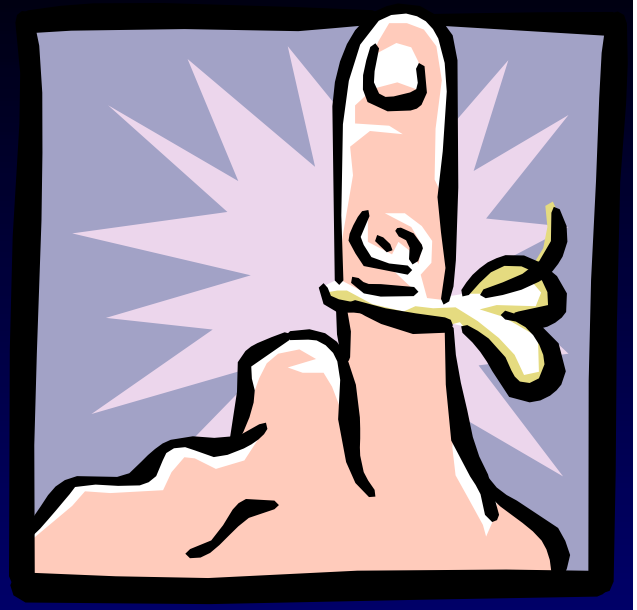
Achieving Compliance, Efficiency, & Quality Care with Future EHRs

Discovering the Source of the Problems

Creating Physician-Friendly Solutions

Stephen R. Levinson, M.D.
ASALLC@aol.com
www.PracticalEM.com

Disclaimer



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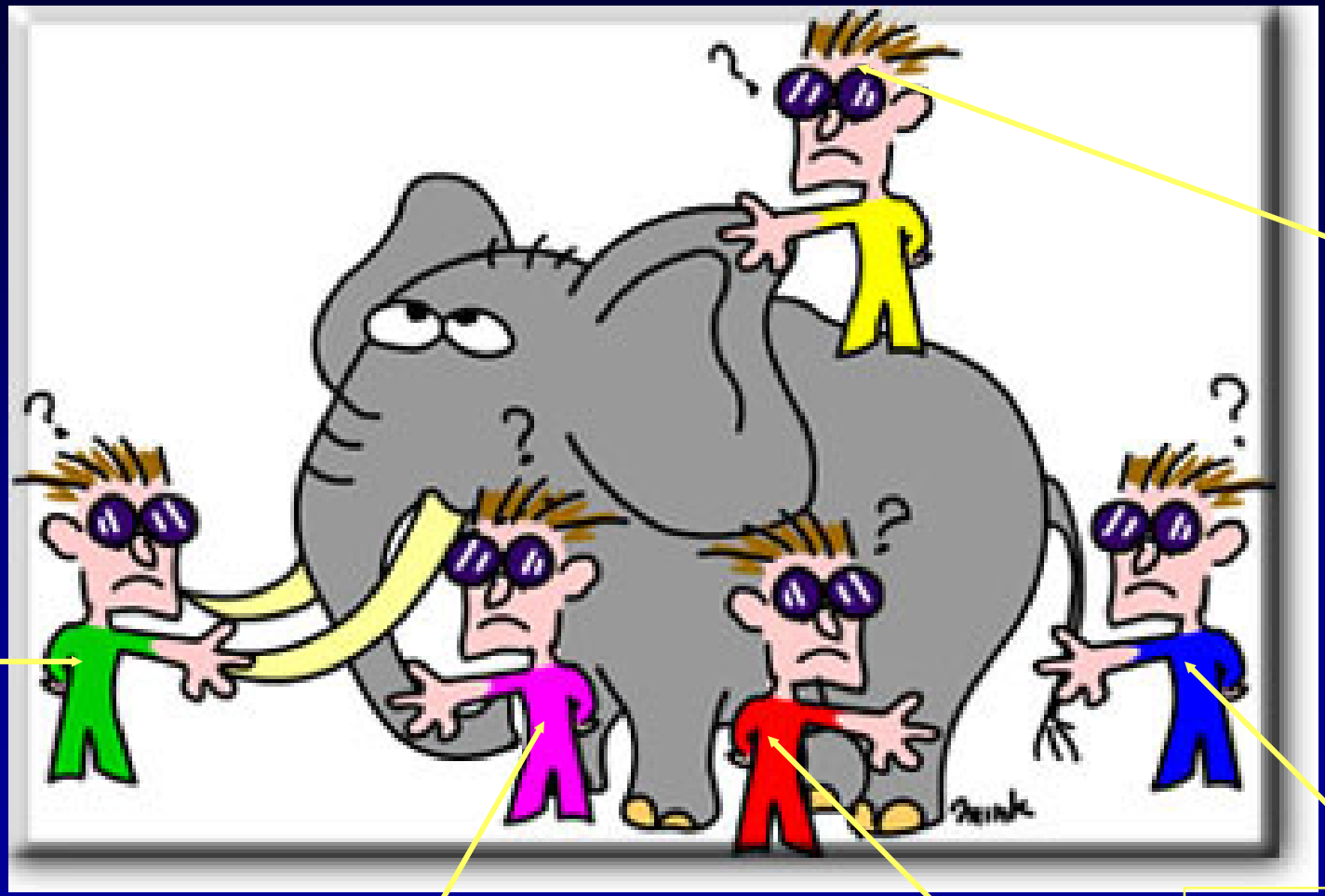
- Presenter has personal interests in consulting, presenting, writing about, and developing software in order to help physicians achieve compliant medical records and to help them facilitate quality patient care

