AHIMA Distance Education

MPI Clean Up: It's a Must!

Webinar

July 21, 2009

Practical Tools for Seminar Learning

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Faculty

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Victoria Wheatley, MS, RHIA, is senior product manager for HIM Services at QuadraMed Corporation. Ms. Wheatley has over 25 years of experience in the HIM profession, in both acute care hospital and vendor settings. As a member of AHIMA's MPI Task Force, she assisted with the development of position statements, practice briefs, and guidelines for MPI maintenance. Ms. Wheatley is a recognized industry expert in patient identification, data integration, and MPI data integrity and record linking.

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Agenda

- Function & Importance of the MPI
- Statistics
- Why Does It Matter?
- Advocating for Action
- What Can Be Done?
- Case Studies

1

Function and Importance of the MPI

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National Healthcare Mandate

- **The creation of a seamless national health information system—including an electronic health record for virtually every American—within the next 10 years (by 2014).**

  President George Bush, 2004 State of the Union Address

- **ARRA Stimulus Package of 2009**

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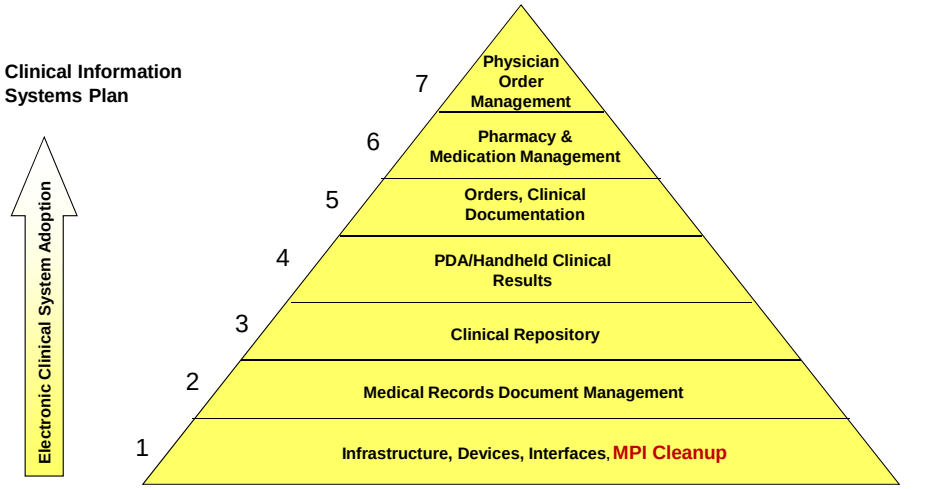
First Things First



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Evolution of the MPI

- Card file
- Facility master patient index
- Enterprise master patient index
- Electronic health records (EHR)
- Health information exchange (HIE)

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Why is MPI Accuracy Important?

- Quality Care for Patients
  - Critical link among disparate health information systems
  - Facilitates information exchange
- Financial Health for the Organization
  - Operational efficiency
  - Risk and cost reductions
  - Accurate billing and reimbursement

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The Key to Information

- **Unique patient identifiers are necessary to collect and access patient information for delivery of care and administrative functions**
  - **data interchange & interfaces**
  - **retrieval of reports and records**
  - **longitudinal health information**
  - **financial management**

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The Foundation

- **The Master Person Index (MPI) identifies all patients treated within a healthcare organization**
  - **The MPI may also identify other people, such as employees and physicians**
  - **The EMPI identifies all patients treated within an enterprise, or group of related healthcare organizations**
- **Each patient should have a unique identifier**

