

Agenda

- Today's healthcare record management
- What's in a name
- Today's HIM processes
- The buzz...EHR
- Clinical systems and EHR
- HIM automation and the enterprise
- LMR (legal medical record)
- EDM & IT strategies
- EDM type EHR
- HIM processes and EDM benefits
- HIM and the future

Today's healthcare record management

- 85 - 90% of all hospital medical records are maintained in paper
 - 30-70% of the paper medical record documents typically originate in a computer system and are printed to paper for HIM processes
 - The electronic source documents % is increasing yearly
- Healthcare record management centers on 3 main functions
 - Create and maintain the Legal Medical Record (LMR)
 - Provide confidential, secure access to the information after the treatment episode
 - Analyze and use information in the medical records
- HIM oriented EHR systems are to date poorly defined and the concept has not gained much traction. Electronic document management systems (EDMS) have penetrated 10 - 15% of the HIM departments in hospitals over 100 beds
- There has been a widespread assumption that clinical systems will de facto change or replace HIM's operations. This is not coming to pass...

Today's healthcare record management

- Clinical system vendors have not discovered and are not offering clinical systems that also meet HIM requirements
- Many stakeholders consider HIM to simply manage the patient's medical record and don't give much thought to the rest of the roles HIM performs today and will perform in the future
- There is much confusion over the Legal Medical Record (LMR) and its definition given slow but sure increasing adoption of enterprise EHR type systems (CPOE, clinical documentation, clinical decision support). How does HIM and current record keeping practices fit in?

What's in a name?...Everything!

It's been said that a names are not important, but I maintain lack of basic naming conventions have and continue to cause huge vendor and customer confusion

- **CIS** (clinical information system)
- **CPR** (computer-based patient record)
- **EPR** (electronic patient record)
- **EMR** (electronic medical record)
- **EHR** (electronic health record)
- **EDM** (electronic document management)
- **EDMS** (electronic document management system)
- **ELMR** (electronic legal medical record or episodic, longitudinal medical record)

What's in a name?...Everything!

So what's the problem?

- Unclear names has set unrealistic expectations
 - Most HCOs believe a clinical system such as CPOE and clinical documentation will alleviate the need for HIM based imaging...wrong!
 - Lack of HIM capital budgets
 - <15% of HCO have paperless HIM departments

Names for what we are discussing today

- I will refer to systems in this presentation as either ‘EDM type EHR’ (electronic document management for the enterprise, including HIM, Patient Accounts, Registration, other areas)
- ‘Clinical EHR systems’ (CPOE, clinical documentation of all kinds, clinical decision support, results review)

The buzz in healthcare IT...EHR

- Federal initiative spurred by Institute of Medicine (IOM), CMS and HHS
 - Bottom line they believe Electronic medical records can promote patient safety and help control healthcare costs
- HL-7 (part of ANSI & ISO) spearheading standard creation
- President Bush supports, but funding not really there
 - 10 years called for electronic health records
 - They call for electronic records, but what are electronic records?
- EHR will impact the beauty contest for capital IT dollars over next 10+ years (according to early thoughts)
- Doesn't really clarify which systems should be concentrated on at present

EHR definition

EHR-S DSTU

- I have been concerned that the EHR standard does not adequately *define* what an EHR is in the real world
- The draft standard explains that this is not its intent, rather allows combinations of functionalities to grow from the standard to meet various requirements for IT systems winning healthcare
- The DSTU (Draft Standard for Trial Use) of the EHR-System describes behavioral functions

EHR definition

EHR-S DSTU

- It does not define whether an EHR is one system or a system of systems, implementation or data content. An EHR can be larger systems or small niche systems
- EHR-S also does not put to rest the alphabet soup and confusion of names such as EMR, EPR, Virtual EHR, PHR, CPR
- Therefore it seems appropriate to use names like ‘EDM type EHR’ and ‘clinical type EHR’
- To me, healthcare providers must clearly define for themselves the different types of systems they need, call whatever you wish EHR, but with clear definition between the different flavors

How do clinical systems and the EHR relate?