Elephantine Health Records (EHR) Means Different Things to Different Stakeholders



M.D.s

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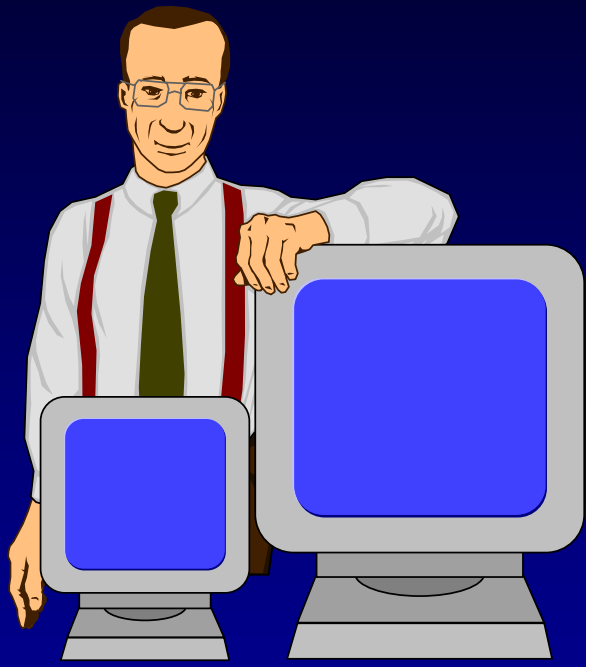
To Physicians, "EHR" Means the Medical History and Physical (H&P)

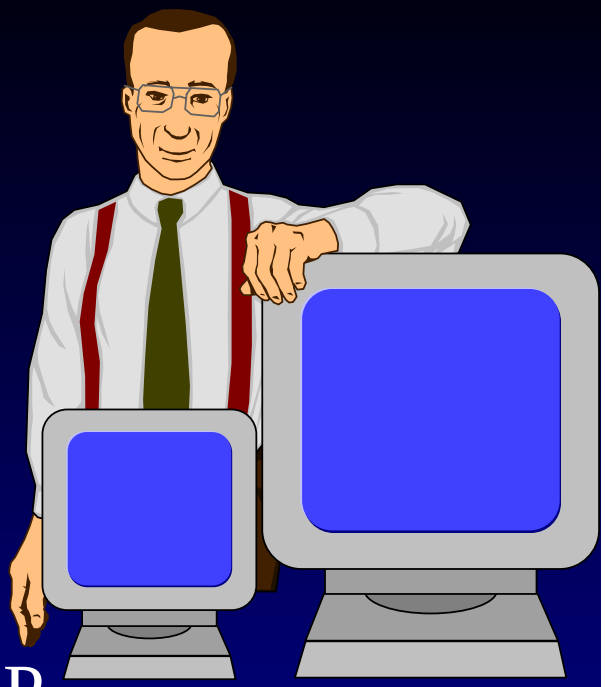
- "The EHR first has to work as a medical record"
  - (*before physicians concern themselves with interconnectivity, interoperability, and health information exchange*)
  - Dr. Joseph Heyman, (at eHI's Connecting Communities Learning Forum, April 2006)



When Considering EHRs, MDs Focus on the "Physicians' H & P"

- To analyze EHR benefits & challenges, we must first view ***data storage and retrieval*** features separately from ***data entry*** features:
  - EHRs superbly store, organize, and retrieve the data entered into them
  - EHR challenges arise almost exclusively in the data entry features of the physicians' H&P

What are Physicians' Actual Goals for an EHR?



