



# **Clinically Enhanced Data Project**

**The Minnesota Hospital Association (MHA)**  
in partnership with the  
**Agency for Healthcare Research & Quality (AHRQ)**

# Goals of the Study

## Improved Outcomes

Leverage clinically enhanced data analysis in support of quality assessment and improved outcomes in Minnesota hospitals

## Comparative Effectiveness

Integrate lab and pharmacy data with administrative information currently being collected to facilitate rich comparative analysis

## Database Enhancement


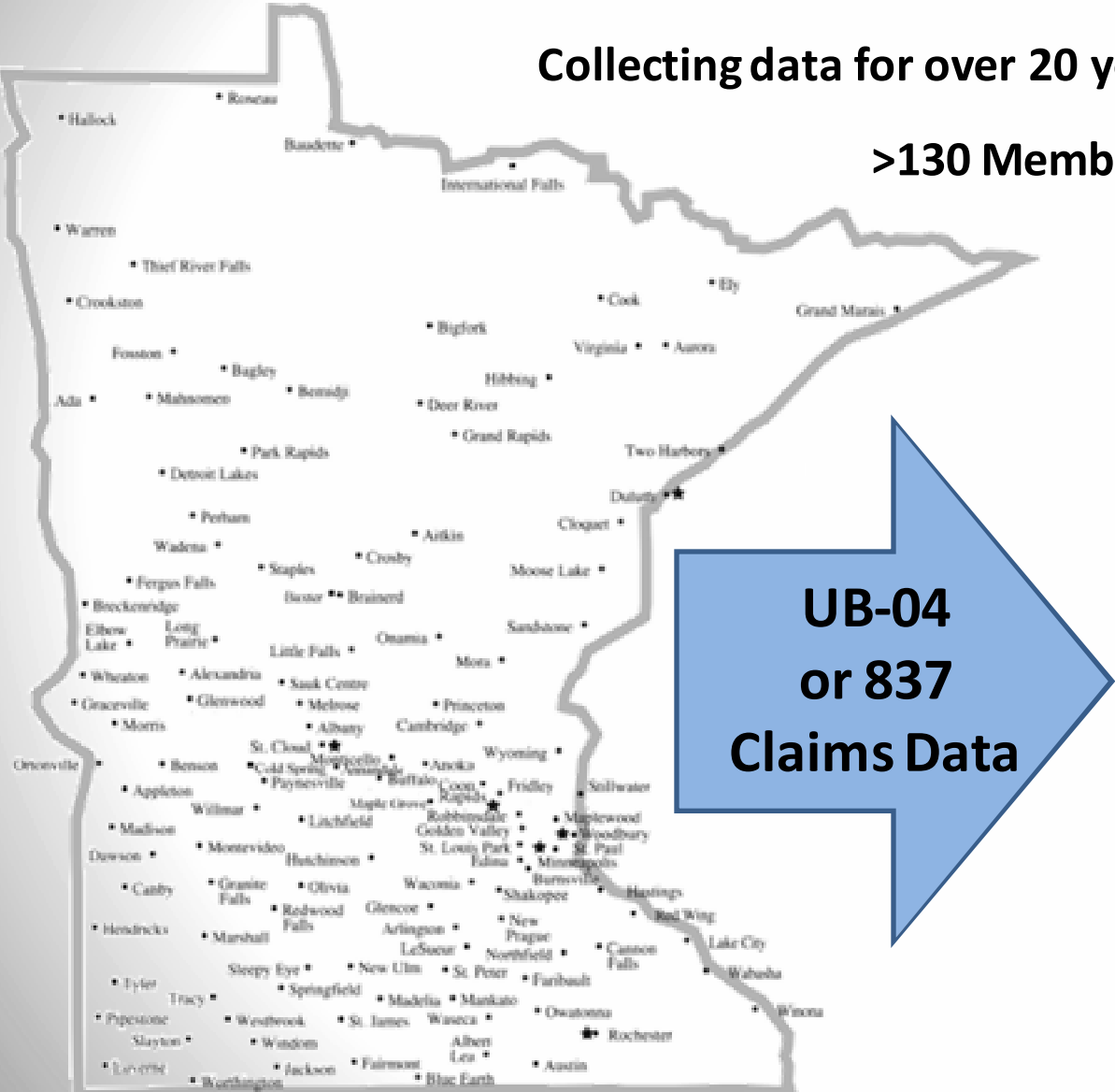
Enhance the scope and quality of the Minnesota hospital discharge database

