

WHITE PAPER



Accurate Provider Data Governance Essential for Patient Care

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Introduction

Patient data is often considered to be at the heart of the healthcare industry. Laws protect patient's private information, electronic record systems ensure the accuracy and accessibility of this information, and patient advocacy efforts have led to more open access to their medical records.

However, the importance of provider data can often be overlooked. Information on a provider's location, specialty, contact information, and availability is essential for care coordination throughout the healthcare system. Without accurate provider data, patients can get lost in the system and providers are unable to refer patients to another doctor for continued care with confidence. The COVID-19 crisis has made this more apparent as increased patient volumes require intense and well-coordinated care.

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Research estimates the industry spends [more than \\$2 billion every year](#) to maintain and update provider data. Despite the robust resources expended, an average of 49 percent of all provider directories have at least one inaccuracy, according to a Centers for Medicare and Medicaid Services (CMS) [report](#) of Medicare Advantage organizations.

Common errors range from unlisted locations and contact information to a provider's status as accepting new patients when the inverse is true. These errors can appear small and be easily rectified, but at scale discretions can be detrimental to productivity and time-consuming to fix.

Patients and providers can easily become frustrated due to false information. For a patient, this might mean avoiding care altogether. For a provider, valuable time better spent with patients is squandered fixing inaccuracies.

Cleaning provider data would have a direct impact on care coordination. Provider organizations across the industry would benefit from accurate information as scheduling appointments becomes quicker, easier, and more reliable.

In order to further understand the challenges surrounding provider data, the healthcare business of LexisNexis Risk Solutions commissioned Xtelligent Healthcare Media to conduct a survey of provider organizations to identify provider data governance decision-makers and understand the effect of inaccurate information on operational efficiency.

The survey yielded 101 qualified responses from organizations across the industry, including independent hospitals, teaching hospitals, independent physician groups, and federally qualified health centers.

Results highlight the urgency of developing a cohesive strategy for provider data governance. The lack of ownership over this information serves as a barrier to its effective use. But accurate information would positively impact patient care across organizations. Decision-makers must take steps to overcome these challenges and enable timely and efficient care coordination across the healthcare system.

Only 18 percent of organizations have a dedicated data governance department responsible for provider data.

Lack of Ownership

Nearly two-thirds of survey respondents (73 percent) reported job roles directly tied to governing provider data. Yet their titles varied across departments, such as director of IT, director of solutions, data scientist, and manager of data quality.

This variation highlights the most significant challenge to provider data: the lack of a single source of truth or owner of data. In fact, 46 percent of all respondents identified this phenomenon as a provider data governance challenge currently facing their organizations.

Respondents were given a list of departments and queried about the latter's responsibility for provider data. No clear answer emerged as responses varied. The most common owner of this information, IT department, was cited by 38 percent of respondents.

Another 35 percent of provider organizations identified information systems as the owner of the data and 34 percent indicated the electronic health record team. Other departments claiming ownership include:

- Health information management (33%)
- Strategic planning (18%)
- Population health (17%)
- Care coordination (16%)
- Marketing (13%)

Clearly, there is no primary data owner with a variety of departments across provider organizations claiming responsibility. Only 18 percent of organizations actually reported having a dedicated data governance department in charge of provider data.

Without a single source of truth or owner responsible for accurate provider data, the quality of this data is unlikely to be improved and begs the question: Who is responsible for fixing this problem?

There is slight agreement about the decision-makers who should be held accountable for provider data: 51 percent of survey respondents singled out C-suite executives (e.g., CEOs, CMOS, CIOs, CFOs).

While upper-level management appears to be chiefly responsible for provider data, organizations still require the resources to support efforts to maintain accurate data. Resources to support proper data governance was the second biggest challenge organizations face, according to 44 percent of all respondents.

Not only do organizations lack a single source of truth, but they also want investment in resources to make this transformation possible.

Decision-makers must designate responsibility for provider data so one department can take ownership and work to improve its accuracy and effectiveness.

Across an organization, clean and accurate provider data can improve provider and patient satisfaction.

Cross-Department Implications

Despite the lack of ownership, leaders recognize the importance of provider data to the operational efficiency of their organizations. Designating ownership will provide benefits across departments, with improving data integrity (53%) and care coordination (63%) anticipated to be the likeliest beneficiaries. Data integrity and care coordination go hand in hand as improved data accuracy promotes better coordination. Providers with reliable data will have confidence in their referral pathways.

Fewer respondents (29%) believe provider data improves patient compliance. Patients can struggle to adhere to care plans when the very act of obtaining it becomes overly difficult, opening the door for future avoidance of care down the road.

Reliable provider information is critical for continuous and compliant care. According to respondents, accurate provider data impacts an array of departments:

- Health information management (57%)
- Electronic health record (56%)
- Care coordination (52%)
- Information technology (40%)
- Population health (40%)

- Information systems (38%)
- Strategic planning (31%)
- Marketing (22%)
- Data governance (21%)

The departments impacted by provider data have a direct impact on patient care. Health information management and the electronic health record teams manage patient data and information, so they have visibility in provider-patient relationships as well as patients missing a connecting provider.

Improving provider data, therefore, would impact patients as well as marketing and strategic planning teams. Across an organization, clean and accurate provider data can improve provider and patient satisfaction.

Seeing the wide range of impact provider information has on their organizations should motivate decision-makers to advocate for better data integrity.

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Future Implications

As more patients enter the healthcare system, accurate provider data becomes more critical. An influx of patients means more individuals will need to be connected to proper care, yet providers have less time to ensure referral information is accurate and reliable.

Between the current COVID-19 pandemic, upcoming flu season, and impending second wave of coronavirus, the healthcare system is likely to see an overwhelming number of patient encounters. One forecast from the Centers for Disease Control and Prevention [is projecting](#) between 2,000 and 10,000 new COVID-19 hospitalizations per day.

This perfect storm makes managing provider data critical now more than ever. Patients need proper care coordination and providers are lacking reliable information for referrals.

Provider handoffs should be simplified to support patient care. Therefore, decision-makers must throw their support behind streamlining provider data, beginning with taking ownership of the process. Ensuring the accuracy and integrity of provider data will reduce pressure on providers and promote better patient care during a time when patient intake is guaranteed to increase.

Conclusion

Provider data is often set aside, leaving organizations to focus exclusively on the accuracy and security of patient data. However, provider data is equally as important as it enables proper care coordination, smooth transitions of care, and improvements to the quality of patient care.

Ensuring high-quality provider data has positive implications for patient care and organizational efficiency. From information technology to strategic planning, decision-makers should focus on the importance of provider data, beginning with determining ownership of provider data—the biggest barrier facing organizations.

Given the predicted influx of patients from COVID-19 set to surge hospitals, health systems, and physician groups, focusing on provider data governance now is critical. Improving and properly managing provider data will provide benefits that extend beyond the current crisis and make care coordination smoother in the future.



About LexisNexis Risk Solutions

The healthcare business of LexisNexis Risk Solutions has mastered the art of combining, analyzing and delivering data and analytics to optimize quality, performance, and impact across health care entities. Our solutions leverage the industry's most robust and accurate provider data, comprehensive public records, proprietary linking and claims analytics, predictive science, and computing platform to transform the business of healthcare.