

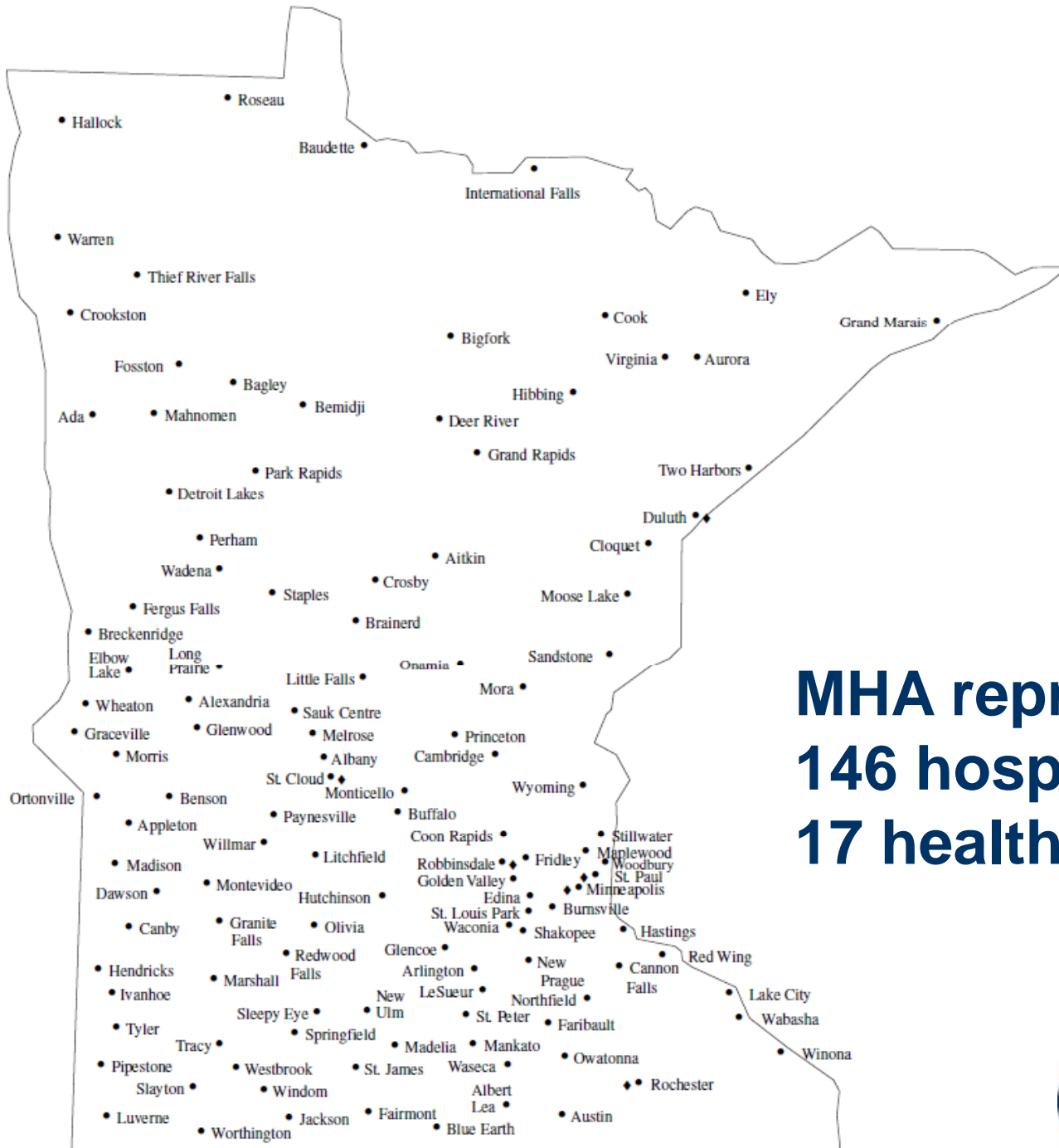
*“Using Clinically-Enhanced
Claims Data to Guide Treatment
of Acute Heart Failure”
An AHRQ Grant to MHA*



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Minnesota Hospital Association

Introduction to the Project





**MHA represents
146 hospitals &
17 health systems**



Minnesota Hospital Association

Minnesota Hospital Association

MISSION

To enhance the ability
of the members to achieve
their missions and goals

VISION

To be the state's most
influential, trusted and
respected leader in health
care policy and advocacy,
and a valued resource for
information and knowledge.

VALUES

- Commitment to affordable access to quality health care for all Minnesotans.
- Trust and integrity.
- Leadership through knowledge-based solutions.
- Collaborative solutions.
- Organizational accountability.
- Community of interests.



Minnesota Hospital Association





MHA's Highest Priorities

- Ensuring sustainable health-care funding
- Health-care reform
- Improving patient safety
- Transparency of price and quality information
- Promoting health information technology
- Addressing work-force issues



