



DATA COLLECTION GUIDE

2018 Total Knee Replacement (TKR): Functional Status and Quality of Life Measures (01/01/2016 to 12/31/2016 Dates of Procedure)

Data Submission: 04/16/2018 to 05/11/2018

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2018 Total Knee Replacement

Preface

Dear Data Submitters,

Attached is our 2018 Total Knee Replacement (TKR): Functional Status and Quality of Life Measures. We greatly appreciate your medical group or clinic contributing data on quality, patient outcomes and patient experience. We know your contribution is vital to MN Community Measurement's ability to achieve our mission to accelerate the improvement of health by publicly reporting health care information.

We value your involvement and want to support your success as well. We provide resources, tools and reports that your medical group or clinic can use for quality improvement.

The following resources can be found on our corporate website, MNCM.org:

- Public reports including the *Health Care Quality Report*, *Health Equity of Care Report*, *Health Care Disparities Report* and *Total Cost of Care Report*
- Patient education and engagement resources
- Provider tools and resources
- Monthly Q & A session details
- Educational webinars throughout the year
- Health Trackers

Additionally, these resources can be found on the secure [MNCM Data Portal](#):

- Detailed reports and charts of clinical measure results
- Charts of specific clinical measure results segmented by race, Hispanic ethnicity, preferred language and country of origin (REL) for medical groups following best practices
- Patient Experience of Care Survey results at the domain and question-level

Finally, on MNHealthScores.org, you can see public-facing results of all of our measures for clinics, medical groups or hospitals. As this is our consumer-focused site, it has less detail than is available in our reports and on the Data Portal.

MNCM is committed to working with our multi-stakeholder committees to champion the highest value measures that will make the most impact in our community, while balancing burden on organizations that supply the data. As performance improves, we have processes in place to ensure the appropriate retirement of measures to minimize burden.

Thank you again for your important role in our work. If you have questions, feel free to contact us at 612-746-4522 or support@mncm.org.

Anne Snowden, MPH, CPHQ
Director, Performance Measurement, Validation & Reporting

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2018 Total Knee Replacement Summary of Changes

Summary of Changes

A. Measure Specification Changes from Previous Year

1. Clarification of Procedure, Preop Assessment, and Postop Assessment Periods.

See Measure Specifications for further detail.

B. Field Specification Changes from Previous Year

1. Change of Primary Diagnosis (Column T), Diabetes (Column X) and Tobacco Status (Column Y) to optional fields.

See Data Elements and Field Specifications table for further detail.

C. Other Changes from Previous Year

NONE

D. Changes from Draft to Final

NONE



2018 Total Knee Replacement Measure Specifications

Measure Specifications

Summary of Changes	Clarification of Procedure, Preop Assessment, and Postop Assessment Periods.	
Measure	Total Knee Replacement: Average change in functional status	
Description	The average change (preoperative to one year post-operative) in functional status for patients 18 years of age or older who had a primary or revision total knee replacement surgery Results for primary and revision knee surgeries are reported separately.	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: October 1, 2016 through March 31, 2018	
Eligible Population	Eligible Specialties	Orthopedic Surgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Primary or revision total knee replacement surgery (<i>Primary TKR Value Set, Revision TKR Value Set</i>) performed by an eligible provider in an eligible specialty during the procedure period
Denominator	Patients within the eligible population whose functional status was measured by the Oxford Knee Score within three months preoperatively AND at one year (+/- 3 months) postoperatively	
Numerator	The average change (preoperative to one year post-operative) in functional status for all patients in the denominator	
Exclusions	None	
Measure Scoring	Number Results are always stratified as follows: <ul style="list-style-type: none"> • Average change in functional status, Primary total knee replacement • Average change in functional status, Revision total knee replacement 	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

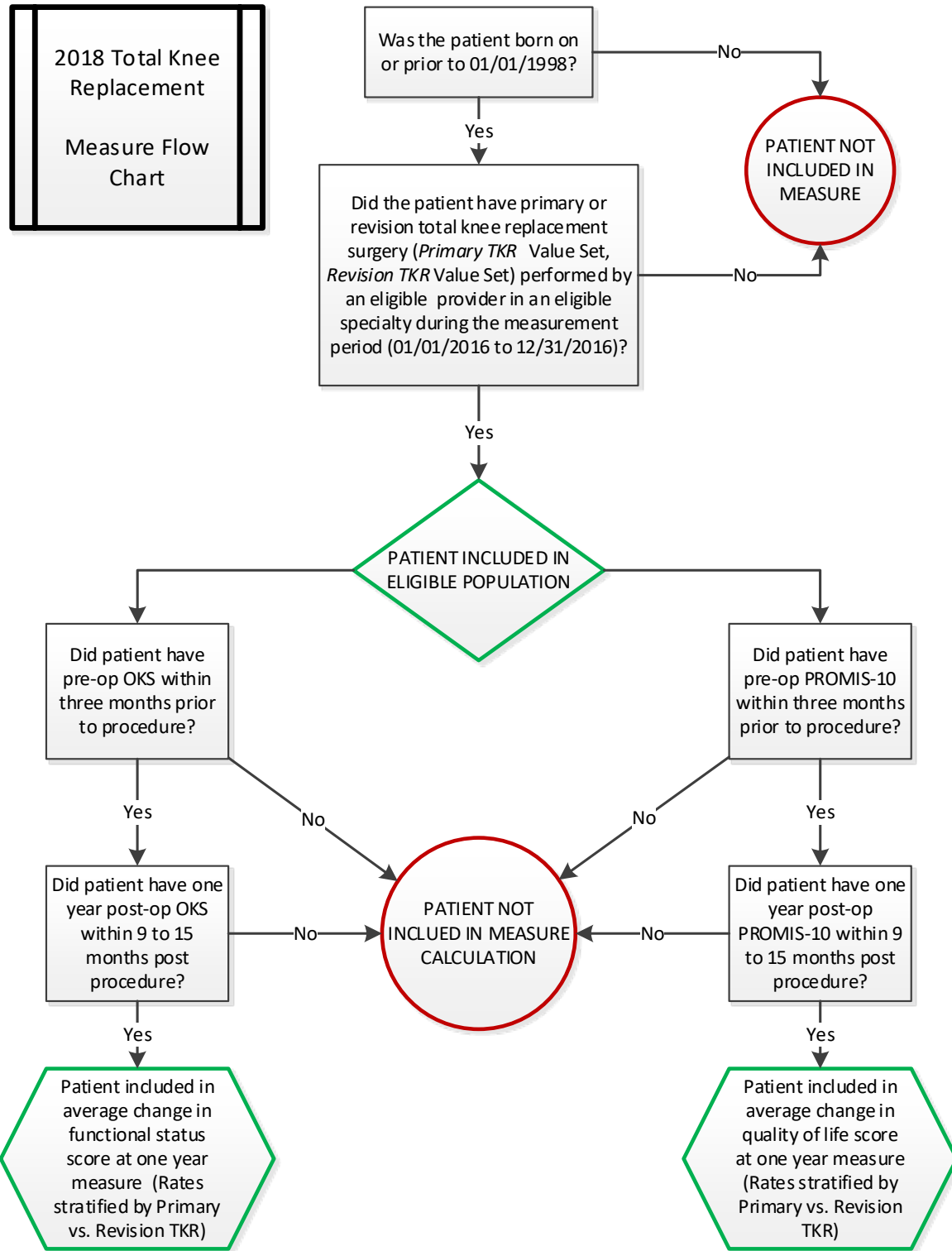


2018 Total Knee Replacement Measure Specifications

Measure	Total Knee Replacement: Average change in health related quality of life	
Description	The average change (preoperative to one year post-operative) in health related quality of life for patients 18 years of age or older who had a primary or revision total knee replacement surgery Results for primary and revision knee surgeries are reported separately.	
Measurement Period	Procedure Period: January 1 through December 31, 2016 Preop Assessment Period: October 1, 2015 through December 31, 2016 Postop Assessment Period: October 1, 2016 through March 31, 2018	
Eligible Population	Eligible Specialties	Orthopedic Surgery
	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO)
	Ages	18 years or older at the start of the procedure period
	Event	Primary or revision total knee replacement surgery (<i>Primary TKR Value Set, Revision TKR Value Set</i>) performed by an eligible provider in an eligible specialty during the procedure period
Denominator	Patients within the eligible population whose health related quality of life was measured by the PROMIS-10 within three months preoperatively AND at one year (+/- 3 months) postoperatively	
Numerator	The average change (preoperative to one year post-operative) in health related quality of life for all patients in the denominator	
Exclusions	None	
Measure Scoring	Number Results are always stratified as follows: <ul style="list-style-type: none"> • Average change in health related quality of life- physical health, Primary total knee replacement • Average change in health related quality of life- mental health, Primary total knee replacement • Average change in health related quality of life- physical health, Revision total knee replacement • Average change in health related quality of life- mental health, Revision total knee replacement 	
Interpretation of Score	Higher score indicates better quality	
Measure Type	Outcome	

2018 Total Knee Replacement Measure Specifications

Measure Logic / Flow Chart





2018 Total Knee Replacement Process and Timeline Overview

Process and Timeline Overview

Process Step	Important Dates
Registration Registration must be completed prior to data submission. Please refer to the Clinic and Provider Registration Instructions guide available on the Resources tab of the MNCM Data Portal as well as on MNCM.org for additional information.	November 2017 to February 2018
Pre-Submission Data Certification See Section I for more information.	Submit document by April 16, 2018
Data Collection and Submission See Sections II and III for more information.	MNCM Data Portal is open for submission April 16 to May 11, 2018
Preliminary Results Review, Quality Checks See Sections III-B and IV for more information.	May-July 2018
Two-Week Medical Group Review Period of Preliminary Statewide Results See Section IV for more information.	July 2018
Final Data Results	Fall 2018

Sharing Data Files and Protected Health Information (PHI) Securely:

It is important that data files and PHI are shared securely between organizations. Email is not a secure mode of transmitting data.



- Do not send a data file or patient list that contains PHI to MNCM via email.
- Do not include any identifiable patient information in the body of an email message.
 - Examples of PHI include (but are not limited to) the following: patient ID, patient date of birth, patient name, patient address or zip code, insurance member ID, dates of service.

