To the end of the paper trail

HIM guides the EHR evolution

Those who are on their way to the end of the paper trail and those who have already reached it agree: The first step to a successful EHR project is planning. Facilities that recognize that HIM professionals know medical records best have a better shot at success than facilities that assign this project elsewhere.
It just doesn’t make sense to migrate to an EHR without HIM.

**HIM WILL MAKE A DIFFERENCE**

HIM staff can prevent mistakes from the outset. For example, HIM can prevent dual processes, says David Brailer, MD, PhD, national coordinator for HIT. President Bush appointed Brailer to the office in May 2004 to lead the way to widespread deployment of HIT within 10 years.

HIM professionals know what to do with records, how they flow through the systems, who uses them, who has access to them, and how to release information appropriately.

HIM can eliminate the extra work that comes from running an electronic and paper system simultaneously and help create a more efficient system.

And HIM professionals also understand form standardization, cleanup, redesign, and bar-coding, says David House, chief information officer and vice president of five-hospital Baptist Health System in Little Rock, AR. If HIM has already streamlined and analyzed the paper record process, it can streamline and analyze the electronic process as well.

They also know all the secondary uses of information, says Sandra R. Fuller, MA, RHIA, senior vice president of the American Health Information Management Association (AHIMA).

“The HIM professional won’t only think about the relationship between the physician and the pharmacy, he or she will consider how they both connect to the formulary and how the information can be used in quality improvement,” Fuller says. HIM staff also understand the privacy, security, and disclosure regulations, she adds. And HIM fully grasps data content and quality, Fuller says.

Often, systems are built to store silos of information that providers need to collect repeatedly. HIM will make sure this data is promulgated correctly. Birth weight is a great example, she says, because different providers measure weight at different intervals. The doctor or a nurse may weigh the baby, several clinicians evaluate the baby’s condition, etc. It’s difficult to populate the medical record with consistent data without standardization of who, where, and how you will measure weight.

Without standardization, weight measurements aren’t consistent, and providers and researchers won’t be able to use the data effectively.

HIM is aware of the data that’s needed for audits and data-reporting programs, says Mike Uretz, executive director of the EHR Group, a consulting firm. This is especially important because pay-for-performance programs are on
the rise and outcomes data-reporting is essential for an EHR.

**HIM CAN OFFER MORE**

As facilities put more of their clinical information in electronic systems instead of the traditional paper chart, the definition of the legal medical record will have to change. Chances are, the HIM department has written a policy that clearly defines the legal medical record. HIM leaders are best-suited to lead the process of updating this definition.

For example, Denver Health had defined its legal record as the imaged record, says Mary Beth Haugen, MS, RHIA, director of HIM and clinical applications. But when the facility transitioned to EHRs, it altered its definition of the legal record to include both the paper and the imaged version.

Redefining the legal record is an ongoing process, Haugen says, “We actually ran into trouble with the Food and Drug Administration [FDA] with our grants,” she says. “They hadn’t seen an imaged record before.”

To resolve this, Haugen organized meetings and visits with the FDA to demonstrate exactly what the legal record contained and how it was formatted.

If the HIM personnel weren’t involved, the solution might have been to create a shadow file—a back-up paper record, Haugen says. “This completely defeats the purpose of an EHR.” HIM professionals understand all of the legal/risk-management ramifications, accreditation requirements, information-use trends, and physical-output requirements for medical-record content.

They also know the EHR isn’t just a conglomeration of a computerized order entry system (CPOE) and a data repository. They understand how information must flow throughout their organizations.

Experts agree: With the involvement of HIM leaders in the EHR project, the chances of success increase exponentially.

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—Sandra R. Fuller, MA, RHIA
EHRs won’t succeed without HIM, Brailer says

Many people see electronic records as a computer project about software and networks—and software and database professionals often find themselves in charge of it. But when they take the lead, many key players (e.g., doctors, nurses, and HIM professionals) are often excluded, says David Brailer, MD, PhD, national coordinator for HIT.

