

Case Study

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

Results

- All participating physicians achieved the pay-for-performance program goals
- HgA1C exams increased from 86% to 99%
- LDL exams increased from 76% to 97%
- Microalbumin exams increased from 47% to 95%

McFarland Clinic Partners with MDdatacor to Achieve Success in Pay-for-Performance Initiative

In order to improve patient care and clinical outcomes, McFarland Clinic PC participated in a pay-for-performance program focused on diabetes and hypertension. The program involved 65 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 the 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?

That's where MDdatacor came in. McFarland Clinic utilized MDdatacor's data aggregation, reporting and decision support services. 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 its proprietary technology to aggregate the information on a patient-specific basis. MDdatacor also used its Natural Language Processing (NLP) technology to extract clinical elements from the 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 then 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 pay-for-performance program goals.

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.

In addition to achieving the program goals, 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	Performance Based on Claims Data from Previous Year	Performance Based on Clinical Data from the Pay-for-Performance Program
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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