# MHA Claims Database

Collecting data for over 20 years

>130 Member Hospitals

UB-04  
or 837  
Claims Data


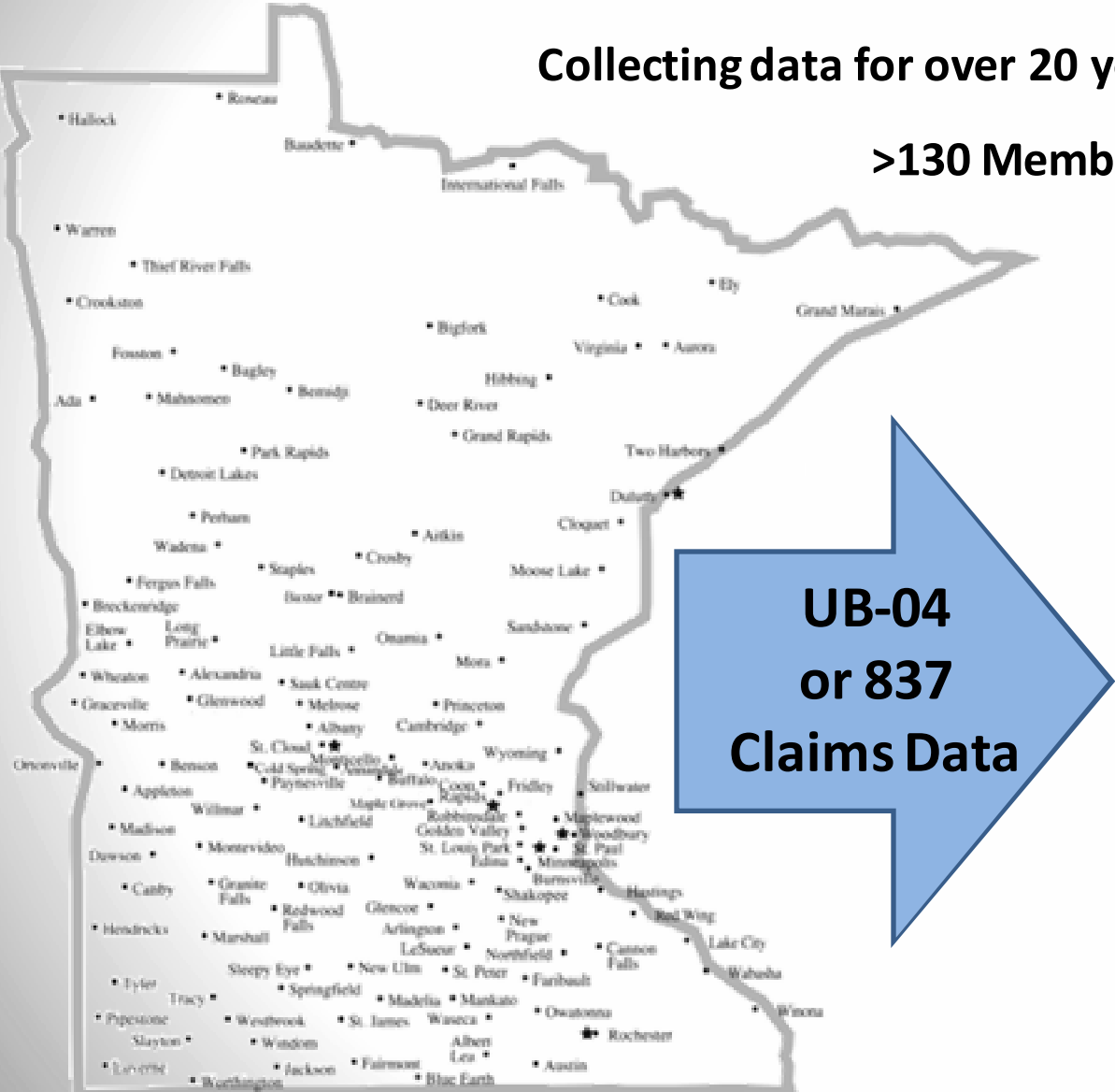


