

Free data with a price

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It has become evident that everyone in medicine, other than physicians, uses administrative data to compare, rank, and evaluate us and our hospital either directly or indirectly. We often scoff at the shortcomings of these data, stating that they are inaccurate, flawed, and useless to our practice. Historically we physicians have griped about the data, disregarded them, and went on our happy way. Several problems, however, concern me with this approach. Government policies are being driven by the data. Managed care companies adopt parallel policies that are advantageous to them based on these data. The public uses this information to make decisions regarding their care. All of these affect our livelihood.

The future is clear. More and more data will be collected, analyzed, and acted on by payers and policymakers, and more data will be published for interpretation by the public. It is time we physicians began looking more closely at these data. But what is administrative data? Where does it come from? Where do I go to get it? And what do I do with it?

In general, administrative data is information obtained from reportable quality measures, billing records, and patient demographics. In the hospital, the sources primarily include the Centers for Medicare and Medicaid Services core measures, diagnosis-related groups and International Classification of Diseases codes for diagnoses, and itemized bills for services. These data are collected in several different databases. Unfortunately, we physicians have never had direct access to these data. Recently that has changed.

Crimson is a computer program Baylor Health Care System (BHCS) has acquired that integrates quality and utilization data from several sources and presents the information in an easy-to-understand format. This program will allow individual physicians to look at their personal data in depth and make comparisons with their peer group at Baylor University Medical Center (BUMC) or with all physicians at BUMC or BHCS. State and national comparisons are also available in most cases. The data include core measures, case mix index, severity of illness, mortality, readmissions, demographics, payer source, length of stay, utilization, avoidable days, and much more. Details down to the patient name can be obtained.

So, what should you do with the information? Understanding specifically how the data are collected and calculated and what each specific data point means is a start. There are helpful descriptors that explain the meaning and calculation of each point. Understand the limitations. No one is saying that administrative

data are perfect, but at this time, that is what policymakers and the public are viewing.

Several groups in the medical staff already use Crimson. The medical staff office uses Crimson to generate a report for recertifying physicians. Your individual recertifying report is placed in your quality file for review by the Credentials Committee at reappointment. This report represents ongoing professional practice evaluations. Crimson will also be used to conduct focused professional practice evaluations on all new physicians as well as established physicians who are given new privileges. Both evaluations are required by the Joint Commission. The Committee on Professional Standards is also beginning to review data from Crimson. In addition, generic reports from Crimson are being reviewed by the Medical Board and the Medical Executive Committee.

Other areas of the hospital are also using Crimson. The Health Care Improvement Department uses the data in Crimson to focus on quality measures in need of improvement. Remember that these quality measures are reported to the public on an institutional level. Health Care Improvement looks at the quality data for the hospital as a whole as well as for departments, groups, and individual physicians and works to improve these measures at each level.

The Care Coordination Department uses the data in Crimson to evaluate utilization, particularly length of stay and avoidable days. Areas of concern are addressed with the individual physician and are reported to Professional Standards.

Data for individual physicians are confidential. You will not be able to see another physician's data. Your chief has access to your individual data, as do the medical directors of Health Care Improvement and Care Coordination. I anticipate that this information will raise more questions than answers initially. The medical directors can help.

The ultimate goal of making these data available to the individual physician is to improve the care of our patients. The data are not new. They are already out there. And now they're free, although they do come with the price of responsibility. Look at the reports. Understand what they represent and what limitations exist. Can you improve your practice?

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