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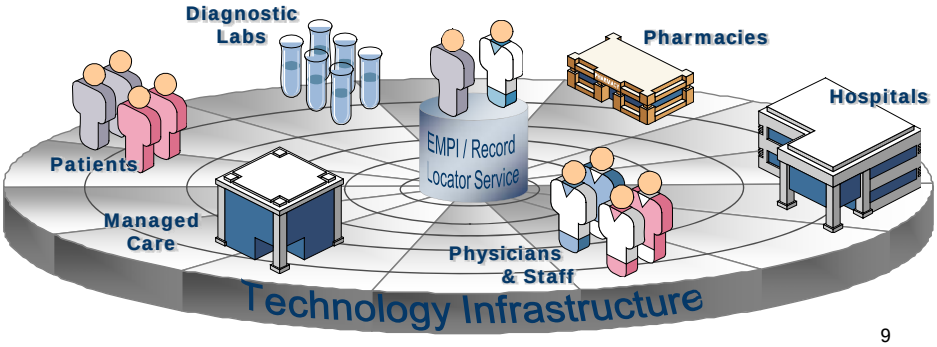
Connected Healthcare Community

- **Patient Centric Design**
- **Disparate IT systems are unified through a shared identifier architecture**



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Statistics

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Duplicate Statistics

- An average hospital MPI contains 500,000+ patient records
- HIEs have 1M to 150M records
- The average duplication rate is 8% - 12%

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Common MPI Data Errors

- Duplicate record: a patient has two or more assigned MRNs
- Overlap records: a patient has different MRNs in separate facilities that are linked in one EMPI
- Overlay records: one MRN contains information on two separate individuals

Source: "Building an Enterprise Master Person Index", AHIMA Practice Brief, January 2004.

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The Patient Matching Dilemma

- **False Positives:**

  High probability matches may contain false matches. A high probability match does not guarantee records are duplicates and should be linked.

- **False Negatives:**

  Low probability match does not guarantee records are not duplicates.

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Duplicates and Overlays

Records that *seem* to match
(same name, similar birth date)

Overlay
(False Positive)
2 records linked to 1 MRN

Clare Wheatley
DOB: 02-04-71

Claire Wheatley
DOB: 02-14-95

Michael Jackson
DOB: 08-20-58

Michael J. Jackson
DOB: 08-29-58

Records that *should* match
(but he looks completely different!)

Duplicate / Overlap
(False Negative)
2 MRNs created

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Causes of Duplicates

- **Discrepancies in name, address, numerical identifiers and other patient-unique attributes**
- **Undefined or inadequate processes for patient registration and MPI maintenance**
- **Multiple information systems and databases**
- **Prior data conversions**
- **Poor system integration, or no integration**

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Data Integrity Issues

- **~10% of <u>all records</u> have blank, missing or default values in key data fields:**
  - **LN,FN, DOB or Gender**
  - **Increases to ~40% when SSN included**
- **~25% of <u>all records</u> have errors in at least one of four key data fields:**
  - **LN, FN, DOB or Gender**
- **>80% of <u>duplicates</u> have a discrepancy in one or more of six key fields:**
  - **LN, FN, MN, SSN, DOB, Gender**
  - **~40% have a discrepancy in the first or last name**

Source: Technology Influence on Data Integrity & Impact on Patient Safety, Privacy & Security. AHIMA Convention Proceedings, September 2008.

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Computing Duplicate Rates

Existence Rate

A 500,000 record MPI file contains 15,000 duplicate pairs involving 30,000 records. The duplicate rate is 3%.

15,000 duplicates / 500,000 total MPI x 100 = 3% dup rate

Creation Rate

A facility has 10,000 pre-registrations and admissions per month. 250 duplicate records were created. The creation rate is 2.5%.

250 duplicates / 10,000 regs. events x 100 = 2.5% create rate

Source: "Managing the Integrity of Patient Identity in Health Information Exchange", AHIMA Practice Brief, July 2009.

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How Clean Is Your Data?

- **Average duplicate rate in a hospital setting is 10%**
- **Best practice duplicate rate is suggested to be below 5% (depends on setting)**
- **Where do you stand relative to industry benchmarks?**

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Polling Question #1

Have you assessed the MPI duplicate existence rate at your facility?

A) Yes

B) No

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Polling Question #2

What was the duplicate rate at your facility?

A) <2%

B) 2% to 7%

C) 8% to 13%

D) 14% to 19%

E) >20%

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Why Does It Matter?

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Why Does Data Integrity Matter?

