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Measuring Quality: EMR vs Administrative Claims Data

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Outline

- Context: PIN, MCHP data repository
- Time synchronization
- Denominators
- Numerators
- Results
- Discussion





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What is the Physician Integrated Network (PIN) Initiative?

- Primary Healthcare Reform
- PIN focuses on the engagement of autonomous, independently owned fee-for-service physician groups with EMRs





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PIN Project Goals

1. To demonstrate high quality primary care with a specific focus on Chronic Disease management.
2. To improve access to primary care.
3. To improve the working environment for all primary care providers.
4. To improve Primary Care providers' access to and use of information





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PIN Evaluation Outline

- Two goals: Evaluate this project and establish potential on-going process
- Four components:
 1. Process measures from EMR
 2. Patient and provider surveys: PCAT
 3. Qualitative interviews: managers, providers, patients
 4. Deliverable: Administrative data





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Shadow/Virtual practices: Expected results

- 10 practices for each of the study clinics
- Randomly drawn
- Exclude each clinic's patients
- Replicates clinic's patient characteristics in each of the following categories:
 - Age, sex, SEFI (quartiles), Wpg / non





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Denominators

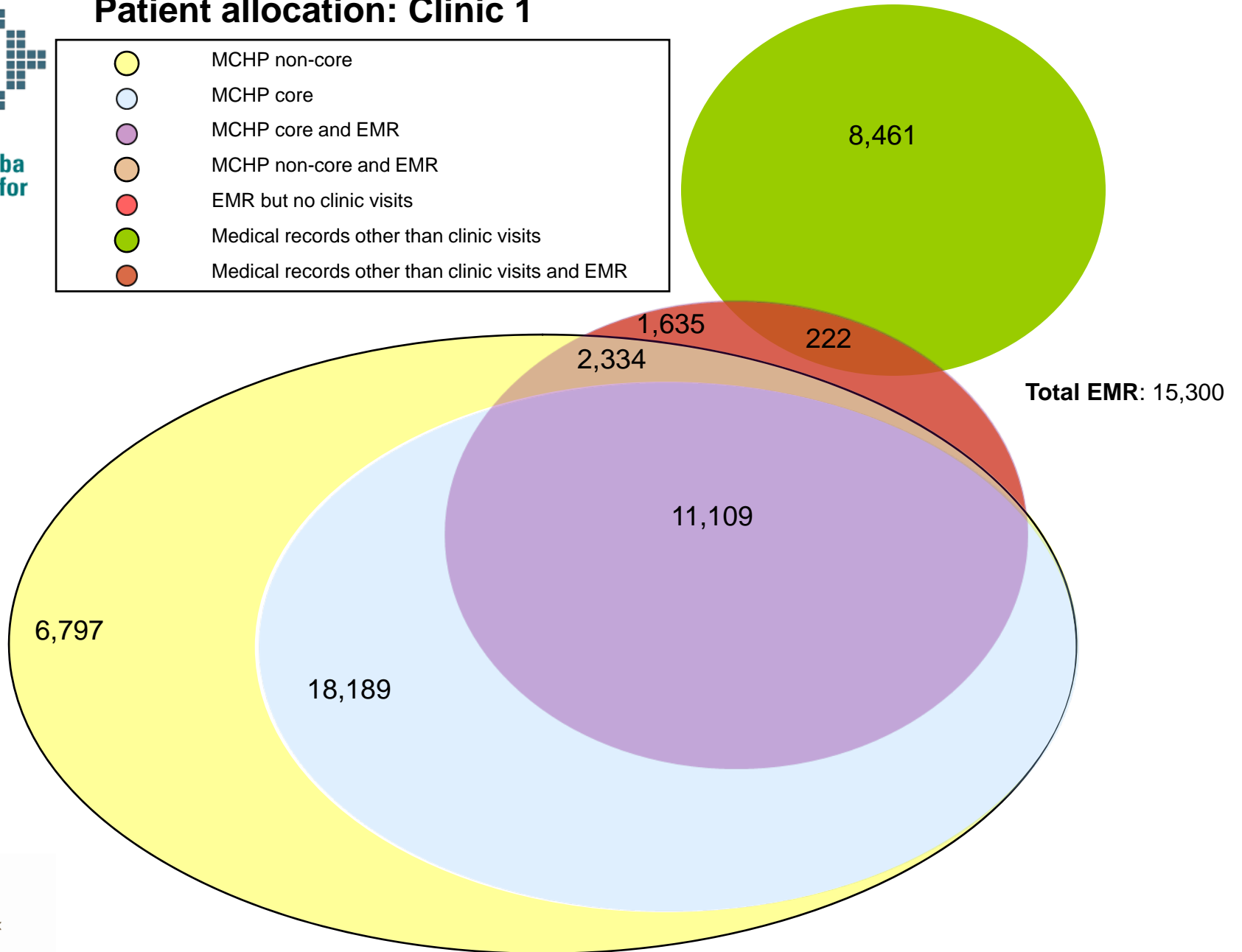
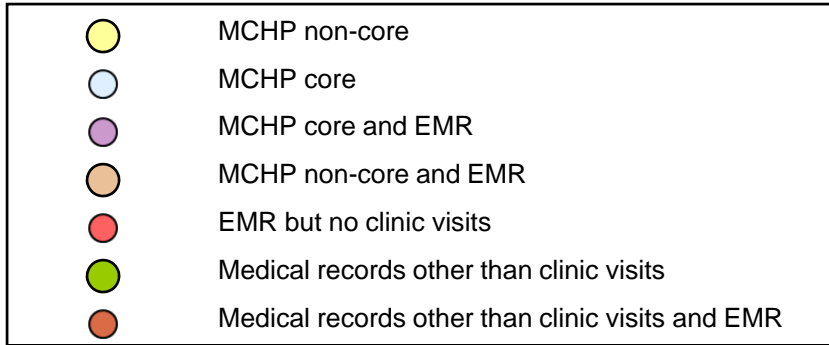
- Who do we include in the measurement of the indicators?
- “Core patients – a patient whose principal primary care provider is one of the physicians within this clinic”
- Algorithm for administrative data