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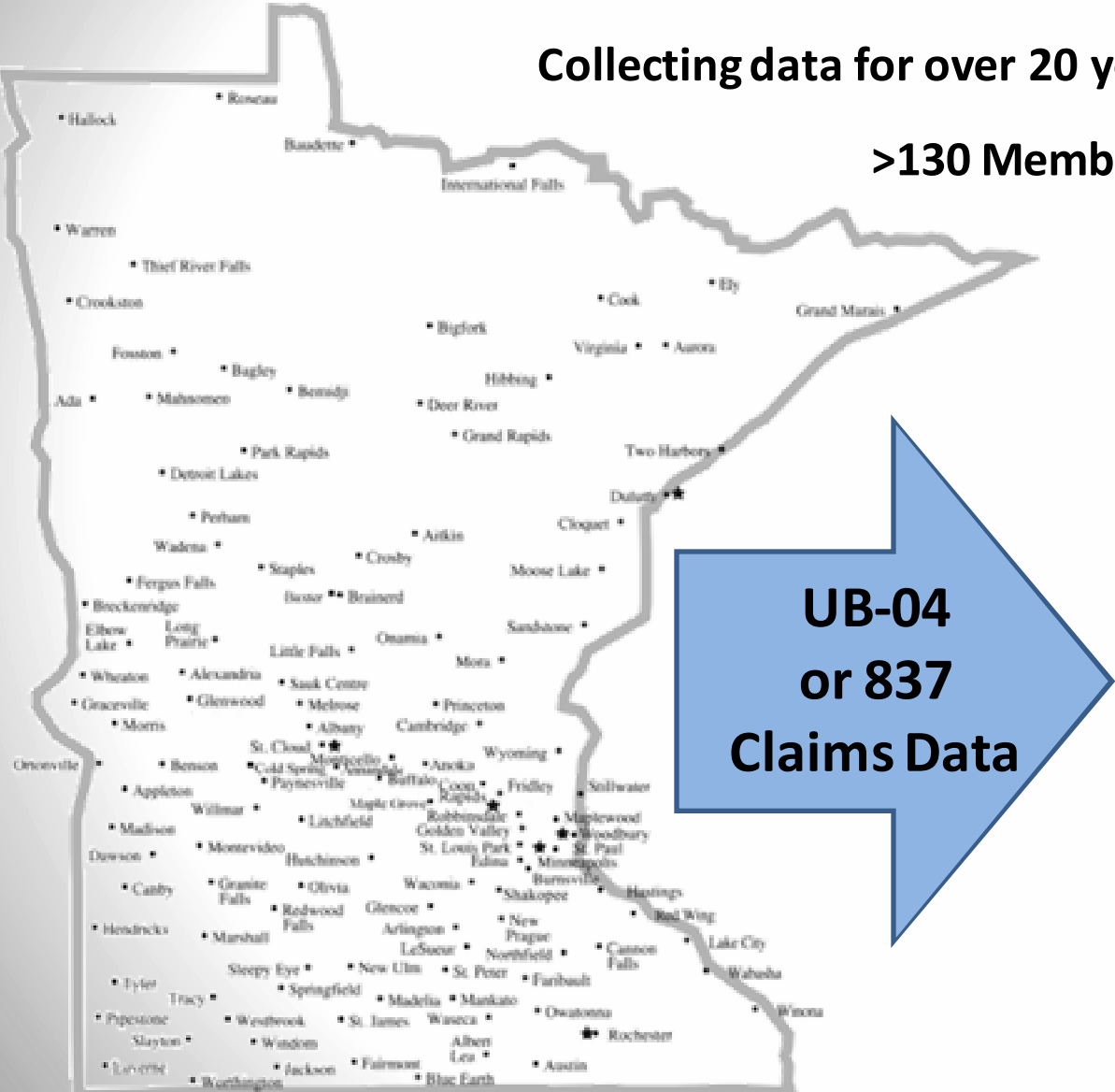


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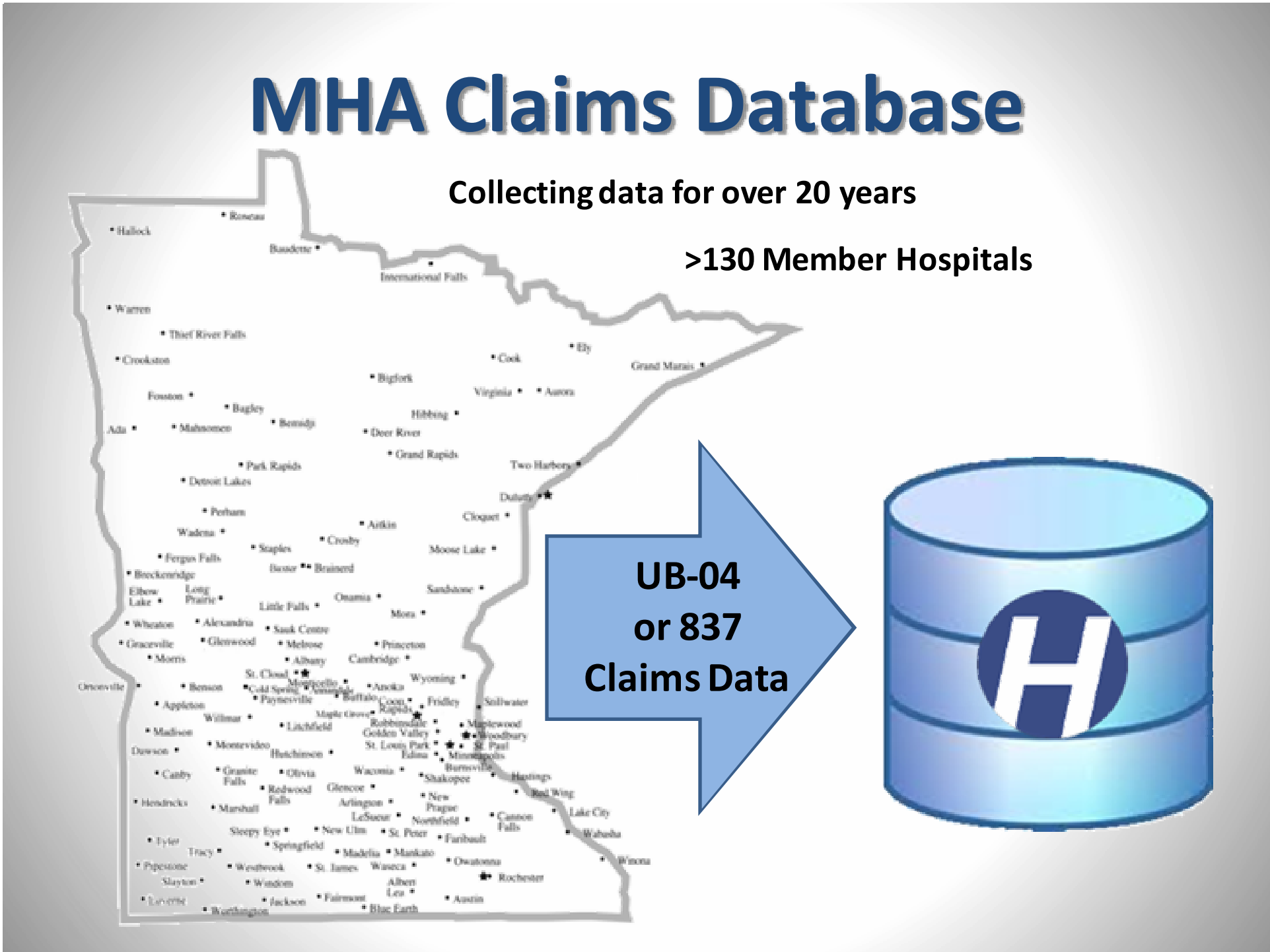

