The Challenges of the Hybrid Medical Records... Its Impact on Clinical, Coding, and Fiscal Outcomes

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Forces Impacting the Healthcare Industry

- EHR
- Work Force & Population
- Data Reporting
- CAC
- ICD-10
- Value Base Purchasing
- Regulatory
- Audit Industry
Objectives

This session will address current issues of the challenges of the “hybrid” medical records:

– Operational (enterprize infrastructure, policy and procedures)
– Technological (electronic transition)
– Clinical (providers, & documentation specialists)
– Coding (HIM workforce)
– Fiscal (revenue cycle)
– Provide transitional solutions and recommendations;
Introduction

Quality health information has become an imperative necessity within health care organizations as information becomes more complex, addressing the needs of a multitude of constituents.

The shift from paper to an electronic health record (EHR) creates many challenges and has resulted in a transitional phase creating the “Hybrid” medical record.
Three decades ago the HIM profession was practically exclusively a paper based medical record;

Today there is ever evolving transition, expanding the set core of HIM skills:
  - Collection
  - Storage
  - Coding
  - Processing
  - Interpretation
  - Application
  - Privacy
  - Sharing of information
HIM Workforce & Workplace

• In recent years the HIM role emphasis has shifted to assisting others to access information to support:

  • Clinical decision-making
  • Administrative oversight
  • Financial management
  • Medical research
  • Personal health management
HIM Workforce & Workplace

• HIM professionals have become key players serving as a bridge & link, within health care organizations as information becomes more complex, addressing the needs of a multitude of constituents:

  – Various components of the health care system
  – Patients
  – Clinicians
  – Provider organizations
  – Payers
  – Regulators
  – Policy makers
There is currently a shortage of qualified HIM professionals to meet the demands of a growing healthcare industry dependent upon individuals with skills set in informatics and clinical technology.

In 2002 the United States Department of Labor, Bureau of Labor Statistics projected a forty-nine percent (49%) growth in the number of HIM professionals by 2010.

Health Information Management is one of the fastest growing occupations, yet yearly only about 2000 new graduates are produced and 6000 a year are needed to fulfill the projected demand.

Estimated 50,000 new positions will be needed to implement a national transition to electronic health records.
Future Issues Related to the HIM Professional

• The profession is a responder to change, not a generator of change;
• Authority for the hybrid medical record (paper & electronic media);
• Shift from paper to an electronic health record (EHR) creates many challenges;
• Coded data will continue to be of importance as it conveys succinct information essential to patient care and quality outcomes;
New challenges to the coding professional as it pertains to source documents from which to code from as it may present interpretation subjectivity from the coder, particularly when information is being “cloned” (copy & paste).

Health Information data is the basis for public reporting outcomes due to the dependence upon coding. Establishment of a collaborative process amongst HIM and clinical professionals to ensure capturing accurate and meaningful information that renders significant and valid reportable outcomes is essential.
Points to Consider:

• Effective training and monitoring for all health care providers on compliant EHR documentation practices;

• Ensuring documented collaborative clinical communication between providers, particularly within hospitalists groups;

• Establish policy and procedure protocols on prohibiting “cloning” of documentation and education on its negative ramifications;

• Establish and ensure timely documentation; (in ICD-10-PCS, it will be imperative to have a detailed documented operative/procedural note);
Future Issue Related to the HIM Professional

• Definition of the (EHR) is still evolving:
  • User functionality:
    – Approach: (systematic vs. universal)
    – EHR has a life of its own
  • HIM as a contributor:
    • Understanding project management
    • Strategic thinking skills & leadership mentality
    • Global understanding of administrative process & needs
    • Analytical thinking, process designers, project management
    • Bridging the gap between the technical and operational
    • Working roles (cross-operational vs. silos)
  • Quality records is imperative to meeting quality clinical and administrative outcomes goals.
Hybrid Record Components

- Paper
- Scanned images
- Microfilm
- Microfiche
- CD’s
- Other electronic media
Examples of Hybrid Medical Records

• Dictation, laboratory, and X-ray results are available electronically, whereas progress notes, ancillary care, provider information, graphic sheets, and doctors’ orders are on paper.
• Patient health information may be maintained on various other media types such as film, video, or an imaging system.
• Patient information may be scanned images that are accessed in a separate part of the system versus being integrated together in a chronological packet of information defined as the legal health record.
• Hospital records are automated, but clinic records are on paper and processed and stored in the clinic, never becoming part of the core EHR.