- Healthcare personnel working with partial information on the patient in their care
- Errors create enormous waste and additional expense
- Inability of authorized clinicians to access vital patient records in the event of an emergency
- Increased number of tests being re-run because the original results cannot be located
- Risks of negative drug interactions because physicians do not know a patient's current conditions or medications
- Delays critical diagnosis
- Exposes patients to unnecessary invasive procedures

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Source: 2005 Connecting for Health Report, Markle Foundation

Alarming Clinical Statistics

- **30% - physicians could not find information previously recorded**
- **11% - same drug or radiology exam ordered, half of which ended up being performed**
- **Physicians not aware of 1 in 4 prescriptions (25%)**
- **1 in 7 admissions and 1 in 5 lab/radiology exams ordered due to retrieval barriers**
- **Data collection/transfer costs range from $12 - $28 per visit**

Source: Electronic Medical Records – Getting it Right and Going to Scale. Commonwealth Fund background paper , Jan. 2004

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Duplicates Are Costly

- **Duplicates/Overlaps: $100 +**
  - **Time & materials wasted by creating new records unnecessarily**
  - **Time & materials wasted by researching, identifying & correcting "on demand"**
  - **Delays in billing & accounts receivable**
  - **Duplicate tests and treatments**
  - **Missing clinical information**
- **Overlays: Catastrophic**
  - **Risk of Clinical Error**
  - **Potential confidentiality breaches**
  - **Cost of litigation**

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Notes/Comments/Questions

Impact of Poor MPI Data Integrity

Clinical Implications	▪ Inability to locate information ▪ Patient safety concerns
Adoption of Technology	▪ Inefficient care delivery ▪ Decreased confidence in clinical information systems
Community Relations	▪ Patient dissatisfaction ▪ Physician and provider dissatisfaction
Operational Efficiency	▪ Increased expenses ▪ Wasted resources ▪ Decreased revenue
Organizational Compliance	▪ HIPAA ▪ CMS 72 hour rule ▪ Joint Commission ▪ Confidentiality breaches

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Polling Question #3

Has your facility experienced any patient safety issues as a result of duplicate records?

A) Yes

B) No

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Data Integrity Intervention

- **Data Integrity "is achieved by preventing accidental or deliberate but unauthorized insertion, modification or destruction of data in a database…"**

PCmag.com: Encyclopedia of IT terminology

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Challenges

- **Diversity of systems not unified in data collection conventions and person identification processes**
- **Most hospital information systems actually *contribute* to the problem due to poor query technologies and reports, difficult correction mechanisms**
- **Business Processes – trauma registration, reference labs, newborns**
- **Human Factors – training, turn-over**
- **Other Factors – conversions, mergers**

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Realities

- **Must be an executive priority to be successful**
- **Takes time to achieve results**
- **Involves people, process, and technology**
- **Typically requires new product and services investments**
- **Will not happen without coordinated efforts across facilities and departments**

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Polling Question #4

Does your organization have a multi-disciplinary committee to address MPI data integrity?

A) Yes

B) No

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Advocating for Action

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Advocate for an MPI Assessment

- Knowing the problem enables evaluation of appropriate solutions
  - Determine the quality of the MPI data
  - Interview others to understand the operational impact of MPI data issues
- Quantify and explain risks
  - Quality of care
  - Operational effectiveness
  - Compliance with standards & regulations
  - Adoption of new technology
- Identify benefits of solution

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Call for Action

- **MPI systems link data within & across organizations – the MPI facilitates Health Information Exchange**
- **The average hospital duplicate rate is 10%. We need to determine the quality of our data.**
- **Our target duplicate rate should be ___%.** (below 5%)
- **MPI errors impact cost, quality and effectiveness of patient care.** (Share ROI statistics for your facility.)
- **Emphasize the need for a Data Integrity program.**
- **Obtain sponsorship for a project.**
- **Establish a multidisciplinary team including representatives from IT, HIM, Registration, and Clinical areas.**