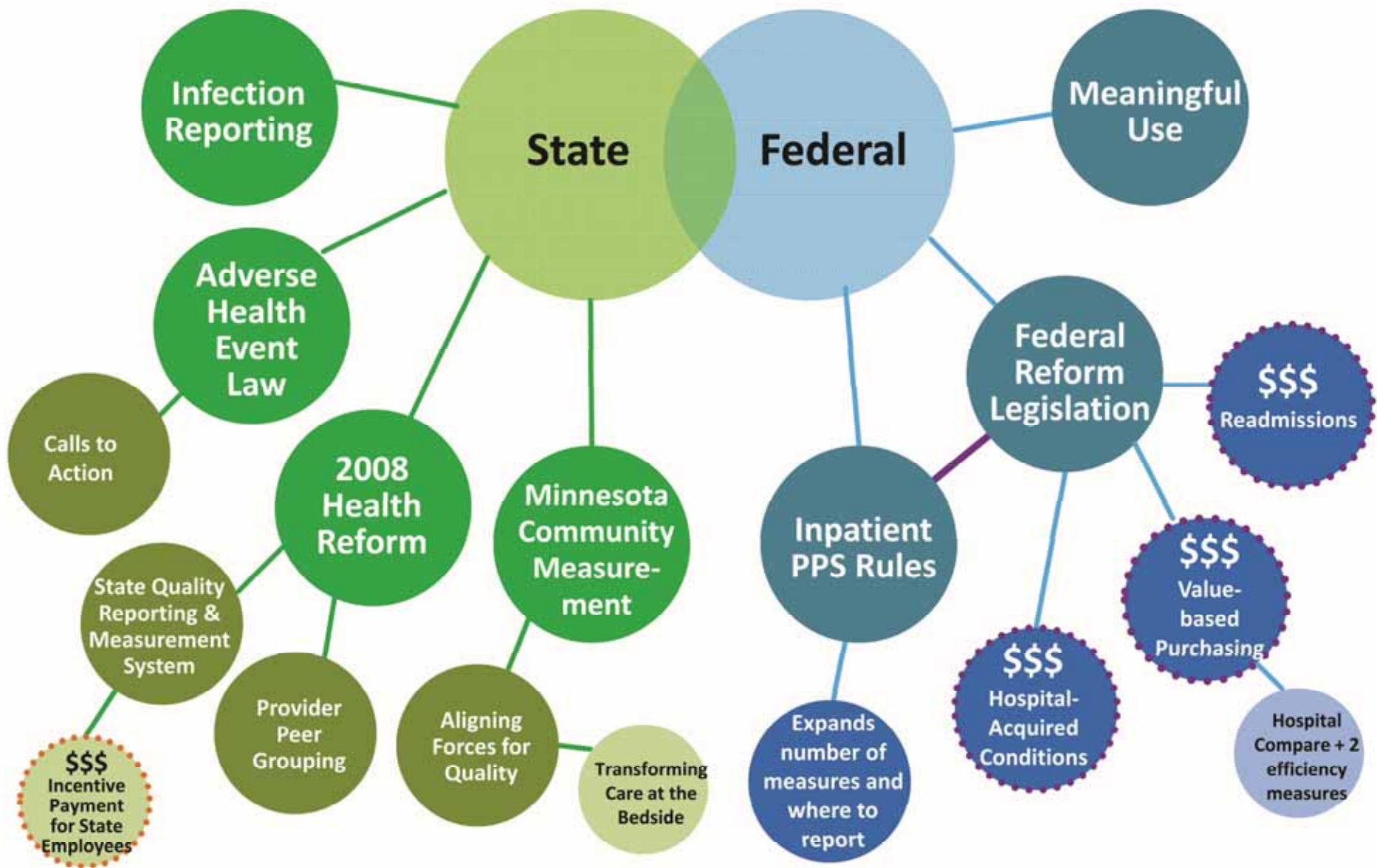
Comparative Effectiveness

- Board goal:
 - “Become a catalyst and supporter of comparative effectiveness research, analysis and dissemination so providers are able to implement evidence-based best practices, and employ treatments and care models that are most clinically effective and cost effective. “
- What is Comparative Effectiveness?

“Comparative effectiveness research is designed to inform health-care decisions by providing evidence on the effectiveness, benefits, and harms of different treatment options. The evidence is generated from research studies that compare drugs, medical devices, tests, surgeries, or ways to deliver health care.”

What data does MHA collect now?

- Every hospital sends all claims data
 - Established > 20 years ago
- 600k+ records per year
- Database has traditionally been used by hospitals for
 - Market share analysis
 - Financial analysis
 - Quality comparisons (relatively recently)
 - MHA becoming more involved in clinical issues
 - Ventilator Associated Pneumonia project
 - Adverse health events



AHRQ: Agency for Healthcare Research & Quality

- Developed Quality Indicators based on claims data
 - Used both at state and federal level
- Distributes free QI software
 - Latest version has two ways to calculate measures:
 - With Present on Admission (POA) codes
 - Without POA codes
 - Working on a third way that would incorporate lab values
- Funds projects that improve data collection techniques, comparative effectiveness
 - MHA pilot 2008-09
 - Tested feasibility of adding lab data

Why this new project?

- Builds on pilot
- Innovative and cost-effective for:
 - Collecting clinically-rich data for quality performance analysis
 - Comparative effectiveness research
 - Currently, CER needs to abstract records – very \$\$\$
 - This model holds tremendous promise for future CER
- Potential for state to mandate lab-enhanced measures
- In line with meaningful use criteria:
 - “Incorporate clinical lab-test results into EHR as structured data”

What we ask of you

- Commitment to provide data for this project
 - Front end: average total of 40 man hours, split amongst multiple people
 - After set-up, process is automated with minimal costs
- If interested in serving on advisory committee, let us know:
 - Mark Sonneborn (msonneborn@mnhospitals.org)
 - Joe Schindler (jschindler@mnhospitals.org)
 - Jaclyn Roland (jroland@mnhospitals.org)
 - http://www.mnhospitals.org/index/AHRQ_Lab_Project