

CONVERTING TO AN EMR/EHR

Considerations in scanning existing medical records as part of an EMR/EHR Conversion

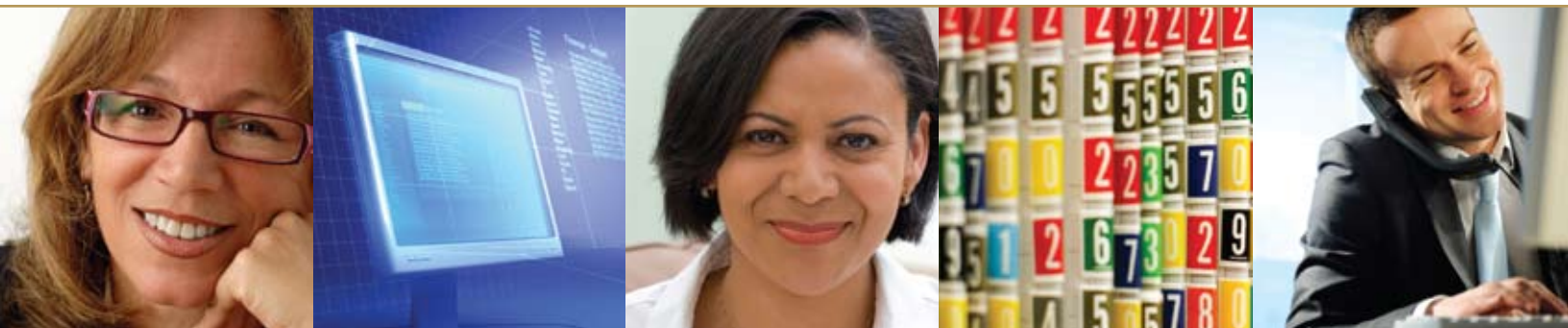
What to Scan

All EMR/EHR offerings today have some type of archive facility that allows for scanning and ingestion of existing paper medical records. Each offering has its own feature set and capabilities offering access to scanned images as part of the electronic patient record. Almost all systems will become performance bound one way or another based on the file size of the scanned medical records and the network/system capabilities where the EMR resides. Available bandwidth can play a large role in the ease of use of the system and access to these types of documents. File structure and how the medical records are indexed will also significantly affect the ease of access to the scanned medical records. Systems that allow for identifying and retrieving sections of records rather than the entire scanned record typically will perform better and help insure greater user satisfaction.

Typically, less is more when it comes to housing and retrieving scanned medical records within an EMR/EHR environment. Regardless of the method chosen to perform the conversion, it will generally be far less expensive to minimize wherever possible the content of what is going to be scanned into the EMR/EHR.

Many EMR/EHR adopters choose to scan only the "salient" or "critical" parts of an "active" medical record which is defined by the medical practice or hospital and tends to vary by specialty. Another approach is to convert records anywhere from several years old to a "day forward" only methodology. Either approach tends to be a good choice as it relates to initial conversion cost, but it leaves open the question of the disposition of the remaining part of the paper record or the records that are not scanned into the EMR/EHR. If either are required for treating patients or any other need such as a "Release of Information" request some of the value of the EMR/HER can be lost. By default a "hybrid" record is created when part of the record is on the EMR/EHR and part of it remains in paper form. The frequency of the need to access the parts of or the entire medical record remaining on paper will tell the user if the decision regarding scanning the "salient" and "critical" parts of the record was made well and if an adequate "back file" was scanned. The more frequently the need arises to access medical records or parts of medical records remaining on paper, the more negative the impact on the expected benefits to be derived from the EMR/EHR.

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How to Scan

There are two fundamental approaches to scanning medical records: the “do-it-yourself” approach, or outsourcing. There are several benefits to the do-it-yourself approach. You can use people who are administrative/clerical members of the medical practice or hospital HIM staff, who are familiar with the structure and format of the existing records. In some cases all of the scanning is done on a “demand” basis—a patient’s scheduled visit initiates an action to scan the patient’s existing paper record a few days before the scheduled appointment. This method can be effective based on the activity level of the practice or hospital and the other duties of available staff. One or more people are often hired into the practice or hospital HIM staff for this purpose.

Based on the conversion/implementation plans for the EMR/EHR there are several duties, many of them temporary, that are required of the medical records staff in addition to the scanning of medical records in order for the implementation to occur smoothly and on schedule. Without the appropriate staffing, this is a potential bottleneck area. Acquiring the expertise to scan and import medical records is generally required, as this skill set and experience is not typically found within the administrative staff of a medical practice or hospital HIM staff. In particular, misfiles are common without properly trained staff and effective quality processes in place. While some assistance can be expected from an EMR/EHR provider, converting, indexing and ingesting scanned medical records may not be an area in which the provider has a depth of experience.

Outsourcing can be an effective approach to accomplish document conversion. However, it will still be up to the medical practice or hospital to determine what needs to be scanned, and how the medical record will be indexed and sectioned. The success of the conversion effort depends on a thorough and accurate statement of work, strictly followed by an experienced and capable services provider. In many cases, the services provider will develop the Statement of Work (SOW) in collaboration with the medical practice or hospital.

Scanning and Ingesting

Whether the conversion is done internally or by a services provider, the length of conversion time and associated expense will depend on the condition of the medical records, whether you choose to scan the entire record or parts of it (scanning parts of a record is typically more labor intensive than scanning cover to cover and is prone to more errors), the number of index keys desired, and the number of sections in the record. If you are performing a medical record conversion across several locations and the organization of the record varies from location to location but you want to end up with a single format on the EMR/EHR, the conversion activity will take on a higher level of complexity and require greater expertise to insure a successful conversion.

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Ingesting scanned medical records into the EMR/EHR can take several paths. The most convenient path encompasses an automated batch input capability. Some providers offer this as a feature of their system. Others offer it as a professional service—you provide the scanned images and associated indexes in a file specific format and the services provider handles the automated ingestion. Some systems do not offer an automated batch ingestion capability and there is a requirement to ingest each record individually. In some cases, each section of a record requires its own ingestion activity. It's not unusual to see manual ingestion rates in the 4-5 records per hour range based on system requirements and the productivity of the staff personnel. Frequently, the ingestion of the scanned medical record is where a bottle neck will occur because the time required was not properly planned for.

Quality and Accuracy

In many cases, once the medical record is scanned into the EMR/EHR the medical practice or hospital HIM department chooses to destroy the paper medical record. Prior to destroying the paper record, it is essential to insure that each image of every medical record is retrievable and readable. This is best accomplished in several steps that can be built into the process and then tested as a critical and ongoing component of the conversion plan. It can be very difficult to find misfiled paper records. It may be impossible to locate misfiled or otherwise irretrievable digital medical records. Rigorous quality and accuracy testing as part of the conversion plan will lead to a successful medical record conversion.

Final Thoughts

Whether you decide to use an outside services provider or the medical practice or hospital HIM staff to perform the conversion, the success of your efforts will be determined by thorough planning and a comprehensive and accurate statement of work or project plan. If you choose to do the conversion internally, consider contracting with a company with the appropriate depth of experience to assist in the conversion plan development and project management. It won't cost any more or take any longer to get it right the first time and will lead to a higher level of enthusiasm and acceptance of the EMR/EHR.