

# Majority of Healthcare CIOs Lack Strong Trust in Data Integrity

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**By Fred Donovan**

November 15, 2018 - More than half of healthcare CIOs lack strong trust in their data integrity, but three-quarters of healthcare organizations plan to invest in improving

their data integrity, according to a **survey** (<https://www.dimins.com/press-releases/2018-2/data-trust-hc-cio-perspective/>) of 85 healthcare CIOs and other senior healthcare IT leaders by Dimensional Insight.

The poll asked respondents to rate their users' level of trust in their data on a 1 to 10 scale, with 10 being the highest level of trust.

Close to half of respondents assessed trust in their financial data as an 8 or above. Clinical data was rated 8 or above by 40 percent of respondents, while operational data was rated 8 or above by only 36 percent.

Clinical users have the lowest level of self-service in making data-driven decisions, the survey found. More than half of CIOs said that 30 percent or less of their clinical population has self-service in data-driven decision making.

“Trusted data is more important than ever, as healthcare organizations migrate from the fee-for-service model to value-based care,” says Fred Powers, president and CEO of Dimensional Insight.

“During this transition, healthcare organizations must weigh investments, risks, and tradeoffs against quantitative, trustworthy data. This kind of data driven decision-making will be critical in shaping the initiatives and high-stakes choices required by value-based care,” Powers added.

Trust in data can also affect hospital ratings. Hospital ratings are growing in importance as hospitals compete and more consumers use ratings to decide which healthcare provider to use.

According to an article in the *Journal of AHIMA*, ratings can often be affected by poor quality data or inaccurate assessments of quality and outcomes. Data oversights, such as coding mistakes or the copy and paste of EHR information, can negatively impact organizations' rankings.

“Savvy healthcare organizations utilize their ratings as an opportunity to do a deep-dive into the integrity of their institutional data. This multi-factorial analytical process should provide an objective assessment of institutional data quality,” wrote article author Daniel Land.

“The findings can be used to correct current deficiencies, identify opportunities for improvement, and proactively monitor data quality over time—which should ultimately improve an organization's ratings,” Land noted.

“It is important to remember that the accuracy of healthcare ratings is dependent upon the integrity of the supporting data, much of which is derived from coding and clinical documentation,” he added.

EHR data integrity can also be a major issue for healthcare organizations. A Michigan Medical School study found that data reported by eye patients to their providers may not align with those contained in their EHR. Only 23.5 percent of EHRs contain the same information as provided by patients, raising questions over the accuracy of clinical documentation.

“Medical record data could be analyzed by ‘big data’ approaches, such as natural language processing and bioinformatics, which have the potential to improve health care efficiency, quality, and cost-effectiveness. However, these applications assume that the EMR has accurate patient-level data,” the researchers wrote.

What the researchers found was that there were substantial discrepancies in the symptoms reported by patients and those documented in the EHR.

“Symptom reporting was inconsistent between patient self-report on an ESQ [eye symptom questionnaire] and documentation in the EHR, with symptoms more frequently recorded on a questionnaire. These results suggest that documentation of symptoms based on EHR data may not provide a comprehensive resource for clinical practice or ‘big data’ research,” the researchers judged.

The Michigan Medical School researchers said that data integrity is the biggest challenge for an EHR system. Based on the study findings, there are implications in patient care associated with EHR use due to incomplete recording of a patient's conditions.

“The inconsistencies imply caution for the use of EHR data in research studies. Future work should further examine why information is inconsistently reported. Perhaps the implementation of self-report questionnaires for symptoms in the clinical setting will mitigate the limitations of the EHR and improve the quality of documentation,” they concluded.