

Hybrid Medical Records: A Management Tool



Webinar

March 18, 2008

Practical Tools for Seminar Learning

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Faculty

Terri Hall, MHA, RHIT, CPC, CAC

Terri Hall works for Public Health Service, Indian Health Service as their HIM/Risk Management Coordinator in Billings, Montana. She consults and coordinates HIM and Risk Management activities for three hospitals and seven clinics. She has helped her organization implement EHR and has one facility in her Area which is “almost” completely paperless. She has written twenty-one EHR policies and procedures for Indian Health Service. She assisted with the development of EHR User Manuals for Nursing, Providers, and HIM professionals. She received the e-HIM 2007 Award from the Montana Health Information Management Association. She was elected for the Council on Certification through AHIMA. She is a speaker for Indian Health Service for HIPAA/Privacy Act, OIG Compliance, EHR Implementation, and E&M Auditing. She has volunteered and assisted AHIMA Practice Councils for EHR, coding quality, HIM careers. Ms. Hall and her husband are avid hunters, love to fish, camp and ride their motorcycles.

Cheryl Martin, MA, RHIA

Cheryl Martin has been Chief Information Officer at Tuomey Healthcare System for the past eight years, where she is responsible for information systems, health information management, telecommunications, and patient registration. She has also served as the director or assistant director of 330-bed, 800+ -bed, and 129-bed facilities. Before then, she worked in directory quality services, medical staff quality, and staff education. Ms. Martin has a Master's and a Bachelor's Degree in Health Information Management from the College of St. Scholastica.

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State of Hybrid Records



♦ **Objectives of Training**

- Two Facility examples for managing Hybrid records
- Process for tracking what is on paper and what is electronic to fulfill the Legal Health Record requirements
- What to expect when moving from paper to EHR – managing two systems
- Redefine the EHR “complete” record

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State of Hybrid Records

♦ **Objectives** *(cont'd)*

- Release of Information = HIM
- Printing controls
- Physicians choices – electronic or paper?
- Inpatient transition from paper to electronic

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State of Hybrid Records

- ♦ **Managing in a hybrid environment is the reality faced by many HIM professionals**
- ♦ **Transition from paper to electronic should be a planned process**
- ♦ **Oversight of two very different system processes, simultaneously**

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State of Hybrid Records

- ♦ **Any HIM Department that is managing...**
 - Paper records
 - Electronic records
 - Microfilm
 - Scanning – internal & external paper
 - Individual data elements stored within an electronic health system, outside the healthcare facility
 - Importing images

...all at the same time is faced with a unique Project Management challenge.

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State of Hybrid Records

- ♦ Significant and ongoing changes in workflow, technology and staffing during this transition.
- ♦ Potential for customer satisfaction, productivity and compliance issue abound in an EHR environment.

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Polling Question #1

Who has not implemented an EHR?

- 1) Yes – EHR implemented
- 2) No – have not begun the process

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Tuomey Healthcare System

- ♦ e-HIM – As you consider...
 - Space
 - Staff skills
 - Don't convert then think about processes
 - Remote coding
 - Printing
 - Legal record
 - Forms

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Tuomey Healthcare System

- ♦ 303 beds
- ♦ Meditech Magic since 1988
- ♦ 1600 FTE's
- ♦ Only hospital in Sumter, South Carolina
- ♦ Medical staff of 150+

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Tuomey Healthcare System

- ♦ July of 2005, transitioned to McKesson Horizon Patient Folder, Horizon Business Folder and Horizon Physician Portal – all 3 comprise our EMR
- ♦ Really have 2 hybrid scenarios to describe
 - Prior to July 2005 – Meditech/Paper
 - After July 2005 – McKesson/Paper

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Tuomey Healthcare System

- ♦ Meditech/Paper
 - Lab, Pharmacy, Radiology, Nursing, Transcription, all electronic
 - Meditech NOT the repository or long term storage solution
 - Serves as the day-to-day electronic “documentation” system
 - Registration signature documents, physician orders, progress notes, OR documentation, MARs – all paper

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Tuomey Healthcare System

- ♦ **Meditech/Paper (cont'd)**
 - Electronic information printed all during patients' stay
 - Printed information and handwritten all sent to HIM after discharge
 - Couldn't trust that record received was complete – what was printed on floor, what was missing
 - Much re-work in re-printing to make sure chart was complete – what is a complete chart??

