Managing Care, Managing Change, Managing Information

Save to myBoK

by Larry Dunham, RRA

Under managed care, information is often required on a longitudinal—not an episodic—basis. As a result, we need to rethink our approach to data storage and use. The author identifies ways to look at the demand for data in a managed care environment and shows how process assessment and benchmarking can help HIM professionals do their jobs more effectively.

Health information management (HIM) departments have been gathering mountains of data for decades. But until recently, that data has often languished as "silent" data. Similarly, HIM professionals have always focused on strict guidelines for data collection with emphasis on integrity and standardization. But the traditional system of episodic capture of information upon hospitalization has now, under managed care, become just a piece of the information that is needed.

Today, the need to pull the data together from one or more systems to transform it into meaningful information can be more easily fulfilled by use of technology. A recent article in the computer industry trade publication *Datamation* put it succinctly: "Data mining has become many users' No. 1 secret weapon in the war to tame—and prosper from—their seas of data."[1] It is time for HIM professionals to use their resources of masses of data and to start analyzing them as preparation for a step into the information spotlight required by managed care.

This article will examine ways in which HIM professionals can evaluate the demand for data in a managed care environment and use process assessment and benchmarking to facilitate the use of data in a productive and beneficial manner.

Understanding the Importance of Information

In validating the needs for information we must first explore the customer requirements that physicians, third-party payers/contractors, administrators, and others place upon us. Understanding the sources of information that support these customers makes it easier to take inventory of all the data over which the HIM professional has (or should have) custodianship. The information can be both financial and nonfinancial data that supports key business processes or goals.

A longtime goal for HIM professionals has been providing timely, episodic access to information. But our customer base has expanded beyond what we might have imagined in the past. Internal and external customers want information in order to assess and plan for care; some wish to perform indirect analysis in which the data tells the story of a particular product line or service. Drivers for data mining may be your facility's overall strategic plan or organizational priorities. For instance, your facility may be considering opening a new clinic—this could require data from automated abstracting systems that profile certain diagnoses or procedures that the new clinic would provide. Or your facility may be trying to identify referral sources—which could require data culled from a search by zip code or individual primary care providers.

Moreover, our focus on data review is no longer strictly episodic. The need for point-of-care/concurrent decision support systems and the increased emphasis on outcomes has prompted us to examine the data we have and how we can transform it into meaningful information. We must take a wider longitudinal view of episodes of patient care from all points of the scale. The result: No more episodic snapshots of a single nature, which stand alone just for payment's sake, but a segmented story of visit upon visit that paints a whole story of interventional medicine and the overall patient outcome. This broader focus, if shifted to an entire population of patients with like diagnoses or procedures, then describes opportunities in practice or care delivery patterns from which we can learn.

The Road to Improving Operations

Today's market forces—such as managed care—compel us to find ways to improve processes and make better use of resources. The health information services department at Harris Methodist Fort Worth has succeeded in improving a number of operations and procedures as we recognized increasing demand for our data. We were able to improve processes within our own department, more effectively respond to customer needs, better share data between departments, and improve coordination of information throughout the organization.

Work Flow and Productivity Standards

To improve our productivity, we used internal data related to our department's incoming and outgoing volumes of work. We segmented this information into work areas to examine our customers' demand for our services. We also examined our end result product timelines ("products" ranging from a transcribed report to a chart delivered to the nursing unit). Knowing our customer demands, we then monitored how well we were meeting those needs. We looked at indicators such as how many records we had processed and how many we had coded, comparing specific time frames and even individual processing times. This identified opportunities to build consistent productivity by section and by individual team member. Adjustments to operations could easily be planned with this information. Productivity measures based on median output levels for each section could be set as targets with an increasing sliding scale. Processing timelines also would allow for staffing schedule changes that could address cyclical job tasks, such as staff coming in earlier to process records so they could code earlier in the work day. By combining both production levels to each task and reengineering the process and work flow, a more consistent productivity level could be attained.

Better Ways to Respond to Requests

Analyzing sources and resources of data can present operational opportunities for sharing and merging data. Identifying data demands from customers who previously required charts to be pulled in volume enabled us to focus on educating these customers on how to retrieve this information online. We found that these customers were more satisfied by being able to retrieve information. The same is true for outside auditors who came monthly to randomly pull records and who spent weeks abstracting information. After discussion of which data elements they were monitoring, we were able to use our data reporting system to design a report that could be submitted quarterly. In each of these operational changes, both the customer and our department saved time and labor.

Eliminating Duplication of Effort

The problem of duplicated data distribution, collection, and reporting is endemic to many information silos. At times, if individuals cannot get the information they want, they will create their own versions of data—as the existence of secondary files of medical information in many healthcare institutions proves. It is our duty to open those silos of information, merge data systems and databases that can support each other, and lessen the duplicative efforts of all who search out and analyze data in the healthcare setting.

Once analysis has identified data sources that could possibly overlap, the next step is to consolidate functionality of data capture, educate the entire facility on what information is available, and challenge the status quo. One of our organization's continuous improvement (CI) teams assessed each stand-alone database that was not interfaced with the facility's mainframe. We searched out silos of information that were maintained in each department. We first looked at the data set of each database and the measures in place to support integrity of the data. Through this process we were able to gain trust through key data capture points and to question duplicative collection processes. The problems of multiple customers' constant demand for medical records for their capture of data prompted a look into specific requestor needs. This was the driver for us to look at the broader scope of data being collected. Immediately, resulting wins were evident with a dramatic drop in the number record requests. For many users, information was now available online; many team members did not know it had been available for years.

