

# Iowa Collaborative Safety Net Provider Network

## Data Work Group

*Monday, April 6, 2009*

*9:00 a.m.*

## Meeting Summary

### Participants

Dr. Rahul Parsa, Drake University, Chair  
Sandy Pickup, Iowa City Free Medical Clinic  
Deb Prins, Primghar Rural Health Clinic  
Laura Sands, Health Access Partnership  
Dr. Dana Shaffer, Des Moines University  
Rochelle Spinarski, Network Evaluator

### Staff

Ted Boesen, Iowa/Nebraska Primary Care Association  
Sarah Dixon Gale, Iowa/Nebraska Primary Care Association

### Welcome, Introductions, Review of the Agenda

Dr. Parsa and Ted opened the meeting and reviewed the agenda.

### Update on Action Items from the Last Meeting

Sarah provided an update on the action items from the last meeting. IA/NEPCA staff reviewed Healthy Iowans 2010 to see if there were connections between the goals of the plan and Safety Net Data Work Group. Staff also reviewed other definitions of the safety net. The AHRQ website had a definition similar to the one discussed during the last meeting. Staff contacted the Iowa Hospital Association to request any data they might have from the rural health clinics. IHA indicated they did not collect data on the RHCs. Ted and Sarah met with Dr. Kathy Schneider who used to work for the Iowa Foundation for Medical Care. Dr. Schneider provided some good thoughts on possible data that could speak to the issues of patterns of care. A handout developed by Dr. Schneider was shared with the group. Ted met with Dr. Tom Kline of Iowa Medicaid Enterprise who is interested in working together on data initiatives as well as medical home and community utility development. Staff interviewed representatives from free clinics and rural health clinics and Rochelle Spinarski developed a document that provided an overview on patterns of care. Comments and questions included the following:

- Dr. Shaffer – is there work on Healthy Iowans 2020? No one in the group had heard anything about it.
- Dr. Shaffer – there are end of year cost reports to Medicare for RHCs that have to be submitted, which could possibly provide some good data.

- Deb – this is a good idea and would provide consistent data among all rural health clinics. It depends on the end of the fiscal year for each entity. There might be some demographics, charity care, that type of information. I can look at what we report and communicate with you about it.
- Ted – we could ask for a couple of years so we could do some comparisons. How willing would the RHCs be to share that with us?
- Dr. Shaffer - I wonder if you could get it from CMS directly instead of requesting it from RHCs separately.
- Deb – IARHC meets next month so I could ask about it there.
- Rochelle – it is public and is available in large zipped files, downloadable from the web.
- Dr. Parsa – Dr. O’Donnell would know this data well if it is submitted to CMS. He could probably download it and review it. Two issues might be quality of data and similarity of data among different providers. Dr. O’Donnell used to be a professor at Grand View and then joined IFMC (10 – 15 years) and also worked at DMU for a bit. He is now part time teaching at DMU and has his own consulting firm. He knows the CMS data in and out and may be able to assist with data analysis. We have also talked with Dr. Schneider.
- Ted – we brought IME up to speed about the data work group and other Safety Net activities. Dr. Kline is working with us to develop better partnerships with Wellmark and the conversation about community utilities resonated with him. This could be a first effort on health care reform and forefront to the medical home developments in the state.
- Ted – some stimulus dollars are being directed to HIT infrastructure so we may be able to work more closely with RHCs and free clinics around the issue of comparable, consistent data.
- Dr. Shaffer – it is unfortunate the stimulus is just one-time funding.
- Ted – those with higher Medicaid populations can use the CMS funding for three years, I think.
- Deb – EMRs are a huge issue for us and we do have the PMS challenge of needing clinic-based and hospital-based solutions.
- Dr. Parsa – it would be nice if everyone used the same package, the same IT solution. You have more bargaining power and the same reporting and data in one standard package.
- Deb – the IT solutions often start at the hospital level so these decisions are made in conjunction with other entities.
- Ted – keeping a group of providers on the same page vendor wise is challenging. I think the larger solution is making sure the vendors can produce the same data for a continuity of care record. Vendors will be required to talk to one another from what I understand.
- Dr. Parsa – I know some vendors so I was curious about this topic. I like the idea of having data in a central location. This could be more affordable for the providers that are not well-resourced. It does take time to enter the data.
- Deb – most RHCs have a PMS system so time is not a factor, but connectivity is an issue especially in rural areas. Getting T-1 lines in place was a struggle.
- Dr. Shaffer – I’m serving on the state e-health advisory committee. These are great issues that have come up in the committee meetings. There will be pilot projects coming out of the state and a survey going out from the hospital association. What are people using and what are they not using and why? Based on the findings, there will be the development of a clearinghouse as well as