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Tuomey Healthcare System

- ♦ **Meditech/Paper (cont'd)**
 - Thinned charts on Nursing Units
 - Electronic Signature – optional for physicians – what a nightmare to manage... optional should NOT be an option!

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Tuomey Healthcare System

- ♦ **Issues**
 - **Delinquency Rate**
 - **AR Days**
 - **Storage Space**
 - **Access to Records**
 - **Security/Control of Records**
 - **Stability of current imaging system in Business Office and Registration – already in place prior to McKesson**

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Tuomey Healthcare System

- ♦ **McKesson/Paper (cont'd)**
 - **Delinquency rate hovers between 2 – 2.5%**
 - **Increase in storage needs halted**
 - **Will begin to decrease needs as back-scanning continues**
 - **Access to record from multiple providers in multiple areas at one time**
 - **Completeness of legal medical record ensured**
 - **Security of document protected via system**

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Tuomey Healthcare System

- ♦ **McKesson/Paper (cont'd)**
 - **Global documents available from visit to visit**
 - **Standard process in Business Office**
 - **Access to remits/patient payments for extended Business Office as well as in-house staff**

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Tuomey Healthcare System

- ♦ **McKesson/Paper (cont'd)**
 - **Assess your hardware infrastructure**
 - **Address an electronic forms product**
 - **How do you produce the "legal record" now?**
 - **Include ALL areas in planning**
 - **Interfaces – Categorize between HL7 and COLD feeds**

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Tuomey Healthcare System

- ♦ **McKesson/Paper** *(cont'd)*
 - **Who will have access to the system and to what**
 - **Back-scanning – all, some or none?**

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Tuomey Healthcare System

- ♦ **McKesson/Paper** *(cont'd)*
 - **Biggest Considerations**
 - **Forms**
 - **Interfaces**
 - **Workflow**
 - **Policy and Procedure Development**
 - **Communication**
 - **Training**
 - **Downtime**

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Polling Question #2

Has your facility performed workflow analysis as a result of EHR implementation?

- 1) Yes**
- 2) No**

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Tuomey Healthcare System

- **Redefine the “complete” record (HIPAA)**
- **Release of Information – who?**
- **Printing**
- **Physician choices**
- **Forms – creation of, constant “patrolling”**
- **Late documentation**
 - **Case Mgt Examples**
 - **Nursing examples**
 - **Records into system in 24 hrs**
 - Longer could create questions

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Tuomey Healthcare System

- **Retention/Destruction**
 - Exceptions
 - Enforcement
- **Creation of new positions – job descriptions**
- **Posted all positions – all staff had to re-apply for jobs**

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Q&A Session...

To ask a question:

- Click the “questions” button near the upper-right
- Click “NEW”
- Type your question in the white box
- Click “SEND”

(For LIVE seminar only)

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Polling Question #3

Because of EHR – has your staff been given an increase in pay based on new and additional duties?

- 1) Yes**
- 2) No**

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Billings Area Office – Indian Health Service

- ♦ Facility Types**
 - Located in Montana and Wyoming**
 - One Acute Care Inpatient facility**
 - Two Critical Access Hospitals**
 - Seven Ambulatory Clinics**

All up and running the IHS-RPMS-EHR with the exception of the Emergency Room, Inpatient and outside Specialty Physicians, since 2005.

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Billings Area Office – Indian Health Service

♦ **Legacy System – RPMS – Mumps**

- Laboratory
- Radiology
- Pharmacy
- Mental Health/Behavioral Health
- Patient Registration
- ADT (PIMS) – Sensitive Record – Audit Log
- 3rd Party billing
- Accounts Receivable
- Maternal and Child Health
- i-Care
- Immunization package
- Release of information package, etc.

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Billings Area Office – Indian Health Service

- ♦ **The IHS-RPMS-EHR – uses the VA-CPRS electronic health record.**
- ♦ **The EHR is a GUI – graphical user interface and the Clinical and Administrative Data resides in the RPMS (mumps) database.**
- ♦ **So, when EHR was loaded and turned on, all the data that resided in RPMS packages could now be seen in EHR.**

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Billings Area Office – Indian Health Service

- ♦ **Entry of EHR data occurs at the point of service for:**
 - Nursing triage, vitals, chief complaint,
 - Health summary/coversheet
 - Notes tab (Visit/Clinic Note)
 - Lab
 - Radiology
 - Orders
 - Consults
 - Wellness - Immunizations
 - Service Tabs – CPT & HCPCS codes
 - POV Tab – Purpose of Visit – Diagnoses
 - EHR reminders
 - EHR Notifications

