

Memorandum

To: MHA Member Hospitals
From: Mark Sonneborn, V.P. Information Services
Date: 3/4/2011
Re: Lab/Pharmacy Data Sign up and Commitment Letter

As part of a 3-year federal research grant, MHA is planning to add laboratory data and pharmacy data from hospitals' electronic data repositories to our hospital claims database. This data will be used to compare alternative treatment regimens for patients with acute decompensated heart failure (ADHF) in a study funded by the Agency for Healthcare Research and Quality (AHRQ). This project is the first of its kind—and if successful could benefit patients, clinicians, and hospitals across the nation.

A kick-off webinar was held on February 24, 2011. The slides from that event will be posted on the MHA website at www.mnhospitals.org.

The next step is to have interested hospitals sign up by *signing the attached Letter of Commitment*. We will also need hospitals sign an amended Business Associate Agreement (BAA), which will be provided separately once we receive the letter of commitment.

In addition, we need a single contact person from each facility to serve as a communications liason. This contact will work to coordinate data flow with MHA staff and communicate with internal staff as needed. Once a contact person is established from your facility we will forward necessary packet information.

Why should you participate?

Participating hospitals will receive:

- Reports on how well they code present-on-admission (POA) modifiers and assistance in improving the quality of their coding
- Reports that employ clinically-enhanced data to compare their risk-adjusted clinical outcomes to those of other participating hospitals
- Information about the pharmacologic management of patients admitted to their hospitals for ADHF and how it might be improved
- Assistance in creating and implementing protocols to process and transmit electronic lab and pharmacy data to meet meaningful use requirements
- Assistance in enhancing claims with clinical data in order to meet new public reporting requirements from the Minnesota Department of Health (MDH)

March 4, 2011

How much effort will participation in this project require from your hospital?

We learned from our previous pilot project that hospitals can readily map currently-available electronic laboratory data into a standard format with standard data specifications. The same process will be applied to electronic pharmacy data by members of our team with experience in creating standardized electronic pharmacy databases. To make setup easier, project staff will be available to assist your hospital prepare and submit initial lab and pharmacy data to MHA.

Once operational interfaces are established between your data repositories and MHA's centralized database, the process for submitting required data can be automated. Therefore, the lion's share of your work will be accomplished during your setup process. We estimate that a combined total of 40 man hours are needed from lab, pharmacy managers and information services personnel for setup. Again, MHA will provide technical expertise to assist in this endeavor. Continued submission of lab and pharmacy data after setup will require minimal additional effort by your hospital's staff.

Important decisions about the pharmacy data aspect of the project:

Because we have not previously collected pharmacy data, we will have a pilot phase. We are seeking around 15 hospitals to help develop data mapping standards before expanding pharmacy data collection to other participants.

In phase I, MHA project staff will work directly with participating pilot hospitals to determine a procedure for mapping pharmacy data to a standardized format, and actually map it for those hospitals. Those in phase II will delay their pharmacy data submission to a time later in the project. When the time does come, phase II hospitals will be given the necessary tools to map the pharmacy data to the standardized format that were determined in phase I.

The main advantage of participating in phase I is that the mapping is done by project staff, not hospital staff. To qualify for Phase I, a hospital must have Computerized Prescriber Order Entry or some alternative electronic order entry system.

Thank you in advance for your participation in this project. We look forward to working with you.



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