“You just can’t accomplish the goal of creating information tools without having principal users and the people who own the process involved,” Brailer says. “This is about changing the way principal users—doctors, nurses, and medical records professionals—do business.”

The goal is to move away from paper records, not have both electronic and paper processes, he says. “[Dual records] will happen if you don’t involve the medical records department.” HIM professionals know what to do with records, how records flow, who uses them, who can access them, and more. If HIM isn’t involved from the start, you’ll end up with duplicate processes and extra work instead of more efficient systems, he says.

IT’S ROLE
Staff in the information technology (IT) department should use their knowledge of technology to create, use, and modify tools that help providers improve the quality of care, Brailer says. IT must take into consideration not only the clinicians, but the HIM, billing, and finance departments, as well as administration to make the electronic process better than the paper process. Some of the more progressive chief information officers understand that EHRs can’t just be an IT project, but many don’t realize it, Brailer says.

COMMON LEADERSHIP
HIM involvement must go beyond simply standardizing forms and scanning charts, Brailer says, adding that some of the most progressive EHR efforts he’s seen in hospitals merge the HIM and IT departments under common leadership.

One department or leader in charge of the entire process offers the ability to look at the health record from the beginning of the continuum with paper charts to the end with fully electronic charts. This is important because the transition will likely take years, meaning that there will be staff turnover, Brailer says.

“I definitely think [HIM and IT under one common leader] is something to look at closely,” he says. Merging departments has other benefits, according to Brailer. For example, budgeting is a major selling point. The medical records budget could become more efficient with IT processes that automate HIM functions, Brailer says.

MOVING FORWARD
President Bush gave Brailer just 10 years to move the whole country to electronic records, so Brailer isn’t wasting any time. “I think we’re getting to the point where it’s very hard for a hospital to do business without having electronic records in place,” he says. Without them, hospitals may not be able to retrieve information when it’s needed. “As more and more hospitals go electronic, those that lag behind are really going to suffer,” he says.
According to the American Health Information Management Association, the future of HIM is electronic, patient-centered, comprehensive, longitudinal, accessible, and credible. Making that vision a reality often means streamlining and merging departments whose missions overlap.

For example, the Denver Health HIM department is merging with information services (IS). Mary Beth Haugen, MS, RHIA, director of HIM and clinical applications, runs both the HIM and IS applications teams. She manages the clinical, financial, and Web groups. “We were struggling with computerized physician order entry [CPOE] rollout, and merging departments seemed like the best way to unite for success,” she says.

When Haugen was a CPOE project team member representing HIM, the chief information officer (CIO) asked her to take over the clinical applications system because it’s so closely related to medical records. The CIO recognized that Haugen could provide a systemwide view and offer the HIM point of view to the IS staff.

Haugen is now putting together the plan, and she reports to both the CIO and the CFO because she manages dual departments. “We want to merge to leverage the HIM and IS staff,” Haugen says. New proposed HIM roles at Denver Health will include the following:

- **EHR system manager.** This professional will manage enterprise-wide document management, coordinate forms, and manage chart completion, transcription, and handheld devices.

- **Revenue cycle liaison.** This professional will manage documentation improvement and education, coding quality, denials and revenue-stream management, compliance monitoring, clinical reporting, and decision support.

- **Data integrity manager.** This professional will manage the release of information, HIM operations, identity management, data integrity within the EHR (including electronic signature, imaging data, and coordination of ancillary systems), duplicate medical records, the master person index, computer reports and statistics with paper versions, and smart card support.

**BENEFITS DOWN THE LINE**

With merged HIM, patient financial services (PFS), and IS departments, organizations can create greater efficiency with fewer resources. With professionals from those three departments working together under combined leadership, the skill mix will improve, Haugen says.