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Compare to Best Practice

- **Determine the gap**
  - **Current state**
    - **Industry average duplicate rate 8%-12%**
    - **Industry average overlap rate >40%**
  - **Best practice**
    - **Duplicate rate <2%**
- **Set a data quality goal**
  - **Duplicate rate <5%**
  - **Overlaps properly linked**
  - **Minimize overlays**

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Prepare a Business Case

- **Prepare a return-on-investment or cost-avoidance business case**
  - **Risk cost per dup = $100+**
  - **Correction cost per dup = $15 to $60**
- **Show financial benefit of solving the problem!**

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ROI: Calculating Risk Costs

Risk	Cost
Quality & Continuity of Patient Care	>$100
Duplication of Tests & Treatment	> $100
Success of Strategic Initiatives	Variable
Impact on Operations	$10 - $1,000
Breach of Confidentiality	Variable
Liability Risk	Variable
Regulatory Noncompliance	> $10,000
Customer Dissatisfaction	Variable
TOTAL RISK COST PER DUPLICATE	**$100 or more**

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ROI: Calculating Correction Costs

Department	Time	Cost*
Health Information Management	15 min – 240 min	$4 - $60
Radiology	15 min – 100 min	$4 - $25
Laboratory	15 min – 60 min	$4 - $15
Business Office	15 min – 60 min	$4 - $15
TOTAL CORRECTION COST PER DUPLICATE	**60 min – 460 min**	**$16 - $115**

* Labor costs based on average wage rate of $15/hour

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Make the Commitment

- **C-level sponsorship**
- **HIM leadership and influence**
- **Cross-functional participation**

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Collaborate

- **Partner with IT**
  - **Technology is the tip of the iceberg**
  - **Policies and process are essential elements of a successful program**
- **Engage other stakeholders in Health Information Management, Business Office, Registration, Clinical areas**

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"As healthcare databases get larger and as more integration … occurs, the proper oversight of these databases from a record linking perspective is of high importance."

JAHIMA Practice Brief January 2006

Surveying the RHIO Landscape

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Seize the Opportunity

- **Leadership is needed**
- **Act now and make a difference**

Would your organization benefit from your leadership?

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What Can Be Done?

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Communicate

- Talk about this issue frequently
- Present in different forums – leadership committees, medical staff committees
- Educate your colleagues

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Educate: A 10-Step Program

1. Define project scope
2. Define data to be analyzed
3. Complete data analysis
4. Kick off the project
5. Complete a detailed project plan
6. Finalize the budget & timeline; assign resources
7. Verify duplicates
8. Merge duplicates
9. Report & evaluate
10. Implement maintenance strategies

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Act

- Develop an action plan
- Identify and engage vendors, if appropriate
- Get started!

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Set Up the Data Integrity Program

- Obtain the right knowledge
  - Educate yourself & your staff
  - Hire the expertise
- Formulate your DI Program
- Identify High Risk Areas Up Front
- Sell your DI Program on ROI

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Establishing a Data Integrity Program

- Stakeholder involvement
- Dedicated resources
- Education of all staff on importance of standards
- Establish an ongoing monitoring program
- Technology tools

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Data Integrity Program Components

1. Technology
2. Standards
3. Training
4. Ongoing monitoring
5. Feedback
6. Enforcement

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Technology

- Realize that most HIS vendor systems provide rudimentary matching and reporting tools
- Invest in sophisticated algorithms for external data analysis to assess your problem
- Invest in advanced tools for front-end and back-end processes

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Standards

- Data Standards
  - Dictionary of Data Definitions
  - Representations & Expressions
  - Data sets
  - Valid Value ranges
  - Mapping across vocabularies & systems
  - HL7 messaging
- Performance Standards
  - Productivity & quality
  - Processes

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Training

- **Who:**
  - **All staff: Clinical, Admin, IT, HIM, etc.**
  - **Special focus on registration/access/data entry personnel**
- **What:**
  - **Data Definitions**
  - **Data Entry Conventions**
  - **Consistency in Default Values**