- There has never been clearly defined naming conventions for the various systems in a healthcare enterprise, this causes much confusion among vendors and systems buyers, marketing messages are typically very blurry
- ‘Clinical Information Systems’ was a loose term that described systems with clinician and patient care delivery focus
- That term has now evolved into an evolving standard, namely EHR

Current clinical system offerings

- Today's clinical systems are developed by both large HIS vendors and smaller 'best of breed' vendors
- They are dominated by physician and other clinician centric workflows designed for the patient care delivery process
- What is notable is their distinct lack of HIM or other administrative process functionality or even belief of it's importance
- Seemingly little thought has been given in the design / development processes of these systems to the administrative and enterprise aspects of the care delivery
- As a result clinical systems tend to actually hinder efficient HIM processing

The capital beauty contest

- Clinical systems are a dominant component of today's EHR discussion and capital expenditures in healthcare IT
- HIM oriented process automation still striving for higher rates of adoption and have not been budgeted for to a large degree in many institutions
- Confusion reigns in understanding what types of healthcare IT systems provide what functionalities, therefore strategic planning may or may not include HIM automation

The capital beauty contest

- So what's changing now?
- Clinical systems (especially inpatient) continue to have low adoption rates
 - Users disagree on what they want
 - Generalized resistance
 - Expensive
 - Hard to adopt and implement
- Questions are being asked as to why in this age of automation are there so many paper processes in the enterprise
- It's dawning on stakeholders that clinical systems do not eliminate the need for HIM or that they do not well manage the legal medical record
- Also HIM technology is becoming more proven and successful and the FUD factor is reduced

HIM and enterprise automation

- Automation of HIM is also an opportunity to extend automation throughout the enterprise to:
 - Patient Accounts
 - Registration and many other areas
 - Accounting and HR
 - Across all venues of care (IP, OP, ED, etc)
 - BPM style workflow is not provided by many healthcare vendors, no matter what niche they play into

What processes do today's HIM department's perform?

- Health Information Management (HIM) focuses on clinical and other administrative information gathered during episodes of patient care
- HIM collects, integrates, analyzes, formats and disseminates this information
- Performs record management logistics, including record completion and any present electronic medical record management
- Custodian of the patient's 'legal' medical record
- Compliance, coding and reimbursement
- Transcription management (millions of lines per year)
- JCAHO standards for HIM management
- Other regulatory and requirements (state, even local)
- Privacy and confidentiality - HIPAA

The Legal Medical Record (LMR)

- HIM is widely considered the custodian of the Legal Medical Record
- To date the LMR has been the record that is printed or copied and released when the “medical record” is subpoenaed
- The LMR is a strong driver for EDM, there simply is no other way to automate requirements for HIM, clinical systems such as CPOE are not addressing LMR functionalities as needed by HIM
- Many sites now questioning how the LMR fits their IT strategies
- AHIMA undertaking this ill-defined issue with 3 workgroups, including LMR definition

The Legal Medical Record (LMR)

- The addition of alerts, reminders, more clinical documentation and decision support has confused the situation, what is to be released when?
- Hospital attorney's and risk managers in general are not in favor of expanding record release for 'medical record subpoena's
- However mapping of the information from all clinical systems (and many revenue cycle too) for inclusion in which legal records (Patient billing records, Medical Records, etc) is becoming an issue that must be addressed

How does EDM fit into IT strategies?

- In the past EDM has not been a part of many IT strategic plans
- Some parties assumed that clinical systems would eliminate paper medical record. Untrue and has been becoming a larger issue
- Visibility is increasing for both HIM and PFS EDM as needs to eliminate paper and streamline workflows is recognized
- EDM being acknowledged as a mainstream application
- Recognition that LMR must be managed

Conceptual hospital clinical / HIM record architectures

The following architectures represent a fine distinction between what is 'assumed' to be the future of clinical record management (combined systems) and what is reality today and the next several years, at least (separate systems)

Overview of a EDM type EHR

- Main functions that any EDM type EHR must possess in order to be effective managing HIM records include:
 - Hi, mid and low volume scanning
 - Efficient scan and index capture
 - Interfaces (ADT, Lab, transcription, COLD and other)
 - Chart completion applications
 - Workflow that can be manipulated
 - Document lifecycle management
 - Editing and reconciliation tools
 - Cogent implementation strategies