- Access to their medical charts *
- Reduce costs of paper system *
- Solve the E/M compliance challenge
- Improved quality & efficiency of the H&P documentation process
- Improved practice productivity

*storage & retrieval features

- *Other touted benefits for our overall health system are important, but NOT the reasons physicians decide to adopt health information technology*

Physicians' Measures for Their H&P

1) Compliance
2) Efficiency
3) Usability
4) Quality Care
5) (Productivity)

- Addressing #1, 2 & 3 ⇨ #4 & 5 (care and reimbursement levels appropriate for severity of each patient's illnesses)
- Physicians require an A++ for all five elements!

Physicians' Measure #1: Compliance

- CPT's E/M Section & Documentation Guidelines match concept for concept with the standard clinical medicine text for quality evaluation and diagnosis: "Bates Guide to the Physical Exam and Medical History"
- Therefore, E/M is not merely a coding system, it is a reference framework to guide and facilitate quality patient care

Physicians' Measure #1: Compliance

Identifying the Problem:

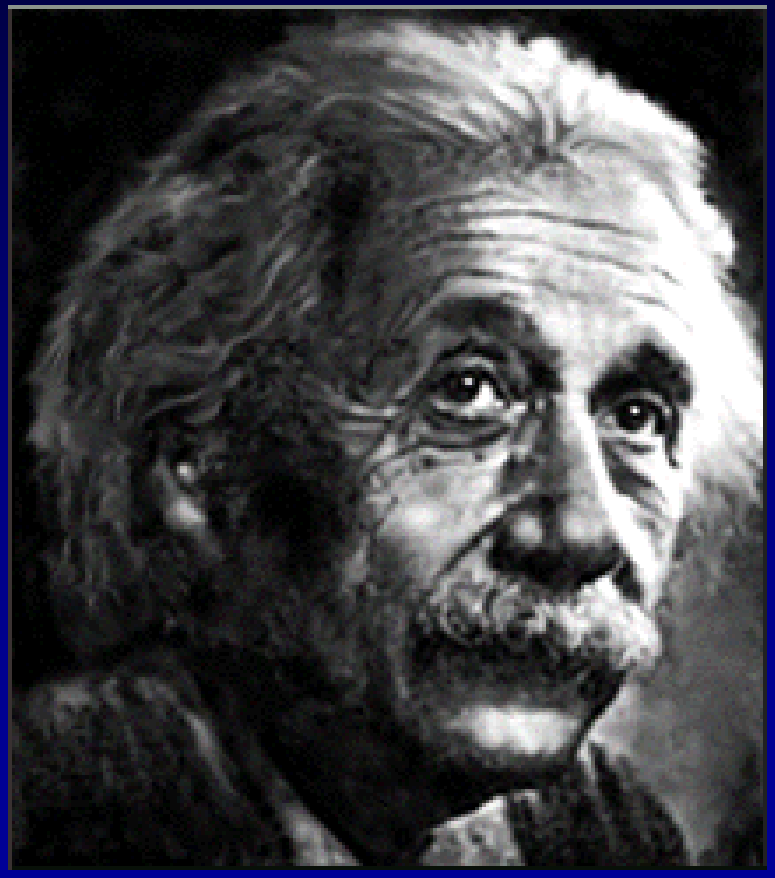
- Design shortcuts (added to reduce the prolonged time required to enter *individualized* patient information) compromise compliance (and therefore quality)
  - Default documentation & documentation by exception
  - Copying & pasting previous records
  - Macros and templates with pre-loaded clinical content
  - Limited vocabulary pick-lists
  - All these shortcuts rely on a premature and tentative diagnosis to generate a medical history…..this is the ***opposite*** of the optimal medical diagnostic process