Please contact support@mncm.org to determine a secure mode of transmission.



2018 Total Knee Replacement Resources

Data Submission Resources

The Total Knee Replacement resources page contains useful documents and answers to Frequently Asked Questions. To access the resources page:

1. Log in to the [MNCM Data Portal](#).
2. Click on the Resources tab.
3. Select **Cycle B – Total Knee Replacement** from the drop down menu.
 - a. Download the following documents:
 - i. *2018 Total Knee Replacement Data Collection Guide*
 - ii. *2018 Total Knee Replacement Pre-Submission Data Certification Form*
 - iii. *2018 Total Knee Replacement Data Collection Spreadsheet Template*
 - iv. **Optional:** *2018 Total Knee Replacement Data Collection Form*. This is a patient-level form that is most useful for medical groups and clinics using paper records.
 - v. *2018 Total Knee Replacement Value Set Dictionary*. This workbook contains all Value Sets referenced in this guide.

For questions not answered by the information available on the Resources tab, contact MNCM at support@mncm.org or 612-746-4522.

**Direct Data Submission
Process Steps
for
2018 Total Knee Replacement**



2018 Total Knee Replacement Agreements & Pre-Submission Data Certification

Section I: Agreements and Pre-Submission Data Certification

Clinic and provider registration as well as the electronic signing of the Business Associate Agreement (BAA), the Direct Data Submission (DDS) Terms and Conditions, and selection of a Data File Transfer option must be completed prior to data submission.

A. Business Associate Agreement

A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity. The HIPAA Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the PHI it receives on behalf of the covered entity. Since MNCM is performing services on behalf of medical groups submitting data that involve the use and disclosure of PHI, it is necessary for covered entities submitting PHI to MNCM to sign a BAA.

To electronically sign the BAA:

1. Log in to the [MNCM Data Portal](#).
2. Click on the **Home** tab.
3. Click on the **BAA Agreement** link under the Total Knee Replacement measure heading.
4. Review the text, click the check box at the bottom of the Agreement and click **OK**.
 - a. Once electronically signed, the Agreement applies to all DDS measures and does not need to be signed again unless provisions of the Agreement change.
 - b. Failure to electronically sign the Agreement will preclude the medical group from submitting data.

B. Direct Data Submission Terms and Conditions

Please see Appendix A for detailed information about the DDS Terms and Conditions.

To confirm agreement with the DDS Terms and Conditions:

1. Log in to the [MNCM Data Portal](#).
2. Click on the **Home** tab.
3. Click on the **DDS Terms & Conditions** link under the Total Knee Replacement measure heading.
4. Review the text, click the check box at the bottom of the DDS Terms and Conditions and click **Select**.
 - a. Failure to agree to the DDS Terms and Conditions will preclude the medical group from submitting data for the measure.



2018 Total Knee Replacement Agreements & Pre-Submission Data Certification

C. Data File Transfer Selection

Beginning in 2014, the Minnesota Department of Health (MDH) has requested the receipt of patient level data. MDH has assured MNCM that medical groups are permitted to disclose this patient-level data to MDH under applicable law (including Minnesota law and HIPAA), because it will be used by MDH only for public health activities, health oversight activities, or other activities required or authorized by state or federal law. A list of the data elements to be shared with MDH for each measure is available in the MNCM Data Portal under the Resources tab by selecting Minnesota Statewide Quality Reporting and Measurement System from the drop-down menu.

MDH will use patient level data to:

- Research and analyze health disparities
- Design and evaluate public health interventions
- Publicly report summary results
- Research risk adjustment methodologies
- Benchmark and evaluate Health Care Homes
- Validate quality measure results

MDH will not use patient level data to pursue investigatory or regulatory activities.

Medical groups must indicate on the MNCM Data Portal whether they choose to allow MNCM to share patient-level data with MDH.

1. Log in to the [MNCM Data Portal](#).
2. Click on **Data Files Transfer** on the Home tab in the MNCM Data Portal under the Total Knee Replacement section.
3. Choose one of the two data sharing options:
 - YES – My organization agrees to have MNCM share our patient-level data with MDH for specified measures.
 - NO – My organization does not agree to have MNCM share our patient-level data with MDH.
3. Click **Save**.

If a selection error is made, please contact MNCM at support@mncm.org to request a selection change.



2018 Total Knee Replacement Agreements & Pre-Submission Data Certification

D. Pre-Submission Data Certification

To aid medical groups in the identification of the correct eligible patient population, MNCM will review each medical group's source code and/or methodology for producing the eligible population. Medical groups document the methodology and source code on a template provided by MNCM and upload the template to the MNCM Data Portal for review. This standard template is provided to ensure that all medical groups are using the same required set of criteria to identify the eligible population. MNCM recommends that medical groups complete this review process **prior to using the source code and/or methodology to identify the eligible population and collect data.**

This review process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups; however, the responsibility to submit an accurate eligible population rests with the medical group.

To download and complete the template and submit it for certification:

1. Login to the [MNCM Data Portal](#).
2. Under the Resources tab, select **Cycle B – Total Knee Replacement** from the drop-down menu.
3. Download the *Total Knee Replacement Pre-Submission Data Certification Form*.
4. Complete and save the form.
5. Login to the [MNCM Data Portal](#) and from the Home page click on **Denominator Certification** under the Total Knee Replacement header. Follow the instructions to upload the saved form to the MNCM Data Portal.

MNCM will review the information and will either (1) contact the medical group if more clarification is needed or (2) certify the methodology. An automatic e-mail will notify the medical group when the method is certified.



2018 Total Knee Replacement Data Collection

Section II: Data Collection

A. Eligible Population Identification

After Pre-submission Data Certification is complete, medical groups may query their systems to identify the eligible population. MNCM recommends saving all original queries, spreadsheets and other documentation of the process used to identify the eligible population for potential review. This information may be requested during validation.

Preparing the eligible population list:

1. **Query** the system to generate a list according to the eligible population as described in the measure specifications.
2. **De-duplicate** the list; one record per procedure.
 - Patients with bilateral knee replacements (both knees replaced on the same day, during the same procedure) should have one record in the list.
 - Patients with sequential knee replacements (each knee replaced on a separate day, during a separate procedure) should have two records in the list, one for each procedure.
3. **Review** the number of patients in the population and consider whether the number is accurate. If not, correct the methodology and/or query.

Total Population

This measure requires total population data submission. The submission of all patients meeting eligibility criteria is required regardless of the assessment tool completion status. **Sampling is not allowed.**

Patient Attribution

The patient is attributed to the surgeon who performs the procedure. The patient is also attributed to the clinic site where their preoperative visit with the surgeon occurred.

If a surgeon has left the medical group, the patient must remain in the data file if they meet eligibility criteria.



2018 Total Knee Replacement Data Collection

B. Data Collection

After the eligible population is identified, data will need to be collected for the elements listed in the Data Elements and Field Specifications table.

Data collection occurs after:

1. The medical group's billing and medical record updates are complete for the measurement period;
2. The patient identification methodology is certified by MNCM; and
3. The total eligible population list is prepared.

The medical record is considered the true source of information. Administrative claims data or documentation outside of the medical record may be useful in the identification of patient characteristics and/or data collection of specific data elements. However, upon audit, submitted data elements will be verified against the medical record regardless of the use of other information in the preparation of the data file for submission.

Data Collection: Using Multiple Data Abstractors

For medical groups that must collect data via manual chart abstraction, MNCM recommends that one data abstractor is used, when possible. If more than one abstractor is needed, maximize inter-rater reliability (IRR) by training all abstractors about the definitions of each data element and about the location of clinical information in the patient record.



2018 Total Knee Replacement Data Collection

Data Elements and Field Specifications

Use this section to build your data file for submission. The specifications contain detailed information regarding each column in the submission file, including column order, definitions, examples, and appropriate formatting.

Summary of Changes	Change of Primary Diagnosis (Column T), Diabetes (Column X) and Tobacco Status (Column Y) to optional fields.
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Column	Field Name	Notes	Excel Format	Example
A	Clinic ID	<p>Enter the MNCM Clinic ID of the clinic to which the patient is attributed based on the attribution methodology detailed in Section II.</p> <p>MNCM assigns clinic IDs at the time of registration. Clinic IDs are listed in the MNMCM Data Portal on the Clinics tab. Do NOT use the medical group ID.</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that the ID in each cell matches the clinic ID in the MNMCM Data Portal.</p>	Text	905
B	Patient ID	<p>Enter a unique patient ID to identify each patient.</p> <p>The patient’s medical record number may be used.</p> <p>Medical groups or clinics that choose not to use the medical record number should:</p> <ul style="list-style-type: none"> • NOT use the patient’s Social Security Number • Maintain a crosswalk between the patient ID and the medical record number or patient name and Date of Birth (DOB) <p>Medical groups or clinics that do not have an EHR should also maintain a crosswalk between patient ID and patient name and DOB as a tool to locate records during audit.</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that patient’s procedure was not duplicated. However, if a duplicate is found, make sure that the patient has undergone multiple separate TKR procedures during the measurement period.</p>	Text	56609

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
C	Patient Date of Birth	<p>Enter the patient’s date of birth. Patient must be 18 years or older as of January 1 of the measurement period.</p> <ul style="list-style-type: none"> The date of birth range for this age group is on or before 01/01/1998. <p>A blank field or a value outside of the allowable range will create an ERROR upon submission.</p> <p>Quality Check: Verify that each date of birth is within the accepted range</p>	Date (mm/dd/yyyy)	10/30/1985
D	Patient Gender	<p>Enter the patient’s gender:</p> <p style="text-align: center;">Female = F Male = M Unknown = U</p> <p>Unknown should be utilized for transgender or androgynous patients or in situations when the patient’s gender is not available in the record.</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that each cell has an accepted code.</p>	Text	F
E	Patient Zip Code	<p>Enter the patient’s five-digit zip code of primary residence at the most recent encounter on or prior to 03/31/2018.</p> <ul style="list-style-type: none"> If extraction results in a nine-digit zip code, all nine-digits may be submitted. The MNCM Data Portal will only store the first five digits. <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify the zip code is five digits and that each cell has data.</p>	Text	55111
F	Race/Ethnicity1	<p>Please refer to a separate document entitled REL Data Elements, Field Specifications & Codes for Column F-N field definitions and specifications. This document can be found in the MNCM Data Portal under the Resources tab in the Race/Ethnicity/Language Data (REL) section, or on MNCM.org under Submitting Data > Training and Guidance > Data Collection Guides.</p>	Number	1
G	Race/Ethnicity2			
H	Race/Ethnicity3			
I	Race/Ethnicity4			
J	Race/Ethnicity5			

