TIPS FOR THE HEALTH DATA LIFE CYCLE

The role of data in healthcare is more critical than ever. Improving quality, managing population health, and stemming rising costs (known as the Triple Aim) by using your data will only get more complex – and even more important for reimbursement. Those who connect their data to quality improvement will survive and thrive in the new era of value-based care. Those who do not make that connection will suffer the financial consequences.

The often-perplexing and overwhelming process from finding the data to using the data has several steps, each with its own challenges. We have developed a seven-stage health data life cycle list to break it down. Here are some tips for each of those stages:

FIND THE DATA. Make sure to obtain ALL the data. That means clinical notes, electronic health records that might be in disparate systems, medication orders, and the rest. That also means knowing all the places to locate the data. Omitting any portion of the patient record could mean inaccurate reporting and loss of reimbursement opportunities.
CAPTURE THE DATA . Once you know where the data is, the next step is getting it from the source system into a common system for analytics. You need to understand how to get into the various systems used, as well as ensure all software is able to integrate and is reliable. Later steps won't be possible without proper attention to collecting the data from all identified sources.
NORMALIZE THE DATA. It's complicated. And it's simple. Are units listed in metrics? Last name first or first name last? Take the time to make sure reporting formats are consistent and used in the same way. Missing or extraneous data can create a cascade of consequences.
AGGREGATE THE DATA. Here's where accuracy is of utmost importance, because this step will put patients in the proper stratification and lead to comprehensive population health strategies. It is critical for you to select the correct groups, use the correct tools, track down any missing data, and check for errors. Double and triple check this step!
REPORT THE DATA . Be sure the staff members or outside partner handling your data abstraction is absolutely up-to-date on quality measure specifications and performs some version of a cross-check process for accuracy. Reporting accurate, reliable, timely, actionable data is key to quality health outcomes.
UNDERSTAND THE DATA. Identify from the start the team or individuals you will rely on for analyzing and drawing conclusions from the data. An outside partner with expertise in this task might also be valuable to your organization.
ACT ON THE DATA. Set smart goals that are measurable in order to track your progress as the data life cycle creates opportunities to improve patient care and the organization's bottom line. Make the most of your data abstraction efforts and use the data to drive quality improvement.

In the age of value-based healthcare, data is the key that will allow providers to be financially successful in the future as payments become more heavily based on value, and patients seek providers that meet their growing expectations.

Many providers are drowning in their data and struggling to keep up with quality reporting demands. If that describers your practice, ACO, or health system, check out the trusted data abstraction services offered by Primaris, a pioneer in the nation's transition from fee-for-service to value-based care.

Primaris takes care of your data, so you can take care of what matters most - your patients.