Effective technology use can transition all health information to an electronic format and link it with PFS. This move will enhance revenue and standardize workflow and processes. HIM and PFS services can be available electronically 24 hours a day.

Also, with a redesigned, electronically available HIM department, you can eliminate the night shift. This will improve HIM employee satisfaction while continuing to accommodate internal and external customer needs, Haugen says.

Now that Denver Health doesn’t use paper charts, file clerks and staff no longer need to monitor the physicians’ incomplete area. And most of the HIM staff have more technical know-how. Rather than replacing staff, Denver Health transitioned into new roles. Coders can all work from home (which nearly eliminates turnover) and HIM staff complete all work online.
6 Solid reasons HIM must be involved in the EHR process
Whether you need to convince yourself, your boss, or your department of the importance of HIM to the EHR process, this list can help you. Here’s what you can tell anyone who doubts the value of HIM perspectives:

**HIM professionals**

1. **Know HIPAA regulations.**

Today, most EHR systems allow Web-based access to patient charts, in addition to electronic communication with outside parties (e.g., patients, consulting and referring providers, and payers). This communication must comply with the HIPAA privacy and security regulations.

Many HIM managers led the HIPAA compliance efforts at their organizations. And even if they didn’t, the everyday routine of HIM professionals includes tasks that require keeping patient information secure. That means they are well-versed in the intricacies of the HIPAA rules, which require covered entities to draft and modify policies and procedures and provide workforce members with HIPAA, EHR, and security training.

2. **Are familiar with information workflow and forms.**

Vendors often offer customizable EHRs that allow patient data to flow in the manner that best suits an organization. It is important to document how the present system works and help with the configuration of the new electronic system. HIM managers are best-suited for that job.

For an EHR to successfully replace paper-based documentation, the HIM team must work with the forms committee and clinical, ancillary, and administrative departments to complete a forms inventory for all medical-record types.

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**SPOTLIGHT: IS in a secondary role**

Information services (IS) should be a facilitator, not an owner, when it comes to the EHR, says David House, chief information officer and vice president of five-hospital Baptist Health System in Little Rock, AR. “[IS] should be the enabler, the conduit and provide tools and support to help those who will use electronic records do better jobs,” he says.

“Our job is to help our customers—hospital staff—do their jobs more effectively. The better ownership I have from my customer set, the better product goes in, the better the project turns out,” he says.

And HIM understands certain pieces of the EHR that IS does not (e.g., form standardization and cleanup), House says. Baptist Health System’s five HIM directors led efforts to redesign and consolidate forms, rebuild them electronically, and assign bar codes. “That’s what makes it slick,” he says.

If HIM has already streamlined and analyzed the paper record process, that group can streamline and analyze the electronic process, too.

*see page 10 to read Baptist Health’s success story.*

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HIM would have the following information for each form in an inventory log:

- Name of the form
- An internal forms control number
- Name of the individual and department who owns the form
- The type of medical records for which the form is used (e.g., service/location/patient type)
- Filing location of the form within the chart (e.g., assembly order placement)
- Purpose of the form (e.g., legal, clinical, administrative, etc.)
- Location of the inventory/supply stock of the form
- Place the form is printed/copied/ordered (e.g., in-house, external firm, part of computer/device output generated)
- Last date of form revision/printing
- Presence of a bar code (yes or no) and index code name

3. Understand outcomes, auditing data indicators, and criteria.
With pay-for-performance programs on the rise, outcomes data-reporting is rapidly becoming an essential feature in an EHR. HIM is aware of the data that is typically needed for audits and data-reporting programs.

Most other departments don’t know all of the legal/risk management ramifications, accreditation requirements, information usage trends, and physical output requirements for medical record content. Therefore, they mistakenly consider EHR a conglomeration of a computerized order entry system (CPOE) and a data repository.

This definition of EHR does not allow for a complete archival repository of the medical record that leaves out many essential pieces of the EHR.