Physicians' Measure #1: Compliance

Functionality shortcomings

- Some systems substitute ICD9 lists for *narrative* documentation of impressions & treatment options
  - Cannot sacrifice compliant documentation to achieve charge entry by the physician at the point of care
- Missing data elements preclude E/M compliance
  - Risk of presenting problem(s), risk of diagnostic procedures, and risk of treatment options , complexity of data reviewed and/or ordered
  - Inability to document nature of the presenting problem(s), thereby failing to document ***medical necessity***
- Non-compliant E/M coding software
  - Counts bullets but overlooks qualitative documentation requirements (e.g., creating the history of present illness)
  - Fails to consider ***medical necessity*** in the documentation & coding process

The E/M Issue & Electronic Record H&P



"The release of atomic energy * has not created a new problem. It has merely made more urgent the necessity of solving an existing one" **

– Albert Einstein

- * EHRs
- ** E/M compliance &
- medical record quality

Physicians' Measure #1: Compliance

Identifying potential Solutions:

- "The solution to the 'problem' of compliance is to see compliance as a solution"

  Dean Edward D. Miller, Hopkins Medical News winter 2002

- That is, build the medical record on a foundation of tools that ensure compliance (and efficiency)
  - **Include** entry of narrative info. in all appropriate sections
  - **Exclude** non-compliant design and functionality features
  - **Include** compliant E/M methodology: Select, provide, & document the appropriate level of care based on severity of illness (medical necessity) and guided by appropriate prompts

Physicians' Measure #2: Efficiency

- "Computer systems cost time on the front end….they only save time on the back end"
  - (D.N., professional software systems' analyst)
- Entering compliant & high quality data into an EHR requires at least 70% more time than entering the identical data into a paper record
  - Actual live test
- Increasing physician time (and cost) in order to save time (and money) for administrators and payers is NOT a goal of medical practices implementing an EHR

Physicians' Measure #2: Efficiency

Identifying the Problem:

- Elimination of data documentation by patients and clinical staff reduces efficiency
- Designating the physician as data entry clerk
  - Decreases efficiency, decreases data quality & reliability, & often disrupts the physician-patient relationship
- At the point of care, documentation is a requisite; however, synchronous data entry is NOT a requisite
- Sacrificing compliance &/or quality to achieve speed is unacceptable
- Sacrificing documentation efficiency to digitize data is unacceptable

Physicians' Measure #2: Efficiency

Identifying potential Solutions:

- Build the medical record using tools that ensure optimal efficiency (while maintaining compliance)
  - Appropriate data entry by patients and clinical staff
  - Free text where appropriate for compliance, quality, & efficiency
  - Templates with structure but not clinical substance where approp.
- Eliminate requirement of MD being the data entry clerk
- Permit asynchronous data entry
  - Identify and provide for those few functions that may benefit from synchronous data entry

Physicians' Measure #3: Usability

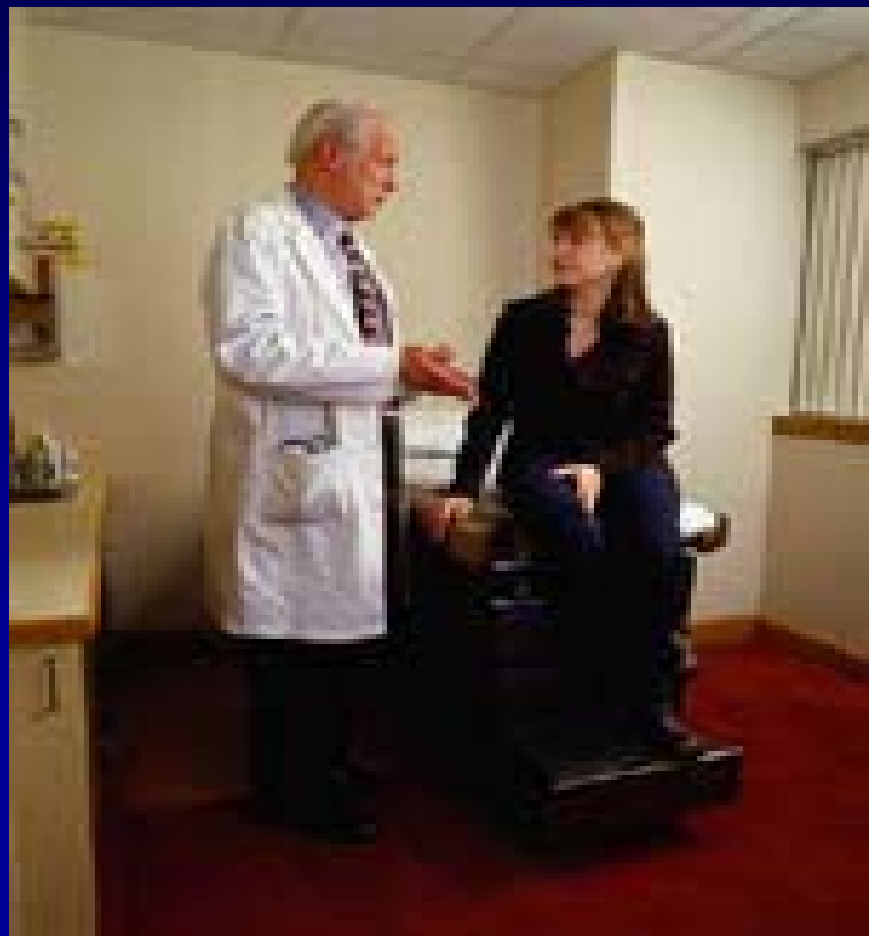
- Physicians' techniques for obtaining & documenting an ***optimal*** H&P have remained the same > 40 years
- Re-learning to use <u>any</u> record that matches this ***optimal*** H&P that all physicians learn is <u>intuitive</u>
  - Its as easy as getting back on a bicycle

