Clinic Benchmarking Survey Summary Report

Introduction

The Health Care Homes (HCH) program conducted a survey to understand the value of HCH Benchmarking to our clinic stakeholders. HCH emailed surveys to 65 HCH certified organizations; there were 35 respondents representing 34 organizations.

Respondent Summary

Table 1: Respondent Characteristics

Respondent Characteristics	#
HCH organizations surveyed	65
Organizations responding	34 (52%)
Total number of responses collected	35
Number of respondents who reported they **use portal** for Quality Improvement (QI)	16 (46%)
Number of respondents who reported they **do not use portal** for QI	19 (54%)
Primarily Urban Clinic respondents	14 (40%)
Primarily Rural Clinic respondents	16 (46%)
Organization has both Urban and Rural Clinics	5 (14%)

How do HCH Benchmarking portal users compare to non-portal users?

Table 2: Organization Demographics

Clinic Demographics	Portal Users (16)	Non-Portal Users (19)
Certified for 5 years or less	8 (50%)	11 (58%)
Certified for 6 years or more	8 (50%)	8 (42%)
Clinics in primarily urban area	8 (50%)	6 (32%)
Clinics in primarily rural areas	6 (38%)	10 (53%)
Clinics in equally rural and urban areas	2 (12%)	3 (16%)
Solo Practice	0 (0%)	1 (5%)
Single Independent Clinics	5 (31%)	5 (26%)
Small Medical Group (1 to 5 clinics)	7 (44%)	3 (16%)
Medium Medical Group (6 to 10 clinics)	1 (6%)	2 (11%)
Large Medical Group (more than 10 clinics)	3 (19%)	8 (42%)

How is the HCH Benchmarking portal data used?

The majority of respondents reported using the portal for Health Care Homes Recertification requirements; other uses include internal performance measurement and operational changes. Specific examples include setting annual internal goals, contracting, employee development, care improvement, updating workflows and change monitoring.

Of the 16 respondents who reported using the benchmarking portal for QI, 11 provided how they use the portal for QI. The table displays the number and percentages for the types of uses respondents reported.

Table 3: HCH Benchmarking Portal Types of Use

Type of use	#	%
Health Care Homes recertification	9	82%
Internal performance measurement processes	5	46%
To make operational changes (workflows, procedures, protocols, etc.)	4	36%
Other	1	9%

What is the practical value of the portal data?

64% (7) of the organizations rated the value of the data to demonstrate improvement in patient outcomes as somewhat meaningful; while 36% (4) rated it as very meaningful. There were no response ratings of extremely meaningful, not very meaningful, or not at all meaningful.

In comparison to other available data, the HCH benchmarking data portal had little practical value in ongoing decision-making and planning.

Figure 1: Data Actionability Rankings
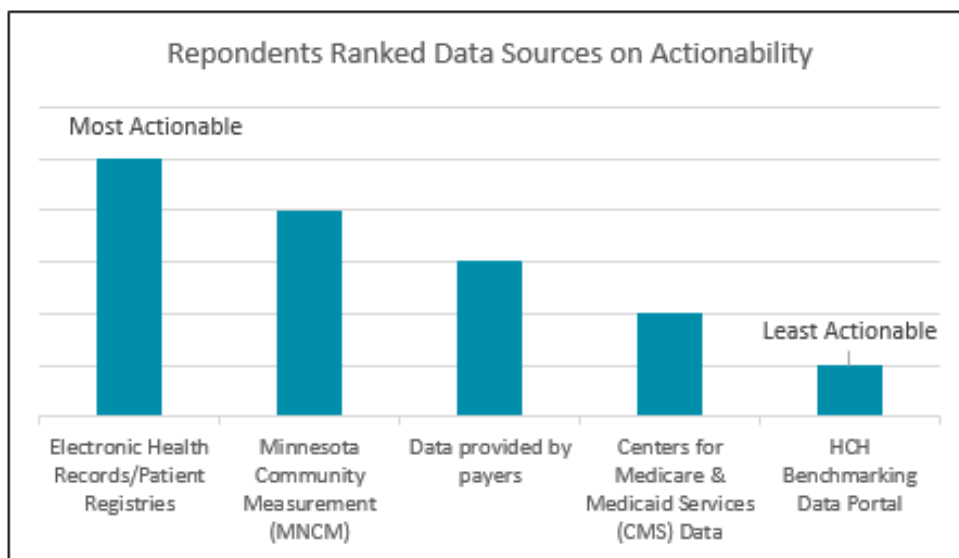
Recommendations from HCH Benchmarking Portal Users

- Make the portal simpler to use
- Use plain language
- Provide real-time data

Respondent reasons for not using the HCH Benchmarking Data Portal

Portal Data Not Timely

- When portal data is released
- Organizations have access to more timely data
- Electronic Health Records provides real-time data

Other Data Sources Available

- Accountable Care Organization membership
- Electronic health records
- Minnesota Community Measurement (MNCM) portal or mnhealthscores.org
- Internal reports
- Federally Qualified Health Centers use UDS [Uniform Data Systems]

Awareness

- Was not aware of the HCH Benchmarking portal
- New to HCH; learning to navigate the program
- Do not use the portal but will now consider using

Portal Data Capability

- Other platforms better serve QI
- Pay for performance contracts determine goals/benchmarks
- Other data can be stratified at the provider level
- Internal data used for a standardized approach for reporting quality outcomes
- Qualify for one HCH measure
- Comparisons are difficult when the patient demographics are unknown
- Difficult to navigate

The HCH benchmarking process could be more meaningful and actionable by:

- Allowing comparison with similar clinics (same demographics)
- Integrating HCH benchmarking portal with the MNCM measures portal or with large EHRs such as EPIC
- Providing summary reports of all the benchmark measures together and where clinics fall in comparison to state/HCH averages
- Providing training on how to navigate and use the portal

- Making it more user-friendly and easier to navigate
- Including the [benchmarking] process in the certification application as a basic requirement
- Using real-time data to measure performance on HCH action plans
- Researching best-practices nationally

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