

**62J.311 ANALYSIS AND USE OF DATA.**

Subdivision 1. **Data analysis.** The commissioner shall analyze the data collected to:

- (1) assist the state in developing and refining its health policy in the areas of access, utilization, quality, and cost;
- (2) assist the state in promoting efficiency and effectiveness in the financing and delivery of health services;
- (3) monitor and track accessibility, utilization, quality, and cost of health care services within the state;
- (4) evaluate the impact of health care reform activities;
- (5) assist the state in its public health activities; and
- (6) evaluate and determine the most appropriate methods for ongoing data collection.

Subd. 2. **Criteria for data and research initiatives.** (a) Data and research initiatives by the commissioner, pursuant to sections 62J.301 to 62J.42, must:

- (1) serve the needs of the general public, public sector health care programs, employers and other purchasers of health care, health care providers, including providers serving large numbers of people with low-income, and health plan companies as applicable;
- (2) be based on scientifically sound and statistically valid methods;
- (3) be statewide in scope, to the extent feasible, in order to benefit health care purchasers and providers in all parts of Minnesota and to ensure broad and representative health care data for research comparisons and applications;
- (4) emphasize data that is useful, relevant, and nonredundant of existing data. The initiatives may duplicate existing private data collection activities, if necessary to ensure that the data collected will be in the public domain;
- (5) be structured to minimize the administrative burden on health plan companies, health care providers, and the health care delivery system, and minimize any privacy impact on individuals; and
- (6) promote continuous improvement in the efficiency and effectiveness of health care delivery.

(b) Data and research initiatives related to public sector health care programs must:

(1) assist the state's current health care financing and delivery programs to deliver and purchase health care in a manner that promotes improvements in health care efficiency and effectiveness;

(2) assist the state in its public health activities, including the analysis of disease prevalence and trends and the development of public health responses;

(3) assist the state in developing and refining its overall health policy, including policy related to health care costs, quality, and access; and

(4) provide data that allows the evaluation of state health care financing and delivery programs.

**History:** *1995 c 234 art 5 s 7*