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Patient allocation: Clinic 1

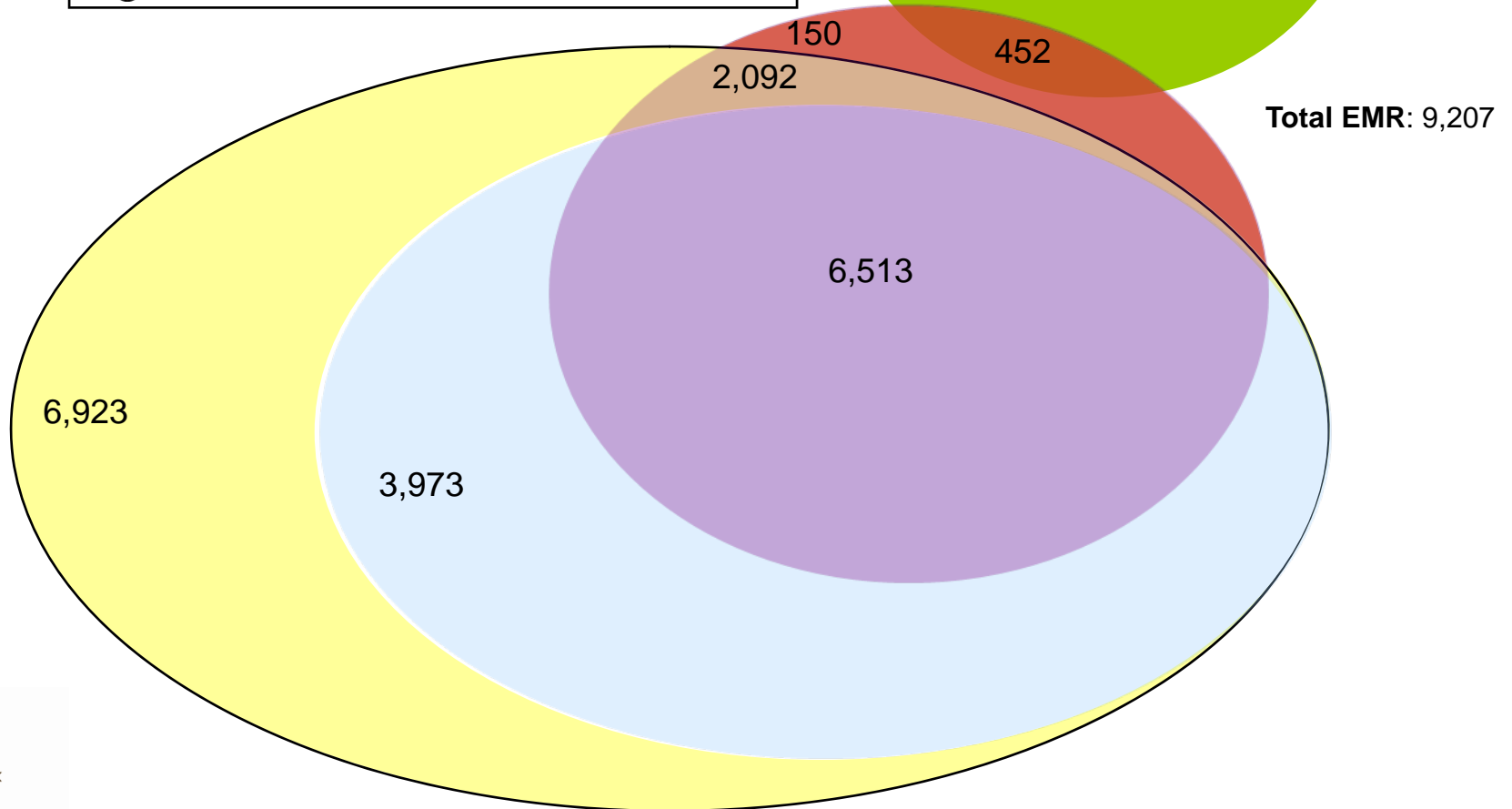




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Patient allocation: Clinic 2

