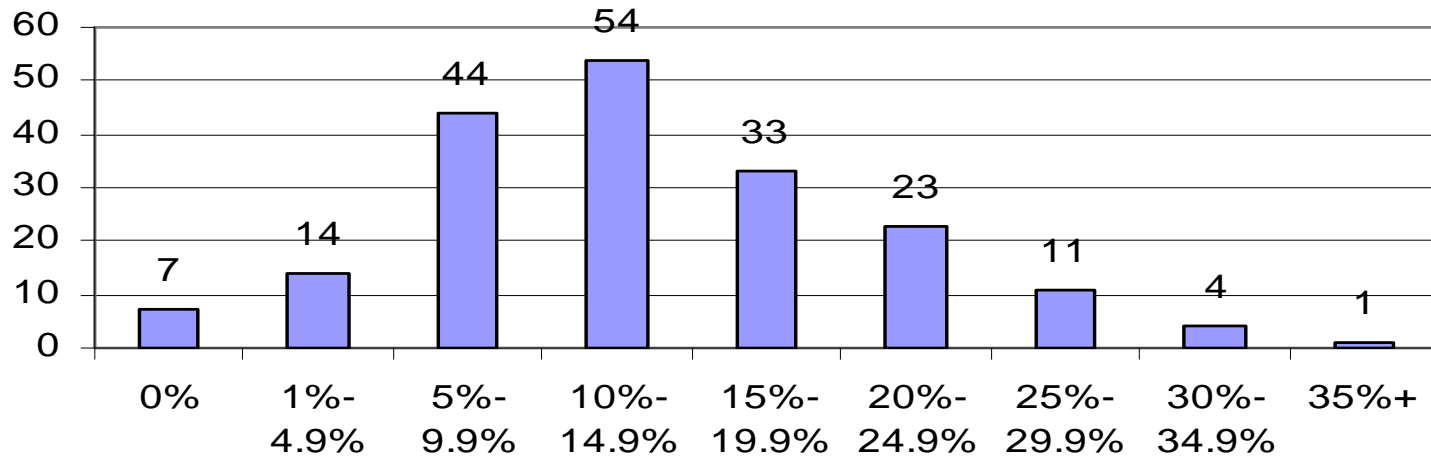
# Portal Features

- Central repository for data submission
- Efficient method for medical groups to maintain their own data
- Provides training and support/user guide
- Immediate validation checks
- HIPPA compliant electronic submission
- Immediate feedback to group on rates
- Can be used for multiple measures

