



HOW DO YOU IMPACT ENCOUNTER DATA?

Complete, accurate, and timely capture of patient encounter data is central to high-quality, value-based health care and it starts with **YOU** – the patient, provider, and care team. Encounter data is used to measure outcomes and costs, suggest improvements in patient care, and is key to the financial sustainability of practices and clinics.

Below is a quick glance at how your interactions support the capture of patient encounter data and how that data improves patient care and health outcomes at the practice level. For more information and resources, please visit IHA's [Encounter Data Resource Hub](#).

Roles that Support Patient Encounter Data	How this Role Supports Data Capture of Patient Encounter Data	Use Case Examples
Patient	Documentation of encounter data starts when the patient arrives for their visit.	<ul style="list-style-type: none"> + Alternate Payment/ Pay-for-Performance (P4P) + Used to set capitation rates for providers.
Front Office	Front Office staff collect patient demographics and basic data during registration, check-in, and check-out.	+ A care team needs a list of all female patients over 50 years old who have not been seen in the last year.
Back Office	Back Office staff communicate with patients, scrub charts, room patients, and collect vital signs, in-house test results, and values needed to calculate BMI; screening questionnaires may also be administered to the patient (PHQ-9, SDoH, SHA, etc.).	+ A care team needs a list of all patients with a blood pressure higher than 139/89 during the last six months.
Provider	Providers collect, analyze, and utilize a wide variety of patient information (social, family, health, and surgical histories; problems, medications, health screenings, assessments, other providers or specialists patient is seeing, labs and diagnostic orders and results review).	+ A care team needs a list of all patients with diabetes who have hypertension, and who also had a positive score on a PHQ-9 screening in the past twelve months.
Practice Operations <ul style="list-style-type: none"> + Billing/Coding + Finance/ Revenue Cycle Management (RCM) + IT 	Patient encounter data is translated to coding on claims and encounter submissions. Provider and care team documentation and data capture supply the information needed to apply specific codes for services provided to the patient during an encounter.	+ A finance team needs to produce a dashboard on telehealth visit volume and utilization over the last twelve months, compared to in-office visits for the same chief complaints.
Health Plans/ Provider Groups (Independent Physician Associations, Medical Groups)	Patient encounter data flows upstream to health plans either directly or through PPGs. Additional encounter data can be submitted, such as pharmacy and hospital claims, based on services patients received from other providers.	+ A health plan needs to compile gaps-in care and scorecards for providers under P4P/HEDIS quality program.



Prepared as part of IHA's Encounter Data Improvement program

Learn more at IHA's [Encounter Data Resource Hub](#)