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
K	Country of Origin Code	For more information about collecting this data from patients, refer to the <i>Handbook on the Collection of Race Ethnicity and Language Data</i> available on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides.	Number	2
L	Country of Origin Other		Text	Country A
M	Primary Language Code		Number	1
N	Primary Language Other		Quality Checks: Verify that each cell has an accepted code. Blank fields (if no data is available) are acceptable	Text
O	Surgeon NPI Number	Enter the ten-digit NPI number of the surgeon who performed the total knee replacement procedure. A blank field will create an ERROR upon submission. Quality Check: Verify that each cell has data.	Text	1997993992
P	Provider Specialty Code	Enter the specialty code of the surgeon performing the procedure: 22 = Orthopedic Medicine/ Surgery A blank field will create an ERROR upon submission. Quality check: Verify that each cell has an accepted code.	Number	22
Q	Insurance Coverage Code	Please refer to a separate document entitled Insurance Coverage Data Elements, Field Specifications & Codes for these field specifications. This document can be found via the link above, in the MNCM Data Portal under the Resources tab in the Insurance Coverage Field Specs & Codes for DDS section, or on MNCM.org under Submitting Data > Training and Guidance > Data Collection Guides.	Number	1
R	Insurance Coverage Other Description		Text	WORKERS COMPENSATION ONLY
S	Insurance Plan Member ID		<ul style="list-style-type: none"> Enter codes corresponding to the patient’s most recent insurance on or prior to 03/31/2018. Quality Check: Verify that each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify that Social Security Numbers are NOT submitted.	Text

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
T	Diagnosis Code	<p>Enter the patient's primary diagnosis. This diagnosis should indicate the condition for which the knee replacement is occurring. If the preoperative and intraoperative diagnosis differs, use the intraoperative diagnosis.</p> <p>Quality Check: Verify that each cell has data.</p>	Text	715.16
U	Procedure Type	<p>Enter the code that corresponds to the type of total knee replacement for this procedure date:</p> <p style="padding-left: 40px;">1 = Primary Total Knee Replacement 2 = Revision Total Knee Replacement</p> <p>See <i>Primary TKR</i> Value Set and <i>Revision TKR</i> Value Set to determine appropriate coding for this field.</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that each cell has an accepted code.</p>	Number	1
V	Height Inches	<p>Enter the patient's height in inches. Submit the value as recorded in the patient record, including decimal points if applicable.</p> <p>Height must be collected (measured) in a clinical setting and not a patient reported value.</p> <p>Leave BLANK if height is not documented in the medical record.</p> <p>Quality Check: If data is entered, verify that the value is reasonable for a patient's height measured in inches.</p>	Number	62.5

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
W	Weight Pounds	<p>Enter the patient's preoperative weight in pounds. Submit the value as recorded in the patient record, including decimal points if applicable.</p> <p>Use the most recent weight within six months prior to the procedure. Weight must be collected (measured) in a clinical setting and not a patient reported value.</p> <p>Leave BLANK if weight within six months prior to the procedure is not documented in the medical record.</p> <p>Quality Check: If data is entered, verify that the value is reasonable for a patient weight measured in pounds.</p>	Number	130
X	Diabetes	<p>Enter the code that corresponds to whether the patient has diabetes.</p> <p>1 = Yes 0 = No</p> <p>The <i>Diabetes</i> Value Set may be utilized, but is not the only allowed method for data collection. Any documentation of a new or existing diagnosis of diabetes is accepted.</p> <p>Quality Check: Verify that each cell has an accepted code.</p>	Number	0
Y	Tobacco Status	<p>Enter the code that corresponds to the patient's preoperative tobacco status.</p> <p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco; E-cigarettes are not considered tobacco products)</p> <p>Quality Check: Verify that each cell has an accepted code.</p>	Number	1

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
Z	Date of Procedure	<p>Enter the date of the total knee replacement procedure.</p> <p>A blank field or value outside of the measurement period will create an ERROR upon submission.</p> <p>Quality Check: Verify that each date is within the accepted range.</p>	Date (mm/dd/yyyy)	11/10/2016
AA	Facility ID	<p>Enter the code for the facility where the total knee replacement procedure was performed. Please see Appendix C for codes.</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality Check: Verify that each cell has an accepted code. If 999 is entered, verify that text is entered in Column AB for this row.</p>	Text	41
AB	Facility Other Description	<p>If the Facility ID (column AA) = 999 Other, enter the description of the location where the total knee replacement was performed.</p> <p>Quality Check: For all fields with text, verify that code 999 is entered in the Facility ID field (column AA).</p>	Text	Elk Ridge Surgery Center
AC	Facility Type	<p>Enter the type of facility in which the total knee replacement procedure was performed:</p> <p style="padding-left: 40px;">1 = Hospital 2 = Free Standing Outpatient Ambulatory Surgery Center</p> <p>A blank field will create an ERROR upon submission.</p> <p>Quality check: Verify that each cell has an accepted code.</p>	Number	1

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
Please see Appendix D for more information about the Oxford Knee Score (OKS) tool.				
AD	Preop OKS Date	<p>Enter the date on which the preoperative OKS was completed by the patient. If more than one preoperative OKS was obtained, use the OKS that is the most recent and prior to the procedure.</p> <p>Leave BLANK if a preoperative OKS was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	10/27/2016
AE	Preop OKS Score	<p>Enter the preoperative OKS summary score.</p> <p>Only include scores for patients who have answered ALL questions, do not submit scores for partially completed tools.</p> <p>If the patient selects more than one response for a single question, select the worst (lower numeric value) response to calculate the summary score.</p> <p>Leave BLANK if a complete and valid preoperative OKS was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between zero and 48.</p>	Number; Whole numbers only	23
Please see Appendix D for more information about the PROMIS Global Health 10 (PROMIS-10).				
AF	Preop PGH Date	<p>Enter the date on which the preoperative PROMIS-10 was completed by the patient. If more than one preoperative PROMIS-10 was obtained, use the most recent and prior to the procedure.</p> <p>Leave BLANK if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	05/28/2016

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AG	Preop PGH 1 Health	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding general health rating.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AH	Preop PGH 2 Quality	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding general quality of life.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AI	Preop PGH 3 Physical	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding general physical health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AJ	Preop PGH 4 Mental	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding general mental health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AK	Preop PGH 5 Satis Social	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding general satisfaction with social activities and relationships.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AL	Preop PGH 9 Soc Activities	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding ability to carry out social activities and roles.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AM	Preop PGH 6 Phys Activities	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding ability to carry out physical activities.</p> <p>1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AN	Preop PGH 10 Emotional	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding emotional problems in the past seven days.</p> <p>1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AO	Preop PGH 8 Fatigue	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding fatigue on average in the past seven days.</p> <p>1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very Severe</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AP	Preop PGH 7 Pain	<p>Enter the value that corresponds with the patient’s preoperative response to the PROMIS-10 question regarding pain rating in the past seven days using a scale of 0 (No Pain) to 10 (Worst imaginable pain).</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a preoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between zero and ten.</p>	Number, Whole numbers only	3
AQ	3 Mon Postop OKS Date	<p>Enter the date on which the three month postoperative OKS was completed by the patient. The allowable date range for the three month assessment is nine to 20 weeks after the procedure date. OKS’s obtained outside of the allowable timeframe will not be included in measure calculation.</p> <p>If more than one postoperative OKS was obtained during the nine to 20 weeks following the procedure, use the most recent score obtained during the allowable timeframe.</p> <p>Leave BLANK if a postoperative OKS was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	2/9/2016

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AR	3 Mon Postop OKS Score	<p>Enter the three month postoperative OKS summary score.</p> <p>Only include scores for patients who have answered ALL questions, do not submit scores for partially completed tools.</p> <p>If the patient selects more than one response for a single question, select the worst (lower numeric value) response to calculate the summary score.</p> <p>Leave BLANK if a complete and valid postoperative OKS was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between zero and 48.</p>	Number; Whole numbers only	31
AS	3 Mon Postop PGH Date	<p>Enter the date on which the three month postoperative PROMIS-10 was completed by the patient. The allowable date range for the three month assessment is nine to 20 weeks after the procedure date. PROMIS-10 results obtained outside of the allowable timeframe will not be included in measure calculation.</p> <p>If more than one postoperative PROMIS-10 was obtained during the nine to 20 weeks following the procedure, use the most recent result obtained during the allowable timeframe.</p> <p>Leave BLANK if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	05/28/2016
AT	3 Mon Postop PGH 1 Health	<p>Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general health rating.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AU	3 Mon Postop PGH 2 Quality	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general quality of life.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AV	3 Mon Postop PGH 3 Physical	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general physical health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AW	3 Mon Postop PGH 4 Mental	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general mental health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AX	3 Mon Postop PGH 5 Satis Social	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general satisfaction with social activities and relationships.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
AY	3 Mon Postop PGH 9 Soc Activities	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding ability to carry out social activities and roles.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
AZ	3 Mon Postop PGH 6 Phys Activities	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding ability to carry out physical activities.</p> <p>1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BA	3 Mon Postop PGH 10 Emotional	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding emotional problems in the past seven days.</p> <p>1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BB	3 Mon Postop PGH 8 Fatigue	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding fatigue on average in the past seven days.</p> <p>1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very Severe</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BC	3 Mon Postop PGH 7 Pain	<p>Enter the value of the patient’s postoperative response to the PROMIS-10 question regarding pain rating in the last seven days using a scale of zero (No Pain) to ten (Worst imaginable pain).</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between zero and ten.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BD	1 Yr Postop OKS Date	<p>Enter the date on which the one year postoperative OKS was completed by the patient. The allowable date range for the one year assessment is nine to 15 months after the procedure date. OKS's obtained outside of the allowable timeframe will not be included in measure calculation.</p> <p>If more than one postoperative OKS was obtained during the nine to 15 months following the procedure, use the most recent score obtained during the allowable timeframe.</p> <p>Leave BLANK if a postoperative OKS was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	12/13/2016
BE	1 Yr Postop OKS Score	<p>Enter the one year postoperative OKS summary score.</p> <p>Only include scores for patients who have answered ALL questions, do not submit scores for partially completed tools.</p> <p>If the patient selects more than one response for a single question, select the worst (lower numeric value) response to calculate the summary score.</p> <p>Leave BLANK if a complete and valid postoperative OKS was not obtained.</p> <p>Quality Check: If data is entered, verify that the score is between zero and 48.</p>	Number; Whole numbers only	42
BF	1 Yr Postop PGH Date	<p>Enter the date on which the one year postoperative PROMIS-10 was completed by the patient. The allowable date range for the one year assessment is nine to 15 months after the procedure date. PROMIS-10 results obtained outside of the allowable timeframe will not be included in measure calculation.</p> <p>If more than one postoperative PROMIS-10 was obtained during the nine to 15 months following the procedure, use the most recent result obtained during the allowable timeframe.</p> <p>Leave BLANK if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If a date is entered, verify dates are valid.</p>	Date (mm/dd/yyyy)	05/28/2016



