



**Expediting EHR Adoption and Physician
Satisfaction in the Clinic Setting**

**Data Abstraction Services
Overcome Year One Concerns**

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Executive Summary

A major concern faced by healthcare providers today is how to expedite Ambulatory EHR implementations while maintaining document integrity, quality patient care and physician satisfaction. Physicians require historical patient data to provide quality, continuing care to their patients. At the same time, Chief Information Officers (CIOs) must meet implementation milestones, demonstrate a return on investment and achieve meaningful use objectives.

The need to balance physician requirements and CIO demands is a topic that reaches beyond the specific EHR software being implemented. It extends much further to the growing pains of the integration process and how to overcome first year obstacles.

According to industry experts, the primary reason physicians fail to adopt EHRs is lack of relevant patient data and difficulty accessing or entering new information. Up to 30 additional minutes per clinic visit are required when physicians are forced to rekey historical data into new EHR documentation templates. The American Academy of Family Practice cites the ideal patient panel at approximately 2000 unique patients per physician in a year. Using 30 minutes to key in data per patient, it would take an incremental 1000 hours in year one to load the full patient panel. Whether measured in terms of reduced revenue opportunity or incremental staffing requirements, the financial impact on the physician practice and the negative effect on patient care would be material.

This white paper discusses the importance of integrating and pre-loading historical patient information and data into new EHR systems. In addition to data abstraction, other proactive and reactive information upload methods are discussed and compared. Finally, rationale and supporting evidence to cost justify the use of data abstraction services as part of a successful EHR implementation are provided.

The Obstacle: Maximizing Physician Adoption of the EHR

Many clinics and physician groups across the U.S. have researched and selected an EHR system they feel will best suit their needs and assist in achieving their goals. Once the necessary training is completed, the EHR trigger is ready to be pulled. But the learning process does not cease at implementation; the challenges of data transfer into the EHR extend well beyond the go-live date.

To efficiently integrate an EHR into a well-defined workflow it needs to have a portion of, if not all, past patient data pre-loaded alongside new patient information. Patient demographics are electronically uploaded from the hospital system; however, other clinical information must be manually keyed. This is especially true when moving from a paper-based record keeping system.

If historical data must be available at go-live, the question becomes "who" will enter this data and at what cost? If the answer is the physician, chances are the EHR investment will soon fail and consequently, the return on investment may never be attained.

The reality is that if physicians are required to type a patient's entire history themselves, this is not only interfering with patient care but also the bottom line. Physicians do not have the time to spend the required average of 30 minutes per patient entering information from the paper chart into the EHR. For this reason, the physician will most likely not use, nor find any value in the EHR.

Data Abstraction Methods: Reactive or Proactive

If not completed by physicians, how can historical patient data be abstracted to maximize EHR value? Integrating historical patient information can involve three different methods, so let's take an in depth look at the advantages and disadvantages of each.

Recommended Data for Pre-Load into the EHR

- Problem List
- Current Medications
- Allergies
- Past Medical & Surgical History
- Social History

"Our physicians loved having patient data in the GE Centricity EHR on day one. Using registered nurses with clinical knowledge to pre-load the system was a huge advantage."

**Susan Spragins
Director of Operations
ChesPenn Health
Services**

Document Scanning

Scanning documents from the paper chart has an appeal in its relative simplicity and remains a necessary method for ensuring that paper-based information from external sources is entered into the EHR. However, scanned documents produce an image that is available for physician viewing only; the data is not structured or “actionable” for the EHR.

Though the technology may be inexpensive, document scanning requires a significant investment in human resources at a time when staff is also overburdened with EHR training, implementation and workflow design. Many clinics cannot justify the capital investment to implement a sufficient document imaging system nor the resources necessary to maintain it.

Data Abstraction Services

Data can be entered manually into the EHR in a structured format that enables providers to act on valuable patient information. Accuracy checking and clean-up naturally accompanies manual data entry.

As previously discussed, manual data entry by physicians is not economically or operationally feasible. Additionally, interns, medical technicians, scribes and nursing staff lack the experience or are ill-equipped to dedicate the hours necessary for this task given the operational pressures within healthcare. With this in mind, delegation is essential for the EHR to be an efficient and productive return on investment tool.

Manually entering information into specific sections of the EHR requires additional resources as compared to document scanning, but, the end result is an organized, searchable, reportable record of the patient's medical experience; a foundation for physician success.

Hybrid Approach

A hybrid approach solves many problems associated with both scanning and manual entry. Using a hybrid, or blended approach, scanning can be limited to the 10-15 sections of the patient chart that physicians feel are medically necessary. Demographic data is electronically uploaded and other data needed for patient care is manually pre-loaded into the new EHR. The relevant data is easier to locate in the electronic chart, requiring less time from the office staff and physicians to find the desired information.