Physicians' Measure #3: Usability

- Identifying the Problems: Learning to use the data entry mode of many EHRs requires months, not minutes
- Identifying potential Solutions: EHR design & functionality should *match*, not *change*, the optimal way physicians have been trained to care for patients

Physicians' Measure #4: Quality Care

- Records that ensure compliance inherently promote the quality care process physicians learn during training
- Patients define quality as including physicians concentrating on them and their needs. The want and expect to see this (and so should physicians):



Physicians' Measure #4: Quality Care

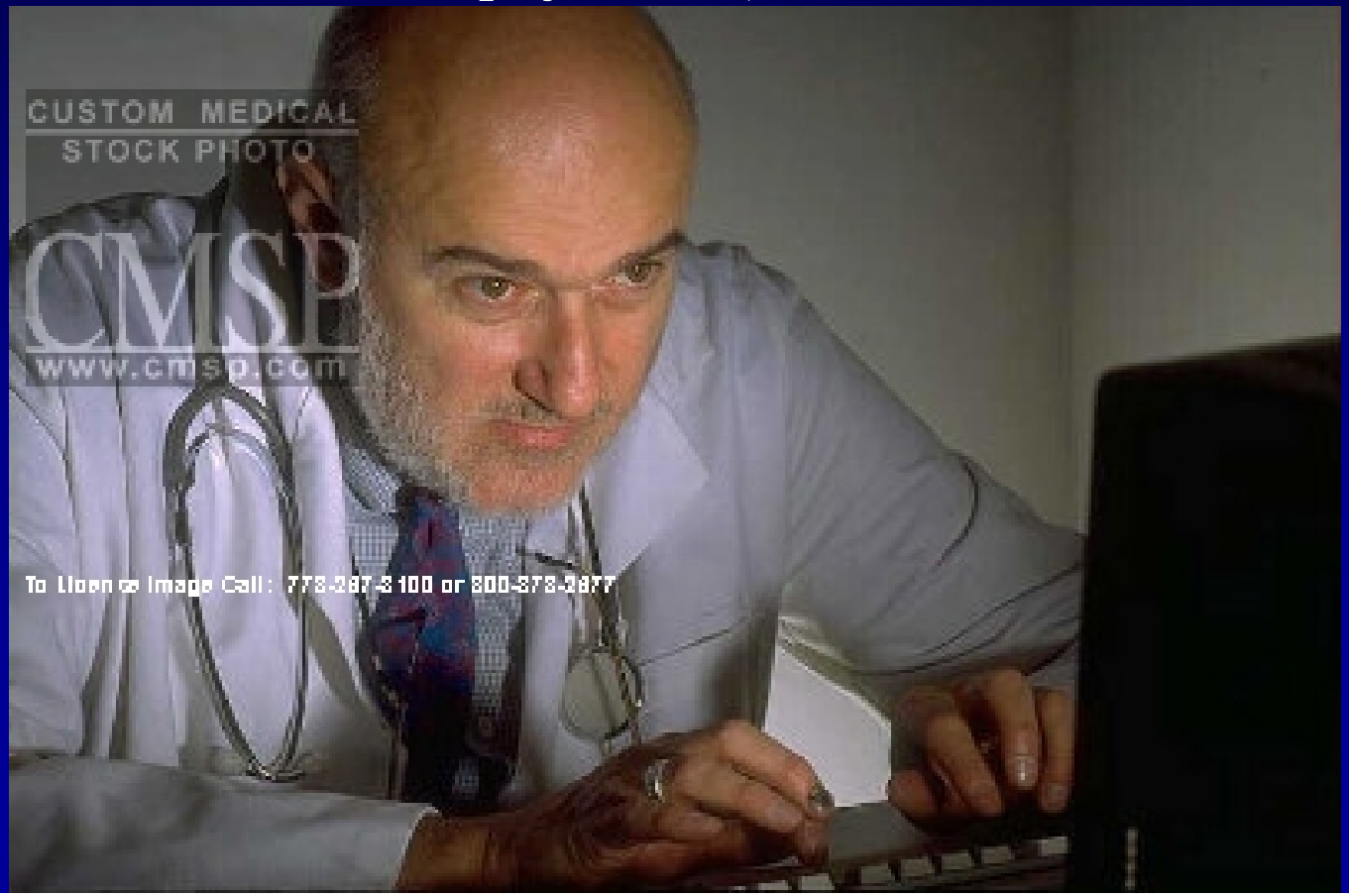
- Identifying the Problems:
  - The medical record should be a reflection of the care provided.
  - In current EHRs, often generic and non-individualized documentation reflects limited and non-individualized care
  - Non-compliant records fail to promote the quality care process