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Monitoring

- **Transmissions and Processes**
  - **Was what was sent actually received?**
  - **Did the required function or process actually occur?**
- **Business Processes**
  - **Test to verify success**
  - **Institute processes to reduce data error**
- **Monitor Data Values & Attributes**
  - **Validity**
  - **Completeness**
  - **Consistency**
  - **Reliability**

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Feedback

- Resolve problems as they are identified
- Communicate what you learn from monitoring
- Modify the process as needed
- Re-train when and where necessary

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Enforcement

- Enforce data definitions & conventions
  - Report
  - Corrective Action
- It is an organization-wide effort

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Best Practices for MPI Correction

- Advanced person matching technologies
- Rigorous review of existing MPI systems and maintenance procedures
  - Data entry/naming conventions
  - Interfaces
  - Merges & updates
- Real-time error identification
- Structured error resolution process
- Monitoring and reporting

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Best Practices for MPI Maintenance

- Integrate technology, people, and process to solve patient identification issues
  - Involve all stakeholders
  - Evaluate Patient Access operational processes
- Implement Data Integrity Best Practices
  - Naming conventions
  - Search routines
  - Error Correction
- Educate staff on the relationship of the EMPI to the EHR
- Provide feedback
  - to Patient Access
  - to Executives and Medical Staff

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Case Study #1

Achieving EHR Data Quality through Maximization of Patient Data Integrity

children's MEDICAL CENTER

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A Patient's Perspective

- Registration Delay
- Waited in ED while staff searched for previous record
- Blood sample taken again for repeat test
- Initial antibiotics changed after organism ID'd on 2nd test
- Paid for 2 prescriptions
- Sick for additional 2 days—missed work, lost wages
- Follow-up visit at family doctor confused due to duplicate test results from ED
- Time spent clarifying billing with insurance company

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Notes/Comments/Questions

A Physician's Perspective

- Lack of Confidence & Frustration
- Survey Findings
  - 45% routinely found duplicate medical record numbers
  - 30% re-ordered tests due to inability to find results in record
  - 25% felt duplicate records impacted the quality of care they were able to deliver

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One Hospital's Perspective – The Cost of Duplicate Records

- Study performed on Confirmed Duplicates
- 1,000 Records included in Study
- Costs Captured
  - Readmissions with Bad Debt
  - Clinical Issues
  - Treatment Delay
  - Operational Costs for Rework
- Average Cost of Duplicates
  - $96.25 per duplicate record
- Clinical and/or treatment issues
  - 4% of duplicates
  - Average Cost per duplicate $1099
- Bad Debt
  - 11% of duplicates
  - Average Cost per duplicate $867

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Improving the EHR: Actions Taken to Resolve Data Integrity Issues

- **Multi-disciplinary task force convened**
  - **HIM Director**
  - **IT Director**
  - **Patient Financial Services/Access Director**
  - **Ambulatory Director**
- **Hired EMPI consultant to evaluate processes**
  - **Registration process in every location**
  - **Training and QA programs/P&P**
  - **Queries on database to identify data anomalies**
  - **Evaluated interface feeds into and out of EMPI**

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Improving the EHR: Actions Taken to Resolve Data Integrity Issues

- **Education on EMPI data model and it's relationship to EHR**
- **Improved search routines during registration**
- **Developed P&P with standardized naming conventions**
- **Increased data integrity requirements to add a new record**
- **Completed EMPI clean up program**
- **Evaluated user create statistics**
- **Installed record search software with advanced search algorithm**
- **Worked with downstream systems to ensure integrity**

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Notes/Comments/Questions

Success

- Duplicate medical record creation rate at 0.4%
- Physician complaints stopped
- Duplicate Medical Record Hotline – lost it's popularity
- Patient Access and HIM QA program, good inter-departmental relationships
- Daily feedback to department with immediate improvement
- Accountable to organization's executives and Medical Record Committee

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Critical Path to Success

- Measure data quality within your information system using proven technology
- Identify root causes of problems and data integrity issues
- Take steps to address both the root cause and the existing problem data
- Implement data standards
- Educate, monitor, communicate

Remember: If the data can't be located in the EHR system, it might as well be misfiled, misplaced or just plain missed...

