# Show Me the Data

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By Lisa Brooks Taylor, RHIA

With the establishment of the National Quality Forum's National Quality Strategy, which sets the direction for achieving better, affordable care and healthier people and communities, providers, payers, and patients are seeing a shift in payment methodologies from volume-based to value-based. Particular emphasis is being placed on quality, outcomes, and population health management. Leaders from all sectors of the healthcare industry, including health information management professionals, are looking to data and healthcare analytics to inform decision making.

Many see advanced analytics performed on longitudinal data for patients within a population as a key to healthcare reform and the creation of true "healthcare intelligence." Obtaining this intelligence requires the combined analysis of clinical and financial healthcare data—something healthcare entities are beginning to do through the exchange and aggregation of health data. The goal is simple but endlessly complex—use this intelligence to achieve the triple aim of healthcare reform by improving the patient experience and quality of care, improving the health of populations, and reducing the per capita cost of healthcare. Both providers and payers are working to aggregate clinical and financial data from across the continuum of care, merging internal data with data gathered directly from providers, or through HIEs, contracted payers, all payer claims databases (APCDs), government agency databases, and registries. Administrative claims data (UB04 and CMS-1500 data), which can be clinically enriched, offers the advantages of standardized data elements with electronic data interchange standards and a high degree of completeness, especially when there are state-mandated reporting requirements for APCDs. Most healthcare data experts agree that payers are further along in these activities and are seeking out more clinical data. Provider organizations that have concentrated on the implementation of electronic health records (EHRs) and the governance and infrastructure to produce clean claims now find themselves in a steep learning curve to acquire, format, store, use, and maintain longitudinal claims data.

There are emerging roles for HIM professionals as data analysts and reviewers of data integrity. For example, a colleague could ask, "I don't understand the result of this data query—will you explain?" A savvy HIM professional's response would be, "Show me the data," before performing a quick "face validity check" that may reveal problems with the data itself. This check, taught in coding, has coders look at the face sheet of a record and list the codes to check and ensure they make sense. This is a critical first test, and a skill many HIM professionals already possess. During this test, HIM professionals run through a list of questions for a review of aggregated data. These questions may include:

- Are the ICD codes to the appropriate length of specificity? Are leading and trailing zeroes present?
- Are the appropriate values used for present on admission indicators?
- Do UB04 claims have revenue codes?
- Is the bill type present for UB04 claims or have they been replaced with place of service codes which are defined for CMS-1500 claims?
- Are CPT and HCPC revenue codes present on outpatient bill type?
- Is there an ICD procedure code on an outpatient UB04 and if so, who assigned it?
- Do CMS-1500 claims contain valid CPT and HCPC codes?
- Are the diagnoses linked to the procedures?

HIM professionals have mastery of the knowledge domains to answer these questions and step into these new data management and data analysis roles, which require skills currently taught in HIM programs. Older HIM professionals may need to update these skills, but they do have the expertise to work with data. Fundamental to aggregation and analytics of longitudinal claims data is a clear understanding of the similarities and differences of the UB04 and CMS-1500 structure, and data elements with attributes. This impacts database design, the data dictionary, ensuring the quality of the data received and mapped into the database, and appropriately framing questions when analyzing data.

HIM professionals should review the National Uniform Billing Committee (NUBC) manual and the National Uniform Claims Committee (NUCC) manual. These contain the definitions of data elements along with the standard value set/terminology to

be used for the data elements of UB04 and CMS-1500 claims. The manuals also delineate the authoritative governing bodies responsible for the data element definition and value set, a subject in which many HIM professionals are well versed.

Exchange of data is a complex endeavor and acquiring and mapping data into longitudinal healthcare databases does not become routine over time. Each file of data must be tested and profiled before it's loaded into the database. Just because an organization sends one clean file of data, doesn't mean the next file will also be clean. Because HIM professionals sit in a unique integration point between the clinical and financial realms of healthcare delivery, they can provide insight into the behavior of the data. HIM professionals work with IT professionals developing data validation tests as well as tests to identify gross and systemic outliers.

HIM professionals are excellent "diagnosticians" of data integrity and are valued during discussions between parties solving data exchange discrepancies. They also serve as industry liaisons or translators of data definitions and file specifications. While many organizations undertake data aggregation efforts internally, many healthcare data analytic companies have emerged to serve the industry. With this comes a growing number of opportunities for HIM professionals beyond the brick and mortar walls of healthcare institutions. Wherever there is health data, there is a role for HIM professionals.

AHIMA has responded to this need with introduction of the certified health data analyst (CHDA) credential. This credential demonstrates a mastery of knowledge and skill sets to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information while balancing the "big picture" of strategic vision with day-to-day details. Now is the time to respond to the industry demands and to experience both the challenges of acquiring and the potential of using good data to meet the priorities of the National Quality Strategy.

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