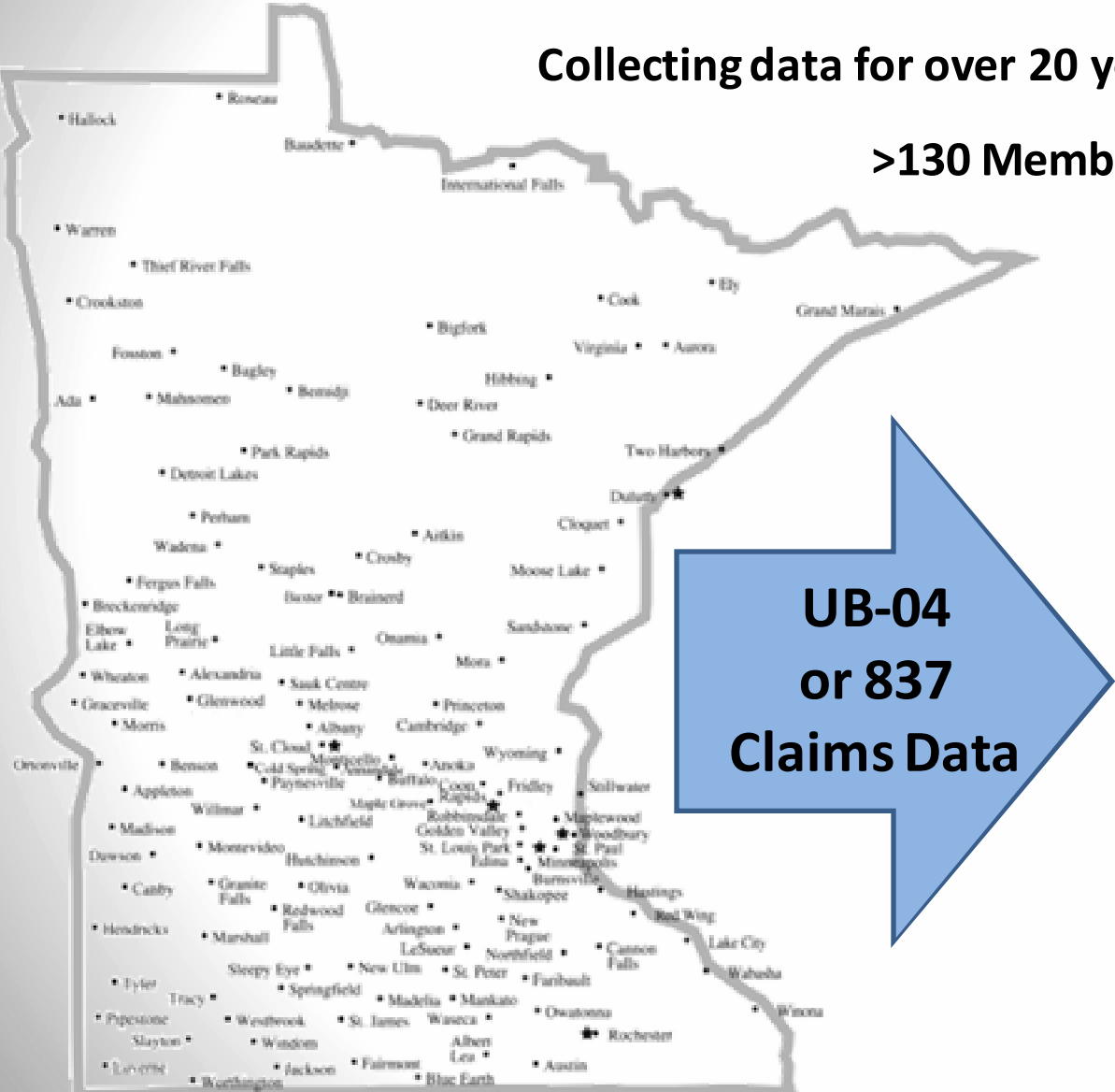


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# Data Guided Outcomes

## Comparative Effectiveness Research (CER)

Creates informed healthcare decisions by providing evidence on the effectiveness, benefits, and harms of treatment options

## Clinically Enhanced Data Project

Our innovative approach to CER is foundational in creating analysis that will benefit patients, clinicians, and hospitals throughout the nation.