Physicians' Measure #4: Quality Care

- Identifying potential Solutions:
  - The medical care is also a reflection of the medical record tools employed
  - Enhancing the quality of the tools enhances the quality of the care, leading to
    - Improved diagnosis
    - Improved planning
    - Audit protection
    - Medico-legal protection
  - Compliant records promote the quality care process

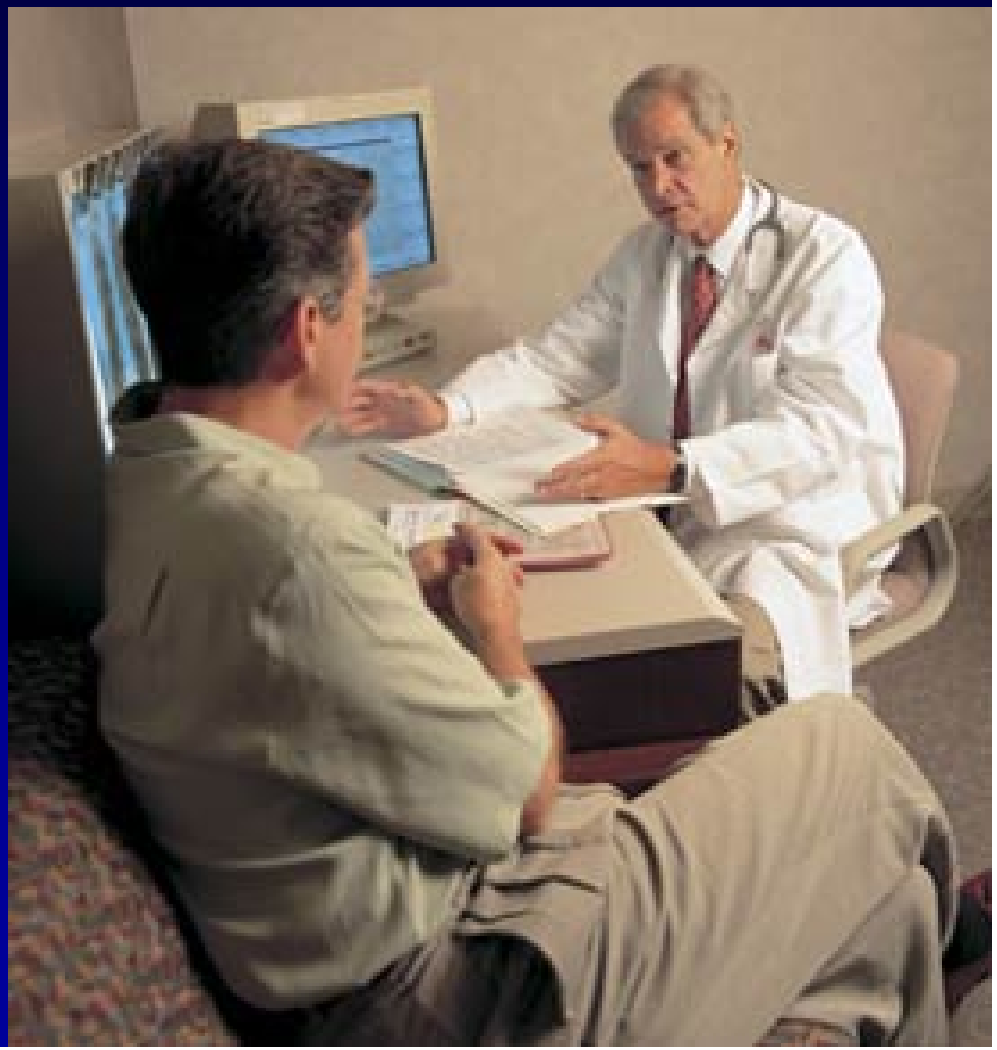
Physicians' Measure #4: Quality Care

- Identifying the problem:
  - Patients do not want or expect to see this (and neither should physicians)



Physicians' Measure #4: Quality Care

- Identifying potential Solutions:
  - Patients and physicians can both appreciate a ***hybrid*** solution



Physicians' Measure #5: Productivity

- With "Medicaidization" of our health care system, the payment for an MD providing care barely covers the cost of providing that care (with no funds left for the MD)
- Medical practices can no longer afford any investment that produces a negative cash flow

