

## ACTION PLAN

Practice improvement strategies

# Using data wisely

## Don't just attest for incentives, make your data work for you

Many practices will make every effort to gather data to meet meaningful use incentives and attest for government incentives, but it's important to ask the right questions so they can benefit from the data.

Asking the right questions of your data, as suggested by Rosemarie Nelson, MS, principal, MGMA Health Care Consulting Group, suggested in her Objective Advice column last year,<sup>1</sup> could drive marketing, contracting, clinical and financial decisions. That analysis could also affect purchasing, internal and external referrals, productivity, protocol adherence, patient safety and much more.

Here's one of the meaningful use menu set measures from the Health Information Technology for Economic and Clinical Health (HITECH) Act:<sup>2</sup>

If you ask the right questions, the rewards of gathering data can be more valuable and last longer than temporary financial incentives.

**Objective:** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

**Measure:** Generate at least one report listing patients of the eligible professional with specific conditions.

Once you have a list of patients with specific conditions, combine it with data

from your EHR and practice management (PM) systems to negotiate with payers and pursue ancillary services.

Compare patients on the list with patient demographic information in your PM system to discover how patients got to your practice. Were most of them referred by one or two physicians? Do they come from specific regions, employers or health plans? Can you develop a marketing/outreach program based on your list to attract more patients with a given condition to your practice?

You could also compare the patient list with pre- and post-treatment data in the EHR. If you have a list of hypertension patients, compare blood pressure at their initial visits with results from future visits so you can document a pattern of care that has successfully reduced a payer's cost over time.

Compare the patient list with specific orders by providers in the EHR. Can you compare a course of treatment by physician to a standard protocol? Are there patient safety measures in the EHR you could reference by the primary complaint by provider or location? What do outgoing referrals for patients with this condition look like? For example, how much imaging, physical therapy, radiation therapy or other services are being referred outside the practice? Compare that report with patient demographic data gathered earlier. Does the practice have or can it obtain the clinical resources to provide these services?

Another tip: Compare the patient list with a report of practice collections grouped by patient and primary diagnosis code. Trend that information over time. Is this diagnosis growing or shrinking



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compared with the rest of the practice? Add in cost data and look at it by payer. Are there payers with disproportionately large percentages of certain diagnoses with disproportionately smaller reimbursement?

These financial questions will give you a feel for average revenue (before costs) and income (after costs) per patient for a given diagnosis code. Can you forecast future cash flow and income by looking at new patients for the current month? Can you forecast staffing, inventory or other resources using your data?

Can you correlate your list of patients with a given condition to your patient satisfaction surveys? Are patients with chronic obstructive pulmonary disease more or less satisfied with their care than other patients?

Professionals will invest a lot of time and money gathering data to capture the government incentives and avoid penalties with federal, state and payer programs.

Lists of patients are just one measure in one program, but patient lists are a great place to start asking questions. If you ask the right questions, the rewards of gathering data can be more valuable and last longer than temporary financial incentives. 

Notes:

1. MGMA *Connexion* magazine, August 2011, Objective Advice, Rosemarie Nelson, MS.
2. cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf. Accessed Aug. 31, 2011.



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