2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BG	1 Yr Postop PGH 1 Health	<p>Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general health rating.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BH	1 Yr Postop PGH 2 Quality	<p>Enter the value that corresponds with the patient's postoperative response to the PROMIS-10 question regarding general quality of life.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BI	1 Yr Postop PGH 3 Physical	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general physical health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BJ	1 Yr Postop PGH 4 Mental	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general mental health.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3



2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BK	1 Yr Postop PGH 5 Satis Social	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding general satisfaction with social activities and relationships.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BL	1 Yr Postop PGH 9 Soc Activities	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding ability to carry out social activities and roles.</p> <p>1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BM	1 Yr Postop PGH 6 Phys Activities	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding ability to carry out physical activities.</p> <p>1 = Not at all 2 = A little 3 = Moderately 4 = Mostly 5 = Completely</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BN	1 Yr Postop PGH 10 Emotional	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding emotional problems in the past seven days.</p> <p>1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3



2018 Total Knee Replacement Data Collection

Column	Field Name	Notes	Excel Format	Example
BO	1 Yr Postop PGH 8 Fatigue	<p>Enter the value that corresponds with the patient’s postoperative response to the PROMIS-10 question regarding fatigue on average in the past seven days.</p> <p>1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Very Severe</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between one and five.</p>	Number, Whole numbers only	3
BP	1 Yr Postop PGH 7 Pain	<p>Enter the value of the patient’s postoperative response to the PROMIS-10 question regarding pain rating using a scale of zero (No Pain) to ten (Worst imaginable pain).</p> <p>Leave BLANK if the patient did not answer the question, if the patient selected more than one response or if a postoperative PROMIS-10 was not obtained.</p> <p>Quality Check: If data is entered, verify that each cell has a value between zero and ten.</p>	Number, Whole numbers only	3

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2018 Total Knee Replacement Data Collection

C. Data Quality Checks

MNCM recommends that medical groups complete several quality checks of the data prior to file upload. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be successfully validated upon audit.

Quality Check 1: File Check

Use Excel's AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements:

1. Click inside any data cell and activate the AutoFilter by :
 - a. In Excel 2003, click the **Data** menu, point to **Filter**, and then click **AutoFilter**.
 - b. In Excel 2007, 2010, 2013 and 2016 click the **Data** tab and in the **Sort & Filter** area click **Filter**.
2. Click on the drop-down boxes of any column and scan for key entry errors, "out-of-range" or missing data and determine if the data needs to be corrected.

Quality Check 2: Verify Clinical Data

Verify the collected clinical data by reviewing a small sample of records (eight to ten) to compare with the documentation within the patients' medical records. If errors are identified, make the corrections in the data file. Also consider whether the errors were isolated or indicative of a larger data collection problem.

Quality Check 3: General

Complete the general quality checks outlined below:

1. Complete the quality checks listed in the Notes section of each data element in the Data Elements and Field Specifications table.
2. Verify that all fields intended to be left blank are indeed blank. Do NOT enter hyphens or zeroes.
3. Remove blank rows at the bottom of the Excel spreadsheet.
 - a. Press **Ctrl/End** to go to the bottom-most cell in the spreadsheet. If there are blank rows, highlight them, right-click in the left margin, and select **Delete**.



2018 Total Knee Replacement Data Submission

Section III: Data Submission

A. Data File Creation

Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Combine all clinic files onto one spreadsheet. All clinics in a medical group must be uploaded in one, single file. The clinic identifier is the Clinic ID.
- Verify that each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can be any width.
- Verify that all original columns remain in the spreadsheet even if there is no data in a column. Do NOT delete any columns.

Once the above steps are completed:

1. Save the Excel template.
2. Save the file in CSV format.
 - a. The CSV file will be the data file uploaded to the MNMCM Data Portal.

How to create a CSV file from an Excel file:

For Excel 2003 Users	For Excel 2007 Users	For Excel 2010, 2013, & 2016 Users
1. Open the original Excel file (.xls).		
2. Activate the worksheet to be uploaded by clicking the worksheet tab.		
3. Click File, Save As.	3. Click the Office Button (upper left-hand corner of screen); select Save As.	3. Click the File tab (upper left-hand corner of screen); select Save As.
4. Navigate to the folder where the file will be saved.		
5. Enter the file name.		
6. At the bottom of the Save As dialog box, choose CSV (comma delimited) from the Save as type drop-down.		
7. Click Save . The following warning will appear: "...may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?" Click Yes .		
8. Close the file. A message will appear: "Do you want to save this file...?" Click Yes or No .		

NOTE: If corrections to the data are needed after the CSV file has been created; **do NOT open the CSV file in Excel** to make these corrections. Doing so alters the data. To make changes, follow these steps:

1. Open the original Excel template.
2. Make changes in the Excel template.
3. Save the Excel template.
4. Save the file with the changes as a new CSV file.



2018 Total Knee Replacement Data Submission

B. Data Submission

Click on **Data Submission** on the Home tab in the MNMCM Data Portal under the Total Knee Replacement section. Use the following steps to submit data to MNMCM.

Step 1: Enter Denominator

Using the instructions below, manually enter denominator counts and information *or* complete and upload a file with this information. Whether done manually or via a file upload, the information must be completed for each clinic row. Once the information is populated, click on **Save and Continue**.

Manual Entry:

- **Method Used for Data Collection:** Select one of the methods from the drop-down box.
- **REL Data Collection:** Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods. Best practice methods include:
 - Race: Self-Report: Allowing patient to self-report their race and Hispanic ethnicity.
 - Race: Reporting Multiple Races: NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
 - Language: Self-Report: Allowing patient to self-report preferred language.
 - Country: Self-Report: Allowing patient to self-report country of origin.
- **Not Reporting:** Check this box if a clinic is not reporting any data for this cycle of data collection.
 - Provide a reason that the clinic is not reporting (e.g., no patients meet eligibility criteria).
 - Please be advised that MNMCM’s policy requires ALL clinic sites within a medical group to submit their data through the DDS process. Likewise, this is a condition of participation in pay-for-performance programs.

File Upload:

1. Click on Download the Denominator Worksheet.
 - Clinic names will display in Column A and clinic IDs will display in Column B.
 2. Complete the worksheet by entering the following information for each clinic:
 - **Method Used for Data Collection (Column C):** Enter the appropriate code for each clinic ID.
 - 1 = EMR: All data pulled via query
 - 2 = Manual: Paper records only
 - 3 = Manual: EMR and paper record
 - 4 = EMR: Some data looked up manually
 - 5 = EMR: All data looked up manually
 - **REL Data Collection (Columns D – G):** Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods. Best practice methods include:
 - Race: Self-Report: Allowing patient to self-report their race and Hispanic ethnicity.
 - Race: Reporting Multiple Races: NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
 - Language: Self-Report: Allowing patient to self-report preferred language.
 - Country: Self-Report: Allowing patient to self-report country of origin.
- For each clinic ID indicate if best practices are used by using the following:

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2018 Total Knee Replacement Data Submission

- 1 = Yes, we follow the best practice.
0 = No, we do not follow the best practice.
- Column D: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic ethnicity.
 - Column E: Enter the appropriate code (1 or 0) to indicate if clinic is NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
 - Column F: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report preferred language.
 - Column G: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report country of origin.
 - **Not Reporting (Column H):** Please indicate if a clinic is not reporting any data for this cycle of data collection by entering the following code.
0 = Clinic is reporting
1 = Clinic is NOT reporting
 - Please be advised MNCM's policy requires clinic sites within a medical group to submit their data through the DDS process. Likewise, that is a condition of participation in pay-for-performance programs.
 - **Reason not reporting (Column I):** Provide a reason that the clinic is not reporting (e.g., no patients meet eligibility criteria).
3. Save the Excel file as a CSV file (see Section III - A for more information). Click **Browse** to search and find the CSV file and then click **Submit File**.

Step 2: Review & Save

Verify the numbers entered by reviewing all of the clinic site's information for accuracy (no typos or duplicate patients). Click **Save and Continue**, or click **Back to Step 1** to make corrections.

Step 3: Upload Data

Click **Browse** to search for the CSV file and click **Upload CSV and Continue**. The MNCM Data Portal will scan the CSV file to identify possible errors. The Data Portal will then provide an upload status that will indicate if there are errors or warnings in the data file. Click on the **Refresh** link to view an updated upload status. To view errors and warnings, click **View Errors & Warnings**. If there are errors, the data file will need to be corrected and resubmitted to the MNCM Data Portal. Refer to the Data Elements and Field Specifications to review the required data specifications for each column.

- **Errors:** Corrections must be made and a corrected file uploaded (e.g., date of birth is out-of-range). Proceed to instructions below.
- **Warnings:** Closely review these possible errors and decide whether corrections are needed. If corrections to the data file are necessary, proceed to instructions below. If corrections are not necessary, click **Continue to Step 4**.

