

Use of Structured Data sets for CE Consultative Reports

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Summary: Utilization of a mutually defined Structured Data Set for reporting of SSA CE examinations will result in: 1) more efficient and complete data collection, representation and analysis; and 2) increase quality while simultaneously reducing the time and cost of processing disability claims.

Medicine, as does any profession, has a unique language which is used for highly effective information transfer between members. This language consists of a vocabulary which is not in common usage. Although medical terms are recognizable to the average person, the medical implications of some words or terms is not generally apparent.

Clinicians are trained to examine and assess patients and create documentation to assist with the provision of health care services. Clinical documentation is created to be utilized by other health care professionals for the rendering of ongoing clinical care.

Administrative medicine often requires documentation which differs from the normal clinical documentation. Administrative reports often require a level of detail that would not normally be included in the clinical care documentation. Additionally, administrative medical reports are often utilized by non-medical personnel who need to be able to extract relevant data and may need to assess the context of the data within the scope of the “medical language”. Non-physician and non-medical users of the clinical documentation will be better served if the data is commonly defined and presented in a structured format.

CE providers need to be guided - not only in the administrative information required by DDS for adjudication but also in the conduct of the clinical examination to acquire this information. Clinicians then need to create “administrative documentation“ which will most effectively convey this information to the users at DDS. PDMG has developed Structured Data Sets which can be utilized by the CE provider. The Defined Data Sets provide a structured and standardized method of capturing and reporting the data and creating a CE examination report. Clinicians will readily utilize (and welcome) Standardized Data Sets as long as they are able to expand (with free text) selected data items to qualify or augment the information transferred within the data point. By utilizing Standardized Data Sets, 95 % of the information can be efficiently transferred with Standardized Data Points and only 5% in “free text”.

ADVANTAGES of Structured Data and Structured Reports to SSA DDS:

- Quicker adjudication times
- Decreased case processing costs
- Higher quality of data and decisions

Key Concepts:

1. INFORMATION BY DESIGN – Structured Data Sets

- Data should be commonly defined and stated in terms that are meaningful to both the physician as well as to the non- physician reader. This does not create a new

vocabulary - it just uses commonly understood words to describe data points.

2. EASE OF CLINICIAN TRANSITION TO ADMINISTRATIVE CE EXAMS

- The data can prompt the servicing CE provider to provide the level of detail and the relevant data necessary for the DDS examiner to quickly get a handle on the scope, impact and possible functional implications of a disease or abnormal finding.
- The data also has to be structured to capture and document the important negative findings as well as the necessary standard statements which would not be generally utilized in clinical documentation.
- Ease of use will encourage a greater number of clinicians to provide services to DDS
- Interactive use of the data can allow for rule based processing. Rules can be standardized such as:
 - Required Information: The CE Examiner can be prompted that they must enter these data points or the report is not complete.
 - Conditional information: The CE Examiner can be prompted to acquire additional information based on some criteria.
 - Specific information. The CE examiner can be prompted to make sure that they include information regarding a specific request

3. REPRESENTATION OF DATA

- CE reports can be presented in traditional narrative type formats. Data that is used to generate the report can also be delivered to SSA in other formats for direct import into other applications
- DDS will have structured data in order to be able to implement rigorous data analysis that would be very difficult to do with free text.
- PDMG can supply a metadata representation of the CE report and this could be utilized for extremely quick and large scale data analysis
- Data can be presented in different formats such as in Tables (ROM Tables) or Graphs. The data is entered only once, but it can be manipulated and displayed in different orders or combinations that might be beneficial to the end user.

4. QUICKER TURNAROUND TIME

- Faster report turnaround time as the provider can generate the reports at time of encounter and then review and sign and submit them – thus, transcription turnaround time is cut out.

5. HIGHER ACCURACY OF DATA

- Ease of data extraction and standard language will facilitate utilization of CE report information
- Reports will contain the required information by design – this should lead to a consistently higher quality of case analysis by DDS
- Higher accuracy of data. Since the CE provider can record the data themselves, they can avoid “blanks” in dictation. Often, the CE provider cannot accurately remember exactly what was said during dictation and the “blanks” may not be able to be filled in with accurate data.

- Responsibility for data accuracy truly rests with the CE provider

6. DECREASED COSTS

- Faster CE report turnaround time
- Fewer call backs for missing or unclear information

Our experience shows that CE providers, once educated on the needs of DDS and the CE exam and the operational use of Structured Data Sets, will embrace the structure and framework and provide very high quality services to DDS and to the DDS clients.