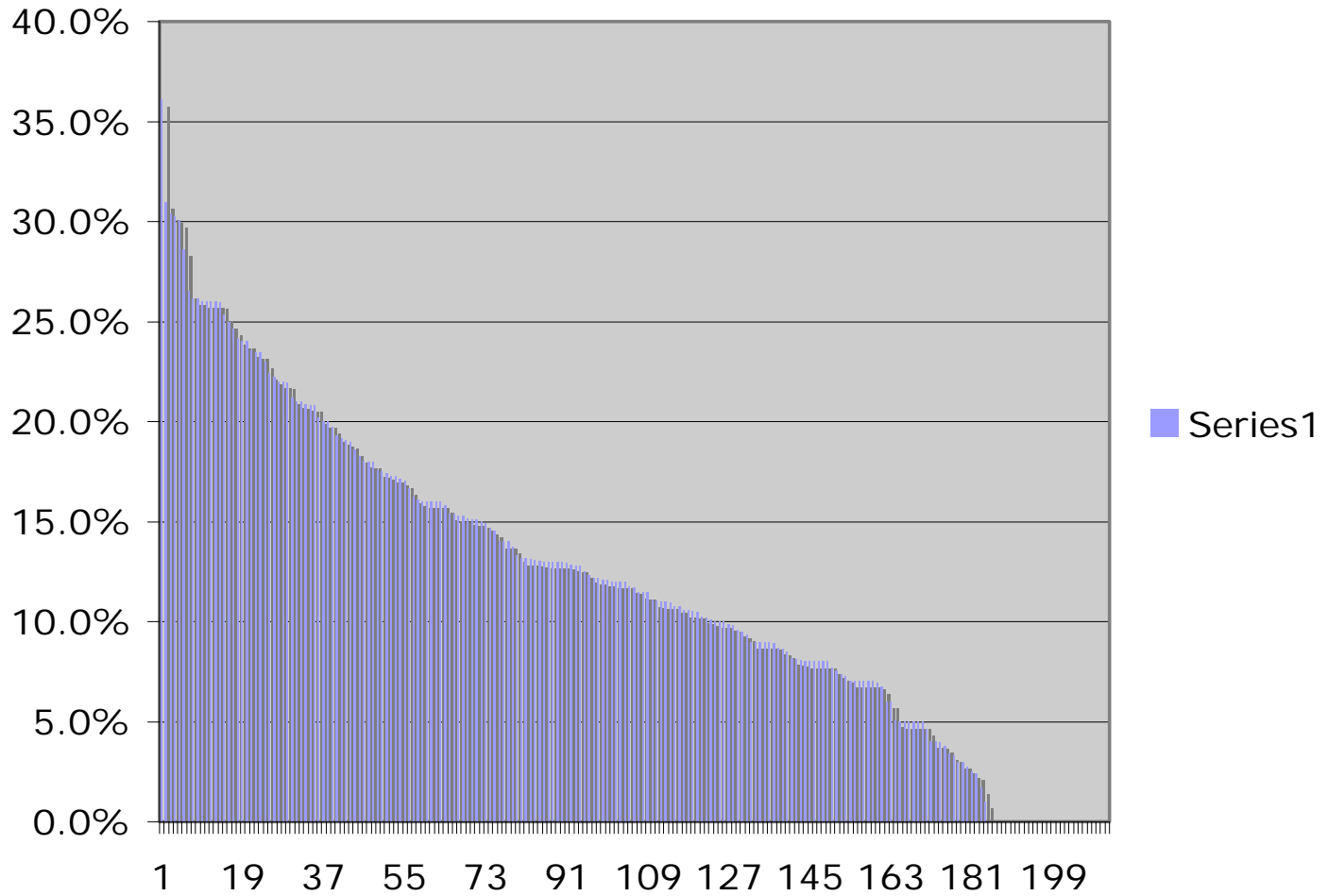
# Direct Data Results

## Wider range of results by site

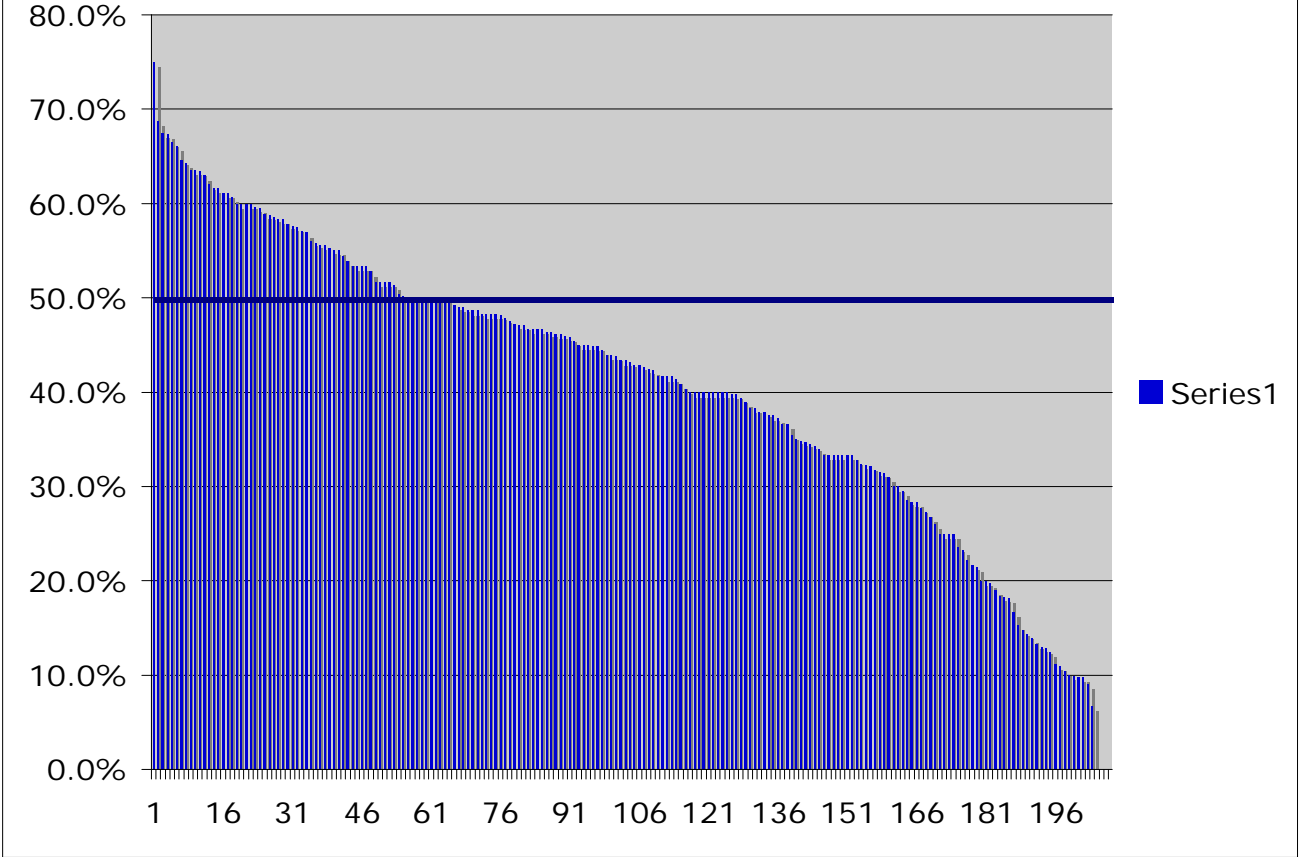
**DDS Optimal Diabetes Measure  
Clinic Sites By Frequency Within Ranges  
N=191 Clinic Sites  
Final Rates as of 6/29/07  
Overall Weighted Mean = 13.54%**