If corrections to the data file are necessary, make corrections in the original Excel file and save the corrected file. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

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2018 Total Knee Replacement Data Submission

- To re-enter the data collection method and/or REL Best Practice status and upload the corrected file starting from **Step 1: Enter Denominator** click **Clear & Start Over**. Note: Completion of Steps 1, 2 and 3 will be necessary if **Clear & Start Over** is clicked.
- If corrections are only needed to the data file click **Re-Upload Data (csv) file**. Begin with **Step 3: Upload Data**.

Once the Data (CSV) File has been successfully uploaded to the Data Portal, click **Continue to Step 4**.

Step 4: Review & Submit

Review the quality checks for each item listed in the Data Elements and Field Specifications table as well as the preliminary results and their comparison to the previous measure period's results to determine if there are errors in the data.

- To resubmit the data file only, click **Re-Upload Data (CSV) File**.
- To resubmit the data collection method and/or REL Best Practice status and the data file, click **Clear & Start Over** at the bottom of the page.

Again, make corrections in the original Excel file and save the corrected file with a new name. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

Once the data has been successfully submitted, review and check each box of the Pre-Submission Quality Checklist. Click **Continue**. The page will be refreshed.

Data Comparison Notes

MNCM requests medical groups review the preliminary results for accuracy.

1. Review the following results:
 - **Number of Procedures Performed** – The number of procedures included in the current and previous submission.
 - **Rates** – Measure results for the current and previous submission.
2. Compare the group results (population and rates) to the prior submission.

Using the text box provided, describe reasons for any substantial changes. **This is a required field.** Comments in this field inform MNMCM about reasons for the changes and avoids additional follow-up. After the text box is completed, click **Save Notes**.

If additional time is needed for review, click **Save as Draft**. To access the submission again, click on **Data Submission** under the Total Knee Replacement section on the Home tab.

Contact support@mncm.org for assistance.

NOTE: If this is the first data submission for this measure or if there have been substantial changes to the measure itself, the Data Comparison Notes text box will not display.

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2018 Total Knee Replacement Data Submission

When the data is ready to submit to MNCM: Click ***Submit Data to MNCM*** and proceed to **Step 5: Done**.

The ***Submit Data to MNCM*** button will not appear until the Pre-Submission Quality Checklist and Data Comparison Notes steps have been completed as stated above.

Step 5: Done

The data file has been successfully submitted. The MNCM Data Portal will generate an e-mail confirming receipt.

To download a report of patient level numerator compliance information, click ***Download Data*** near the top of the data comparison section. Columns on the far right of the report indicate the patient's change in assessment scores between their preoperative and postoperative evaluations.



2018 Total Knee Replacement Data Validation

Section IV: Data Validation

After data is submitted, MNCM completes the following validation of the preliminary results to ensure accuracy and comparability.

Quality Checks

MNCM completes quality checks of the submitted data. If errors are identified, the medical group must make corrections to the data file and resubmit.

Validation Audit

All medical groups are subject to an audit. Medical groups selected for an audit are contacted by MNCM. A list of records for audit will be provided. Other audit preparations:

- The medical group or clinic site representative must be available to participate in the entire audit process.
 - For data that resides in an electronic record, the audit will be conducted via a HIPAA secure, online meeting service; the medical group or clinic representative will need to retrieve and display the selected records and screens necessary to complete the audit.
 - For data that resides in a paper record, the audit will take place onsite.
- Patient names or other personal information may be blinded. MNCM will verify date of birth.
- The following items must be available for the audit:
 - ALL requested patient records.
 - The “crosswalk” between the unique patient identifier and the patient’s name and date of birth, as necessary.
 - Data collection forms and other notes describing where various data elements were located in the patient record.
 - List of patients that were excluded.

NCQA 8 and 30 Audit Process

MNCM utilizes the National Committee for Quality Assurance (NCQA) “8 and 30” process for audits.

- MNCM randomly selects 33 records from each applicable clinic site for validation. At most, 30 records **for each clinic site** will be reviewed. The additional three records are oversamples to ensure 30 records will be available on the day of the review.
- The MNCM auditor reviews records one through eight in the sample to verify whether the submitted data matches the source data in the medical record.
- If no errors are found in these eight records, the compliance rate is 100 percent, and the clinic site is determined to be in high compliance. The MNCM auditor may determine no further record review is necessary. The MNCM auditor communicates results to MNCM staff.
- If the auditor identifies one or more errors in these eight records, the auditor will continue auditing records nine through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90 percent). If the compliance rate is less than 90 percent, the auditor will communicate the results with MNCM, who will contact the medical group to discuss a corrective action.



2018 Total Knee Replacement Data Validation

Two-Week Medical Group Review of the Preliminary Statewide Results

The two-week medical group review is the medical group's official opportunity to review and comment on the preliminary statewide results. MNCM will provide a file of the results to all participating medical groups. Each medical group is responsible for reviewing their own results, investigating any concerns, and submitting evidence to MNCM if a change in results is requested. MNCM staff will review all requests and determine an appropriate course of action. A notification about this review will be sent to the primary data contact and other key contacts registered by the medical group in the MNCM Data Portal.

After Validation

After MNCM validation is completed, MNCM will approve the data in the MNCM Data Portal. An e-mail will be sent to the medical group's data contact notifying them that the data was approved.

After all statewide results are approved, MNCM may publish clinic and medical group level results on MNHealthScores.org. Results can also be found on the MNCM Data Portal > Results tab.

Medical groups should maintain data submission files and other documents related to data submission for two years.



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Appendices

Appendix A: About Direct Data Submission

The goal of Direct Data Submission (DDS) is to collect patient-level data from medical groups on specific health care conditions and publicly report comparable results of health care quality at the clinic site and/or medical group level. All medical groups follow the same instructions for eligible population identification and data collection. MNCM certifies methodologies prior to data collection. Then each medical group submits data to MNCM via a secure, online data portal. As an independent auditor and as a service to each medical group, MNCM validates the data for accuracy, calculates results from the validated data, and publicly reports the data on MNHealthScores.org.

Required Reporting

DDS fulfills participation requirements for the Minnesota Department of Health's Minnesota Statewide Quality Reporting and Measurement System (SQRMS) as well as other health plan pay-for-performance programs. In addition, DDS results can be used by medical groups for quality improvement purposes.

DDS Terms and Conditions

To participate in the DDS process, medical groups must agree to:

- MNCM's *DDS Terms and Conditions* (signed electronically on the MNCM Data Portal).
- Complete a Business Associate Agreement with MNCM (signed electronically on the MNCM Data Portal).
- Submit a patient-level file to the secure MNCM Data Portal that automatically calculates results.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on MNHealthScores.org and in other reports.
- Submit data for ALL clinic sites.
- Submit data in required format (CSV).
- Submit data in good faith.
- Adhere to and follow all data submission timelines and formatting specifications.

Medical groups also understand that:

- MNCM works with corresponding health plans to determine Primary payer type (Commercial/Private, Medicaid, Medicare, uninsured/self/pay) on your behalf to reduce burden.
- Most Minnesota health plans only accept results generated from the DDS method for their incentive programs, because the patient-level results can be validated.



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Compliance with Federal and State Regulations

Our legal counsel has assured us that the DDS method complies with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and Minnesota statute as long as we are acting as a business associate to each participating medical group (e.g., by gathering and submitting data on its behalf) and have a signed BAA with the medical group. The BAA is signed electronically on the MNMCM Data Portal. The BAA is signed once and remains in effect for all DDS measures.

Health Insurance Portability and Accountability Act Law:

- The activities of data collection, data submission, public reporting and use of results for quality improvement are considered within the scope of health care operations associated with the medical group quality improvement efforts.
- The federal HIPAA law specifically allows release of individually identifiable health information - without the consent or authorization of the individual - for treatment, payment and health care operations of, or for, the provider.
- MNMCM's business associate agreement includes all provisions required by the HITECH Act.

Minnesota Statute:

- The primary governing Minnesota statute is MN Stat. Section 144.335.
- Subd. 3a. entitled "Patient consent to release of records; liability" states: (a) A provider, or a person who receives health records from a provider, may not release a patient's health records to a person without a signed and dated consent from the patient or the patient's legally authorized representative authorizing the release, unless the release is specifically authorized by law.
- However, the statute **does not restrict release** (without patient authorization) to only those circumstances authorized by state law – the statute also applies to a release authorized by federal law.
- Legal counsel assures us that it is reasonable to conclude that the HIPAA privacy regulation does specifically authorize the release of such information. A covered entity is authorized by HIPAA to release patient information for, among other things, health care operations and to its business associate that is providing such health care operations on its behalf. As stated above, the services MNMCM is engaged in with providers falls within the scope of health care operations, and MNMCM is acting as a business associate to the medical groups when performing the services discussed above.



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Appendix B: About MN Community Measurement

Mission and Vision:

The mission of MN Community Measurement is to accelerate the improvement of health by publicly reporting health care information. Our vision is that MN Community Measurement will:

- Be the primary trusted source for health data sharing and measurement;
- Drive change that improves health, patient experience, cost and equity of care for everyone in our community;
- Be a resource used by providers and patients to improve care; and,
- Partner with others to use our information to catalyze significant improvements in health.



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Appendix C: Facility Codes

The tables below only include facilities within the state of Minnesota. The tables are not all inclusive. If the hospital or freestanding outpatient surgical center where the procedure was performed does not have an ID number assigned below, enter a code of “999” for Other and complete the free text field Facility Other Description.