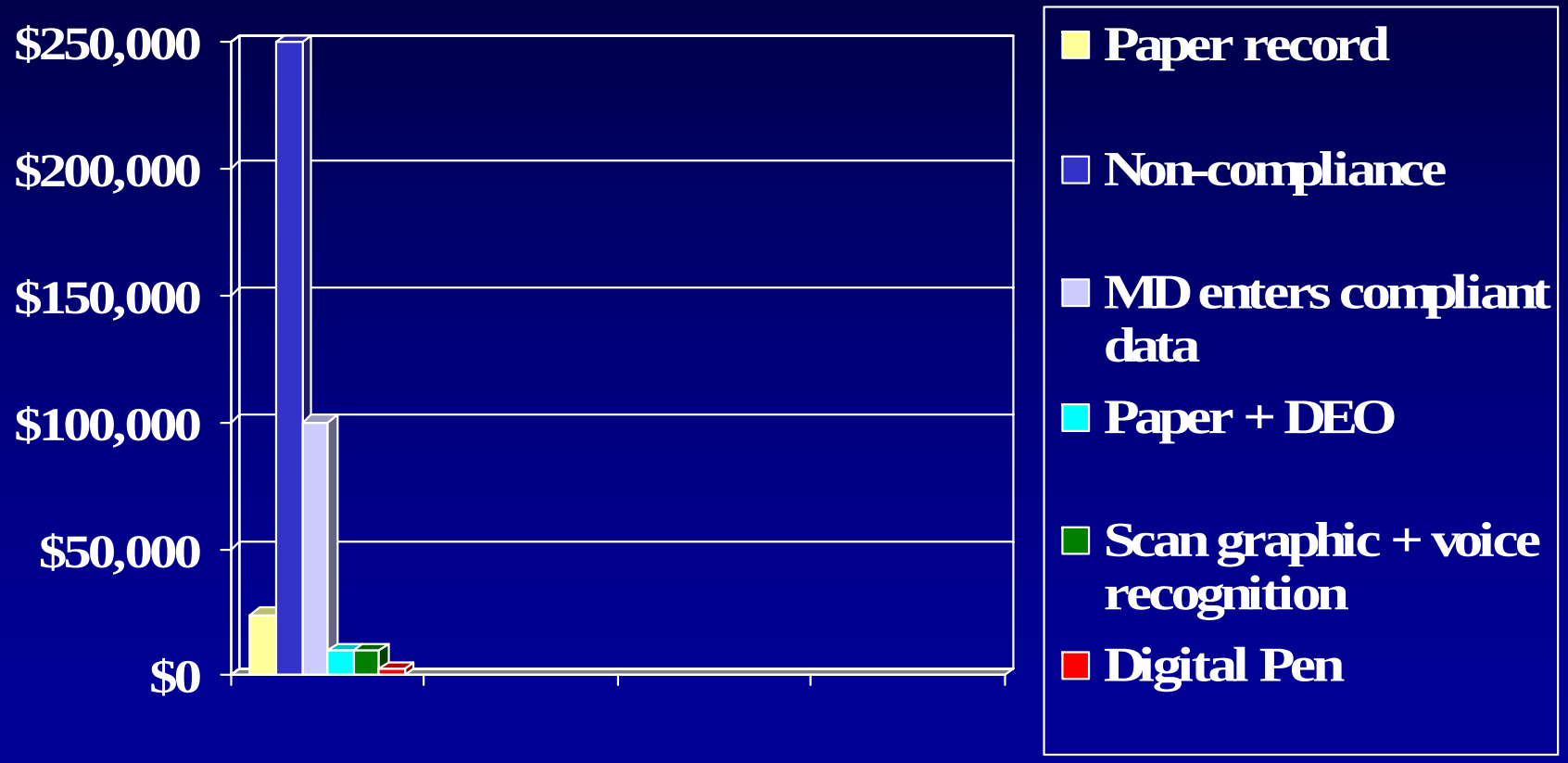
Physicians' Measure #5: Productivity

- Identifying the $$$ Problems:
  - "Forty percent of attempted (EHR) implementations fail"
    - (Dr. Mark McClellan, director of CMS, Sept. 9, 2005)
  - Physicians implementing EHRs can anticipate a 20% - 30% decrease in productivity for 6 – 12 months
    - (Report of the Institute of Medicine)
  - "For outpatient practices…approximately 90% of the financial benefit accrues to payers and purchasers, though physicians must make the investment"
    - (Ash J & Bates D, "Factors Affecting EHR System Adoption: Report of a 2004 ACMI Discussion," J Am Med Inform Assoc, 2005)

Physicians' Measure #5: Productivity

- Identifying potential $olutions:
  - Contracts that financially ensure successful implementation
  - Implementation of an E/M compliant system enhances productivity (for physicians who currently under-code)
  - Prior to "going live," complete a transformation phase that ensures compliance, efficiency and productivity
  - Suggested four-part transformation phase:
    - Office work flow improvement (current protocol)
    - Physician compliance training on an enhanced paper system
    - EHR compliance and efficiency assessment and improvement
    - Fully successful trial runs prior to implementation

Financial Impact – Annual Cost Per M.D.



Overview: Physicians' Benchmarks for Capabilities of Future EHR Systems

- Implementation *success* = 100% probability
- Efficiency *success*:
  - Maximum of 15 minutes of physician time for
  - Comprehensive new patient visit: care + compliant documentation (appropriate for level of medical necessity)