Electronic legal medical records

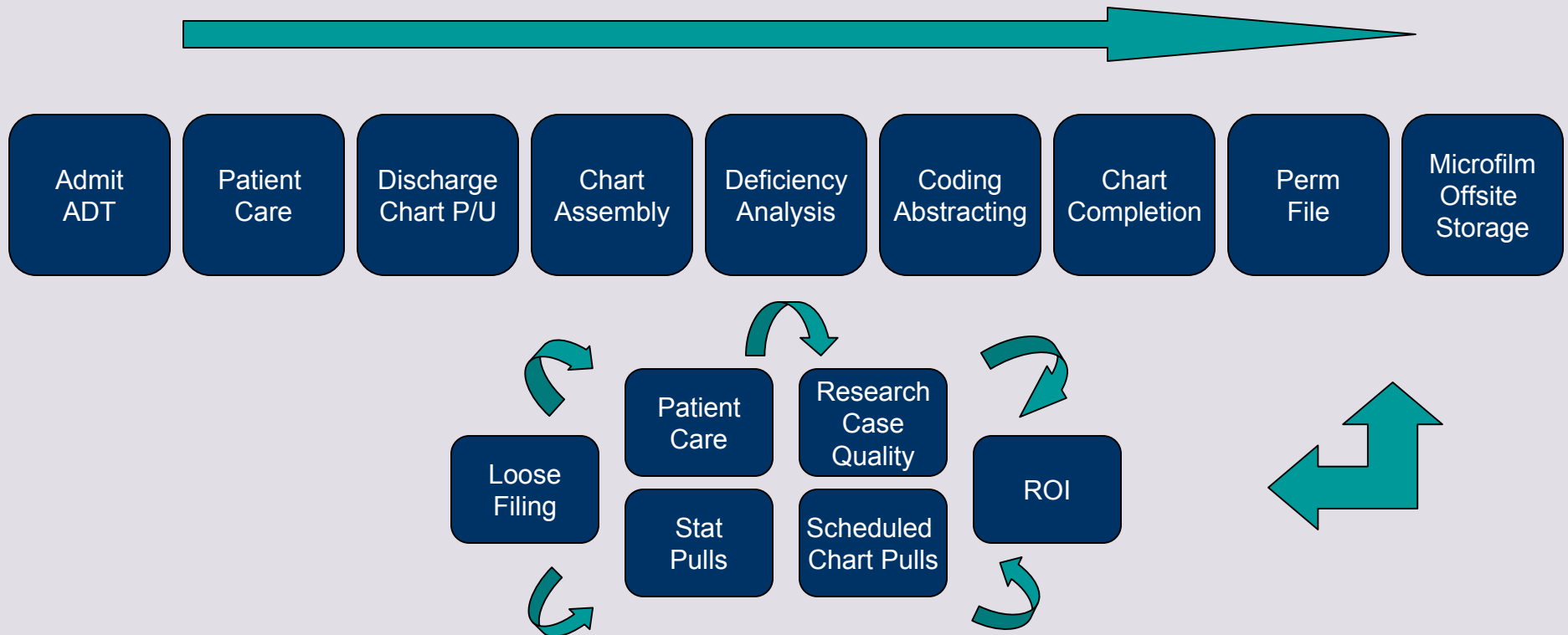
- If there are no true clinical EHR systems that can manage HIM then what is the industry doing to provide electronic medical records from HIM's perspective?
- The following diagrams present an overview of how hospitals and IDN's are currently implementing HIM and clinical type EHR systems

