

It's a Hybrid World

Managing charts that include both paper and electronic documents

While all eyes are focused on the exciting vision of the Electronic Medical Record and its impact on health care, for most facilities the real world is a bit less... glamorous. Many facilities live with hybrid medical records, and they anticipate living with a blend of paper and electronic records for some time.

Meta Health Technology partnered with AHIMA to sponsor a member survey in October 2009 on the subject of the hybrid medical record. The goal was to learn more about how facilities are managing the challenges related to the hybrid environment, and to share useful insights with the rest of the membership. Here are highlights of what we found to be the most interesting of the survey results, and some assessments from our work with clients that may help other facilities manage their hybrid records more efficiently.

It's a Hybrid World

Nearly 80% of the facilities in the survey are maintaining hybrid medical records (figure 1). More than half of the respondents said that 50% to 75% of their records were on paper. While some facilities (14%) expect to achieve a totally electronic medical record within the next 12 months, 72% of them won't be fully electronic for at least 18 months (figure 2).

Clearly, the fact that so many facilities have and will continue to have some records on paper compels an innovative approach to handling hardcopy records. This mirrors the experience of our clients, who have adopted a variety of technologies to streamline their processes in a hybrid environment. For example, many have implemented an electronic signature system with scanning capability to enable their physicians to easily sign both electronic and hardcopy documents. As additional documents are subsequently transitioned from paper to electronic format, simple system interface changes can be made to accommodate the electronic physician signature.

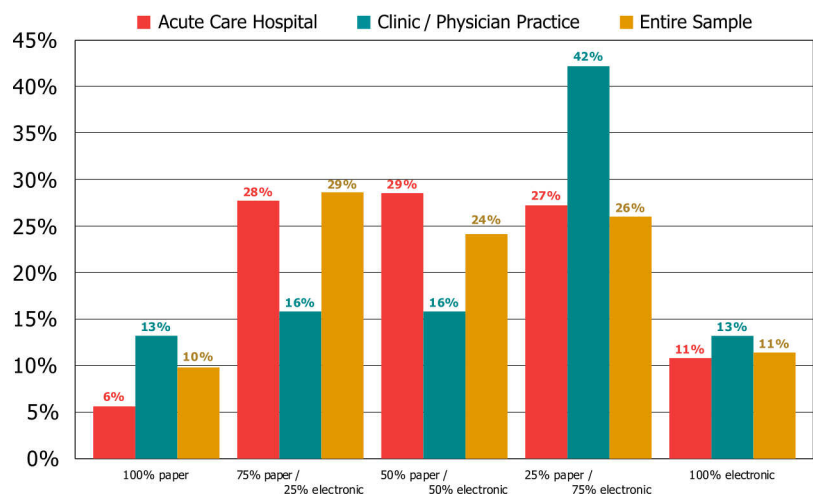


Figure 1. Hybrid Medical Record: Current State

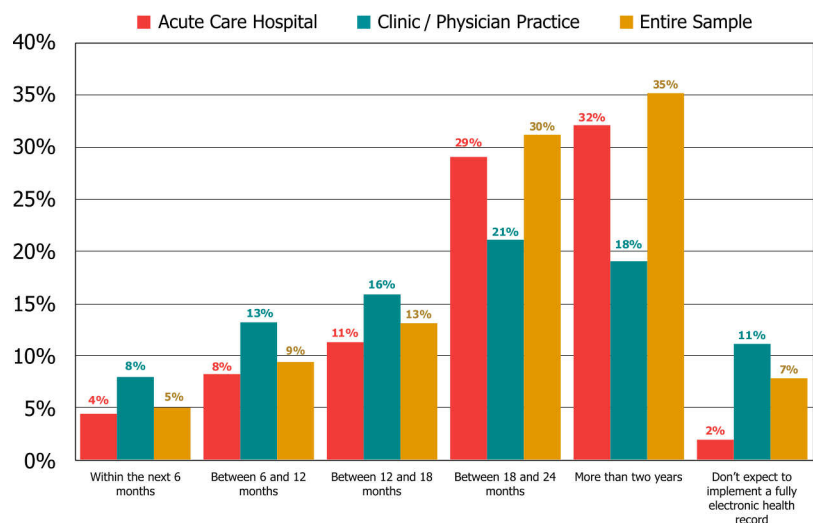


Figure 2. Full EHR Implementation Timeline



Success with e-Signature

In the survey, 81% of the respondents reported that their facilities are capturing signatures electronically (figure 3). While they report that a significant percentage of their physicians are now using their digital signature system, for some, physician resistance had been an obstacle in achieving widespread adoption and usage.

Obtaining physician compliance is often a challenge for HIM professionals, particularly when it comes to record completion requirements. We have found that clients achieve the greatest success in implementing an electronic signature and completion program when they focus their initial effort on a pilot group of physicians. This not only allows the facility to resolve any complexities that arise before a full blown “go-live”, but also provides them an opportunity to identify a physician champion who can assist in advocating for the new product or application. Additionally, communicating the quantitative results of implementation successes to key physician stakeholders, utilizing a facility newsletter or other vehicle, is an effective strategy for encouraging further physician adoption.