Table 1: Hospital Facility Codes

51 Abbott Northwestern Hospital	42 Gillette Children's Specialty Healthcare	230 North Shore Health
206 Appleton Area Health Services	250 Glacial Ridge Health System	169 North Valley Health Center
172 Avera Marshall Regional Medical Center	251 Glencoe Regional Health Services	105 Northfield Hospital
201 Avera Tyler Hospital	264 Grand Itasca Clinic and Hospital	107 Olmsted Medical Center
104 Bigfork Valley Hospital	253 Granite Falls Municipal Hospital & Manor	108 Ortonville Area Health Services
211 Buffalo Hospital	258 Hendricks Community Hospital Association	257 Owatonna Hospital
213 Cambridge Medical Center	22 Hennepin County Medical Center	26 Park Nicollet Methodist Hospital
565 Cass Lake IHS Hospital	262 Hutchinson Health	112 Perham Health
276 CentraCare Health - Long Prairie	266 Johnson Memorial Health Services	33 Phillips Eye Institute
281 CentraCare Health - Melrose	269 Kittson Memorial Healthcare Center	113 Pipestone County Medical Center
294 CentraCare Health - Monticello	271 Lake Region Healthcare	Avera
110 CentraCare Health - Paynesville	272 Lake View Hospital	254 Prairie Ridge Hospital and Health Services
149 CentraCare Health - Sauk Centre	3 Lakeview Hospital	245 Rainy Lake Medical Center
159 CHI LakeWood Health Center	161 Lakewood Health System	116 RC Hospital & Clinics
134 CHI St. Francis Health	121 LifeCare Medical Center	240206 Red Lake IHS Hospital
136 CHI St. Gabriel's Hospital	277 Madelia Community Hospital & Clinic	296 Redwood Area Hospital
140 CHI St. Joseph's Health	278 Madison Hospital	12 Regina Hospital
38 Children's Minnesota	279 Mahnomon Health Center	11 Regions Hospital
217 Chippewa County-Montevideo Hospital	32 Maple Grove Hospital	118 Rice Memorial Hospital
224 Community Memorial Hospital	100 Mayo Clinic Health System in Albert Lea & Austin	6 Ridgeview Medical Center
229 Cook Hospital & Care Center	215 Mayo Clinic Health System in Cannon Falls	207 Ridgeview Sibley Medical Center
231 Cuyuna Regional Medical Center	239 Mayo Clinic Health System in Fairmont	222 River's Edge Hospital & Clinic
117 District One Hospital	270 Mayo Clinic Health System in Lake City	119 RiverView Health
234 Douglas County Hospital	561 Mayo Clinic Health System in Mankato	204 Riverwood Healthcare Center
237 Ely Bloomenson Community Hospital	114 Mayo Clinic Health System in New Prague	133 Saint Elizabeth's Medical Center
203 Essentia Health - Ada	138 Mayo Clinic Health System in Red Wing	219 Sanford Bagley Medical Center
225 Essentia Health - Deer River	130 Mayo Clinic Health System in Springfield	102 Sanford Bemidji Medical Center
290 Essentia Health - Duluth	171 Mayo Clinic Health System in St. James	214 Sanford Canby Medical Center
246 Essentia Health - Fosston	170 Mayo Clinic Health System in Waseca	265 Sanford Jackson Medical Center
261 Essentia Health - Holy Trinity Hospital (Graceville)	145 Mayo Clinic Hospital, Saint Mary's Campus and Methodist Campus	221 Sanford Luverne Medical Center
175 Essentia Health - Northern Pines (Aurora)	280 Meeker Memorial Hospital	106 Sanford Thief River Falls Medical Center
124 Essentia Health - Sandstone	2 Mercy Hospital (Coon Rapids)	156 Sanford Tracy Medical Center
142 Essentia Health - St. Joseph's Medical Center (Brainerd)	283 Mercy Hospital (Moose Lake)	235 Sanford Westbrook Medical Center
148 Essentia Health - St. Mary's Medical Center (Duluth)	4 Mercy Hospital - Unity Campus	174 Sanford Wheaton Medical Center
167 Essentia Health - Virginia	228 Mille Lacs Health System	177 Sanford Worthington Medical Center
147 Essentia Health St. Mary's - Detroit Lakes	24003F Minneapolis VA Health Care System	8 Shriners Hospitals for Children - Twin Cities
186 Fairview Lakes Medical Center	292 Minnesota Valley Health Center	129 Sleepy Eye Medical Center
241 Fairview Northland Medical Center	299 Murray County Medical Center	367 St. Cloud Hospital
285 Fairview Range	127 New Ulm Medical Center	24002F St. Cloud VA Health Care System
44 Fairview Ridges Hospital	30 North Memorial Medical Center	7 St. Francis Regional Medical Center
41 Fairview Southdale Hospital		21 St. John's Hospital
267 FirstLight Health System		13 St. Joseph's Hospital
		143 St. Luke's Hospital
		152 Stevens Community Medical Center
		153 Swift County-Benson Health Services

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157 Tri-County Health Care	19 University of Minnesota Health	14 Woodwinds Health Campus
52 United Hospital	176 Windom Area Hospital	
162 United Hospital District	227 Winona Health Services	

Table 2: Freestanding Outpatient Surgical Centers

64 Allina Health - Abbott Northwestern WestHealth	47 Midwest Surgery Center
53 Allina Health - University Avenue Surgery Center	42 Minnesota Orthopaedic Surgery Center LLC
18 Brainerd Lakes Surgery Center	41 Minnesota Surgery Center, Ltd - Edina
50 CDI Twin Cities ASC	40 Minnesota Surgery Center, Ltd - Maple Grove
11 Centennial Lakes Surgery Center	38 Minnesota Valley Surgery Center, LLC
31 CentraCare Surgery Center, Saint Cloud	4 North Memorial Ambulatory Surgery Center at Maple Grove
5 Central Minnesota Surgical Center	29 North Metro Surgery Center
61 Chaska Plaza Surgery Center, LLC	67 Pain Centers of Minnesota-Mankato
21 Children's - Minnetonka	39 Pavilion Surgery Center, LLC
49 Chu Surgery Center	15 Saint Cloud Surgical Center
9 Crossroads Surgery Center	62 Sanford Health Detroit Lakes Clinic Same Day Surgery Center
17 Crosstown Surgery Center	26 South Central Surgical Center
19 Edina Surgery Center, Inc	23 Southwest Minnesota Surgical Center, Inc.
52 Fairview Maple Grove Surgery Center	32 Southwest Surgical Center dba Orthopaedic Institute Surgery Center
54 Family Surgery Center LLC	70 Summit Orthopedics - Plymouth Surgery Center
69 Greenway Surgery Center	71 Summit Orthopedics - Vadnais Heights Surgery Center
3 High Pointe Surgery Center	30 TRIA Orthopaedic Center, LLC
22 Institute for Low Back and Neck Care, Special Procedures	6 Willmar Surgery Center
7 Lakewood Surgery Center	14 Woodbury Ambulatory Surgery Center
13 Landmark Surgery Center	
10 Mankato Surgery Center	
43 Maplewood Surgery Center	
48 Midsota Surgical Suites	



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Appendix D: Patient Reported Outcome (PRO) Tools

The most important step in measuring the change in functional status and quality of life for patients is to implement the administration of the PRO tools into the clinic’s processes and work flows. PRO tools need to be integrated into the preoperative evaluation and postoperative follow-up at three months and one year. There are two PRO tools used to calculate the outcomes for the patient:

- Oxford Knee Score a knee specific functional status assessment tool
- PROMIS Global Health 10, a quality of life assessment tool. [Transition from EQ-5D-5L]

Additional Information about PRO Tools

Ideally tools are completed by the patient at the time of the preoperative and postoperative visits; however office visits are not required for tool completion. Any provider or office staff may administer the pre and postoperative assessment tools.

PRO Patient Reported Outcome Tools- Modes of acceptable administration

Administration Mode	OKS	PROMIS-10
In person/during visit	Acceptable	Acceptable
Via mail	Acceptable	Acceptable
Via telephone	Not Acceptable*	Acceptable
Administer electronically **	Acceptable+	Acceptable

*Tools have not been validated for phone administration and/ or visual analog components would be difficult to replicate by phone interview.

**When administering electronically, the tool must be kept intact including content, order and scoring. Electronic examples: Email, patient portal, iPad/tablet, patient kiosk.

*Review and approval of electronic adaptation of the OKS created by a medical group is required by Isis Innovation, Inc., the tool copyright holder. Guidelines for ePRO adaptation of this tool can be found on the Resources tab in the Data Portal.

Other Activities	OKS	PROMIS-10
Store results in EMR	Acceptable	Acceptable
Must seek approval for other uses*	Yes	Yes
* examples: research, publication, use of tool beyond measure population, etc.		

NOTE: All patients who meet eligible population criteria must be included in the data submission file, whether or not they completed the Patient Reported Outcome tools.



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Oxford Knee Score (OKS)

This is a patient completed survey consisting of twelve structured questions asking the patient to describe the impact of their knee function in the following areas: level of pain, self-care, getting in and out of a car, length of time able to walk, sitting, kneeling, night pain, interference with usual work, limping and ability to climb or descend stairs. Scale of 0 to 48 where 48 is the best possible knee-related functional status. More information can be found at: <http://innovation.ox.ac.uk/outcome-measures/oxford-knee-score-oks/> The OKS functional status assessment is submitted as the summary score only. The valid range of summary scores is 0 to 48; 48 reflect the best possible knee function.

- Only submit scores when the patient has answered all twelve questions, do not submit a score for a patient when the tool is only partially completed. Incomplete tools make the functional status appear worse than it really is as a lower number indicates increased severity of symptoms. If the patient selects more than one response for a single question; select the worst (most severe) response and use to calculate the summary score.
- Don't assume that the higher numeric value is the "worst" score for this tool; the tool is scaled with numeric ratings where a higher number is better function and the lower number is worse function

References

Dawson J, Fitzpatrick R, Murray D, Carr A. Questionnaire on the perceptions of patients about total knee replacement. *J Bone Joint Surg Br.* 1998 Jan; 80(1):63-9

Murray D.W., Fitzpatrick R., Rogers K., Pandit H., Beard D., Carr A.J., Dawson J. The use of the Oxford hip and knee scores. *J. Bone Joint Surg. [Br]* 2007; 89-B:1010-14

Permissions

The OKS tool was developed by Professor Ray Fitzpatrick and Dr. Jill Dawson at Oxford University.

The OKS document in use in the clinics must specify the following copyright language:

© Oxford University Innovation Limited, 1998. All rights reserved. Oxford Knee Score – English for the United States.

Permission was granted to MNCM for the use of the OKS in individual clinical practice for the purposes of participating in MNCM's data submission and reporting of functional status outcome measures. If any group or clinic plans to use results from the OKS tool for other purposes (i.e., research study and publication), additional licensure will need to be obtained from Oxford University Innovation Ltd to avoid copyright infringement. The OKS tool is located on the data portal under the Resources Tab/ Total Knee Replacement Resources/ Functional Status Tools at <https://data.mncm.org/>



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PROMIS Global Health - 10

PROMIS Global Health 10- a patient completed assessment of health related quality of life consisting of 10 structured questions reported on two subscales- general physical health and general mental health. NIH sponsored tool publicly available, free of charge, with multiple modes of administration available.