Processes HIM manages with HIM EDM

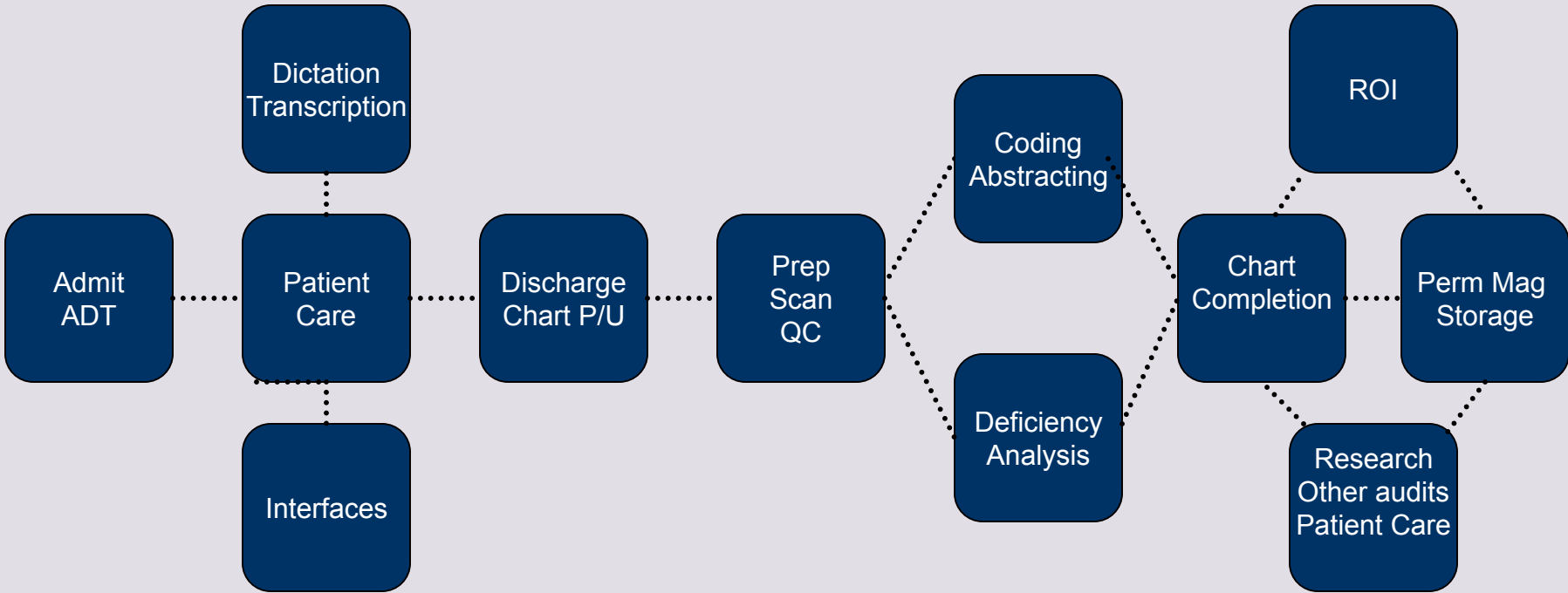
- Processes across small to large hospitals and increasingly IDN's
- Web access and applications very important
- Chart completion applications:
 - Deficiency management
 - Remote chart completion
 - Coding workflow
 - Release of information
 - Interfaces
 - Scanning
- Customizable, but not overly complex BPM style workflow

Paper-based HIM Process Flow

Serial processes, difficult logistics



EDMS based Electronic HIM Record



*Fewer processes managed by the HIM department,
parallel access and workflows*

EDM for HIM benefits

- Return on investments range from 2 - 5 years depending on organization size and aggressiveness of ROI model
- Tangible ROI
 - Remote coding, faster coding with more documentation
 - Lowers coding A/R and discharge not final billed (DNFB)
 - Automation of Def Mgmt and Chart Completion
 - Assembly and paper chart handling eliminate
 - Off-site storage and microfilm eliminated
 - Staff reduction
 - Floor space freed

Value propositions

- Intangible benefits
 - Info access assists patient safety
 - Physician satisfaction from no more trips to HIM, chart completion from anywhere
 - No more requests from HIM for chart access
 - Simultaneous, multi-user fast access
 - Workflow and worklist generation
 - Better quality charts, more control of processes
- No...HIM EDMS vendors do not promise to improve quality of documentation, but they do absolutely improve the quality of the legal medical record with tighter controls and more automation

The HIM future (that we all thought would be closer)

- 100% paperless HIM in US
- Clinical systems vendors recognize the importance of what HIM is responsible for, providing systems to address these needs
- HIM, enterprise and clinical systems standardized and integrated within the same vendor system offerings
- Seamless data / document interchange with record custodianship managed for all transactions

The HIM future (that we all thought would be closer)

- A larger patient populated / originated component in their records
- Revenue cycle, HIM, supply chain and clinical connections through software and IT services
- Auto coding and abstracting (not the elimination of coders, making them more efficient)

Copies and contact information

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