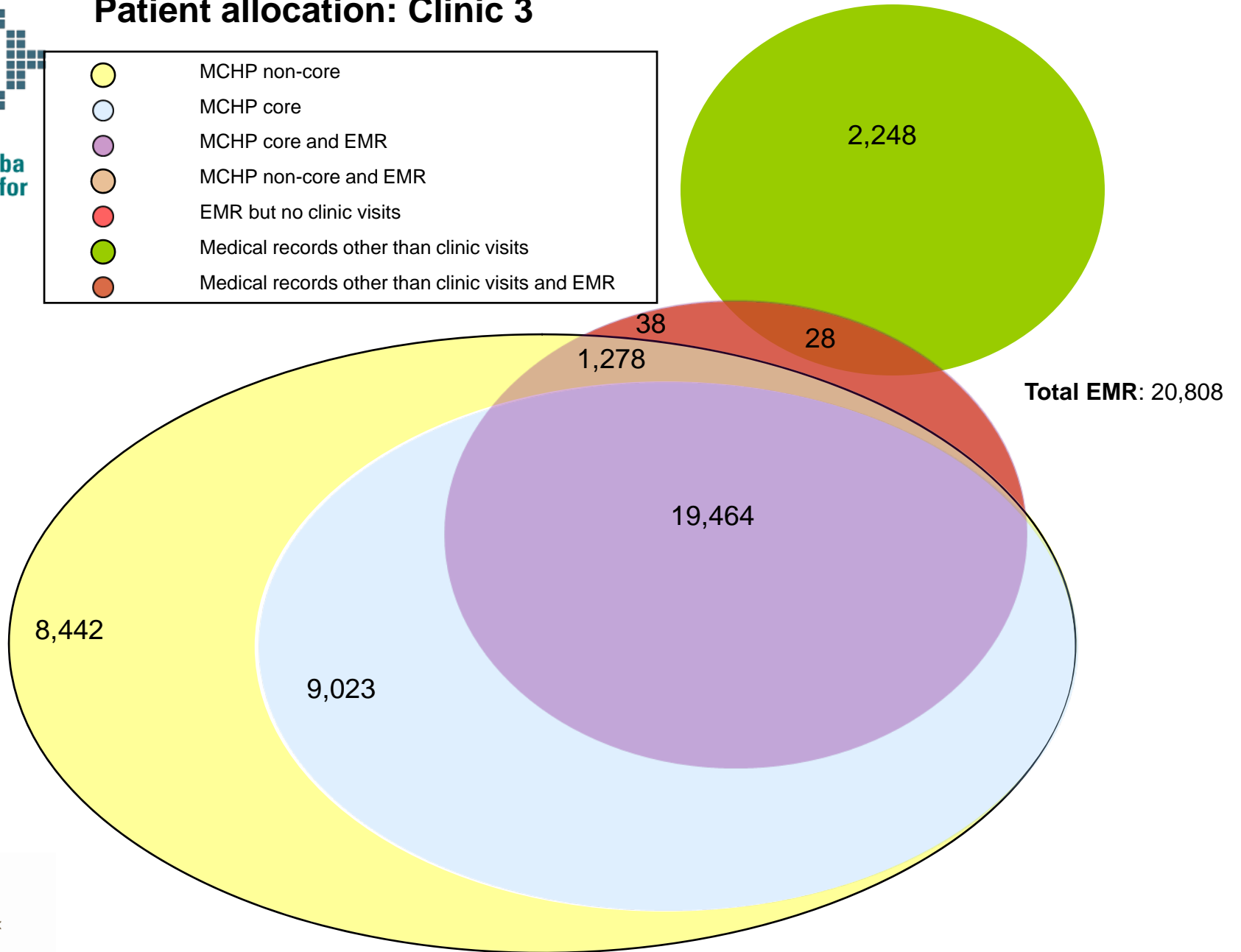
-  MCHP non-core
-  MCHP core
-  MCHP core and EMR
-  MCHP non-core and EMR
-  EMR but no clinic visits
-  Medical records other than clinic visits
-  Medical records other than clinic visits and EMR












