



OUTPATIENT DATA GATHERING

DPH Working Group Discussion
November 7, 2012

OUTPATIENT DATA GATHERING

- CAASC surveyed members to determine data gathering capabilities and changes since 2011.
- 28% reported having a system that has the ability to gather some patient data
- 15% Reported having no ability to gather patient level data at this time
- 13% Reported exploring new systems that might be able to accomplish patient level data gathering.
- 14 different systems are being used by reporting facilities more likely
- We are still waiting to hear from several facilities and will continue to update our statistics.

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- "Take Aways" from the survey:
- Facilities are moving in the right direction
- 15 facilities have the ability to gather some level of patient data
- Several facilities are considering new systems

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- Existing Issues With ASCs and Data Gathering Efforts:
 - Sophistication varies within facilities
 - There are not dedicated IT folks or departments as is the case within the hospital
 - Several facilities still do not electronically bill
 - Some billing is done thru out of state companies
 - There is a clear lack of understanding of what is actually being collected under this program. In some cases it is a DON or other medical provider that is addressing this issue

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- Remaining Barriers:
 - No meaningful use benefits for use of EMRs within ASCs
 - No financial incentives at the federal level
 - Costly system updates needed
 - HIPAA concerns

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- CAASC is organizing an internal working group on patient-level data gathering.
 - Large and Small facilities
 - Hospital affiliated and stand-alone facilities
 - Single and Multi Specialty
 - Industry Representatives-Source Med, Intergy, Amkal, etc.

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- Suggestions for Developing an Effective Program:
 - Use CAASC committee to do pilot studies
 - Do prospective studies to allow for planned collection efforts on specific issues
 - Work with CAASC to identify specific data points that will have a meaningful impact on state's efforts
 - Do not have an "everything but the kitchen sink" approach