Therefore, the HIM department helps determine the appropriate definition for your specific needs. Providing clearly defined roles and leadership empowers the HIM department to provide influence and lead the EHR initiative.

Studies have shown that if staff who use an EHR system don’t have input into the requirements and selection of that system, they are less likely to use the system efficiently and are more likely to complain about it. HIM professionals feed, care for, and use data.

HIM is responsible for inputting, aggregating and storing, and using data. HIM works with

TO POPULATE YOUR EHR SYSTEM WITH ACCURATE AND COMPLETE PATIENT DATA, YOU NEED TO START WITH ACCURATE AND COMPLETE PATIENT DATA.
clinicians to make sure their documentation complies with the JCAHO and with CMS. Who better to demonstrate the benefits of an EHR?

HIM is in the logical position to help redesign the business and clinical processes, while communicating to all constituencies why the new EHR system is better and how they can get involved.

5. Scan paper records, clean up the MPI.
Before you can flip the switch on an EHR system, it typically needs to be prepopulated with archived charts and master patient index (MPI) data that populates each electronic medical record. This is a major undertaking that requires significant time and resources. HIM typically cleans up the MPI before any transition to a new electronic system.

To populate your EHR system with accurate and complete patient data, you need to start with accurate and complete patient data. Otherwise, you may miss good data, have difficulty merging appropriate data, or increase the possibility that your data will float around in an electronic black hole, not tied to any patient record. Error-laden MPI data can create errors in the patient-management system of the EHR.

That’s where HIM comes in. The department staff use the charts daily and know whether information looks amiss. In addition, the HIM department knows the appropriate time in the record cycle to scan charts as images (unstructured data) versus actually inputting record data (structured data) to make it searchable and usable to generate flow sheets for chronic-care patients.

6. Understand how to set up rules for alerts, reminders, and call-backs.
A major benefit of an EHR is the ability to set up rules in the system to implement events such as call-backs based on a patient’s recorded encounter data. HIM understands which types of data to use for these rules.

Editor’s note: Michael Uretz contributed to this article. He has been involved with all aspects of software acquisition and development for more than 25 years and is presently the director of the EHR Group, a consulting firm. He has developed eHealth applications, helped physicians and administrators select vendors, structured and negotiated software contracts, and ensured that projects met budgets and timelines. Uretz frequently conducts EHR Best Practices seminars and workshops throughout the country. Contact him at mikeu@EHRgroup.com or 425/434-7102.
Baptist Health CIO: HIM ownership the key to success

Seven years ago, five-hospital Baptist Health System in Little Rock, AR, purchased an electronic patient record system. The project was a huge success not only because HIM was involved, but because HIM owned and led the project, according to David House, chief information officer and vice president.

Because the overall system would still include a significant amount of paper, many in the health system expressed concern that running an EHR system in conjunction with a paper record system would double the workload and the cost. To make sure that didn’t happen, the HIM department spearheaded the project.

The HIM director at Baptist Health Medical Center in Little Rock—the largest Baptist Health hospital—drove the project, a move that House says enabled it to progress quickly and easily.

“The HIM director stood up in front of our senior leadership and laid out the benefits of electronic records,” he says. “Then she showed them how to pay for it.”

HIM TO THE RESCUE

To get the EHR ball rolling, the chief financial officer (CFO) at Baptist wanted to reduce the number of medical record staff.

“Right before we signed the deal, the CFO said to the HIM director, ‘I know the benefits. I’m willing to pay for this. But you’ve got to be down 18 full-time equivalents [FTE] for this to work,’ ” House says.

The HIM director took responsibility and promised results—and was phenomenally successful. By the end of the project, Baptist Health was actually down 21.5 FTEs, without layoffs, he says. “I could have taken the most perfect system in the world, beautifully architect-
ed, and it wouldn’t have been a success if HIM didn’t own it,” he adds.