# Benefits to Hospitals

## Data Guided Outcomes

Compare  
treatment and  
drug protocols  
for your  
hospital to  
other hospitals

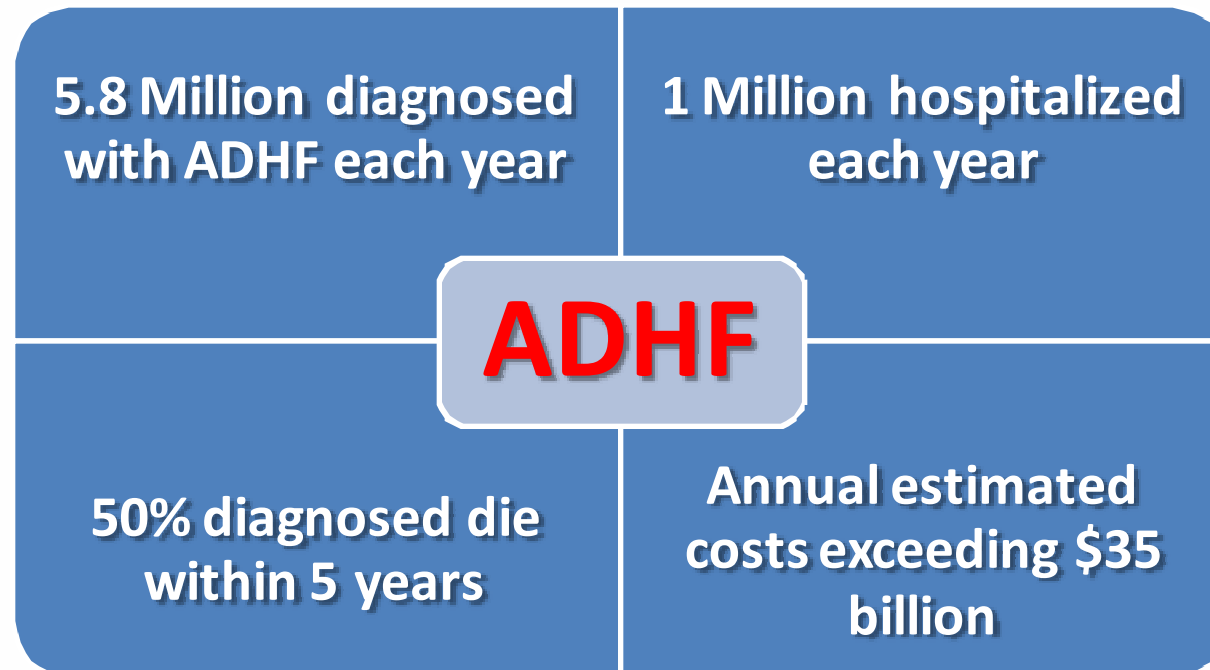
Receive  
individualized  
recommendations  
for potential  
quality  
improvement

Practice  
evidence based  
medicine

Ease transition  
to required  
reporting

# Scope of Study

## Acute Decompensated Heart Failure



**Focus on Acute Decompensated Heart Failure  
lays a foundation for future  
Comparative Effectiveness Research**

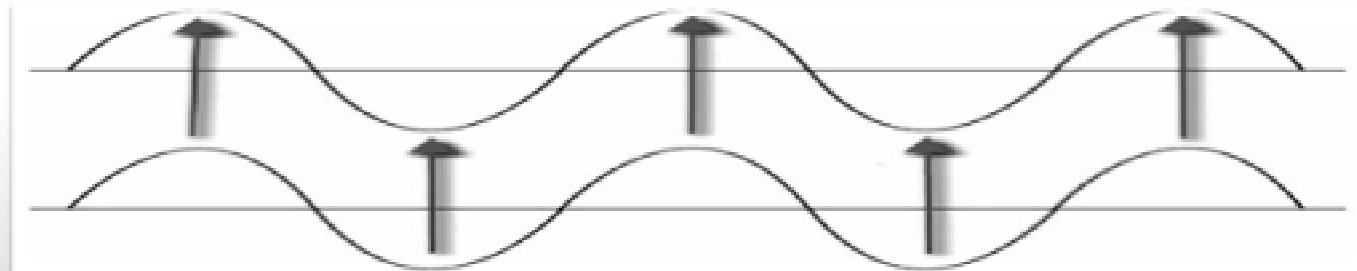
# Clinically Enhanced Data Project is in phase with other initiatives