Ensuring Better Distribution

For some CI teams at Harris Methodist, improving timely access to healthcare information for continuity of care has been a goal. To better coordinate patients through the integrated delivery system, we evaluated the processes that support dissemination of data to all care providers, referral sources, and primary care physicians. CI teams have reviewed data related to dictation timeliness, transcription turnaround, distribution process to mailroom, technology delays related to fax server

capacity, and even data related to manual sorting efforts by any department that submits data through the mailroom. This project clarified what information was wanted, when it was wanted, and how the recipients wanted to receive it. Technology assistance was also identified and warranted justification for upgrades, revisions to process, and full implementation. This helped us meet needs in a more efficient manner and match customer satisfaction requirements.

Getting There: The Importance of Benchmarking

Well-used information creates great strengths for healthcare facilities. Information assists all parties in understanding costs and enables facilities to compare costs and individual/group practices with others. It also promotes analysis of high and low variances of data, challenges process outcomes, and defines the need for the change that will lower costs, improve quality, and increase value both operationally and financially.

The selection of key areas for study can be driven solely by customer demand. Or a proactive facility can explore the data fields of high-volume, broad-impact, high-revenue-producing patient populations or services that generate high revenues or enhance a facility's reputation. Either focus can be used to push for needed enhancement of clinical practice or operational process improvements. For example, your coding manager could identify DRGs that are a financial loss for your facility, or profile physicians who perform key services in your facility and include data related to which physician's patients have a shorter length of stay by DRG or fewer complications.

Once opportunities are uncovered, they can drive changes that shift staffing patterns, increase medical/clinical practice awareness of quality care, and improve quality while decreasing costs. All of these allow for competitive advantages in the market.

In making information meaningful to the organization, the health information analyst does not have to rely upon, nor focus solely on external benchmarks. Internal benchmarking may be a big first step in addressing movement toward a positive target for improvement. To that end, one must evaluate processes and the data they produce.

Many times, the evaluation process can be directed to find a result related to a specific topic. Many times this directed focus results in nondirected identifiable opportunities, such as areas that suggest operational improvements that stand out through target analysis. Constant revalidation of information only supports a need for information or a need for refocus in data capture efforts.

Measurement tools should also be established in line with each key process. These indicators support all the efforts that have been achieved through data mining, such as reengineering of processes or service lines. Managed care has not changed the continued demand for timely, accurate data. Technology, however, has raised the level of expectation for what all customers feel is acceptable. Turnaround times for diagnostic results or dictation, remote access to information, support for referral network of providers, and stringent regulatory compliance requirements push data at a faster pace. Supportive external customers for certification of care, continuum of care, and discharge planning also extend the outreach for data distribution along a more longitudinal scale. The fact that a patient is managed through multiple levels of care before and after hospitalization only escalates the demand for information from volumes of data being captured along the continuum. Data's value is enhanced by its ability to meet many needs through that continuum.

Comparing your data with benchmarks can definitely be the start of improving processes that support the HIM department's services. Variance analysis related to gaps, either positive or negative, can move your department to many operational and financial wins. Piloting change to address identified gaps can also provide a valuable educational experience. Professional organizations, such as AHIMA, and many publications are a great resource for identifying similar organizations that have the same processes or problems. As we benchmark, we open up dialogue with peers outside our service market, and we become less protective of problems and issues and more willing to discuss them. This real-time evaluation can be continuously revised while new processes are implemented.

As many have said, knowledge is power—and it is available to all who seek it. For HIM professionals, job security lies in being a valuable resource for data within the healthcare facility. Taking on the challenges of data mining can be a personal directive for professional growth. The continued growth of managed care signals that change must take place. This change in the management of healthcare information can be a ticket to success for both HIM professionals and their organizations.

Note

1. Schwartz, Karen. "Benchmarking for dollars." *Datamation* 44, no. 2 (1998): 50-57.

References

Braly, Damon. "Show data warehouse benefits to end users." *Health Management Technology* 16, no. 11 (1995): 22-24.

Borok, Lawrence. "Data Mining: Sophisticated Forms of Managed Care Modeling through Artificial Intelligence." *Journal of Health Care Finance* 23, no. 3 (1997): 20-36.

Halvorson, George, David Mangen, and Kathleen Cooney. "The Myth of Micro-Data." *HMO Practice* 5, no. 5 (1991): 178-182.

Hettler, Mark. "Data Mining Goes Multidimensional." *Healthcare Informatics* 14, no. 3 (1997): 43-56.

Marietti, Charlene. "Handling Risk." *infoCare* 5, no. 1 (1998): 44-48.

Rulon, Vera. "Measurement Systems Beyond HEDIS: The Evolution of Healthcare Data Analysis in Managed Care." *Journal of AHIMA* 67, no. 2 (1996): 48-52.

Sargent, John. "Strengthening Managed Care Negotiations With Targeted Data Analyses." *Nephrology News and Issues* 9, no. 7 (1995): 22-32.

Szolovits, P. "Uncertainty and Decisions in Medical Informatics." Laboratory for Computer Science-MIT, *Methods of Information in Medicine,* (1995) 34:111-121.

Larry Dunham *is director of health information services at Harris Methodist Fort Worth, TX.*

Article Citation:

Dunham, Larry. "Managing Care, Managing Change, Managing Information." *Journal of AHIMA* 69, no. 4 (1998): 48-50.