Duplicate Records Impact Achieving Meaningful Use

Background

Starting in 2014, eligible hospitals and critical access hospitals have been able to receive incentive payments by demonstrating Meaningful Use Stage 2 objectives. To qualify for continued incentive payments, hospitals must have participated in Meaningful Use Stage 1 since 2011 and must have attested to meaningful use of a certified electronic medical record (EMR). The meaningful use program not only provides incentive dollars, it also helps eligible hospitals avoid Medicare reimbursement penalties slated to begin in 2015.

Achieving Meaningful Use

Many of the Meaningful Use Stage 2 objectives are tied to a percentage of unique patients. When that percentage is based on records, even a moderately low duplicate rate will falsely inflate the number of patients to which the criteria must be applied. For example, one core objective is that 80% of patients 13 years or older (inpatient or ED admissions) must have smoking status reported as structured data. If the hospital has 62,000 patients in that age range admitted per quarter, this number is used as the denominator. If those admissions included an 8% duplicate creation rate, eliminating those duplicates would result in a truer admission total for the quarter changing the denominator to 57,040 unique patients instead of 62,000. In the below example, the quarterly attestation report generated from the EMR reveals 48,500 patients had smoking status recorded. If the duplicates are not resolved, the denominator in the calculation is still 62,000 patients and only **78.2%** will have had their smoking status recorded. This means you have missed a core objective for Meaningful Use Stage 2. However, with the duplicates cleaned-up the denominator in the calculation is lowered to 57,040 and now **85%** of unique patients will have had their smoking status recorded. Clean MPI data helps you achieve meaningful use.
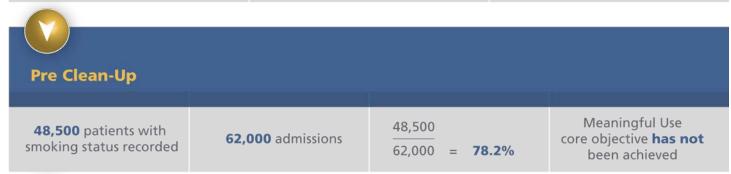
Meaningful Use Core Objective
Smoking Status

Criteria: 80% of patients must have a smoking status reported as structured data for patients 13 or older

Quarterly attestation shows **48,500** patients with smoking status recorded	Admissions (ED or inpatient) for the quarter is **62,000**	Duplicate Rate is **8%**

Pre Clean-Up

48,500 patients with smoking status recorded	**62,000** admissions	$\dfrac{48,500}{62,000}$ = **78.2%**	Meaningful Use core objective **has not** been achieved

Post Clean-Up: MPI Clean-Up reduces the denominator (unique patients) from 62,000 to 57,040

48,500 patients with smoking status recorded	**57,040** unique patients	$\dfrac{48,500}{57,040}$ = **85%**	Meaningful Use core objective **has** been achieved

An MPI Clean-Up removes duplicate records and helps you achieve Meaningful Use (for objectives where "unique patients" is the denominator)

About Just Associates

Just Associates provides consulting services that decrease data integrity issues and minimize the ongoing costs of maintaining patient data quality. We focus on helping healthcare organizations identify and resolve these issues and ensure accurate patient matching.

For More Information

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