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Billings Area Office – Indian Health Service

- ♦ **Paper record continued to be pulled up to one year for some sites!**
- ♦ **Why you ask – because physicians liked using the paper record and they found the transition extremely difficult to look for data in the EHR.**
- ♦ **Set the standard up front – once EHR turned on, paper records will only be pulled for 6 months.**

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Billings Area Office – Indian Health Service

- ♦ **Issues We Faced: Two Record Systems – Two Processes**
 - Getting providers to use the EHR instead of paper
 - Managing two completely different record systems and staff who only knew the paper system of record.
 - Staff assignments
 - Staff productivity
 - New tasks – new reports
 - Old tasks – old reports
- How do you split up the workload amongst staff, by type of clinic, by type of provider, by Terminal Digit Number, by EHR visits or by paper visits?

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Billings Area Office – Indian Health Service

- ♦ New Coding Queue reports versus old paper reports “visit error report”
- ♦ Coding Queue = unsigned/unreleased orders, unsigned/unreleased notes, visits missing diagnosis, clinic, provider, etc.
- ♦ Coding Queue = is this record complete? Yes – visit sent to 3rd party package for billing.
- ♦ Notifications to providers for deficient charts in EHR – new process
- ♦ Coding changes/questions notification or coding question template? (part of LHR)
- ♦ Selection of E&M, CPT, HCPCS, ICD codes by EHR users or by certified coding staff?
- ♦ Were all tests, procedures, services medically necessary?

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Billings Area Office – Indian Health Service

- ♦ Lots of duplicate visits created as a result of EHR – clean up necessary and time consuming.
- ♦ Accessioning ancillary tests could create a new visit in the lab, x-ray, ADT package.
- ♦ Refilling a prescription could create a new visit.
- ♦ Create new visit option in EHR versus choosing visit already created by ADT often occurred by EHR users.

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Billings Area Office – Indian Health Service

- ♦ Visit lock – what should it be set at? 3 days, 7 days, 30 days? When was a record considered complete in the paper world?
- ♦ Coding Queue question “is this record complete?” but it does not lock the visit?
- ♦ With paper you had more control over getting a deficient visit completed.
- ♦ How do you sequester an electronic health record and do you need to in electronic environment?

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Billings Area Office – Indian Health Service

- Vista Imaging/Scanning implemented December 2008 – Scanning P&P required & scanning stamps
- Training complex and controlled (licensure/certification FDA)
- Which documents will be scanned?
- Document signed electronically or filed electronically?
- Configuration buttons
- Image description
- Scanned document attached to a progress note
- Clinical and administrative documents
- Communication sheet with providers – do you want this scanned?

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Polling Question #4

Have you implemented scanning and imaging?

- 1) Yes
- 2) No

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Resource/Reference List

- www.ihs.gov – see EHR resources
- www.ahima.org
- AHIMA Practice Brief:
Complete Medical Record in a Hybrid EHR Environment – Part I, II, III
 - Managing the Transition
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021581.hcsp
 - Authorship of and Printing the Health Record
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021583.hcsp
 - Appendix
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021584.hcsp
- AHIMA Seminar – Workflow Analysis: Foundation for Transitioning to e-HIM (May 19-20, 2008 in Chicago)

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Audience Questions



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and webinars or order CDs and
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Upcoming Webinars

- ♦ **Defining and Maintaining
the Legal Health Record**
April 22, 2008
- ♦ **Enterprise Content Management**
May 20, 2008
- ♦ **Release of Information:
The Nuts and Bolts**
June 24, 2008

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Certificates will be awarded for AHIMA CEUs and ANCC Contact Hours.



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CE Certificate Instructions	

Appendix

Resource/Reference List

www.ihs.gov – See EHR resources

www.ahima.org

AHIMA Practice Brief: Complete Medical Record in a Hybrid EHR Environment – Part I, II, III:

Managing the Transition

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Appendix

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AHIMA Seminar – Workflow Analysis: Foundation for Transitioning to e-HIM (May 19-20, 2008 in Chicago)

AHIMA Web-based Course – Health IT: Preparing for Implementation through Workflow Analysis

<https://campus.ahima.org/abo/catalog/lms/Index.aspx?CategoryId=181>



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