AHIMA. "Managing the Transition from Paper to EHRs." (Updated November 2010).
Burden of the Hybrid Medical Record

- Contradictory data affecting compliance;
- Costly due to workflows becoming more complicated; (documentation/query process);
- Billing affected due to multiple location of information;
- Increase in number of processes to complete HIM tasks (coding/provider authentication);
“The clinical record cycle is not designed to support the needs of the business office.” The clinical world is:

– Problem-focused:
  • problems are identified,
  • assessed and treated.
  • continuum of orders, results, interpretations, and actions.

“There is no concept of record completion.”
Information Systems in Healthcare.....Major Issues

• Historically Healthcare has one of the lowest dollar investments in IS.

• Changes in information needs have made it difficult to keep up with the needs of clinicians.

• Documentation around patient care is subjective and now becoming objective (evidence-based standards)

• Over 50% failure rate of implementation of electronic records in medical offices.
Where is the Documentation?

- Historically HIM professionals had a chart road map that delineated content and completion of each record type.

- Today the HIM professional must know what components of the record enter the electronic state and what other source system generates the remainder of other source documents.

- Coordinating information, documenting, abstracting and coding the health record has presented a challenge and further exacerbated by the complexity of the organization.
Computer Assisted Coding (CAC) & EHR Impact to Coding Process

• Analogous to when “encoder grouping” software were first introduced decades ago, the advent of computer assisted coding (CAC) certainly will offer new technology to assist with the coding process, but like the encoder, it will not replace critical thinking skills of the HIM coding professional, and its effective functionality is totally dependent upon complete and specific documentation; a process that is only accomplished with a robust and effective documentation improvement program.

• Facilities must ensure when implementing a CAC, that appropriate source documents are being referenced for diagnoses/procedural documentation for “CAC” coding assistance. As an example, an EMR in which its “problem list” is not effectively managed by the providers is useless from a clinical and coding perspective. Healthcare facilities must ensure the establishment of policies and procedures to mandate “active” and “consistent” management of the problem list.
Emergence of Hybrid Management of the Medical Record

• “The rise of quality improvement and reporting programs has also brought nurses under HIM leadership, creating a need for a skill set of health record knowledge and nursing experience to combine efforts in evaluating healthcare facility performance.”

• HIM is the basis for public reporting outcomes due to the dependence upon coding.

• Combining HIM expertise and nursing for quality improvement is a best practice for an objective process.
Impact to:
Coding & Documentation Specialists

• Accuracy rate is impacted by coding variances:
  • Coder
  • Provider
  • Administrative
  • Computer Systems
  • Leadership

• Without analyzing the variances accuracy rate is meaningless and non-comparable.
Impact to: Coding & Documentation Specialists

- Coder and Provider account for the two main reasons of “coding error”:
  - PDX
  - CC
  - MCC
- Administrative Issue:
  - Query policy
    - Lack of understanding of clinical indicators
    - Lack of follow-up to query
    - Inappropriate query
  - Support for Medical Staff accountability for record completion to include response to query.
- HIM needs to move from measuring individual coder accuracy to an organizational platform.
Potential Impact to Fiscal Revenue Cycle of the Hybrid Record

- Increase in Accounts Receivable (AR) Days
- Increase in Discharge Not Final Billed (DNFB)
- Negative Impact on Case Mix Index
- Increase in Late Charge Capture / Reconciliation
# 2011 - 2013 Health Information Technology (H.I.T.) Timeline

## 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>PROGRAM</th>
<th>MILESTONE</th>
<th>RESOURCES TO HELP ADDRESS MILESTONE</th>
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| October 1  | Medicare EHR Incentive Program | EHR Reporting Period begins for eligible hospitals and CAHs for FY 2012  
- 90 days for 1st year of participation  
- Entire year for 2nd year of participation | Notable Differences between the Medicare and Medicaid EHR Incentive Programs  
Core and Menu Measures for Hospitals with FAQs [PDF: 881KB]  
ALL Stage 1 EHR Meaningful Use Specification Sheets for Eligible Hospitals [ZIP: 2.2MB]  
Medicare and Medicaid Registration User Guide for Hospitals  
Medicare and Medicaid EHR Incentive Program Registration Webinar for Eligible Hospitals  
Attestation User Guide for Eligible Hospitals [PDF: 6.555KB]  
Guide to Clinical Quality Measures [PDF: 191KB]  
Tip Sheet for Medicare Hospitals  
Tip Sheet for Critical Access Hospitals  
Tip Sheet for Medicaid Hospitals |
| October 3  | Medicare EHR Incentive Program | Last day for EPs to begin 90-day reporting period for CY 2011   | An Introduction to the Medicare EHR Incentive Program for Eligible Professionals  
Core and Menu Measures for Hospitals with FAQs [PDF: 881KB]  
ALL Stage 1 EHR Meaningful Use Specification Sheets for Eligible Hospitals [ZIP: 2.2MB]  
Guide to Clinical Quality Measures [PDF: 191KB]  
Attestation User Guide for Eligible Hospitals [PDF: 6.555KB] |
| November 30| Medicare EHR Incentive Program | Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FY 2011 | Medicare and Medicaid Registration User Guide for Hospitals  
Attestation User Guide for Eligible Hospitals [PDF: 6.555KB]  
Attestation Worksheet for Eligible Hospitals and CAH [PDF: 382KB]  
Meaningful Use Attestation Calculator (version 1) |
Unintended Consequences of the EHR