assisting clinics in evaluating the software and hardware that is available. There will be a lot of emphasis on these topics in the next 12 – 18 months.

- Rochelle – Iowa received an FCC grant which will allow clinics to better connect.
- Ted – there are two FCC grants that have to be tied together and I think there needs to be consideration of ambulatory care and the solutions that work for those types of providers.

### **Expanding the Current Data Available from the Safety Net**

Sarah provided a brief overview of the interviews conducted with free clinic and rural health clinic leadership. Dr. Parsa is suggesting we extrapolate from the data collected to have a picture of the entire group of RHCs. There are about 142 in the state and over 80 send in data to the Safety Net. Almost all family planning agencies, free clinics, and community health centers are able to participate in the data reporting. Comments and questions included:

- Dr. Shaffer – why are they not participating?
- Rochelle – when we first asked them to collect data a couple of years ago, many asked what was in it for them considering the amount of funding provided by the Safety Net to RHCs is minimal. Change over in staff also lead to people not understanding what the Safety Net is and why they should be submitting data.
- Deb – IARHC could better promote this and we can talk about it at our annual meeting. There could be an announcement in their quarterly newsletter as well.
- Ted – we could advertise the assistance we could provide around IT and the change management piece of implementing IT.
- Dr. Shaffer – my question goes back to the free clinics. I think we have some good possibilities with the RHCs. Are there thoughts on how to get some data from free clinics?
- Ted – we did talk about how to get better and more data from free clinics. The thought of surveys in the clinics to collect some additional data was discussed.
- Dr. Parsa – what about a check box for free clinics? This might be something to think about for free clinics. Something that everyone can check – the receptionist, the patient, the provider – that could lead to some clinical information.
- Deb – I agree with this.
- Ted – you could pick a period of time in the year to collect the data so it was not all year. We might have more leverage with the free clinics because of the amount of funding we provide them.
- Rochelle – could the data have a positive impact on their patients – that could be a carrot. They need to know why you are collecting the information and how it will help them or their patients.

### **Exploration of Patterns of Care Using Claims Data**

Ted explained the two handouts – one from Rochelle and one from Dr. Kathy Schneider. Comments and questions included:

- Rochelle – explained what she put together – I was trying to think about what questions we wanted to ask and then conducted a brief scan of the Internet. This can help us form our rationale for what we are collecting. I tried to come up with questions and then answer them where possible. What data is being collected and by whom? The value added questions could be is the safety net system

saving us money? What about the quality piece? If we want to answer some of the questions I threw out, we will have to consider the variety of safety net providers. We need to get good data that crosses all of the providers and can be compared. I went back to the safety net legislative language, which I know we are not tied to, but it may be a place to start. Who is looking at patterns of care and in what ways? A lot of it is disease-specific such as diabetes and certain cancers. A lot of it tied back to quality and cost (health care and consumer perspective). This could help us put together our research questions and then I also looked at what might already be out there that we could use. I think there is some great data out there that could be used. They might want to be a partner in this, but I think IHA keeps their data pretty close to their chest.