Accountable  
Care

Bundled  
Payment

Pay for  
Performance

Evidence  
Based Care

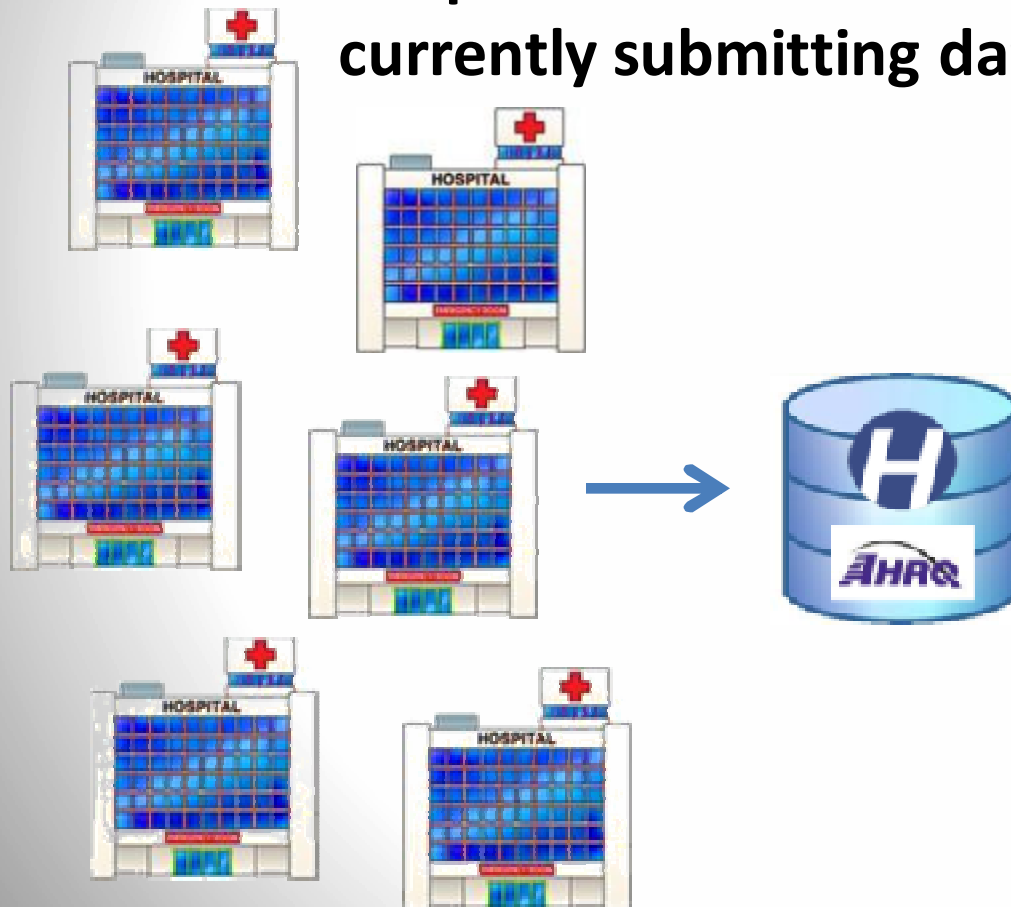


# More Hospitals Enrolled

=

# Richer Data Analysis

Hospitals are  
currently submitting data



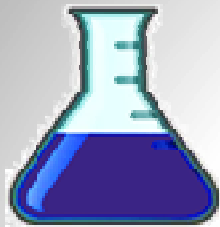
28 hospitals have enrolled  
and recruitment is ongoing





# Participation will not constrain current initiatives or resources





# Hospitals receive MHA support

Clinical Semantics Analysis



LOINC Mapping



HL7 and/or ASCII interoperability



Project management



```
MSK | ~ | ADT | HCN | LABDT | HCN | 198808181126 | SECURITY | ADT | A01 | H3000001- | F | 2.4  
EVN | A01 | 198808181123  
PID | PATID1234 | S | M11 | JONES | WILLIAM | A | III | 19610615 | M | C  
PY1 | 1 | I | 2000 | 2012 | 01 | 004777 | LEBAUER | SINNEY | J. | SUR | ADM | A0  
AL1 | 1 | - | PENICILLIN | PRODUCES HIVES - RASH - LOSS OF APPETITE  
D41 | 001 | I9 | 1550 | MAL NEO LIVER, PRIMARY | 198808181123 | F  
PR1 | 2234 | M11 | 111 | CODE151 | COMMON PROCEDURES | 198808181123
```



# How will MHA collect the data?

MHA offers two alternatives to collect data:

