

Case Study



McFarland Clinic Partners with MDdatacor to Achieve Success in Quality Improvement Initiative

Organization

McFarland Clinic PC
Ames, Iowa

- Iowa's largest physician-owned multi-specialty clinic
- Network of health care providers serving residents in 12 communities
- Serves an additional 12 communities with physician outreach clinics

Critical Issues

- Collect clinical data buried in disparate sources
- Analyze data to identify care opportunities
- Deliver care opportunity reports to physicians in real-time

Data Sources

- Siemens Novius[®] Radiology/Dictaphone PowerScribe[™], eScription and MediScribe transcription systems
- Cerner Millenium *PathNet*[®] lab system
- SECAT diabetes registry

Results

- All participating physicians achieved the quality improvement goals for diabetes
- HgA1C exams increased from 86% to 99%
- LDL exams increased from 76% to 97%
- Microalbumin exams increased from 47% to 95%

The Wellmark Blue Cross and Blue Shield of Iowa¹ Collaboration on QualitySM Primary Care Initiative was created, in part, to promote improved quality health care and increased efficiency.

McFarland Clinic PC in Ames, Iowa was one group that volunteered to participate. The program at McFarland involved primary care physicians treating 1,095 diabetic and 2,714 hypertensive patients.

Challenges

McFarland Clinic faced a major obstacle in collecting and reporting on data for the program. The program was based solely on clinical data, and therefore any type of claims-based reporting would not be sufficient. With their clinical data buried in disparate sources, McFarland Clinic needed help aggregating the data, as well as identifying care opportunities and delivering reports outlining those opportunities to physicians in real-time.

Solutions

Overcoming the information gap would prove essential to succeeding in the program. With patient data being stored in various locations, how would a clinic know which patient needed what treatment?

Wellmark contracted with MDdatacor to provide data aggregation, reporting and decision support services for program participants, including McFarland Clinic. Although the clinic's data was stored in multiple applications, MDdatacor was able to accept the information in any format.

This enabled the clinic to submit transcribed notes, lab exports and diabetes registry exports to MDdatacor daily, weekly or monthly, based on the

data type and what was most convenient for the clinic.

Once the data was received, MDdatacor used proprietary technology to aggregate information on a patient-specific basis. MDdatacor also used its Natural Language Processing (NLP) technology to extract clinical elements from transcribed reports and combine them with data coming from other sources, including labs and registries. This reduced the need for additional data entry by the clinic.

The data was compiled into reports and made accessible to all the McFarland Clinics via the Care Center, MDdatacor's Web portal. The Care Center enabled the clinic staff and physicians access to data anytime, from anywhere.

Results

Utilizing the reports from MDdatacor, the physicians were able to monitor and greatly improve the patients' clinical outcomes. All of the participating physicians achieved their quality improvement program goals for their diabetic patients, and all but three physicians met their goal for hypertensive patients

McFarland Clinic attributed this success to the availability of data at the point-of-care, allowing each clinic to adjust and implement processes to ensure that each patient received the appropriate care.

They were also able to compare the data from the program to their claims data from the previous year as yet another performance improvement measurement.

“MDdatacor’s easy-to-use data collection tools allow for better tracking of patients and real-time measurement of results, enabling all of our physicians to succeed in achieving the pay-for-performance program goals.

I would recommend MDdatacor without reservation.”

Don Skinner, M.D.
Medical Director

	HEDIS National Average 2005	Performance Based on Claims Data from Previous Year 2005	Performance Based on Clinical Data from the Quality Program May 2006- June 2007
Diabetic patients having at least 1 HgA1C exam	88%	86%	99%
Diabetic patients having at least 1 LDL exam	92%	76%	97%
Diabetic patients having at least 1 microalbumin exam	55%	47%	95%
Diabetic patients having a foot exam	N/A	N/A	98%
Hypertensive patients whose last blood pressure reading was less than 140/90	N/A	N/A	91%

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