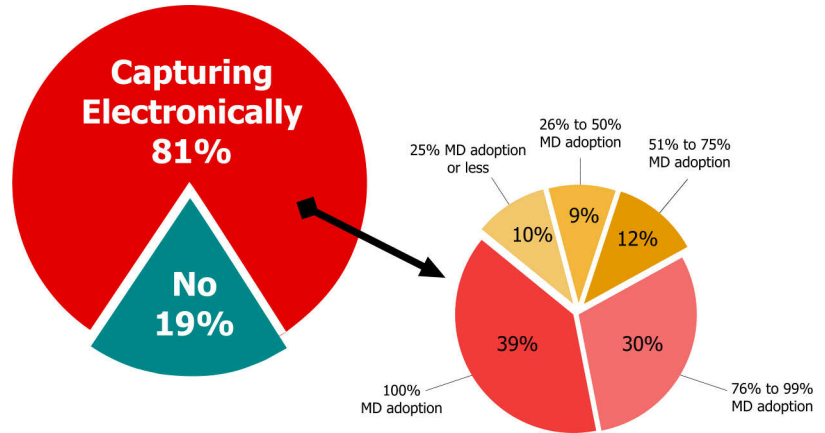


Figure 3. Prevalence of Electronic Signature & Rate of Physician Adoption

Benefits in Automating Deficiency Management

Automation of the deficiency management process can be a highly effective way for facilities to streamline HIM operations, particularly when they utilize a system that can automatically identify documents needing analysis. In the survey, 54% of the respondents said their facilities have automated the process, and 65% of that group said their system could automatically identify documents needing analysis (figure 4).

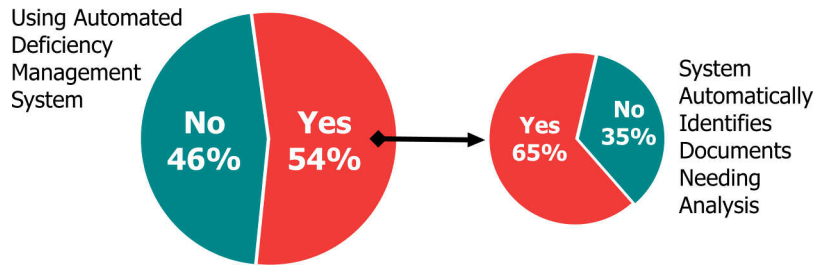


Figure 4. Use of Automated Deficiency Management Systems

Deficiency management is often the bane of an HIM department’s existence, as the success of that process drives the department’s ability to provide complete information for continuity of patient care, reimbursement, quality reporting, research, and a multitude of other health care activities. For that reason, it is essential for facilities to put in place an efficient and effective record completion cycle, all the way from the analysis process through to physician signature. We’ve found that clients who automated the chart completion process not only reduced their completion costs by as much as 60%, they also saw measureable improvements in physician satisfaction.



Workflow Automation Still at the Starting Gate

The survey also looked at the adoption of HIM workflow software as a means to streamline operations. Relatively few survey respondents (24%) reported that their facility was using workflow software for HIM document management (figure 5). For those hospitals, it is used most frequently in routing documents for internal coding and to physicians for e-signature (figure 6).

Respondents felt that workflow software has enhanced HIM functions across the board, but predominantly coding (internal and remote), abstracting and deficiency management (figure 7). Record completion was considered the highest-priority department function for workflow automation going forward (ranked 4.3 of 5 in priority), followed by deficiency management (4.1 of 5) and internal coding (4.07 of 5) (figure 8, next page).

Many HIM process outcomes are the product of a hand-off between individuals or units, or from one function to another (i.e., from analysis to coding to DRG assignment).

Therefore, workflow automation is a natural complement for HIM operations, as it provides an integrated transfer that is built right into your facility's system or application. Our clients have recognized the importance of integrating workflow at various levels—some as simple as interfaces between products, and others that are more advanced, involving workflow engines.

While HIM professionals continue to work in a hybrid environment, it is particularly important to take advantage of workflow capabilities in new or existing systems, so that operational efficiency will continue to improve.