## 2006 Performance Diabetes Clinic Scores



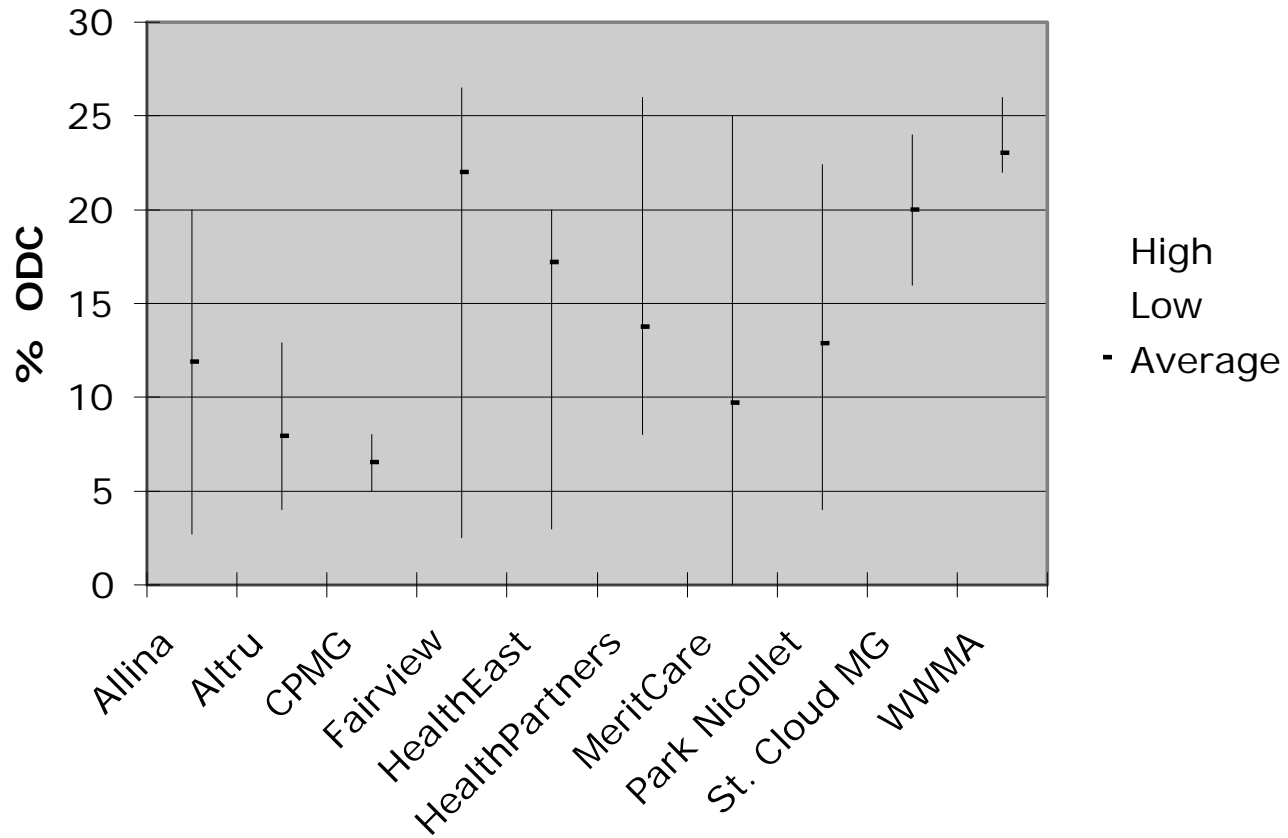
### CAD clinic site scores 2007



Rewards Threshold 

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## Medical Group Variation



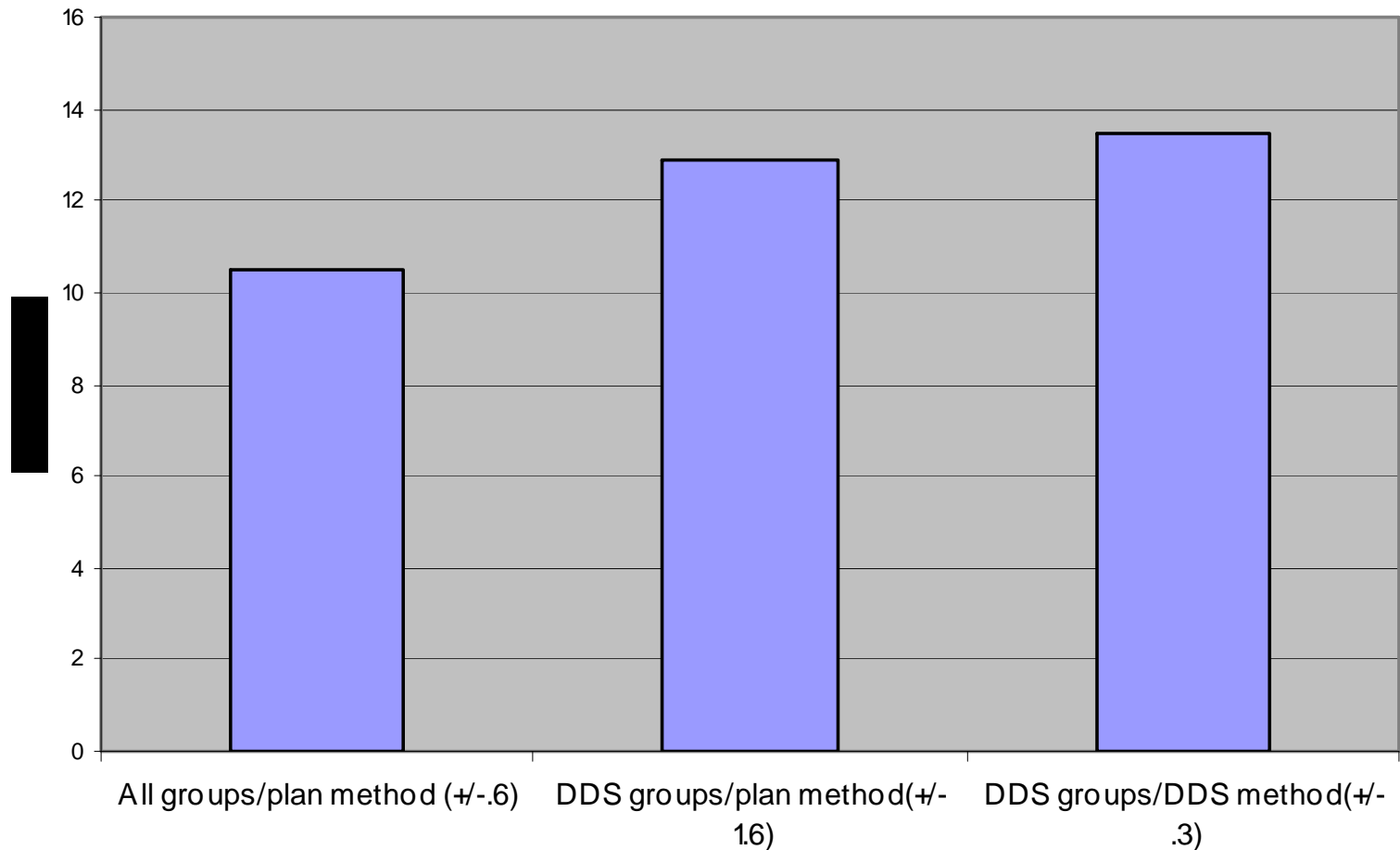
# How do DDS results compare to the health plan method?

