The Focal Issue: Structured Data

Must We Sell the Future to Gain the Present?

**Present**
- Limited ability of providers to provide structured data
- ROI available by saving People, Paper, and Postage

**Future**
- Increasing levels of autoadjudication
- Better medical management
- More extensive collection of quality data
- Requires structured data

- Web-based communication models

**Web-based communication models**

HL7 Clinical Document Architecture (CDA)

- Objective: standardization of clinical documents for exchange using XML Standard tags for XML documents
- Markup provides information persistence and processability across applications
- ANS HL7 CDA R1.0-2000 includes:
  - Header
  - CDA Body

**XML is the “Magic Ingredient”**
“Human-Decision” vs. “Computer-Decision” Variants

**Human-Decision Variant**
- Matches the most prevalent workflow: a person reviewing the information to make a decision
- "Low-impact" on health plans (easy to display using common tools)
- "Low-impact" on providers (supports low-cost document preparation and "fax-like" use of existing paper or document images)

**Computer-Decision Variant**
- Permits computer-assisted adjudication or autoadjudication
- Includes specifications for breaking data down into computer-accessible elements
- Includes LOINC codes to identify the questions
- Includes answer codes suitable to the question
- Processable in "Human-Decision" mode by health plans that have not adopted a computer-decision approach.
- Can be applied selectively, one attachment at a time.

CDA: Semi- or fully-structured HIPAA Claims Attachments

Provider Readiness Impacts Predicted Acceptance

- **Highest IT Ability:**
  - Next-generation patient accounting, integrated with next-generation computer-based patient record
  - Structured clinical data available on-line and tightly integrated with revenue cycle
- **Intermediate:**
  - Some medical record data on-line, often in image format, much data only in chart
  - separate but competent patient accounting
- **Better practices**
  - clinical data only in chart
  - modern billing system with integrated HIPAA EDI
- **Too many practices**
  - clinical data only in chart
  - billing system integrated with clearinghouse through print images or using DDE billing

Gain Immediate Benefits...

- **Providers**
  - Benefits
    - predictable content allows anticipatory transmission of information; reduced payment delays due to requests
    - ROI available by saving people, paper, and postage
    - reduced denials and rework for failure to provide additional documentation
    - potential for faster payment
    - Maximum opportunity for immediate participation
  - All levels can produce the human decision variant with small investments in technology (e.g., purchase of $60 scanner and Internet access or extensions to the billing system)
- **Health Plans**
  - Benefits
    - reduced PPP
    - reduced rework
    - fewer pended claims for documentation requests
  - HIPAA Compliance Costs
    - limit early implementation costs to basic Gs and As
    - less early use of LOINC codes
    - initial investment more justified by higher provider participation
### ...But Don’t Sell Out the Future

<table>
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<tr>
<th>Providers</th>
<th>Health Plans</th>
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<tr>
<td>- Health plan incentives for structured data provides financial benefit for acquiring a computer-based patient record</td>
<td>- After the basic ROI is obtained, advance to the use of structured data without another regulatory cycle</td>
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<td>- Timing for conversion is a business decision rather than an enforced decision</td>
<td>- Selectively approach the use of structured data as business opportunities arise, rather than being forced to by a regulation</td>
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