

Linking All-Payer Claims and Clinical Data: Diabetes Case Study

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Data Sources

Vermont Health Care Uniform Reporting and Evaluation System (VHCURES): Vermont's All-Payer Claims Database

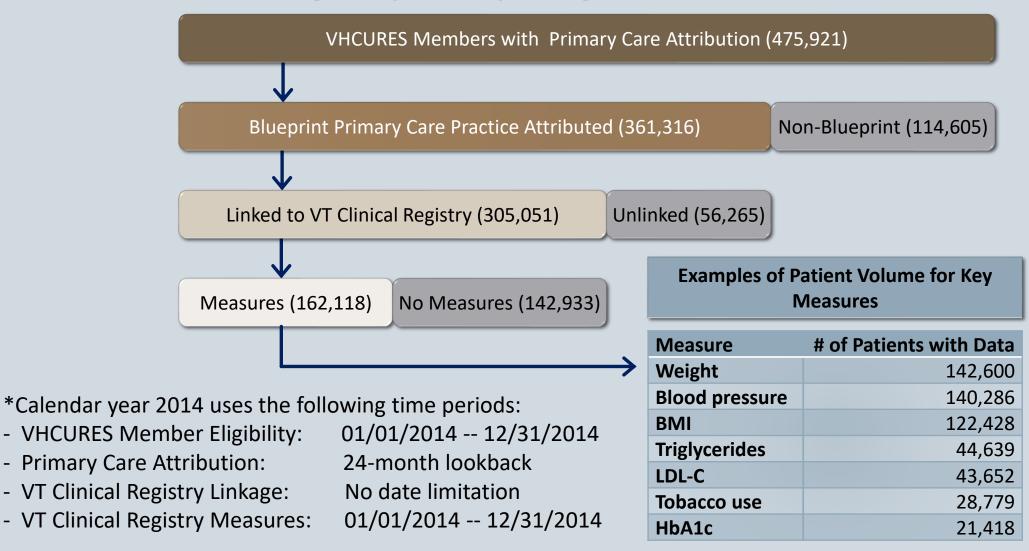
Vermont Health Information Exchange (VHIE), administered by Vermont Information Technology Leaders (VITL)

Vermont Clinical Registry, populated by the VHIE



Linking Claims & Clinical Data – 2014*

Enhancing Blueprint Reporting: Clinical Outcomes





The American Journal of Managed Care > October 2017 – Published on: October 23, 2017

Statewide Data Infrastructure Supports Population Health Management: Diabetes Case Study

Craig Jones, MD; Mary Kate Mohlman, PhD; David Jorgenson, MS; Karl Finison, MA; Katie McGee, MS; and Hans Kastensmith

The use of statewide data infrastructure is effective at identifying criteria for diabetes outreach and management at the whole-population level.

Am J Manag Care. 2017;23(10):e331-e339

Population Health Management: Diabetes Case Study

Goals:

- 1. Evaluate whether glycemic control was associated with same-year expenditures
- 2. Identify clinical risk factors and comorbid conditions with strong associations to same-year expenditures
- 3. Identify selection criteria for outreach and panel management

Study population included commercial, Medicaid, and Medicare beneficiaries 18-75 with continuous enrollment identified as having diabetes in the year 2014



Study Population

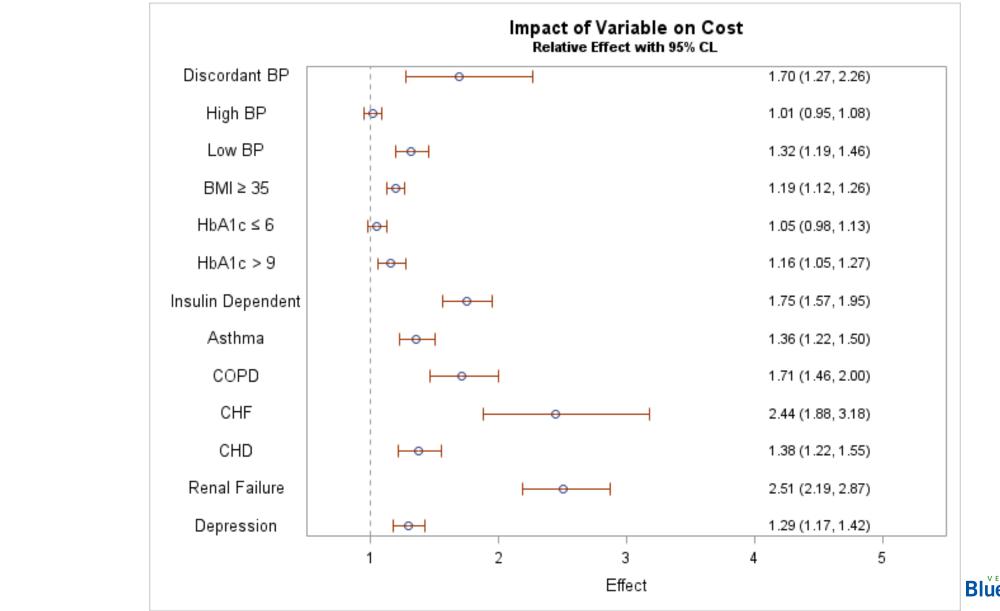
- Period: January 2014 through December 2014
- ∘ Age 18 to 75
- Continuous Enrollment
- Diabetes Categorization Defined:
 - At least 1 acute inpatient visit or 2 outpatient visit indicating diabetes, or
 - Received insulin, hypoglycemics, or antihyperglycemics
 - Lookback period: 24 months

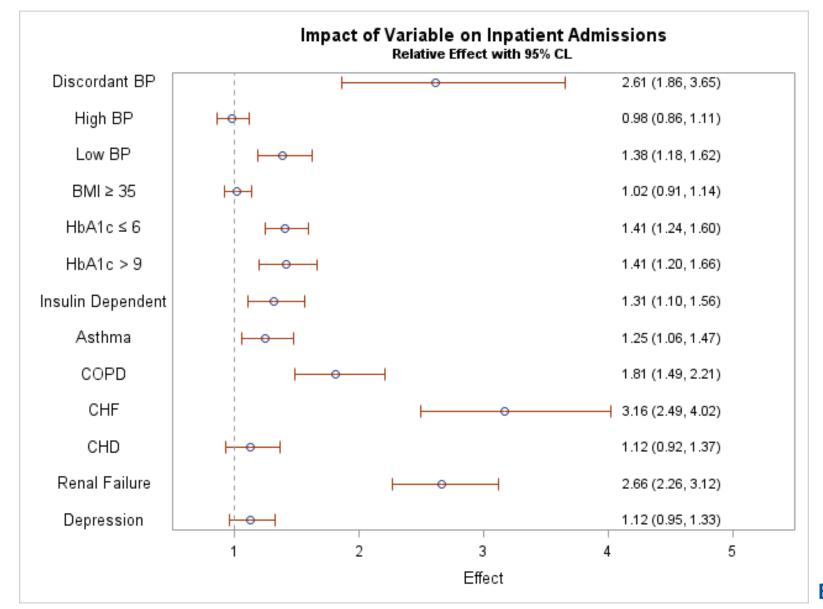
283,000 attributed to patient-centered medical homes

19,000 (6.7%) were categorized as having diabetes

6,719 (35.4%) had clinical data that could be linked to claims data.









ACKNOWLEDGEMENTS

QUESTIONS? COMMENTS?

Onpoint Health Data

Capitol Health Associates

VITL

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