- Ted – the Iowa Healthcare Collaborative is a pretty good possibility. We could at least make the ask.
- Rochelle – even if they do not have the data, is there something that they are working on that ties back to the research questions we have? We could use some of their data and then only collect what we do not already have. It seems like a lot of this data could already have been collected.
- Ted – at what level would have they have data? Is the claims level where we should be?
- Dr. Shaffer – I think we need to go beyond the claims data. The CCR is going to be so important as additional HIT is implemented. Some systems already have these in place. We will be in a better place with CCRs because claims data is inaccurate and can be laden with error. There is a CCR template we are looking at.
- Ted – there is a federal CCR being developed as well. Claims are imperfect, but I think it will be while before we have a CCR data.
- Dr. Parsa – these are good questions. It goes back to what data we have available. We can move beyond claims data, but we may not be able to get there because of some of the issues with different providers. The patterns of care is what Dr. O'Donnell used to do at IFMC so I think he should be able to answer some of your questions.
- Rochelle – if there are models that exist that could be used with other populations. The Safety Net population will look different than a Medicare population.
- Dr. Parsa – we have to ask what data is available and then see if Dr. O'Donnell can do it for other populations.
- Ted – we do not have a huge amount of funding available to pay for massive claims data analysis, but we will look at what we can do and see if there is a funding source to support our work.
- Deb – the claims data will not get to the uninsured population.
- Ted – the CHCs would have some claims data on uninsured patients that are seeing the CHCs. We do have access to that and that might help us on the uninsured front.
- Deb – have we looked at the Wellmark quality projects and what they have collected from different parts of the state.
- Ted – once we know what we want specifically, I think visiting further with IME and Wellmark is a good possibility.
- Dr. Parsa – that would be good and I know they have done a lot of analysis.
- Deb – we have had some great outcomes because of the data they have collected and reported back to us. I do not think the providers are referring to the Wellmark care management staff, but do refer to diabetes education personnel and also have received Wellmark grant money to collect data about

patients with chronic diseases. We do some telephone stuff with patients with congestive heart failure where patients weight is monitored. We also have done some credentialing through NCQA.

- Sandy – it would be helpful to know exactly what you want because we probably collect more data than any other free clinic. We could pilot it and see if it works and what it takes and then maybe see if we can convince other free clinics to do it too.
- Ted – I think coming up with what we want to collect is the next step and if we can develop that in the next couple of weeks and then get back to all of you to review, that would be good. We will keep an eye on the state health care reform. We have enough TA dollars to have a conversation with Dr. Schneider and Dr. O'Donnell.
- Rochelle – I come back to the questions we are trying to answer and think this will inform that data we want to collect and what other organizations need to be involved.
- Dr. Parsa – we will have a much better picture after we meet with Brian and Kathy to find out what data they have looked at in the past.
- Ted – we are in the infancy with the “questions” question. The questions need to be developed and considered as we figure out the data that is available and the data we really want to look at. We might end of backing in to it a bit. We want the safety net to stay in the game from a quality and cost perspective.
- Dr. Shaffer - what services are being provided by safety net providers? Is it preventive, acute, or chronic? This will help us to communicate with policymakers about the safety net niche in the context of health care reform.
- Rochelle – what are we trying to accomplish? I am not sure. The AHRQ piece I put together might provide some guidance here. I think it will be hard to bring other partners in until we have the scope figured out.
- Ted – we want to understand as well as we can the behavior of safety net patients in terms of access, quality, and cost, so we have a baseline as health care reform occurs. I want us to have a voice and information to back it up so we can make sure health care reform keeps safety net patients in mind.
- Dr. Parsa – I also want to be able to say who we are if someone asks me – this is who we serve, this is what services/care we provide, and the quality of service we are providing. These are minimum questions and then we can look at additional questions like patterns of care.
- Laura – how are patients accessing the system is another question.

#### **Action Planning and Next Steps**

- **Sarah – I can develop a one-page document with the overall question and the sub questions that have been discussed. It can be sent out to the group for reaction with the meeting notes.**
- **The next meeting of the work group will be scheduled in May and staff will also schedule a meeting with Dr. Schneider, Dr. O'Donnell, and Dr. Parsa.**
- **Rochelle – should we ask some of the key AG and LG members about key research questions they have been thinking about as well.**
- **Ted – we could talk to some of the key players and then ask for input at the next AG meeting on May 12.**