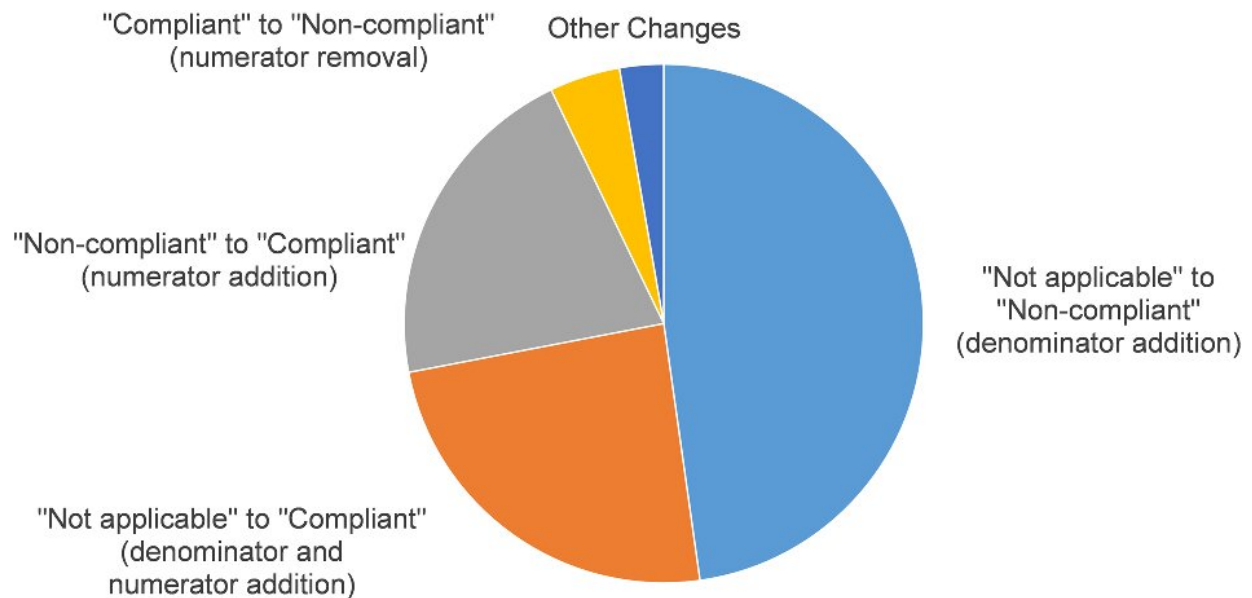


# Strength in numbers shown in ambulatory care metrics

May 7 2021, by Paul Govern



Discrepancies in quality measure calculations. Credit: *Journal of the American Medical Informatics Association* (2021). DOI: 10.1093/jamia/ocab039

The difference made to health care quality measurement by voluntary data sharing across a region's health systems and ambulatory care practices is examined in the *Journal of the American Medical Informatics Association* by Adam Wright, Ph.D., and colleagues.

The team studied 14 ambulatory care metrics at 53 [health care organizations](#) participating in the Kansas Health Information Network, a

health information exchange (HIE) operating in part as a multisource registry for quality measurement. With reference to 5,295 [patients](#), the team contrasted quality calculations using data from a single electronic health record with calculations using data from the whole network.

During 2018, 79% of these 5,295 patients received care at more than one network facility. Some 15% of all quality measure calculations changed when including HIE data sources, affecting 19% of patients. The changes were observed across measures and organizations.

Beside their use in directing quality and safety improvement, outcome metrics increasingly figure in payment for [health care services](#), the authors note.

**More information:** John D D'Amore et al. Clinical data sharing improves quality measurement and patient safety, *Journal of the American Medical Informatics Association* (2021). [DOI: 10.1093/jamia/ocab039](#)

Provided by Vanderbilt University

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