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Notes/Comments/Questions

Lessons Learned

- Process Improvement is as important as technology
- EHR success critically dependent on the accuracy of the underlying data
  - Physicians have a low tolerance for error – One error is one too many if it's your patient or your child!
  - Clinical systems put the "errors" at the clinician's fingertips
  - Patient care improvement won't be realized from the EHR without high data integrity
- Without high data integrity, linking clinical records across systems is impossible
  - Disparate systems within a facility
  - Different facilities in an enterprise
  - Provider organizations in regional health information network

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Best Practices – EHR Data Integrity

- Record search and matching software – advanced algorithms
- Patient Access training based on
  - Consistent naming policies and search routines
  - Understand downstream implications of errors
- Daily review and correction of possible duplicates, overlaps and overlays
  - Patient Access QA process
  - HIM QA process
- Feedback on errors to Patient Access
- Results reporting to Executives/Medical Staff

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Sustaining Results – Duplicate Rate

- **2003 = 22%**
- **2004 = 5%**
- **2005 = 0.32%**
- **2006 = 0.19%**
- **2007 = 0.08%**
- **2008 = 0.14%**
- **2009 = 0.34%** ***YTD – System Conversion***

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Case Study #2

Cost/Benefit Analysis

Gaston Memorial Hospital
CaroMont Health

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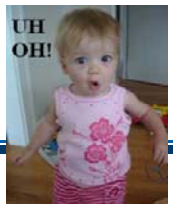
The Problem Hit HOME …



- **Sentinel Event – "Near Miss"**
- **Patient scheduled for cardiovascular surgery**
- **Lab problem cross-matching blood**
- **Delay in Surgery (additional cost for hospital stay)**
- **2 Medical Record Numbers were found**

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Cost of Additional Hospital Day

- **Additional $$$ for room / board**
- **Cost in terms of potential insurance denial**
- **Cost in terms of patient satisfaction**
- **Cost in terms of increased risk for nosocomial infections or other complications**

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Cost to Correct Duplicate MRNs

- **Analysis by vendor determined duplicate creation rate was about 8% or 2100 duplicates/month**
- **40 minutes @ $13.44/hour = $8.96**
- **At 2100/month = $225,792/year**

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Options for Preventing Duplicate MRNs

- **Option A: Temporary Solution**
  - **Hire staff to clean up identified DMRNs and be available for blood bank issues 24/7**
  - **Cost = $83,179**
- **Option B: Prevention**
  - **Implement registration software to prevent further DMRNs**
  - **Cost = $204,569 + annual maintenance fees/staff ($40,479)**
- **Option C: Prevention & Cleanup**
  - **Implement registration software to prevent further DMRNs and clean up the MPI database**
  - **$584,138 + annual maintenance fees/staff ($40,479)**
- **Option D: Optimal Prevention**
  - **Implement registration software to prevent further DMRNs; clean up the MPI database; and use biometric technology to prevent duplicates**
  - **$1,084,138 + annual maintenance fees/staff ($40,479)**

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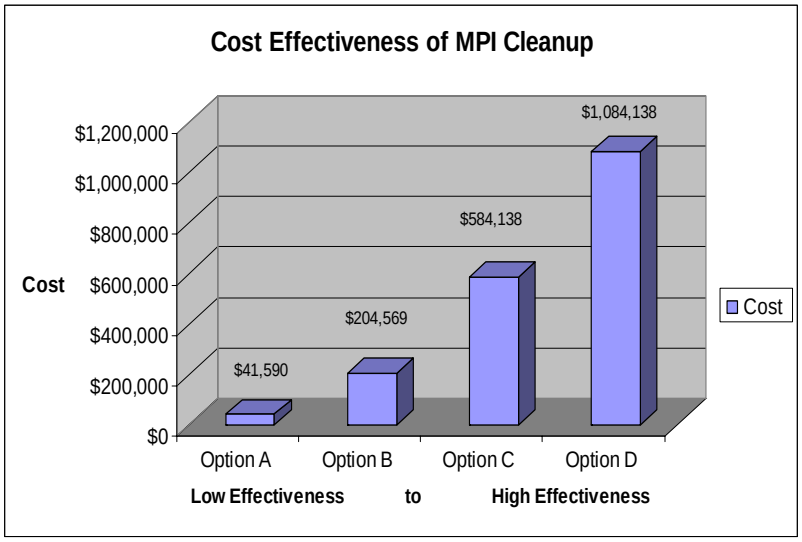
Notes/Comments/Questions