In using the PROMIS-10 for reporting outcomes, it is strongly recommended by the developer of the tool that:

1. A summary score is not used and that the results are reported by its two subscales reflecting global physical health and global mental health; and
2. The metric used for comparison is conversion to a T-score and reported as a change in T-score. T-Score distributions are standardized such that a 50 represents the average (mean) for the US general population, and the standard deviation around that mean is 10 points. A high score always represents more of the concept being measured. Thus, a person who has T-scores of 60 for the Global Physical Health or Global Mental Health scales is one standard deviation better (more healthy) than the general population.

For more information, access the PROMIS website: <http://www.nihpromis.org/default>.

Given the need to correctly calculate outcomes for the subscale measures and convert the results to the appropriate T-score metric, medical groups must submit the corresponding number to each of the patient's response for all questions.

If the patient selects more than one response for a PROMIS-10 question; submit a blank for the value for that question.

Versions of the PROMIS Global Health-10 (PROMIS-10)

MNCM has a license agreement with PROMIS Health Organization (PHO) to provide a pdf version of the tool to providers on the MNMCM data portal. On an annual basis, MNMCM reviews the PHO website to determine if there has been a version change. Version v1.1 is the version that has been in place since the 2013 transition to PROMIS-10. In August 2016, a minor version v1.2 was published. PHO indicates that a decimal change in a version reflects only a minor change, and this is the case for v1.2. The only changes in this version upgrade were related to the numeric scaling of questions 8 and 10. There were no changes in the context, wording of questions or order of questions. Granted, this changing of the numeric scale removes the need for conversion of responses for Q8 and Q10 to allow for scoring, but the MNMCM Data Portal already does this conversion on file upload. It would be disruptive and burdensome to practices to implement a new tool based on this minor change that does not impact the psychometric properties of the tool. MNMCM has decided to postpone upgrading to a new version of the tool until there are substantial changes (e.g. wording of questions or contextual instructions for the patient) that threaten comparability.

Note: Review of PROMIS Global Health instruments in August 2017 demonstrate no additional version and therefore no needed change related to version.

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Therefore, medical groups should continue to utilize PROMIS-10 v1.1, available on the MNCM Data Portal Resources Tab, until further notice.

In the future, with a substantive change in tool that necessitates a new version, medical groups will receive advance notice of a version change and the tool will be provided on the MNCM Data Portal.

References

Hays, R. D., Bjorner, J. B., Revicki, D. A., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. *Quality of Life Research*, 18(7), 873-880.

<http://www.nihpromis.org/>

Permissions

Permission was granted to MNCM for the use of the PROMIS Global Health- 10 in individual clinical practice for the purposes of participating in the state-wide quality reporting and improvement effort. If any medical group or practice plan to use results from the PROMIS-10 tool for other purposes or other populations (i.e., research study and publication), it is recommended that an additional user agreement with PROMIS Health Organization be obtained by the medical group that outlines its planned use. Request form for instruments can be obtained at www.nihpromis.org/measures/instrumentdetails



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Appendix E: Additional Measures

The following is a list of measures that will be calculated based on the data file submission of patients meeting inclusion criteria. No additional calculations or submissions are required from the medical groups.

MNCM Measure	Total Knee Replacement (TKR) Direct Data Submission Measures
Additional Measures	<p>Outcome measures will provide information about functional status and quality of life improvements following TKR procedures. The three month postoperative functional status measures were selected to demonstrate potential variation in provider technique and postoperative rehabilitation (important to providers), whereas the measure at one year reflects the functional status that can be achieved (important to patients)</p> <p>Process measures provide an understanding about a medical group's/ clinic's adoption of the functional status tools.</p> <p><u>Additional Outcome Measures Include:</u></p> <ul style="list-style-type: none"> • Average postoperative functional status improvement at three months post operatively for patients undergoing TKR as measured by the Oxford Knee Score tool. • Average postoperative quality of life improvement at three months post operatively for patients undergoing TKR as measured by the PROMIS-10tool. <p><u>Additional Process Measures Include:</u></p> <p>The percentage of TKR patients who have a preop, three month and one year assessment of functional status with the Oxford Knee Score and PROMIS-10quality of life score.</p> <ul style="list-style-type: none"> • Number of TKR procedures performed during the measurement period • Number and % of TKR patients administered a preop Oxford Knee Score (within 3 months of proc) • Number and % of TKR patients administered a preop PROMIS-10 (within 3 months of procedure) • Number and % of TKR patients administered a three month postoperative Oxford Knee Score • Number and % of TKR patients administered a one year postoperative Oxford Knee Score • Number and % of TKR patients administered a three month postoperative PROMIS-10 • Number and % of TKR patients administered a one year postoperative PROMIS-10 • Number and % of TKR patients administered <u>both</u> a preoperative and one year postoperative Oxford Knee Score • Number and % of TKR patients administered <u>both</u> a preoperative and one year postoperative PROMIS-10 • Number and % of TKR patients administered <u>both</u> a preoperative and three month postoperative Oxford Knee Score • Number and % of TKR patients administered <u>both</u> a preoperative and three month postoperative PROMIS-10



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Appendix F: Glossary of Terms

Standard list of terms often used in the data submission process. Not all terms apply to all measures.

Allowable Exclusions: Allowable exclusions are optional. A medical group may choose to remove patients from data submission who meet the criteria described in the Allowable Exclusions section of the measure specifications.

Assignment: The process by which clinics are assigned to clinical quality measures, for which they are then responsible to report data to MNCM. Assignments are based on specialties offered at each clinic. These specialties are selected by the medical group during clinic registration.

Audit: The process by which MNCM reviews and validates the data submitted to ensure the data reflects the patient record. Audits are completed on-site at a clinic or electronically.

Calculated Exclusions: Exclusions that are calculated by the MNCM Data Portal based on data supplied in the data file. Patients to whom a calculated exclusion applies must still be included in the data file; upon submission, the Data Portal will remove the appropriate patients from measure calculation.

Clinic: The individual practice site or sites that are registered under the main medical group. Clinics are locations where primary or specialty care ambulatory services are provided for a fee by one or more physicians.

A clinic site location is a building, separate space or an entity with a street address. It should be a functional unit that is easily understood by patients/consumers. The goal of reporting by clinic site is to provide patients/consumers with information about the entity with which they are most familiar and to provide information to clinics that is actionable for quality improvement purposes.

Clinic and Provider Registration: The annual process by which clinics and providers register on the MNCM Data Portal. Providers who worked at a clinic site during the previous calendar year must be registered. Typically this occurs annually during December and January. Please see the *Clinic and Provider Registration Instructions* for specific details and guidance.

Clinic ID: Assigned to a clinic by the [MNCM Data Portal](#) when the clinic first registers on the MNCM Data Portal.

Clinical Staff: Defined, for the purposes of Clinic and Provider Registration, as the following provider types: physicians (MD or DO), advanced practice registered nurses (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, and Certified Nurse Midwife) and physician assistants (PA).

Contacts Tab: Tab in the MNCM Data Portal that lists all contacts for a particular medical group. Medical groups can add, remove or edit contact people on this tab. While changes can be made at any time, this information must be updated by medical groups during Clinic and Provider Registration.

Crosswalk: Process by which a unique identifier is linked to a patient's name and date of birth so medical records can be located by clinic staff in the case of an audit by MNCM.

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CSV File: Acronym for “comma separated values.” A CSV file is a common and simple format that is used to import/transport data between systems or software applications that are not directly related (e.g., from a spreadsheet to a database). All data submission files are formatted as CSV files.

Data Collection Form: Form that has all patient-level data elements necessary to collect for measure. It is optional for medical groups to use this form. It may be most useful for clinics/medical groups using paper records.

Data Collection Guides: Document providing instructions for clinics/medical groups to submit data counts or files to the MNCM Data Portal.

Data Comparison: Part of DDS process where clinics/medical groups are asked to review the current measurement period’s preliminary results for each clinic compared to the last data submission for this measure and consider any changes between the current period and the prior period. It is expected that an explanation will be entered into a text box to account for any changes or to indicate that the data comparison is expected.

Data Elements: Components necessary to submit data files to MNCM and to calculate measure results.

Data File: Excel template supplied on the MNCM Data Portal for DDS data submission. Templates are specific to and formatted correctly for each measure.

Data File Transfer Selection: MDH has requested the receipt of patient level data. Medical groups must indicate on the MNCM Data Portal if they chose to allow MNCM to share patient-level data with MDH. This is called Data File Transfer Selection. Detailed information about the Data File Transfer Selection options can be found in Section I of the data collection guides.

Data Portal: Secure, HIPAA-compliant portal owned by MNCM where clinics/medical groups can submit patient-level data to MNCM for validation and accurate calculation of results.

Data Quality Checks: MNCM recommends completing several internal quality checks of the data prior to data file submission. Quality checks improve data accuracy, reduce the likelihood of errors and ensure the data can be validated upon audit. Please refer to specific data collection guides for guidance on data quality checks for each measure.

Denominator: The denominator is the bottom number in a fraction. In epidemiology, it represents a population group at risk of a specific disease. In clinical quality measurement, it is the total number of patients (or observations) included in the calculated score.

Direct Data Submission (DDS): The DDS method was developed by MNCM to allow medical groups to submit patient-level data for verification of results. In this process, medical groups upload files of patient-level clinical data and clinic results are automatically calculated by the MNCM Data Portal. MNCM validates data submitted through the DDS process before results are publicly reported.

Electronic Medical Record: A digital version of a paper chart that contains all of a patient’s medical history from one practice, which is also known as EMR or Electronic Health Record (EHR).

Eligible Population: A group of patients who have met all eligibility criteria to be included in a measure.

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EMR Reporting Rule: Established by MDH, clinics that had an EMR in place (at any stage) for the last two measurement periods are required to submit data on their total population.

Errors: The error and warning report will be displayed after a patient-level data file is submitted via the MNCM Data Portal. Errors are “hard stops” in the Data Portal (e.g., dates of birth in the file are outside the date of birth range specified for a measure) that result in the submission of a file not being allowed. They must be corrected and a revised patient level data file must be uploaded to the Data Portal before submission can occur.