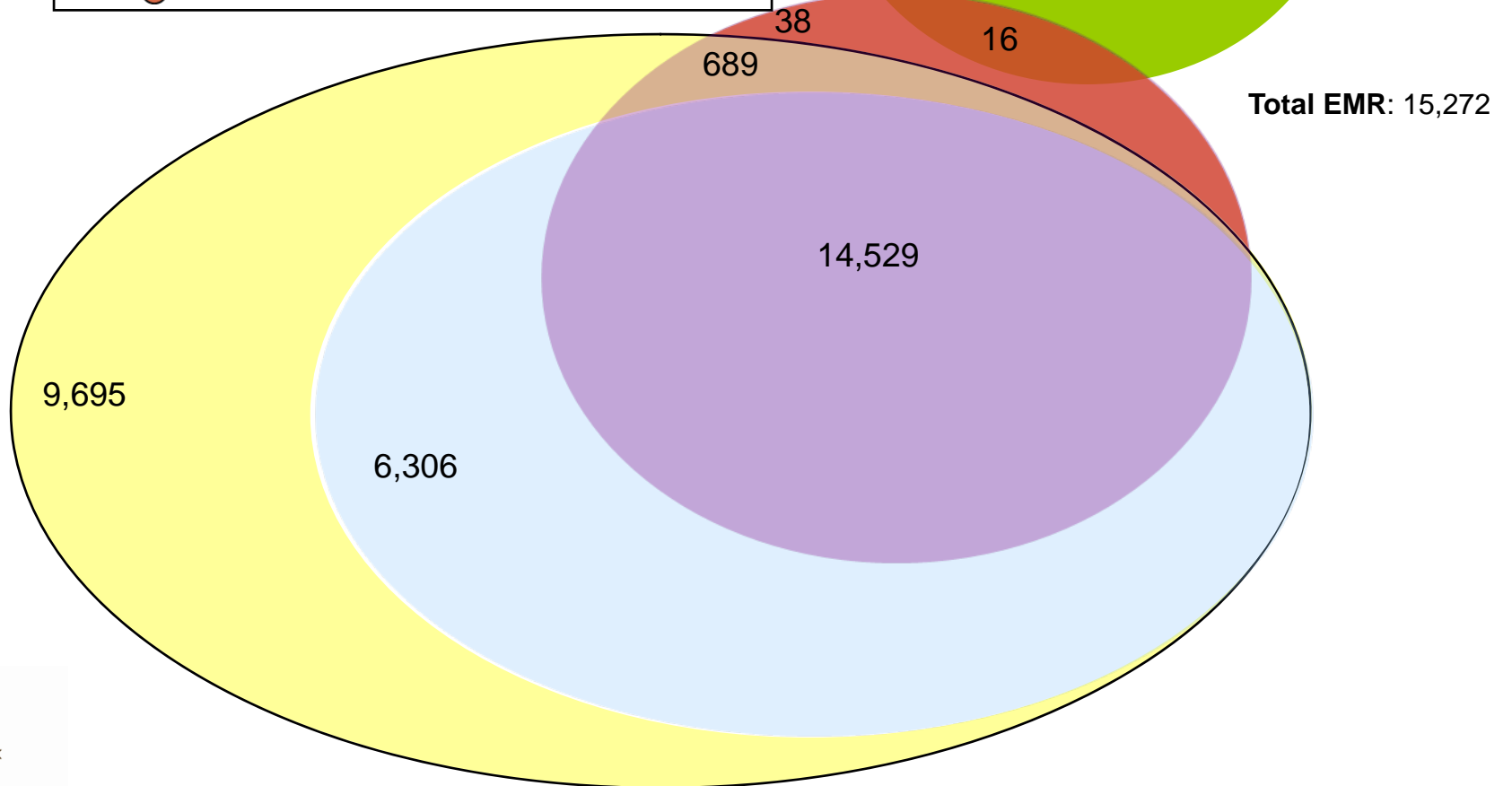
Patient allocation: Clinic 3

- MCHP non-core
- MCHP core
- MCHP core and EMR
- MCHP non-core and EMR
- EMR but no clinic visits
- Medical records other than clinic visits
- Medical records other than clinic visits and EMR



Patient allocation: Clinic 4

-  MCHP non-core
-  MCHP core
-  MCHP core and EMR
-  MCHP non-core and EMR
-  EMR but no clinic visits
-  Medical records other than clinic visits
-  Medical records other than clinic visits and EMR





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Indicators

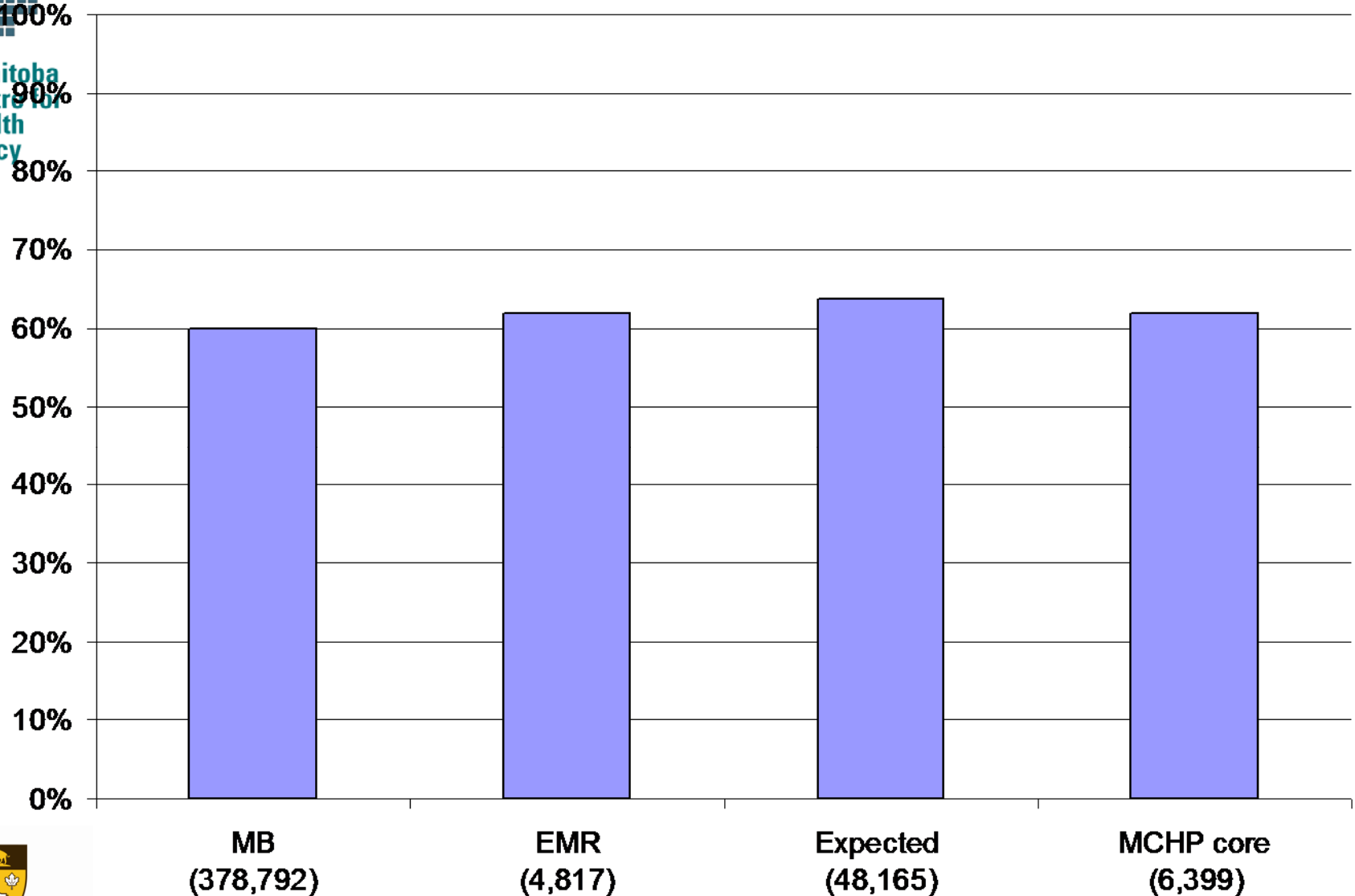
- Prevention: Screening, Immunization
- Diabetes: eye care
- Asthma: Rx
- Post MI Beta blockers, Chol meds
- CHF: ACE
- Depression: F/U
- ACS





