

Iowa Collaborative Safety Net Provider Network

Data Work Group

Friday, February 19, 2010

8:30 a.m.

Participants

Bery Engebretsen, Primary Health Care, Inc.
Molly Lammers, Dubuque Visiting Nurse Services (via phone)
Sandy Pickup, Iowa City Free Clinic (via phone)
Dana Shaffer, Des Moines University

Staff

Ted Boesen, IA/NEPCA
Kate Burgener, IA/NEPCA
Sarah Dixon Gale, IA/NEPCA
Rebecca Williams, IA/NEPCA

Review Results of the Network Data Survey and Develop Recommendations for the Leadership Group

The purpose of the meeting was to discuss the results of the data survey that was distributed to all clinics in the Network to determine their ability to collect and report data. Staff noted that follow up phone calls were made to all clinics after the initial dissemination of the survey took place. The group talked about how the findings confirmed some items that were already known and also provided additional information and insights into the ability the clinics have to collect and report data what is considered to be relatively simple data.

After discussing a variety of options/recommendations, the group came to a consensus on the following to present to the Leadership Group for approval:

- Allow clinics to indicate whether they are providing demographic data by encounter or unduplicated patient.
 - o Rationale: although the Network will be less able to make comparisons across clinic type, data will be more accurate.
- Ask what type, if any, data systems are being used at the clinic to report the data.
 - o Rationale: the Network might be better positioned to assist with training and technical assistance in the future if we are more aware of the types of systems different clinics are using.
- Clearly state that going forward (CY10) the expectation will be for all clinics to provide patient demographic data based on unduplicated patients and not encounters.
 - o Rationale: going forward, the expectation for clinics to be able to report this type of data will increase. Meeting the requirements of meaningful use and demonstrating how clinics can use this data to make clinical improvements within their practices can serve as motivators.

Two additional comments included the following:

- The findings of the survey could be included as part of the Network's presentation during the Iowa Association of Rural Health Clinics' Annual Conference in April.

- The group expressed an interest in knowing how much care is provided for acute versus chronic conditions at Free Clinics.

Data Work Group Next Steps

The Network will seek out additional funding for Network priorities including data-specific initiatives. Future work of the group could include focusing on clinical measures and outcomes related to diabetes given the interest the state has shown around the development of a diabetes registry for the safety net. This work could involve a chart review of current practices around treatment and outcomes as well as simply capturing the volume of diabetic patients seen within safety net clinics. Additionally, the Network could establish pilots at a selection of each clinic type (FCs, CHCs, and RHCs) to look at a variety of components of diabetes care management or to evaluate new care models. Network staff will develop a brief proposal focused on developing a clinical profile for the safety net around diabetes as well as making the case for why the Network is pursuing diabetes as a topic (state's interest).

Other possible future topics for the Work Group to pursue could include:

- Developing a plan to address the training needs identified through the clinic survey.
- Connecting the Regional Extension Center and state E-Health initiatives to Network activities and serving as a source of information for data-related requirements for the clinics.
- Development of strategy to collect information about the financial impact of the safety net in the state.

Once this proposal has been developed, staff will reconvene the Work Group. Staff thanked everyone who was able to participate in the meeting and for all of their efforts to improve the Network's ability to collect and report consistent, standardized data from the participating clinics.