Mining for Gold

by Christian Downs, JD, MHA

Our history books tell us the gold rush in California began in the mid 1800s after a little gold was discovered in Sutter's Mill in Coloma. Hundreds of thousands of people rushed to the West Coast to get their share. Many endured great hardship and, in some cases, even death to get to California. Once there, the techniques they used to mine the gold were primitive—panning in stream beds and sifting silt through home-made screens or blasting rock with water. The fortune hunters would literally try anything to get to the gold. Unfortunately, we all know how the story ends. While a lucky few made their fortunes, many more were broken both financially and spiritually.

Fast forward more than 150 years, and you'll see some striking similarities to what is going on today in the healthcare arena. This time it is not an elusive, precious mineral that we are rushing to capture—but data. Data on patient outcomes, data on compliance with standards and regulations, data on patient safety efforts, and data on costs.

In particular, those of us in the field of oncology are in a great "rush" to get these data—not only to demonstrate the quality of care that we are delivering but also to help us strategically plan the future course of our cancer programs. In fact, I would go so far as to say that if we are to survive in a reimbursement climate driven more and more by pay-for-performance efforts, we need to skillfully mine our data and be creative in how we apply and use this information.

To help in this effort, start by reading Loretta Lausin's article, "Getting the Most from Your Cancer Registry." Lausin reveals how cancer programs can use their cancer registry data to make more informed business decisions, help improve the care of cancer patients, and offer support to pay-for-performance and quality reporting initiatives. This article is particularly relevant because it shows the value of the data that you are already collecting at *your own institution*. Often providers believe that because the information comes from "someplace else," it must somehow be "better." Well-constructed data from your *own* institution are, pardon the pun, the gold-standard.

Of course the data coming out of your program are only as good as the data going into your information systems (e.g., cancer registry software, electronic health records, clinical trial software, etc.) An efficient hardware and software infrastructure and skilled, trained staff to use these technologies are essential. In "Implementing a Human-centered Information System for Central Cancer Registries," cancer programs will find practical tips and strategies for evaluating and implementing cancer data management systems.

Research infrastructure is another area driven by data. "The Nuts and Bolts of Clinical Practice Billing" focuses on how cancer centers can evaluate their policies and procedures to improve proper documentation and billing of payers, sponsors, and patients.

So, for those in the cancer community using the data mining equivalent of panning, it's time to take advantage of the new technology that is available. Make the right choices and your program will likely be able to benefit from your gold mine of healthcare data. The rush is on. ◫

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