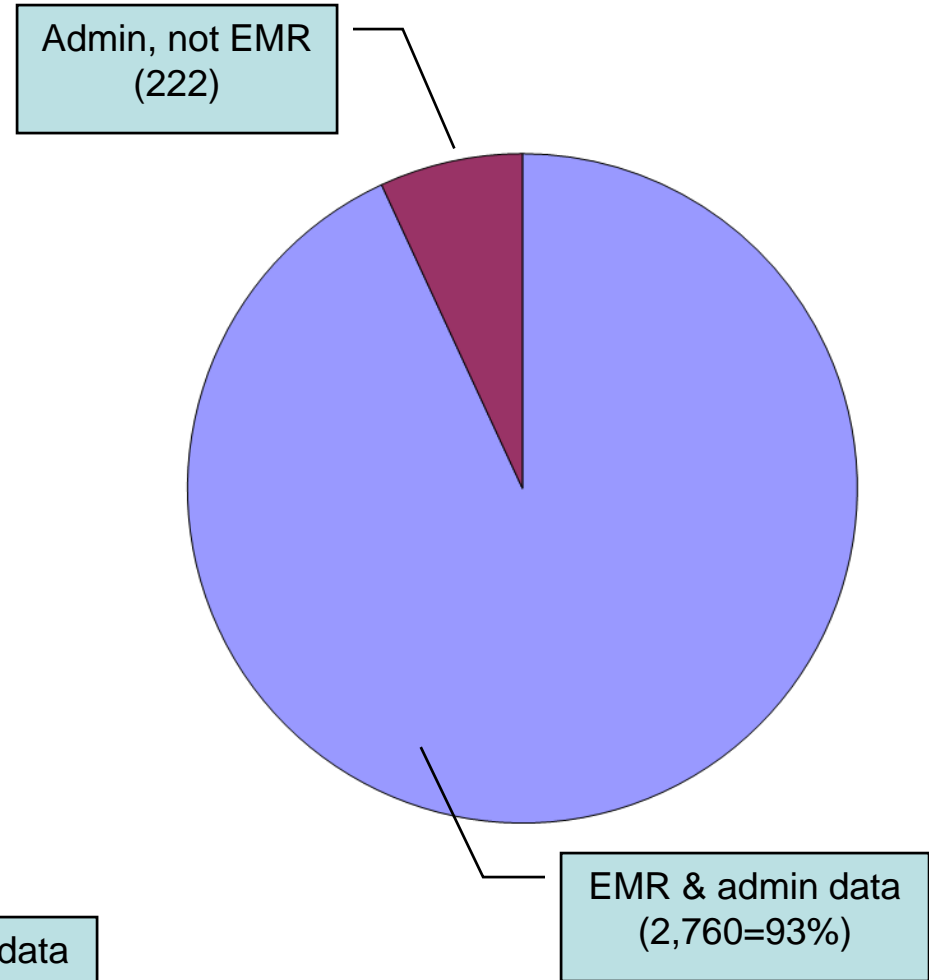
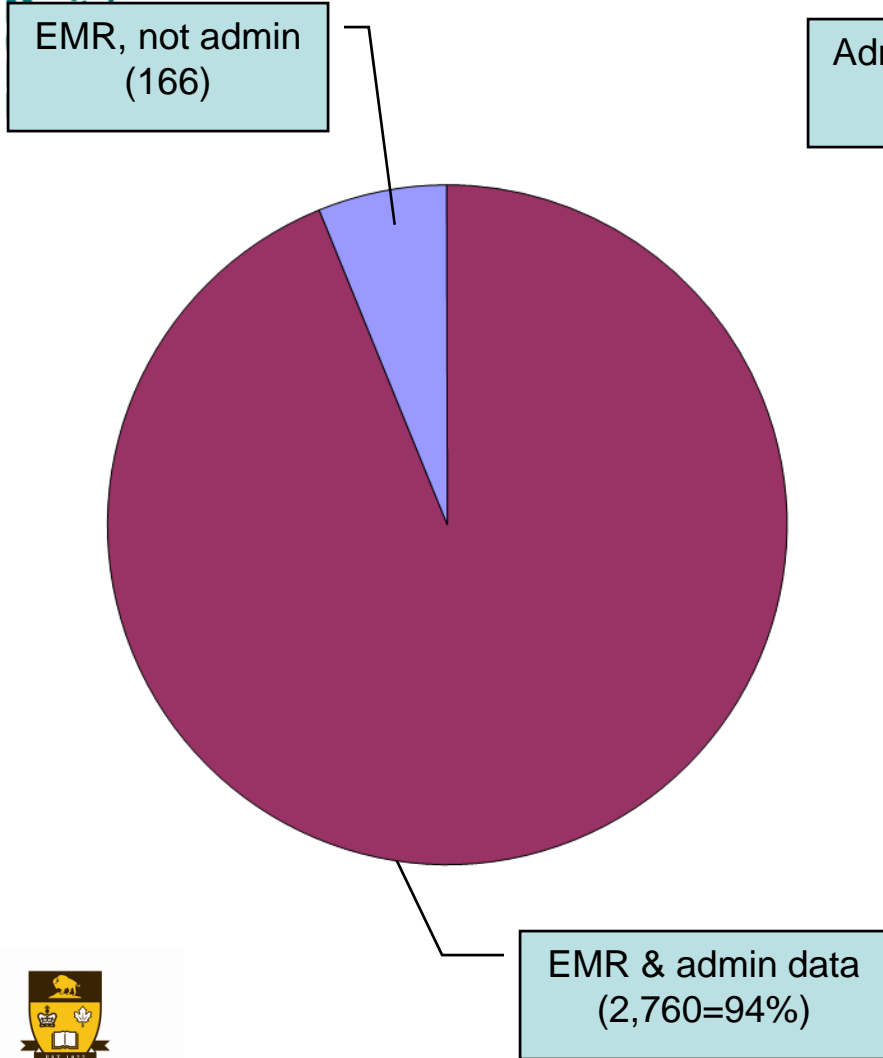
Pap Tests: Indicator Outcome

