

# **Encounter Data Collection and Provider Peer Grouping**

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# If at First...Try, Try Again

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- Minnesota tried 3 times to implement an encounter-level data initiative
  - 1994
  - 2001
  - 2008/2009
- Minnesota has two separate authorities for the collection and use of encounter-level data
  - 62J.301 - .42 – passed in 1993 during health reform
  - 62U.04 – passed in 2008 during health reform
- History and Lessons Learned **MATTER**

# Version 1 - 1994

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- MDH has broad authority in 62J to:
  - May collect claim data, medical record abstracts, and data from patient interviews
  - All data are individually identifiable
  - May be used for any analysis related to access, utilization, quality, and cost
  - Required administrative rules using full rule-making
- **Results: MDH voluntarily stops rule-making activity**
  - Health plans successfully argue MDH does not understand the data

# Version 2 - 2001

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- MDH again uses 62J authority after gaining:
  - Experience with 2 Minnesota payer's data
  - Experience with Medicare FFS data
  - Better sense of possible uses of the data
  - Some health care provider support
- **Results: Governor requires MDH to stop rule-making activity**
  - Privacy advocates successful in arguing that MDH will be digging through patients medical records
  - Privacy advocates argue that MDH does not have a clear plan for using the data

# Version 3 – 2008/2009

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- MDH has more narrow authority in 62U to:
  - **Must** collect enrollment data, claim data, contracted prices
  - All patient data must be **de-identified**
  - May only be used for provider peer grouping
  - Requires administrative rules using **expedited rule-making**

# Version 3 – 2008/2009 (cont)

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- Other MDH actions:
  - In 2007, Minnesota passed a requirement for uniform billing and coding
  - MDH issued an RFP for vendor to collect and store data – Onpoint Health Data in Maine
  - Onpoint has experience with **over 180 payers'** data
  - Statute has **one use of the data** tied to health reform
  - Statute requires public process with stakeholders input on how to use the data.

# Version 3 – 2008/2009 (cont)

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- **Results: MDH successfully promulgated administrative rules and is currently collecting data**
  - Privacy advocates argued that MDH will be digging through patients medical records
  - Privacy advocates argued that provider peer grouping is impossible
  - Health plans argued MDH does not understand the data
  - Health plans argued that MDH does not know how to execute statutorily required provider peer grouping
  - Privacy advocates and health plans argued that MDH's de-identification of patient data is inadequate

# Lessons Learned

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- **Gain Experience**
  - Claim data is complex and varies across payers
  - Understand the limitations to the data, which were originally collected for payment
  - Work with Medicare and Medicaid data
- **Understand Why You Want the Data and How You Will Use It**
  - Understand how the data support your goals
  - Understand the limitations
  - Understand where you can compromise
- **Consider Privacy**
  - There are increased concerns about medical privacy
  - HIT is raising awareness and the bar for privacy



# Questions – More Information

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- **[www.health.state.mn.us/healthreform](http://www.health.state.mn.us/healthreform)**
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