The Office of the National Coordinator for Health IT

A Record to Rely On: A Workshop on the Intersection of Electronic Health Records, Health Law, Payment, and Oversight
Washington, DC November 29, 2016

Medical Documentation and Clinical Reliability

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Outline

• About AHIMA
• Record of Care
• Usability Challenges with EHR Technology
  – Clinicians
  – Health Information Professionals
• AHIMA’s Approach
AHIMA is a not-for-profit professional association representing 103,000 health information management (HIM) professionals

AHIMA is committed to:

• Ensuring the delivery of health information when and where it is needed
• Leading the industry in achieving data integrity through information governance
• Leading collaboration of stakeholders in the development of standards and rules for electronic healthcare documentation and interoperability approaches

Record of Care
AHIMA Definition:

Systematic documentation of a patient’s medical history and care that consists of information related to the physical or mental health condition of an individual, as made by or on behalf of a health professional in connection with the care ascribed to that individual.

Healthcare Transformation

Quality Care → Safe Care → Pop Health → Costs = Imperative for TRUSTED Information → Interoperability

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What Will Trust in Information Enable?

Right Patient – Right Information
Safe Use of Health IT
Confidence in Data & Information
Trust Exchange Partners
Higher Quality - Lower Costs
Proof of Value of Care Received
Reliable Analytics
Improved Health of Populations
Reliable Performance Measures

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EHR Usability Challenges
EHR Usability Challenges: Clinicians
Usability Challenges with EHR Adoption

5-year US NIST study of EHR users

EHR Usability Challenges for Clinicians

- Clinically relevant information is not available for the task at hand
- Inadequate documentation
- Inaccurate information
- Irretrievable information

# Issues with Information for Care Delivery

<table>
<thead>
<tr>
<th>Issues</th>
<th>Examples</th>
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</table>
| Data design and capture issues              | • Inconsistent data definition across/between systems  
• Inability to tag and capture high value data elements  
• Inconsistencies between data in structured and unstructured notes.                                                                 |
| Information integrity and quality issues    | • Lack of trust in data (impedes ability to utilize for analytics)  
• Patient identification and patient data from devices, other records  
• Lack of data quality management efforts / tools  
• Process breaks / redundancies (shadow records)  
• Errors found at the ‘end of the line’ in patient portals |
| Inability to use data for analytics / advanced reporting | • Insufficient knowledge and skill of analysts  
• Errors found in data are not traced back to source  
• Siloed ownership at business or clinical level  
• Little or no ability to report across systems |
| Lack of interoperability                    | • Cost of interoperability  
• Systems ability to share data and information  
• Trust in inbound information from other organizations |
Usability & Interoperability Challenges Affect Patient Safety

CLINICALLY RELEVANT INFORMATION NOT AVAILABLE FOR THE TASK AT HAND
- INFORMATION IS NOT RETRIEVABLE, TRUSTWORTHY, OR ACCURATE

INADEQUATE DOCUMENTATION
- INFORMATION IS LOST, NOT DOCUMENTED IN REAL TIME, OR LIVES IN MULTIPLE SYSTEMS

INACCURATE INFORMATION
- INFORMATION IS LOCATED OR DOCUMENTED IN WRONG CHART OR IS CHANGED BY OTHERS

IRRETRIEVABLE INFORMATION
- INFORMATION IS SCANNED AND/OR LOST AND ACCESSIBLE
- TABS ARE NOT REPRESENTATIVES

SUBOPTIMAL AND UNSAFE PATIENT CARE
EHR AS DESIGNED AND IMPLEMENTED DOES NOT FIT THE CLINICAL WORK DEMAND
EHR Usability Challenges: Managing Health Information
EHR Usability Challenges for Health Information Professionals

Lack of consistent definitions and content

- What constitutes the official record of care?
- What information is requested and what is disclosed?
- Patient identification errors
- Amendment integrity challenges
- Copy paste errors
- User interface errors
### EHR Usability Challenges: HIM Examples

**Clinical Documentation Problems**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>i.</td>
<td>Could not delete visit record</td>
</tr>
<tr>
<td>ii.</td>
<td>ADT cannot be processed</td>
</tr>
<tr>
<td>iii.</td>
<td>Visit deleted</td>
</tr>
<tr>
<td>iv.</td>
<td>Could not save MPI Record</td>
</tr>
<tr>
<td>v.</td>
<td>Patient type M not found</td>
</tr>
<tr>
<td>vi.</td>
<td>Visit number does not exist</td>
</tr>
<tr>
<td>vii.</td>
<td>Could not merge visit record because record number does not exist</td>
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<table>
<thead>
<tr>
<th>Clinical Documentation Problems, continued</th>
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</thead>
<tbody>
<tr>
<td>viii. ICD9 diagnosis code not found</td>
</tr>
<tr>
<td>ix. Registration status P not found</td>
</tr>
<tr>
<td>x. Received A08 on inactive patient</td>
</tr>
<tr>
<td>xi. Visit did not pass inactive checking</td>
</tr>
<tr>
<td>xii. Failed to load ICD diagnosis list (ICD10 error message)</td>
</tr>
<tr>
<td>xiii. Could not store charge</td>
</tr>
<tr>
<td>xiv. Charge code not found</td>
</tr>
<tr>
<td>xv. No error message</td>
</tr>
</tbody>
</table>