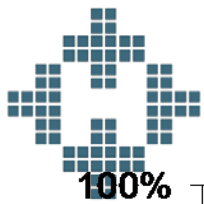
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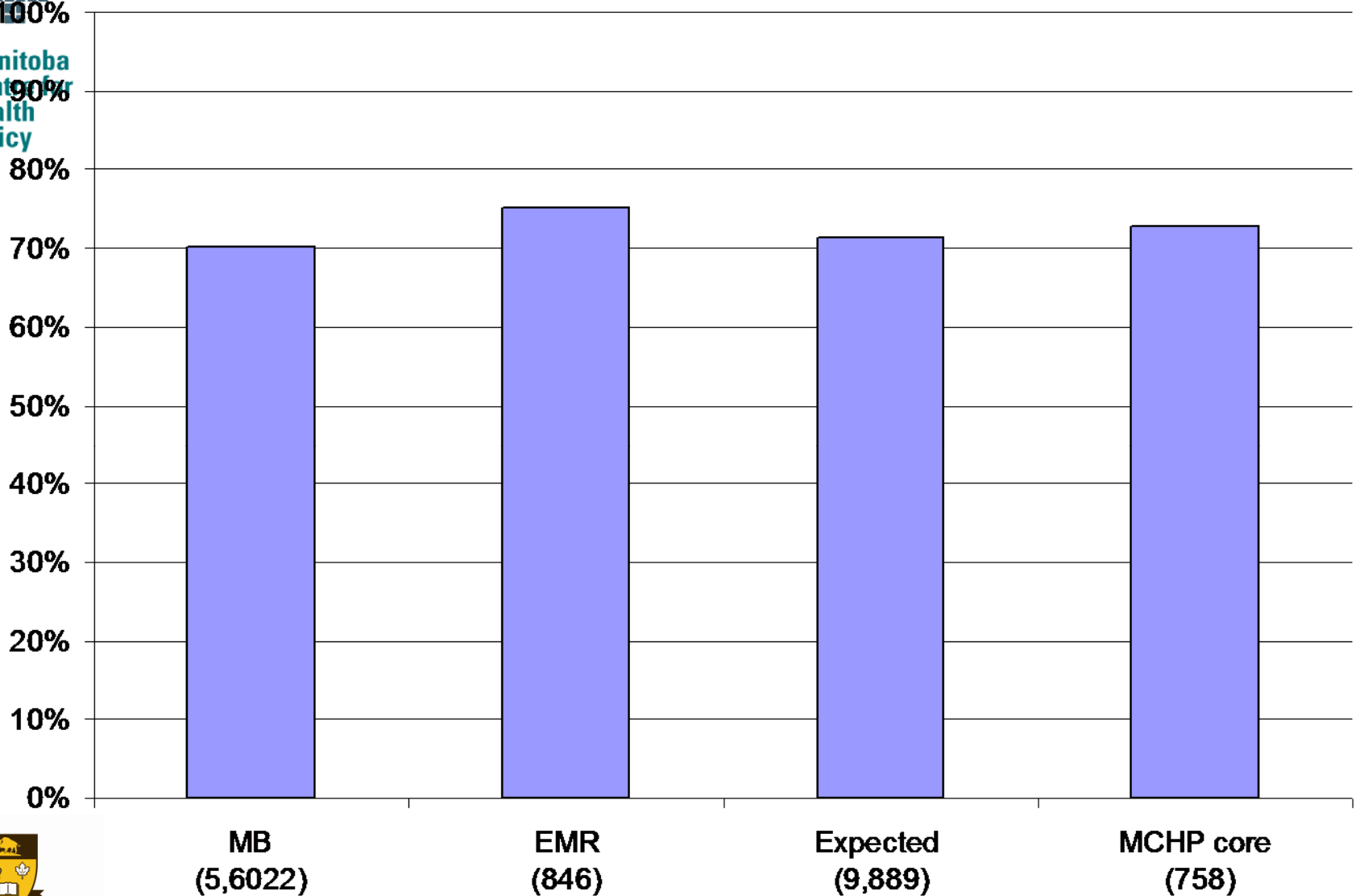
Pap Tests: Match Between Data Sources