- There are slightly different measurement specifications
  - Only data from that group
  - All population not just managed care population
- DDS results slightly higher, but explained by self selection of the groups



# Comparison of Results by Method

## 2007 Diabetes Results by Method



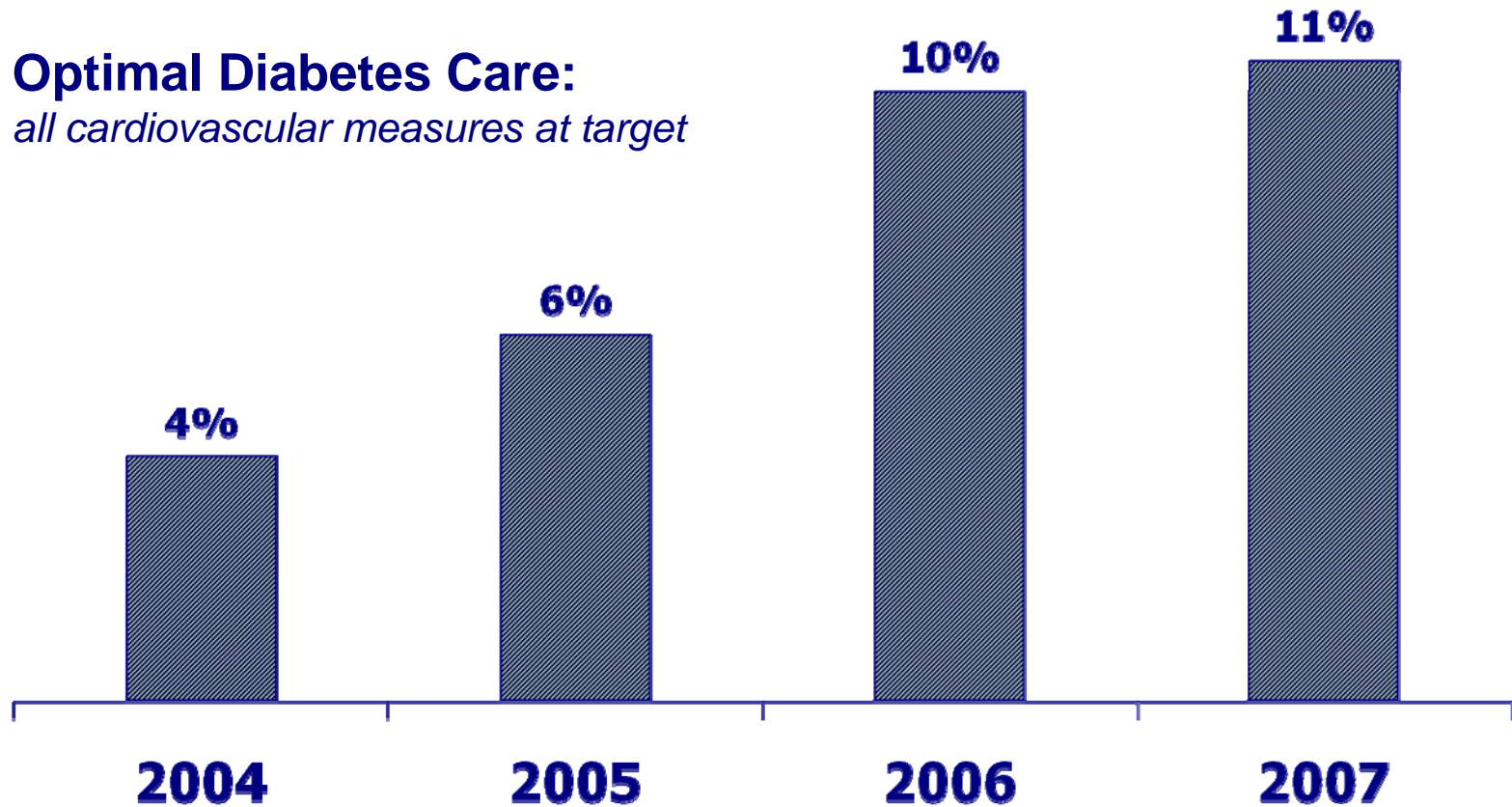
# Audit Process for Direct Data

- Audited all submission in the first year
- Random 8 charts reviewed, additional 30 if errors found
- If single EMR system used, did not audit all sites
- Of 28 groups were audited
  - 1 dropped out rather than be audited
  - 3 sites had significant incorrect values
  - Several resubmitted after understanding process errors

# Lessons learned from the audit

- Auditing helped both sides improve process
- Denominator, denominator, denominator
- EMR collection = less human error
- Build in training and support for groups – help desk during data submission
- Keep sample rules simple
- **Direct submission is a viable method to collect clinical data**

# Are We Where We Want to Be in Diabetes Care?



# Future

- Redesign payment
- Redesign care
- More support for clinical data collection
- Participate with other regions

# Questions or Comments

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