Addressing EHR Usability Challenges: AHIMA Approach
EHR Systems Must Support:

Record Management and Evidentiary Requirements

• Create, manage, exchange, preserve, and disclose records that meet organizational and jurisdictional policies and regulations
• Produce official business records
• Support current and historical records for evidentiary purposes
• Manage the record and information through its lifecycle from creation to destruction or disposition
We Must Implement Information Governance Programs

- TRUSTED Information
- Care
- Compensation
- Continuity
- Share-Exchange
- Necessity
- Improvement
The Cost of Poor Information Quality in Healthcare

• **Productivity**
  – Duplication in the EHR creating increased workloads, decreased throughput, increased processing time, or decreased end-product quality

• **Risk and Compliance**
  – Patient safety
  – Patient identification (should be 99.99% accurate)
  – Potential for fraud
  – Data leakage (physicians texting nurses / notes not in chart)
The Cost of Poor Information Quality in Healthcare, continued

• Financial
  – Increased operating costs
  – Decreased revenues
  – Missed opportunities
  – Reduction or delays in payments / pay for performance $

• Satisfaction
  – Patient satisfaction / decreased organizational trust when portal, billing or other information is incorrect
  – Low confidence in forecasting by leadership
  – Inconsistent reporting and re-work / validation
  – Delayed decision making
WHAT IS INFORMATION GOVERNANCE (IG)?

AHIMA DEFINES IG AS “AN ORGANIZATION-WIDE FRAMEWORK FOR MANAGING INFORMATION THROUGHOUT ITS LIFECYCLE AND FOR SUPPORTING THE ORGANIZATION’S STRATEGY, OPERATIONS, REGULATORY, LEGAL, RISK, AND ENVIRONMENTAL REQUIREMENTS.”

- **IG:** Establishes policy
- Determines accountabilities for managing information
- Promotes objectivity through robust, repeatable processes
- Protects information with appropriate controls
- Prioritizes investments

What is Information Governance?

INFORMATION GOVERNANCE FOR HEALTHCARE INCLUDES:

- All departments, areas of the organization
- All types of information (clinical, financial, and operational)
- All types of organizations
- Information on all types of media

Adopting an IG program shows an organization’s commitment to managing its information as a valued strategic asset.
INFORMATION GOVERNANCE IS AN EMERGING SUPER DISCIPLINE

It is a subset of corporate governance and includes key concepts of:

- records management
- content management
- IT governance
- data governance
- information security
- data privacy
- risk management
- litigation readiness
- regulatory compliance
- long-term digital preservation
- business intelligence

IG Competencies For Healthcare:
- Strategic Alignment
- IG Structure
- Data Governance
- EIM
- IT Governance
- Analytics
- Privacy & Security
- Regulatory & Legal
- Awareness & Adherence
- IG Performance
Information Governance for Healthcare

Organizational Alignment

Strategic Alignment

Organizational Change Supports

IG Principles For HealthCare™*: Accountability Transparency Integrity Protection Compliance Availability Retention Disposition

IG Competencies For Healthcare: Strategic Alignment IG Structures DG EIM ITG Analytics Privacy & Security Regulatory & Legal Awareness & Adherence IG Performance

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Information Governance for Healthcare, continued

CORE COMPETENCIES
AHIMA’s IG Adoption Model, 2

Scores by Competency and Total Score by Organization

Level 1

Level 2

Level 3

Level 4

Level 5

Fragmented

Highly Mature

70+ individual “markers” of maturity scored Across the 10 Competencies

IG Competencies
For Healthcare:
Strategic Alignment
IG Structures
DG
EIM
ITG
Analytics
Privacy & Security
Regulatory & Legal
Awareness & Adherence
IG Performance

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Enabling **functional interoperability** by standardizing information management practices in healthcare

Enabling **semantic interoperability** by creating trusted information via content standardization activities

Collaborating with vendors and SDOs to support **technical interoperability**
### Standards for Functional Interoperability

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<th>ISO/TC215 Standards on Information Governance (IG)</th>
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<tr>
<td><strong>ISO/TR 22221:2006</strong> Health informatics, Good principles and practices for a clinical data warehouse</td>
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<tr>
<td><strong>ISO 27799:2008</strong> Health informatics, Information security management in health using ISO/IEC 27002</td>
</tr>
<tr>
<td><strong>ISO 21091:2013</strong> Health informatics, Directory services for healthcare providers, subjects of care and other entities</td>
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<tr>
<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 1: Overview and policy management</td>
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<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 2: Formal models</td>
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<tr>
<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 3: Implementations</td>
</tr>
<tr>
<td><strong>ISO 27789</strong> Health informatics, Audit trails for electronic health records</td>
</tr>
<tr>
<td><strong>ISO/TS 25237:2008</strong> Health informatics, Pseudonymization</td>
</tr>
<tr>
<td><strong>ISO/TR 21548:2010</strong> Health informatics, Secure archiving of electronic health records - Part 2: Guidelines</td>
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What will Information Governance and Interoperability Standards enable?

Right Patient – Right Information
Safe Use of Health IT
Confidence in Data & Information
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Questions