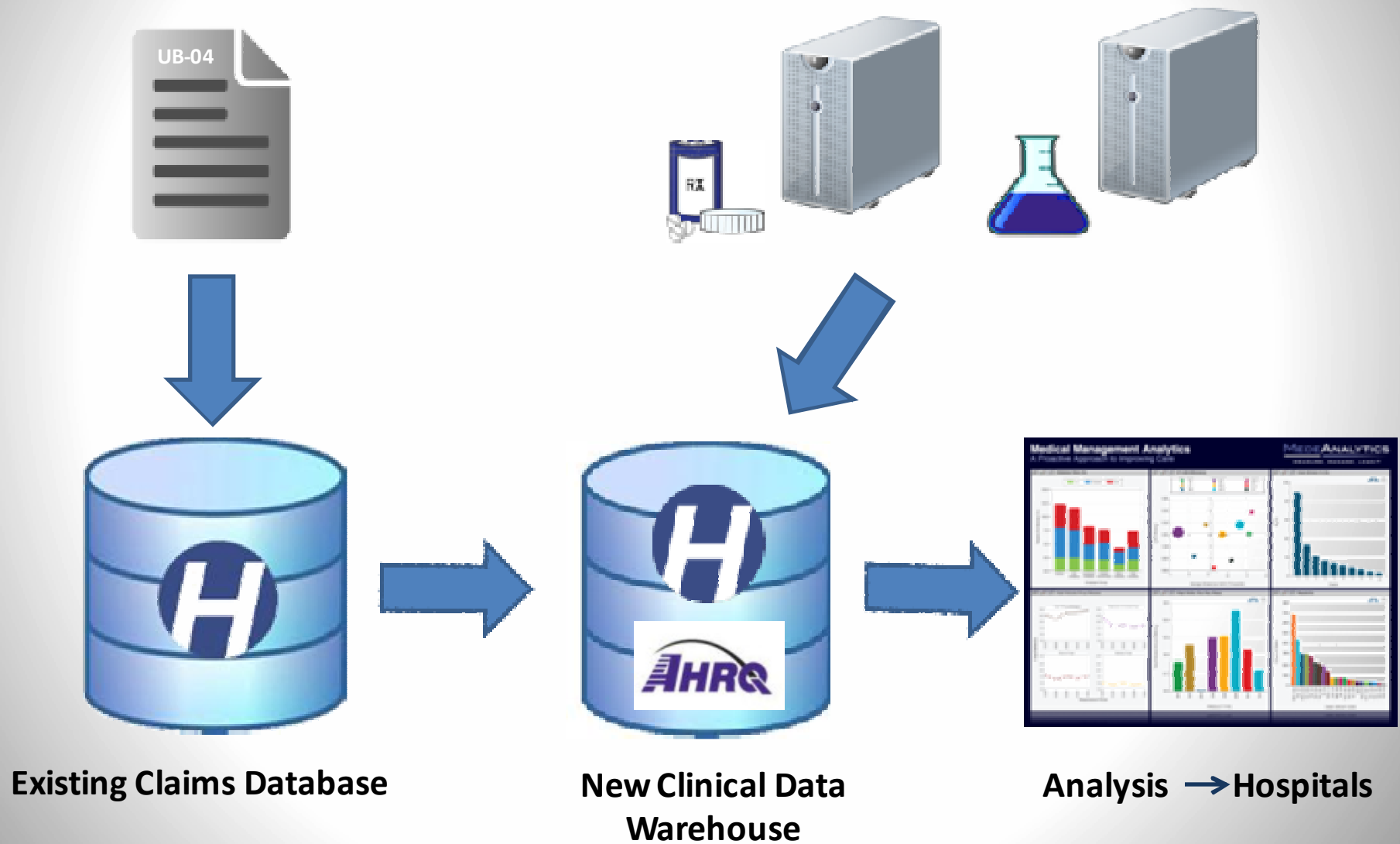


Manually submit flat files via  
MHA secure web portal  
or  
Send via secure transport  
method such as Secure FTP

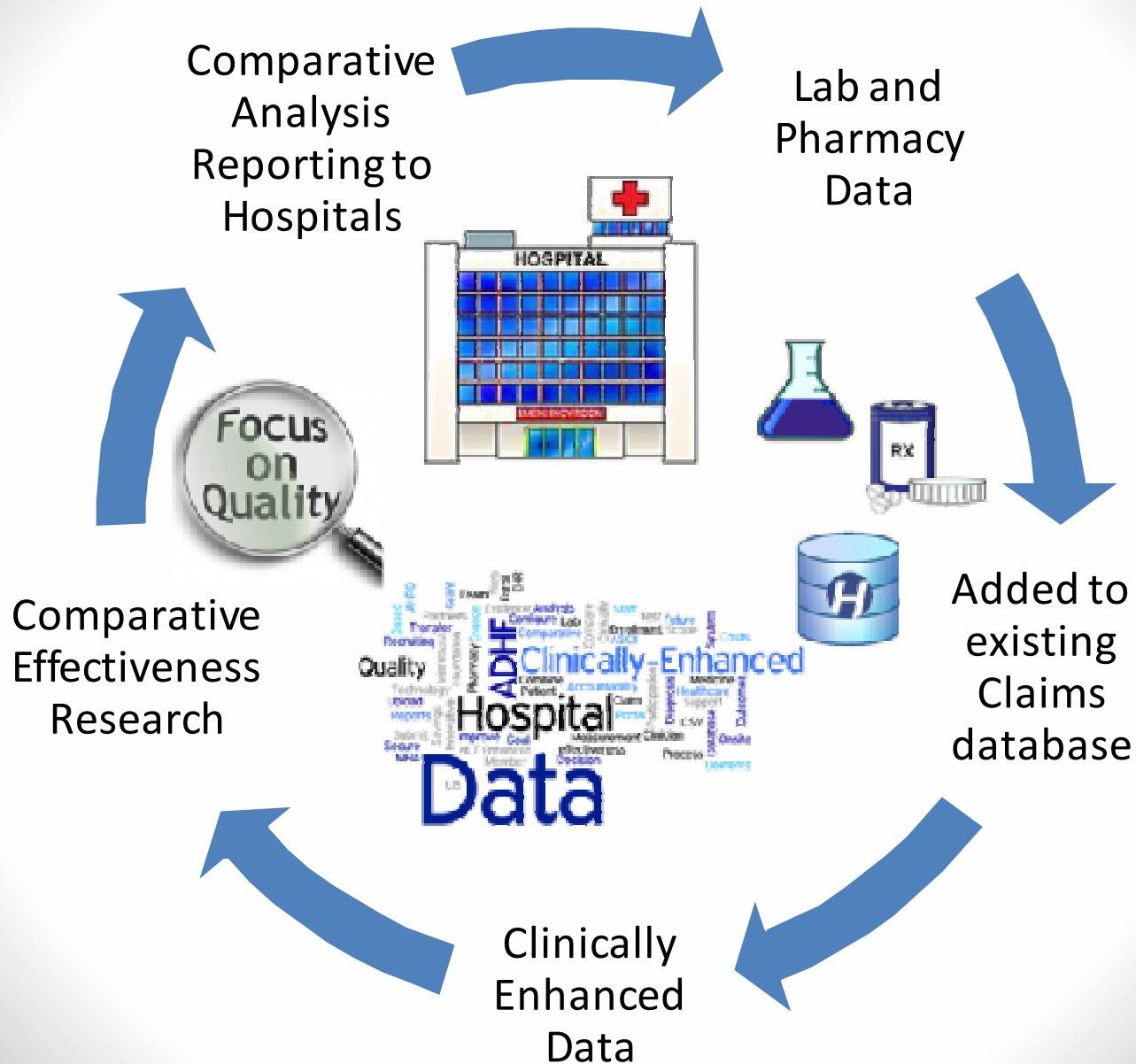
Real time data submission via  
Health Language 7 (HL7),  
electronic standard transfer