Cost of Options



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Success Factors

- Cleanup project eliminated historical problem
- Registration processes are more defined (centralized training for a decentralized process) through computer-based learning module
- Established ownership in each department that has a role in maintaining data integrity
- Tools are available to provide feedback to managers about their employees' work quality

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Benefits of a Clean MPI

- **MRN is a dependable identifier for clinical results reporting**
- **Clinicians have increased confidence in having all clinical results when queried for**
- **Increased patient satisfaction - no longer being asked for Social Security number as an identifier during registration**
- **Fewer corrections = lower costs**

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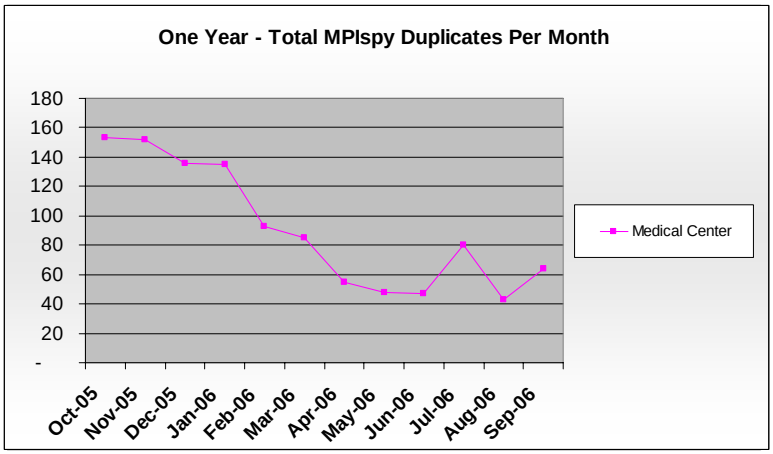
Proven Track Record



Cost Savings of $44,000 to $125,000 Per Year

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Notes/Comments/Questions

Resource/Reference List

- Baucom, Jan. "Dealing with Data Double Vision". For the Record, May 1, 2006.
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Audience Questions

Audio Seminar Discussion

Following today's live seminar
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www.AHIMA.org

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AHIMA Member ID number and password required

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http://campus.AHIMA.org
for information on the 2009 seminar schedule. While online, you can also register for seminars and webinars or order CDs, MP3s, and webcasts of past seminars.

AHIMA Distance Education

Upcoming Webinars

Preparing to Implement ICD-10-CM/PCS

July 30, 2009

Developing Your Records Retention Schedule: It's Bigger than Just Health Records

August 11, 2009

Managing Privacy through Systems Access Policy: Mitigating Medical Identity Theft

September 22, 2009

AHIMA Distance Education

Anyone interested in learning more about e-HIM® should consider one of AHIMA's web-based training courses.

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Thank you for joining us today!

Remember – visit the AHIMA Audio Seminars/Webinars Web site to complete your evaluation form and receive your CE Certificate online at:

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Each person seeking CE credit must complete the sign-in form and evaluation in order to view and print their CE certificate.

Certificates will be awarded for AHIMA CEUs.

Appendix

Resource/Reference List 44
CE Certificate Instructions

Appendix

Resource / Reference List

www.ahima.org

www.cmwf.org

AHIMA
Distance Education

To receive your

CE Certificate

Please go to the AHIMA Web site

http://campus.ahima.org/audio/2009seminars.html
click on the link to
"**Sign In and Complete Online Evaluation**"
listed for this webinar.

You will be automatically linked to the
CE certificate for this webinar after completing
the evaluation.

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