Excel Format: Format of Excel template columns necessary to submit data file to MNCM Data Portal.

Excel Template: See Data File.

Exclusions Template: Template available on the MNCM Data Portal for tracking excluded patients. This document will need to be uploaded to the MNCM Data Portal when the clinical data file is submitted on measures for which exclusions are tracked. MNCM will review this list and validate a selection of records during the validation audit. Please read more about the Exclusions Template in Section III.

Field Specifications: The detailed section in the data collection guides that provides instructions and guidance for the collection of required data elements for measure score calculation.

Final Results: Results calculated by the MNCM Data Portal after submission of a patient level data file after validation is completed. Final results are displayed on [MNHealthScores.org](https://mnhealthscores.org).

Full-Time Equivalent (FTE): The best reflection of the time the provider practiced in a typical work week at each clinic site over the course of a calendar year. FTE information is submitted during Clinic and Provider Registration in the provider registration step. Please see the [Clinic and Provider Registration Instructions](#) guide for more information.

Group and Clinic Sites Tabs: These tabs display information about the medical group and clinic sites in the MNCM Data Portal. Information can be edited for the group or clinic sites as needed.

Home Tab: This tab displays information about all the current measures and deadlines for which the medical group is responsible.

Hospital-Based Outpatient Clinic Locations: These are included in the physician clinic definition and must be registered and report required measures.

Inactive Patients: Patients designated as inactive in a practice management system, billing system or electronic medical record must be included in the eligible population if they meet measure criteria.

Insurance Coverage Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report insurance coverage data elements.

Inter-Rater Reliability (IRR): Recommended to conduct several sample audits with all abstractors for training purposes if more than one person will abstract data. This ensures measurement specifications are interpreted consistently and data is collected uniformly.

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Measure Logic/Flow Charts: Used to help illustrate the identification of the eligible population and the logic of measure calculation.

Measure Specifications: Provide detailed information about each measure, including measure description, methodology, measurement period, denominator, exclusions and numerator. Located in the data collection guides that are available on MNCM.org and the MDH website.

Medical Group: The highest level of the MNCM Data Portal clinic and provider registration construct. The medical group represents a single centralized organization that operates one or more clinic sites. Organizations define the parameters of the medical group at the time of registration and may choose to divide clinics operated by the organization into more than one medical group. Medical groups with only one clinic site must enter information under both the medical group and clinic sections, even though the information will be the same. When reporting on the clinical quality measures, data for all clinic sites is submitted to MNCM in one file via the medical group.

Medical Group ID: Assigned to a medical group by MNCM when the medical group first registers on the MNCM Data Portal.

Multi-Specialty Clinics: A clinic site that has multiple specialties located in one building (one street address). Medical groups have the option to register a single clinic site or register each specialty as its own clinic site and then also register a main clinic site. How clinics decide to register depends on how the clinic desires to have their clinical measures publicly reported on MNHealthScores.org. Please review the *Clinic and Provider Registration Instructions* guide for further information about registering multi-specialty clinics.

National Provider Identifier (NPI): A unique identifier for individual providers or organizations that render health care. Health care providers who are HIPAA-covered entities obtain an NPI to identify themselves in HIPAA standard transactions. Also referred to as Provider ID.

Newly Opened/Acquired Clinics: If a medical group opened or acquired a new clinic in the last year, the new clinic must be registered with the medical group and must submit data with the medical group. If the new clinic uses a different practice management system, billing system or EMR, they should follow the same instructions and measure specifications to collect the data, and the medical group should include the new clinic's data in the data submission to MNCM.

Number of Eligible Patients (Exclusions Removed): Number of patients who are eligible or met the inclusion criteria for the measure with excluded patients removed for each clinic. This count should be entered into the MNCM Data Portal during data submission.

Number of Patients Submitting: Number of patients who are eligible and being submitted. This should be the same number as the as Number of Eligible Patients (Exclusions Removed) if submitting total population. If submitting a sample population, this is the number of patients in the sample population. This number must match the number of patients in the data file.

Numerator: The numerator is the top number in a fraction. In epidemiology, it represents the number of people in a population group who develop the disease of interest. In clinical quality measurement, it is the number of patients that meet all specified targets of a measure.

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Patient Attribution: A patient is attributed to one clinic and provider that are considered to be responsible for managing the patient's care. Please refer to specific data collection guides to review patient attribution for each measure as it they differ.

Patient-Level Data: Data elements required to calculate measure results. Data is submitted to MNCM Data Portal via a HIPAA-secure process.

Patient Registries: A tool used by some medical groups to track patient progress and for quality improvement purposes. MNCM cautions the use of patient registry information for quality measures. Many registries give a "snapshot" of patients at a given time and would therefore not include all patients according to established patient criteria or may not reflect the most recent clinical data (e.g., most recent blood pressure or labs). Registries that are programmed to update the patient population and clinical results on a continual basis (24/7) could possibly be used to create data file for submission; however, please discuss this with MNCM before use. During the validation audit, the MNCM auditor will use the patient record not the patient registry. If a clinic uses data from a patient registry, the auditor may find a more recent date/value in the medical record and this would be counted as an error.

Pre-Submission Data Certification: This process is intended to help identify potential data issues prior to file submission.

Pre-Submission Data Certification Form: Document medical groups complete to outline the method for identifying the eligible population and other details pertinent to the validation of submitted data.

Preliminary Results: Results calculated by the MNCM Data Portal after submission of a data file but before results are fully validated.

Primary Data Contact: The person from the medical group who uploads/submits data files for the clinical quality measures; receives communications from MNCM about data submission and other important updates; and completes the medical group's annual registration of the clinics and clinical staff on the MNCM Data Portal. It is important that the Primary Data Contact information for medical groups remains up-to-date to ensure MNCM communication is received by the appropriate person in a timely manner.

Provider File: Excel Template available on the MNCM Data Portal for Clinic and Provider Registration. This document is uploaded to the MNCM Data Portal during registration.

Provider ID: Created by medical group/clinic for providers who do not have an NPI. This ID will be used in the data file submission to MNCM.

Provider Type: Medical Doctor (MD, including physicians who have medical degrees from other countries such as MBBCH, MBBS, MBCHB); Doctor of Osteopathy (DO); Physician Assistant (PA) or Advanced Practice Registered Nurse (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, Certified Nurse Midwife) are providers that are required to be registered during Clinic and Provider Registration. Refer to the specific measure specifications for eligible provider types required to report clinical data for each measure as they differ.

Provider Registration: See Clinic and Provider Registration.

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Provider Specialty Code: Codes generated by MNCM to indicate the board certified specialty of providers. The codes are included in the provider registration file and DDS data file. Please see the [Clinic and Provider Registration Instructions](#) guide as well as each data collection guide for further guidance.

Providers Tab: This tab displays all of the information about providers submitted during Clinic and Provider Registration.

REL: Acronym referring to data elements of race, Hispanic ethnicity, preferred language and country of origin.

REL Best Practice: Data collection best practice methods for REL data elements include: allowing patients to self-report race and Hispanic ethnicity, preferred language and country of origin as well as NOT using a multi-racial category; allowing patients to select more than one race; and using a system that allows the collection and reporting of more than one race for each patient. For more information about collecting this data from patients, refer to the [Handbook on the Collection of Race Ethnicity and Language Data](#) available on [MNCM.org](#) under Submitting Data > Training & Guidance > Data Collection Guides.

REL Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report REL data elements.

Required Exclusions: This type of exclusion is required. A medical group must remove patients from data submission who meet the criteria described in the Required Exclusions section of the Measure Specifications. These exclusions have evidence that they are clinically appropriate or that the frequency and impact of the inclusion of these patients would distort the calculated result.

Results Tab: This tab includes final data results and file downloads from prior submission cycles, as well as charts of current and historical results.

Resources Tab: This tab is organized by topic or measure, and houses data submission guides, tools and frequently asked questions by measure.

Roll-up: Process by which multiple clinics report data under one clinic. Clinics can report clinic quality data as one clinic if they meet all of the three following criteria: A) have common ownership; B) have a majority (more than half) of common clinical staff working across the multiple locations (these clinical staff must rotate between all of the clinic locations); and C) the total clinical staff across all locations is no greater than 20 FTEs. Please see clinical staff for further details.

Sample Population: A random selection of patients to be submitted for clinical measures. The sample population is drawn from the total eligible population. The minimum required sample is 60 patients per clinic site. See the EMR Reporting Rule to determine eligibility for sample population submission. Not all measures allow sample population submission. Please see data collection guides for more detailed instructions.



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Statewide Quality Reporting and Measurement System: State health reform law passed in 2008. Under this law with specific directives within Minnesota Statutes, section 62U.02, all physician clinics are required to register and submit data on measures to be publicly reported to the Commissioner of Health. To implement physician clinic registration and the collection of quality measurement data, MDH developed SQRMS, created through Minnesota Rules, Chapter 4654. MDH has contracted with MNCM to assist with implementing SQRMS. Under this contract, MNCM supports physician clinics in meeting registration and measure requirements

Summary of Changes: Area at the beginning of each data collection guide which highlights changes from the previous year.

System Query: Process by which data elements are pulled from chart system (EMR or manual) by clinics/medical groups.

Total Population: Consists of the entire eligible population. Please refer to the specific data collection guides for further instructions on how to submit total population.

Two-Week Review Period: Period after data submission in which clinics/medical groups can review their preliminary results in comparison with other clinics/medical groups. This is a very important validation step to ensure accurate results before public reporting.

Urgent Care Clinics: A type of walk-in clinic, either stand-alone or offered as a service of a multi-specialty clinic, that primarily treats illness or injuries requiring immediate care, but not serious enough to require an ER visit. Stand-alone urgent care clinics must register and complete an annual Health Information Technology (HIT) survey; however, urgent care clinics are not required to report on clinical quality measures.

Value Set: A set of administrative codes used to define a concept related to the measure construct (e.g. denominator, exclusions) using standard coding systems (e.g. ICD-10, CPT, LOINC).

Value Set Dictionary: A spreadsheet based list of codes by measure. Contains all Value Sets applicable to a given measure.

Warnings: The error and warning report is displayed in the MNCM Data Portal after data file submission. Warnings should be reviewed to determine if corrections are needed.