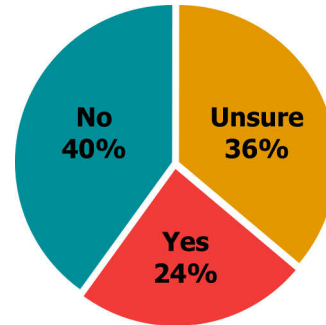


Figure 5. Adoption of Workflow Software

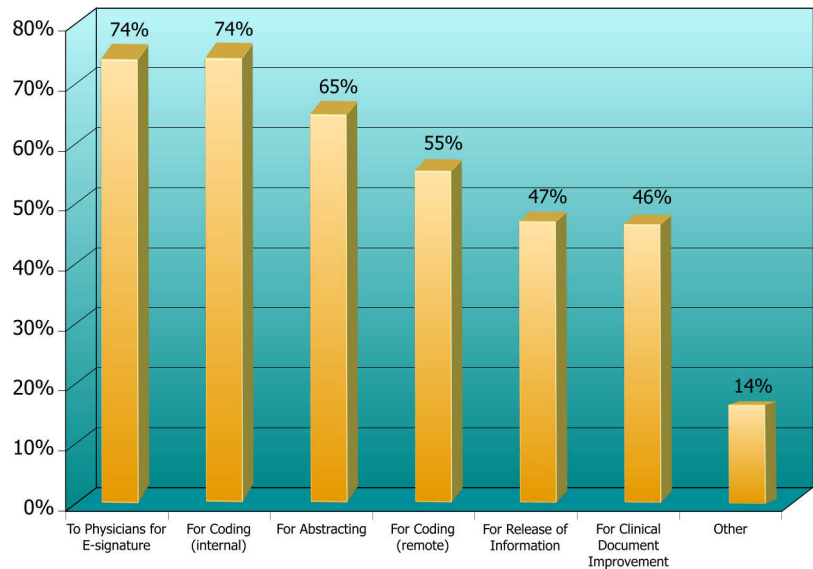


Figure 6. How Workflow Software Is Used in Routing Documents

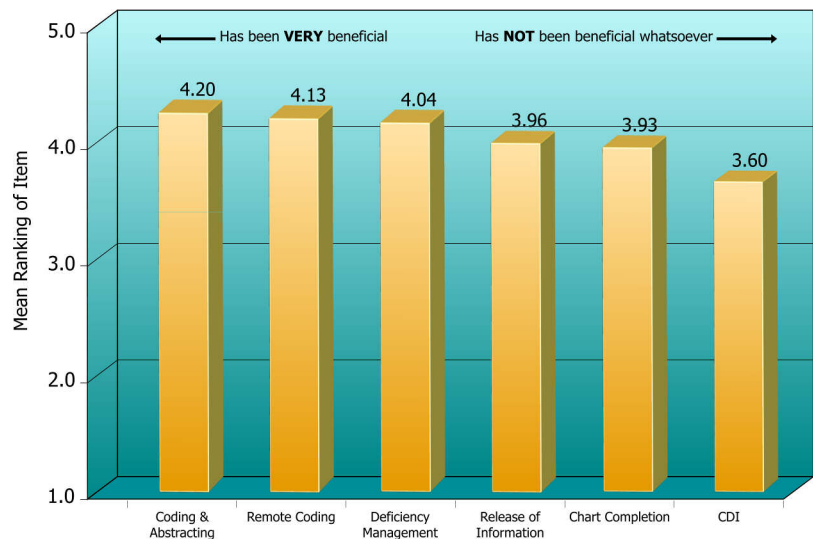


Figure 7. Workflow Software Enhances HIM Functions

If you'd like to talk to Meta about managing your facility's hybrid records or other HIM challenges, please email us at metasales@metahealth.com or call 800.334.6840.

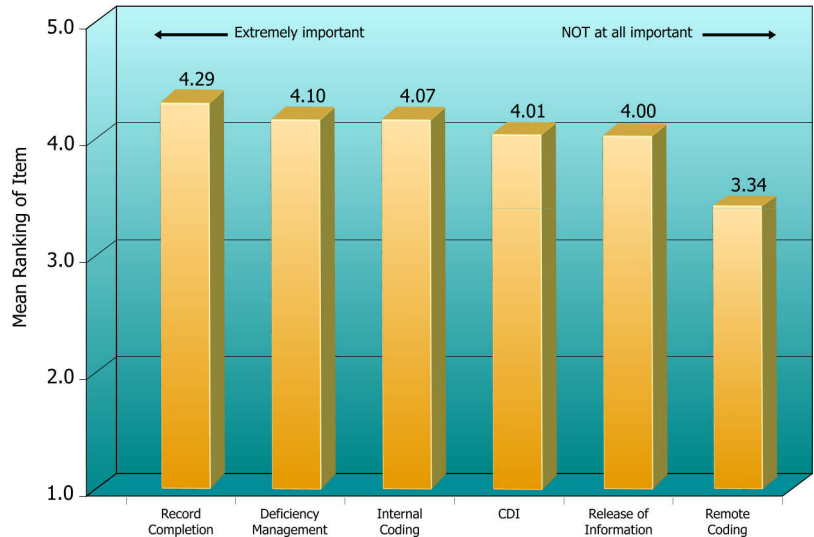


Figure 8. WorkFlow Priorities Going Forward

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About the Author

Barbara Hinkle-Azzara, RHIA joined Meta as Chief Product Strategist in 2007, bringing over twenty years of HIM Operations experience to oversee the company's product direction and functionality. Prior to joining Meta, she served as Director of HIM in three acute care teaching facilities in New York City, where she played a key role on various vendor product steering committees and implementation teams for new products and programs, including document imaging, clinical documentation improvement, various clinical systems and the recovery audit contractor (RAC) process.



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