The downside to this hybrid approach is the increased preparation time, an extended project scanning timeline and additional human resources required for EHR implementation. Many provider organizations do not have the resources available for these functions, which creates an opportunity for outsourced data abstraction.

Best Practices in Data Abstraction

- Prioritize patient visits: patients due within the first 30-45 days and recurring clinic patients.
- Make historical paper records easily accessible to abstractors and/or scanning personnel.
- Have some data pre-loaded into EHR templates during physician training.
- Consider using outsourced data abstraction services throughout the first year of the EHR rollout to maximize physician productivity.

Why Outsource Data Abstraction?

Most organizations underestimate the time, difficulties and costs associated with assigning in-house staff to convert paper charts.

Chart Abstraction Methods

Scanning	
Advantages	Relative simplicity and remains an efficient method for ensuring that medically necessary sections or documents from external sources are available in the EHR. Minimizes number of chart pulls for viewing historical data.
Disadvantages	Produces an image that is available for physician viewing only; the data is not structured or “actionable” for the EHR. Capital investment and/or maintenance and labor costs.
Data Abstraction Services	
Advantages	Can be input into the EHR in a structured format that allows providers to act upon it, providing valuable information for maximizing the EHR.
Disadvantages	Physicians unable to allocate the time necessary to enter data. Manual entry of clinical data is time-consuming and often overwhelming for staff.
Hybrid Approach	
Advantages	Scanning can be limited to designated sections from each chart. Manual entry is used for key data only. Better utilization of each step → more cohesive electronic patient chart.
Disadvantages	Increased preparation time → extended project scanning timeline. Many organizations do not have the resources available to perform both of these functions or for training and follow up.

Outsourced Data Abstraction Delivers Value to Providers

Most organizations underestimate the time, difficulties and costs associated with converting paper charts. Abstraction or scanning impedes in-house staff and physicians before, during and after patient visits. As a result, fewer patients are seen which can lead to a significant annual loss of revenue for providers.

As with other EHR investments, the costs associated with staffing, hardware, software, training and maintenance are always top of mind. Delegating abstraction to an outsourcing specialist, whether it includes document scanning, manual abstraction or both, relieves providers of the hassles, training and labor costs for in-house staff. In addition, outsourcing eliminates the need for providers to keep up with the inevitable and constant technology updates.

Identifying and designating the proper personnel to handle the abstraction or scanning can prove daunting. Clerical staff is not equipped to understand complex medical terminology, whereas residents and interns clearly do not have the time. By utilizing an outsourced approach organizations can virtually eliminate the need to develop internal QA as the vendor is responsible for ensuring data and image integrity.

Finally, another consideration for outsourced data abstraction is, of course, security. Safeguards for HIPAA regulations should be readily available by the selected outsourced abstraction partner to ensure confidentiality and security of patient records.

Conclusion

It is important for clinics to have information abstracted and available at the time of patient visits. Not having historical patient data disrupts the visit and ultimately, the quality of care provided. Successfully rolling out an EHR system begins with methodical data conversion and requires superior abstracting efforts from paper charts.

To combat financial and labor issues, outsourcing data abstraction and document scanning is a viable alternative. Abstraction specialists should be highly experienced RNs, coders or credentialed HIM professionals specially trained in abstracting methodologies. Scanning staff should be skilled in document conversion processes and technology. These specialists can relieve pressure for both in-house staff and physicians alike during EHR implementation.

Benefits of outsourced data abstraction include:

- Proactive approach to patient care
- Increased quality offered by outsourced provider
- Reduces time required for patient visits
- Allows in-house staff to maximize EHR value
- Ensures physician adoption & EHR return on investment

Outsourcing data abstraction and/or document scanning ensures faster physician adoption and satisfaction, streamlining the entire process and increasing the organization's EHR return on investment.

Data Abstraction Hastens EHR Go-Live at Community Health Center

ChesPenn Health Services, a four-location federally qualified health center located in Chester, Pennsylvania, recently implemented the GE Centricity electronic health record as part of their ARRA-funded capital IT project. Key pieces of patient information were pre-loaded into the system prior to go-live by IOD's data abstraction services team.

By pre-loading data for the clinic's frequent customers and upcoming registrations, ChesPenn captured approximately 30% of their active patients. Benefits to the organization and their medical staff included:

- Streamlined EHR go live
- Easier physician transition to EHR
- Patient data in system and available day one

For more information about outsourced Data Abstraction or Document Scanning Services, contact IOD Incorporated at: 800.236.3355 or visit us online: www.iodincorporated.com.