- Productivity *success*:
  - No decrease in practice productivity following EHR implementation
  - Increased productivity for MDs who currently under-code when measured against medical necessity
  - Ideally, cost should not exceed cost of operating paper system

Physicians' Benchmarks for Capabilities of Future EHR Systems

- E/M compliance *success*:
  - The H&P section guides and ensures that every visit fulfills all requirements for E/M compliance, including medical necessity
- Quality care *success*:
  - Promotes entry of *individualized* narrative documentation
  - Elimination of pre-loaded & generic clinical information
  - **Another MD (or even an attorney) can read a record and find it to be appropriate for the patient and to make medical sense
- Training *success*:
  - Physician time for customization + full training for effective use requires < 8 hours

Physicians' Benchmarks for Capabilities of Future EHR Systems

In summary, physicians require EHR systems to be at least as successful as an ***optimal*** paper (written &/or dictated) H&P for:

- Compliance
- Efficiency
- Usability
- Productivity
- Promoting quality patient care

EHR Truisms

- "I do think there is some **groundbreaking work** needed at the fundamental level for clinical information, including work that needs to be done to make this (*i.e.*, *'medical history & physical data input'*) easy and useful"
  - (Dr. Carolyn Clancy, director of AHRQ, in response to a question about whether her experiences and feedback indicated a need for creating standards for clinical data input into EHRs; April 11, 2006)

Questions?

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