

## **Category 3: Data Standardization**

### **Data Collection and Management**

1. How are you identifying your metrics?
  - a. *Percent of referrals for DM care that are connected with 60 day time frame.*
  - b. *Defined National Measures*
    - i. *Claimed data*
    - ii. *Prescription processing data*
    - iii. *Lab data*
    - iv. *Number of Consults*
    - v. *30-day readmissions – VBP method (Independent/Readmission – No count) Possible collaboration with DFWHC/Institutions*
  - c. *Defining the narrative*
2. What are key success factors to capturing and meeting your metrics?

*Identify issues*

  1. *Staff communication*
  2. *Info relating to community*
  3. *Training and education for everyone. (pts, staff, community)*

*Pivot Points*

  1. *Results in data*
  2. *Created special groups*
  3. *Community outreach*

*Training*

  1. *Providing educational material to consumer/PT*
  2. *Started support groups*
  3. *Using outcomes to tract changes*
  4. *Data tracking tools*
3. How can you show for your projects value/ROI?
4. What have been your greatest challenges in capturing this data, how are you overcoming it?
  - A. *Have measures that are based on single data sources (difficulty of collecting and interpreting data from various sources)*
  - B. *Need to be able to see future audit plan before our projects are defined*
  - C. *If bonus pools are being calculated on State data, will that data be calculated?*
  - D. *Lack of clarity around definitions*
  - E. *Lack of standardized inputs*
  - F. *Design of EMR tools, templates, etc.*
  - G. *Lack of Stakeholder/Provider buy-in*
  - H. *Current clinician workflow is not in-sync*
  - I. *Not understanding the “why” of capturing the data.*
  - J. *Working closely with the frontline clinical staff.*

- K. *Integration of data analytics, information resources, quality improvement and clinical operations.*
  - L. *Various EMR's and among the project area, at clinics and/or organizations does not allow for merging of data, which often results in labor intensive hand counting of data.*
  - M. *"Free EMRs" not offered/allowing staff to pull data from that database.*
  - N. *Transition from old/one of the EMR to new EMR resulted in loss of data which was measurable and accessible data with old EMR as well as a loss of some records (i.e. vaccinations did not carry forward to new EMR)*
  - O. *TX DADs Authority/Provider split force lack of EMR access catering of data/records on the provider side. Pt. documents scanned into EMR as on attachment does not enter as retrievable data.*
  - P. *Are QPI and MLIU the same thing?*
  - Q. *What is the acceptable standard for gauging indigence?*
  - R. *EMR web-based portal for outside clinics*
  - S. *Different EMR systems and the data is actually simplified to the point that patient record is not the details needed.*
  - T. *Challenges to collecting and reporting data*
    - a. *True definition of measures. Providers vs. HHSC vs. Myers and Stauffers*
    - b. *collecting of MLIU – validate data for Myers and Stauffers*
    - c. *Measures definition should be specific to each provider category such as BH, medical, etc.*
    - d. *EMR not interfacing with other BH/PC data or not reporting data. Ned to purchase other EMRs for PC and Substance abuse to collect data.*
    - e. *Defining "your" patient.*
    - f. *How to measure outreach impact. WHAT metric.*
    - g. *Manual entry/data extraction*
    - h. *Free text fields*
    - i. *Data quality*
    - j. *EPIC best practice alert*
5. What are your thoughts on how this could be measured at a regional or state level?
6. What would you find helpful to know from others on these metrics?

### **Project Evolution and Expansion**

- a. In the past, have you had any problems defining "denominator subsets" that accurately reflect your target population? How were you able to resolve those issues?
- b. A main focus of DSRIP is to improve processes and results. As you change your processes, how are you tracking the changes made and evaluating the impact of those changes? Have you made any changes that necessitated "correcting baselines"?

Please explain.

*Tracking by -*

1. *Comparing baselines*
  2. *Testimonials from patients (internal reporting mechanism)*
  3. *Creating measures of success*
  4. *GAP reports and analysis*
- c. With the proposed “shared risk pool” measures being reported by HHSC, what impact do you think external standardized reporting will have on your ability to analyze the data, find opportunities for improvement, and evaluate process changes?
- d. Have you developed any best practices for archiving supporting data for metrics reported to HHSC for purposes of audits?
1. *Shared drive/server as repository*
  2. *Step by step procedures on how data was captured and analyzed*
  3. *Consistent protocols for saving all data*
  4. *Definition of when data run:*
    - i. *Times/dates make drastic difference in dynamic data*
  5. *Standardize data outputs at regional level as well as provider levels.*
- e. Have you experienced any issues with staff understanding of the DSRIP measures and how changes in process could potentially impact them positively or negatively? How did you handle this? Did you provide any training/education around the use of data?
- f. With the proposed performance bonus pools, should we consider proactively creating a type of data sharing consortium to be able to calculate, monitor, and improve our measures?