

Comparative Data--Its Impact and Opportunities

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by Susan K. Bellile, MA, MBA

A battle for control of medical management is now being waged among hospitals, managed care plans, insurers, employers, physician groups, and researchers—a battle in which data is the weapon of choice. Cumulative and comparative healthcare information is being used to evaluate plans and providers, to market on the basis of "cost and quality," and to allocate healthcare spending. Providers—particularly physicians and physician organizations—have much to gain or lose depending on who has access to what information concerning their practice. As overseers of this information, HIM professionals need to know how summary data is being used to make healthcare decisions. How can health information managers support a more proactive role for physicians as data users? And how can HIM professionals make healthcare information a more valuable management tool for all organizations?

Concept vs. Reality

The catalyst for this discussion is the national focus on accountability in healthcare. Government and large employers want to evaluate the cost effectiveness of their healthcare spending. And consumers want to see evidence that they are receiving the best quality care available. Ideally, cumulative information that is now available would be used to select the best providers, identify best practices, track patient outcomes, and demonstrate cost/benefit. But the reality of healthcare data today falls far short of this ideal concept.

Comparative Data: Current Sources and Uses

To understand this concept, we need to look at who has what cumulative and comparative data today and what they are doing with it.

- Hospitals generate reports summarizing charges, resource use, and length of stay for specific patient groups, and comparing them across hospitals and/or physicians. These reports are based on financial and administrative data, using standard data fields and codes. Their primary limitation is that the reports are still largely inpatient based and therefore do not address the large and growing segment of care provided outside the hospital. Physicians who practice at multiple hospitals have an additional challenge in using hospital reports: Each hospital uses its own analysis and reporting system, making it difficult to create a comprehensive view of any physician's results.
- Managed care organizations are being asked by large employers and consumers to consistently report key indicators of financial stability, quality care, and patient satisfaction. In addition, managed care plans are creating hospital- and physician-specific profiles ("report cards") based on accumulated claims data and focused primarily on utilization and charges. Data submitted via patient bills is being used by health plans to compare, offer incentive for, or select providers for participation in plans and programs.
- Outcome research studies focus on outcomes for specific procedures or diagnoses, such as hip replacement or asthma. For the most part, these initiatives are designed to compare outcomes for different treatment regimens or patient types, not to compare the practices of specific providers. Generally requiring the collection of comprehensive data sets retrieved from written records and input into a survey form, these studies also may include patient-reported functional status and long term outcome measures. Outcome research will play an important role in informing and improving patient care. However, current initiatives are scattered across many different sponsoring organizations, and the collected data is limited to the patients included in a particular study sample.

The bottom line is that many healthcare organizations possess some data, and all of the significant players in healthcare are trying to use data to meet their own objectives. Yet no one has comprehensive information linking patient care data across

facilities, providers, and health plans.

Impact on Physicians

Medical groups are recognizing that information can make the difference between success and failure. Financial results will increasingly be dependent on a group's ability to monitor and manage care for a given population of patients: that requires good data.

Yet at the present time, physician groups seem to have less access to—and control over—healthcare data than other organizations. Ultimately however, physician organizations can and will become the most important users of cumulative and comparative healthcare information. They can because physicians are the ones who actually manage the care. They will, as new types of physician organizations (e.g., physician practice management companies, networks, IPAs) gain more clout and invest in enhanced information systems and staff expertise.

Health Information Management Is the Key

Most healthcare organizations say they primarily use information to drive continuous improvement. One key to successful, continuous improvement is getting the right information to the people closest to the process. As this article illustrates, although there is increasing recognition of the importance of comparative data in healthcare, at present we do not have much of the right information, and most of what we do have is not in the hands of the people closest to the process. HIM professionals can make better information more accessible to the true managers of patient care. Following are a few specific areas of opportunity.

Technology

Information systems technology is continuing to make it easier to capture, analyze, and access all types of healthcare information, and significant computing power is now affordable for all organizations, thus leveling the playing field. But the information technology application that may have the most significant impact on medical management issues is the automated medical record. To date, the limited participation in outcome measurement initiatives is largely related to the fact that participation requires a tremendous amount of manual data collection. Automated medical records capture clinical and process information as a part of ongoing operations. Outcome analyses can then be performed using the database that is created.

Most automated medical record systems are still in the early stages of implementation. Initial applications focus on capturing and retrieving all information related to each patient. Widespread use of medical record databases for outcome measurement will require:

- a critical mass of data to be accumulated
- standardization of many new data elements and types of information
- new tools to analyze information across patients
- data quality

All comparative data starts with someone documenting or coding a piece of information. Today the accuracy of documentation and coding impacts legal issues, reimbursement, and performance measurement. "Grades" received on hospital or managed care reports are an accurate reflection of provider practices only to the degree that the underlying data accurately represents each patient encounter. The expanding volume and scope of information, accessible to many people, exponentially increases both the potential ramifications of poor data quality and the need for expert management of all data content.

One important AHIMA initiative in this area is the new coding certification program: Certified Coding Specialist—Physician-based (CCS-P). This specialized certification recognizes the significant differences between physician- and hospital-based coding and reimbursement requirements, and the fact that an increasing number of AHIMA members are working in nonhospital settings.

The CCS-P (and CCS) exams were offered for the first time in September 1997. Of the 472 CCS-P candidates who took the exam, 354 passed (see "Newly Credentialed Certified Coding Specialists—Physician-based," *Journal of AHIMA*, February 1998). To assist individuals in preparing for the CCS-P exam, self-study kits, such as the "Physician Office Health Records"

and the "Basic CPT/HCPCS for Physician Office Coding," were created. Enhancing skills through programs such as CCS-P will improve the overall quality of accumulated healthcare data.

Analysis skill

In the course of my career, I have seen a lot of data and very little information.

The differences lie in the analysis and interpretation.

The ability to analyze summary and comparative data, draw appropriate conclusions, and present findings in a meaningful way are critical skills in all areas of healthcare, including physician practices, hospital systems, employer benefit departments, health plans, consulting firms, and research organizations. Specific training in healthcare data analysis will expand the opportunities for HIM professionals.

HIM professionals are in the center of the battle for control of medical management. How will you move the industry toward realizing the full potential of its healthcare information?

Susan K. Bellile is president of Q3, Inc., provider of performance measurement consulting and data analysis services to physician groups, networks and professional associations, in Westchester, IL.

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