Unintended consequences:

• Complex interactions between technology and the surrounding work environment.
• Occurs after the implementation of an EHR.
• Identified in the day to day execution of day to day processes.
• Avoiding the adverse of effects of these unintended consequences is an ongoing process.
Transitional Issue Solutions

- Ongoing review and modifications of policies and procedures:
  - Defining “legal” definition of the record
  - Electronic Health Records adoption
  - Release of Information
  - Patient Access, Confidentiality, Security
  - Physician education
  - Computer assisted coding (CAC)
Tenets of Paper/Hybrid/EHR

• Vision and strategic plan
• Support and engagement at all administrative/clinical levels
• Establishment of a legal health record steering committee
• Develop and publish policies and procedures
• HIM professional involvement
• Process of EHR software and hardware approval
• Process for managing information generated and stored in all data types of formats
• Written guidelines addressing access, confidentiality, security, print control, spoliation mitigation, disclosure, and e-discovery.
• Record inventory of information within every type of data depository format
• Policy for retention and destruction

AHIMA. "Managing the Transition from Paper to EHRs." (Updated November 2010).
“Our recovery plan will invest in electronic health records and new technology that will reduce errors, bring down costs, ensure privacy and save lives.”

President Obama, Address to Joint Session of Congress, February 2009
To qualify for Federal "meaningful use" incentives, health care providers must monitor and report the use of the EHR in their organization.

Catalyst for moving from Hybrid to EHR: “Meaningful Use”

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

The American Relief and Recovery Act of 2009 (ARRA):
• Provides more than $30 billion for Health IT (HIT) investments.
• Funds will be available to hospitals and physicians who adopt qualified, certified Electronic Health Records (EHRs) with the ability to exchange information with other sources.
• Providers with qualifying EHRs can receive incentive payments through Medicare or Medicaid as early as 2011.
• Legislation includes $2 billion for grants from the Department of Health and Human Services, including grants for telemedicine projects.
• Medicare eligible professionals, eligible hospitals, and CAHs that do not successfully demonstrate meaningful use (2015 and later) will have a payment adjustment in their Medicare reimbursement.
The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

“Meaningful use” means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.
CMS Medicare and Medicaid EHR Incentive Programs

Milestone Timeline

- **Fall 2010**
  - Certified EHR technology available and listed on ONC website

- **Winter 2011**
  - Registration for the EHR Incentive Programs begins

- **Spring 2011**
  - Attestation for the Medicare EHR Incentive Program begins

- **Fall 2011**
  - Last day for EPs to register and attest to receive an Incentive Payment for CY 2011

- **January 2011**
  - Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users of EHR technology

- **Winter 2012**
  - Last year to receive Medicaid EHR Incentive Payment

- **2014**
  - Last year to initiate participation in the Medicare EHR Incentive Program

- **2015**
  - Last year to receive a Medicare EHR Incentive Payment

- **2016**
  - Last year to initiate participation in Medicaid EHR Incentive Program

- **2021**
  - Last year to receive Medicaid EHR Incentive Payment

**JATA**

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Recommendations to mitigate risks in the EHR / Hybrid Environment:

- Actively involve clinicians and staff in the reassessment and ongoing quality improvement of technology solutions.
- Continuously monitor for problems and address any issues as quickly as possible, particularly problems obscured by workarounds or incomplete error reporting.
- Use interdisciplinary brainstorming methods for improving system quality and giving feedback to vendors.
- Carefully review skipped or rejected alerts.
- Require departmental or pharmacy review and sign off on orders that are created outside the usual parameters.
- Provide an environment that protects staff involved in data entry from undue distractions when using the technology.
- Continually reassess and enhance safety effectiveness and error-detection capability, including the use of error tracking tools and the evaluation of near-miss events.
- Use manual or automated surveillance techniques to continually monitor and report errors and near misses or close calls caused by technology.
- Pursue system errors and multiple causations through root cause analysis (finding the real cause of the problem and dealing with it rather than simply continuing to deal with the symptoms) or other forms of failure-mode analysis.
Questions
Thank you.

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