# Data Flow



# Clinically Enhanced Data Project

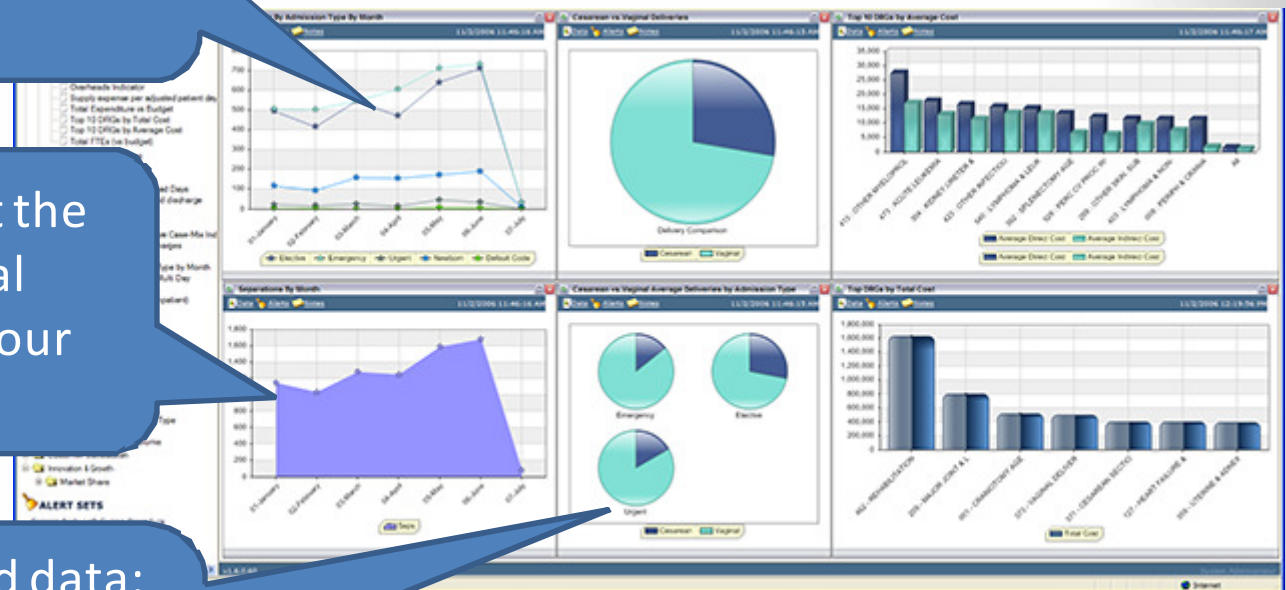


# Hospitals receive valuable reports

Coding of present-on-admission (POA) modifiers

Information about the pharmacological management of your CHF patients

Clinically-enhanced data:  
to compare your risk-adjusted clinical outcomes to other participating hospitals



# How do hospitals get involved?

**Sign the letter  
of commitment**



**Assign a communication  
liaison from your organization**



# Get the ball rolling...

On site meeting  
or phone call  
connecting  
technical teams

MHA staff assists  
your team prepare  
and submit data

Contact:  
Jaclyn Roland at  
MHA

(651)659-1411





# **Clinically Enhanced Data Project**