Asthma (3 yrs): Indicator Outcome

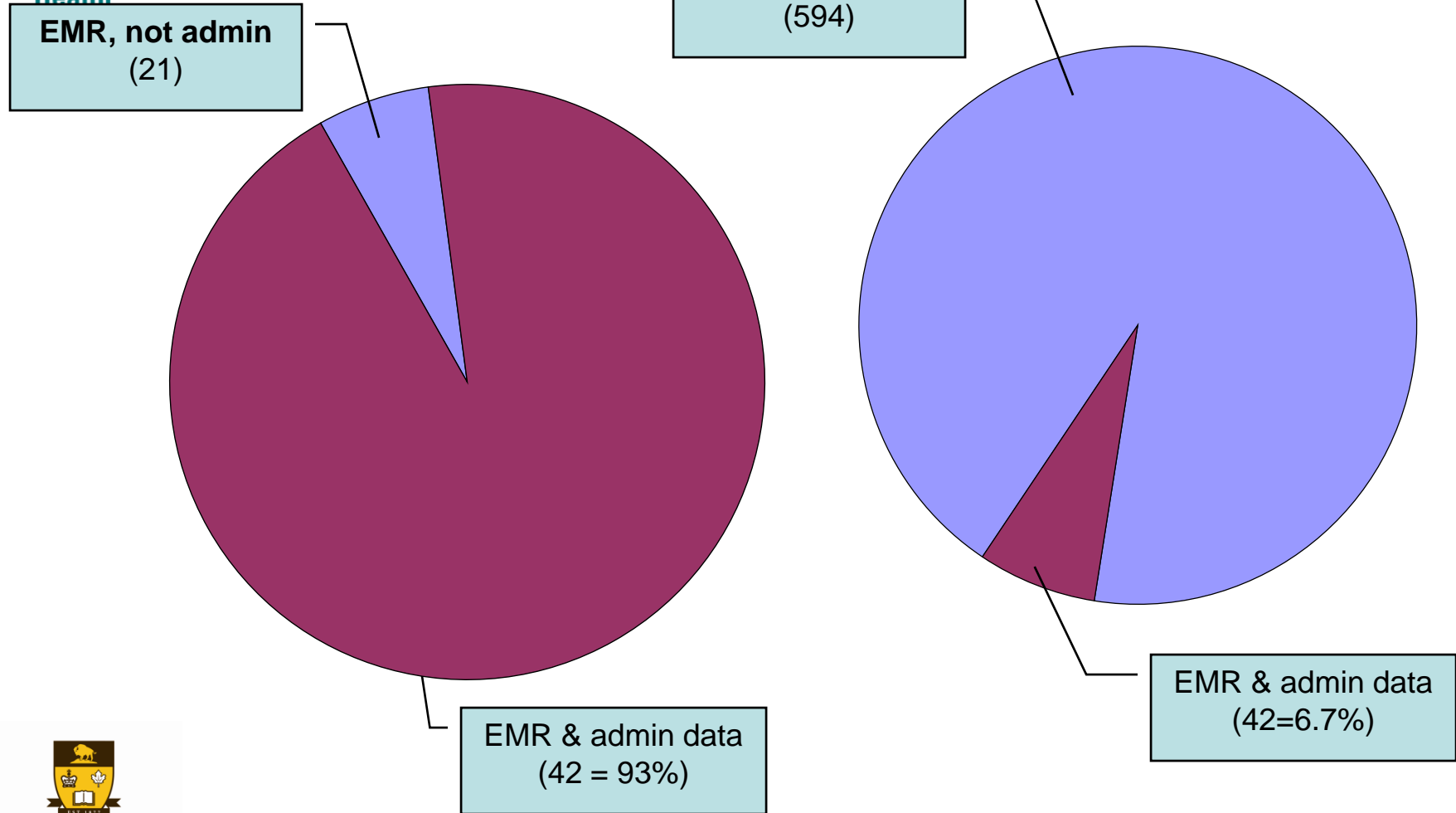
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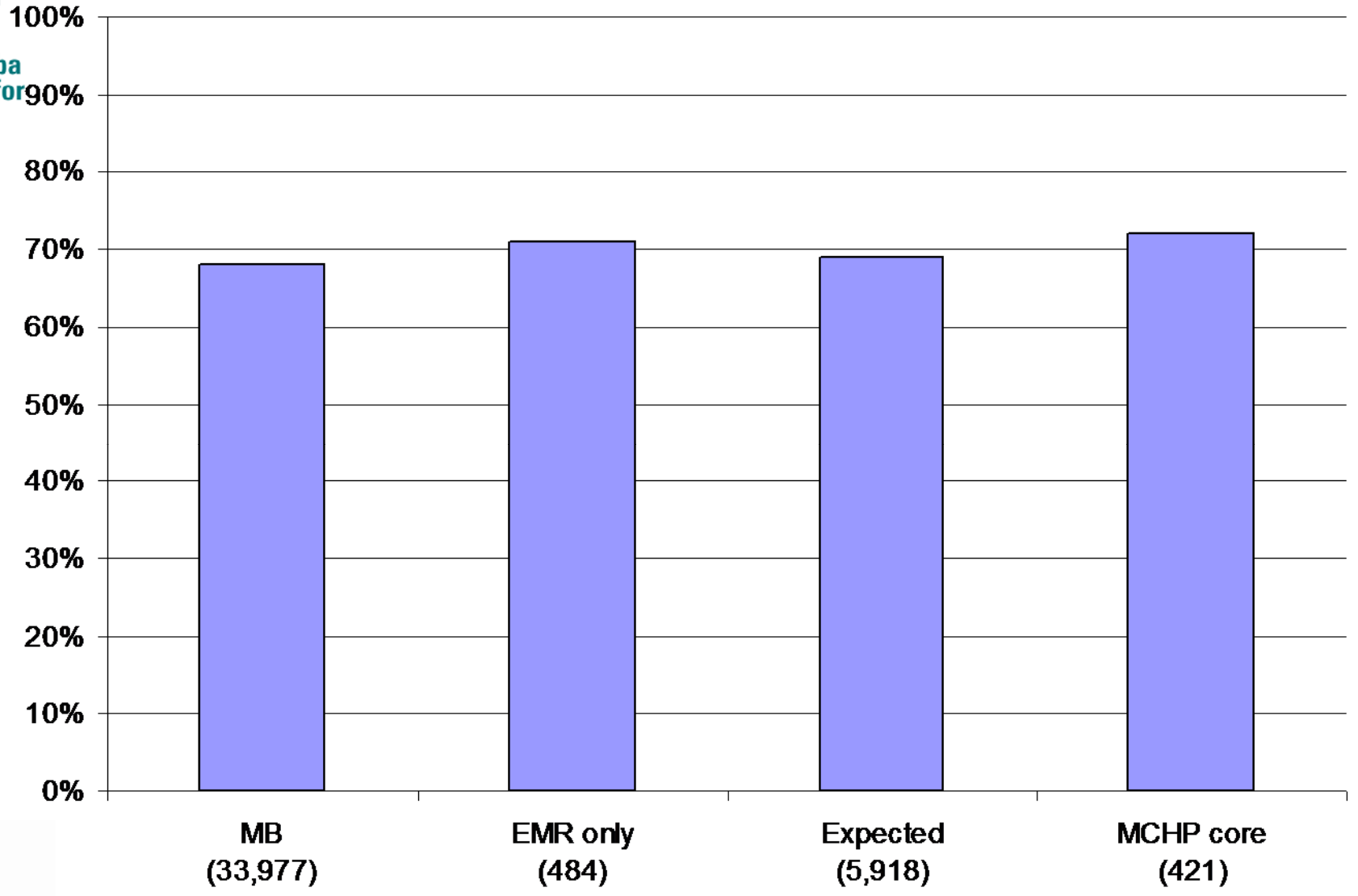
Asthma (3 yrs): Match Between Data Sources