The HIM director worked closely with all of the medical records directors to roll out the EHR at each facility. By the day Baptist Health went live, the HIM department had trained all users on the new system. They were ready to go.

“This was the first system we ordered doctors to use,” House says. “And we are community-based; we don’t tell them to do much.”

On go-live day, House said he was standing with the HIM director in the medical records department, watching doctors work on charts in the dictation area. One doctor gestured as if he was going to be sick and pointed to the computer. House said he thought, “Great, now I get to fight with these doctors for the next five years.”

But she walked over to the doctor and asked, “Why are you doing that? You were down here just six weeks ago complaining you couldn’t find a medical record. You said you’d be thrilled if you never had to come to medical records again.”

Then she started listing benefits of the new system, such as not having to worry about whether the medical records department will be open at 2 a.m. when they need a chart. By the end of the exchange, the doctor admitted he probably only needed 15 minutes of training, House says.

“If she buckled, it would have been over,” he says. But she understood the benefits of the system, believed in it, and had the tenacity to remind doctors about the benefits. “This moment of truth made all the difference,” House adds.

**SPOTLIGHT: Baptist Health reaps measurable benefits**

Not only did Baptist Health in Little Rock, AR, reduce medical records staff by 21.5 FTEs by going electronic, but it also boasts the following:

1. **Increased employee morale.** Due to the nature of the work, the medical records department dealt with dissatisfied customers daily. This caused low staff morale, especially because the problem related to the unmanageable amount of paper flowing through the department on a daily basis, something over which they had relatively little control. After EHR implementation, the employee turnover rate in the HIM department went from 60% to 5%.

2. **Improved physician satisfaction.** Professional staff are HIM’s primary customer. Before installing and using the electronic system, the HIM department surveyed professional staff to measure employee satisfaction of HIM performance.

Later, HIM compared this data to survey results taken after EHR implementation. After EHR implementation, satisfaction (on a scale of 1–5) rose to a 4.7 from a 4.3.

3. **Less trouble with corporate compliance.** Baptist Health, facing the same corporate compliance regulations as every other facility in the United States, consolidated its coding function within its five hospitals. Now one director manages all five facilities, making it easier to keep track of everything.
EHR Resources

**American Health Information Community**  
[www.hhs.gov/healthit/ahic.html](http://www.hhs.gov/healthit/ahic.html)  
AHIC will help advance efforts to reach President Bush’s call for most Americans to have EHRs within 10 years. Keep up to date with frequent visits to this Web site.

**American Health Information Management Association**  
[www.ahima.org/infocenter/ehim](http://www.ahima.org/infocenter/ehim)  
AHIMA is leading the e-HIM® initiative. The association has commissioned volunteer work groups to develop practice standards for the transition to EHR.

**The Center for Health Information Technology**  
[www.centerforhit.org](http://www.centerforhit.org)  
This Web site is the focal point of the American Academy of Family Physician’s technical expert-ise, advocacy, research, and member services associated with medical office automation and computerization.

**Electronic Health Records Briefing**  
[www.hcmarketplace.com/prod-3224.html](http://www.hcmarketplace.com/prod-3224.html)  
EHRB is a monthly 12-page newsletter designed to help ease the transition from paper to electronic records.

You’ll get expert advice to help you  
• evaluate vendors  
• develop training programs  
• get physician buy-in  
• learn from other HIM managers’ experiences  
• stay up-to-date on the latest national HIT efforts  
• evaluate and measure EHR results

**EHR Connection**  
EHR Connection, a free weekly e-zine, is your connection to all the information you need to make your electronic health record efforts successful. You’ll get tips each week on topics such as vendor selection, evaluating return on investment, getting buy-in from physicians, and much more.

**The Health Information Management Systems Society**  
[www.himss.org/asp/topics_ehr.asp](http://www.himss.org/asp/topics_ehr.asp)  
HIMSS provides strategies for success, news, case studies and more to help you with the transition.