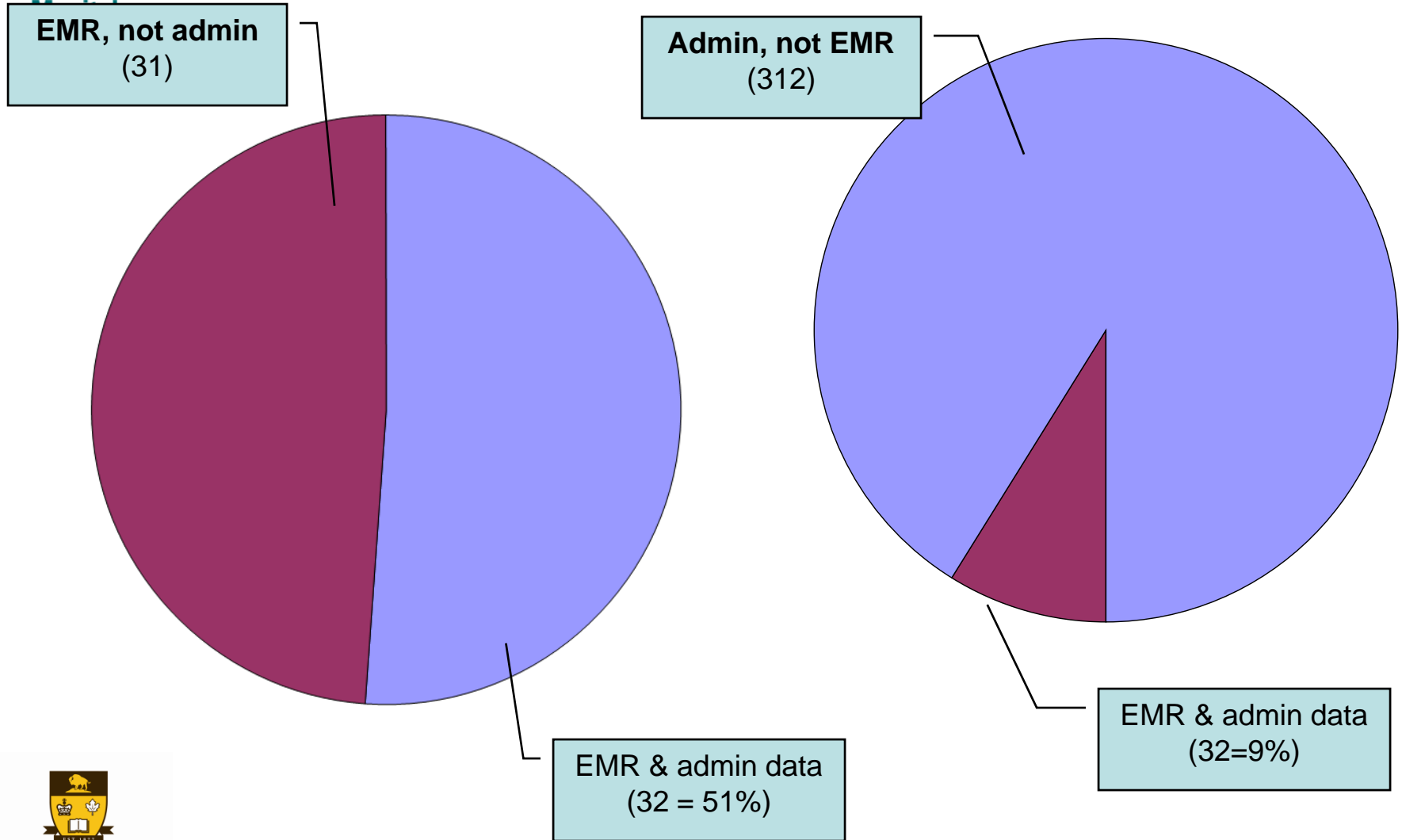
Asthma (1 yr): Indicator Outcome

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Asthma (1 yr): Match Between Data Sources





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Limitations / challenges

- One clinic: EMR dependant
- Time synchronization
- Diagnostic definitions from both data sources
- Rx filled not prescribed
- Other indicators not in Admin data at all!





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www.umanitoba.ca/faculties/medicine/units/mchp/

Work in progress not
available yet

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