HIM Patient Centered Practices: Free Access to Health Information

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LESLIE: In the March 2010 Hands-on Help column we began a discussion about patient centered HIM practices and how consumers are an integral part of the treatment process and information flow.

PATTY: To bring to life the concepts we discussed, Teresa (Terri) Bunsen, RHIA, HIM director and chief privacy officer at NorthShore University HealthSystem (NorthShore) in Illinois has agreed to let us interview her on NorthShore's patient centered release of information practices. Terri has corporate oversight for the HIM departments at four hospital sites and responsibility for scanning and release of information for the NorthShore Medical Group. I think Terri and her colleagues are on the cutting edge of providing patients with access to their health information.

LESLIE: Sounds great. Terri, help me to understand how patients have access to their information. Is it through the establishment of a personal health record (PHR)?

TERRI: We don't have a PHR per se but patients do have access to key documents through a Web-based system that we have branded "NorthShoreConnect." NorthShore implemented an EHR module that allows patients to access components of their health information using a patient defined pin number. To access their medical information, patients just complete an online request for an access code. They also have an opportunity to complete proxy consents, which allow them to log onto our system and see other authorized health records. For example, an adult son or daughter caring for an elderly parent or a parent may complete a minor proxy consent allowing them access to their children's records.

PATTY: What type of health information is available on NorthShoreConnect?

TERRI: Patients have access to test results and components of the electronic record that have been released for viewing. For example, test results are released to physicians for review and they in turn release those test results to the NorthShoreConnect system. We also have what we call a "download report" or DLR. The components of the record included in the DLR are such things as problem list, medication list and lab results. It's certainly not the entire medical record but it's a good start and the critical documents one needs for continuity of care. So for example, in the instance where a patient may have a health encounter while skiing in Colorado or while they are wintering in Florida, they would be able to access key components of their record and provide information to caregivers.

LESLIE: I can see how useful this information would be just in navigating the health system between specialty caregivers such as cardiologist, orthopedist and one's general internist.

TERRI: Absolutely. Patients have the ability to download their information to their own flash drive, purchase a

NorthShoreConnect flash drive, or print their record in the privacy of their own home. They really like getting their information electronically and don't seem to miss paper at all. It's routine now for patients to interact electronically and expect the same back. In fact, we have more than 100,000 patients using NorthShoreConnect system.

PATTY: That is a lot of patients! What else can patients do on NorthShoreConnect?

TERRI: Once a patient is at their NorthShoreConnect home page they have ability to e-mail their doctor, see their doctor's availability and schedule an appointment and pay their hospital and/or physician bill. They can also request prescription refills or request that their records be sent to physicians outside of the NorthShoreConnect group.

LESLIE: That is very patient friendly. When a patient e-mails their doctor, is this recorded in their EHR?

TERRI: We have many telephone, e-mail and refill encounters for example. And yes, we consider these as visits and therefore documentation about these visits is included in our EHR. For example, let's say a doctor receives a refill request. As part of nursing workflow, a nurse would read the refill encounter and using an "in basket function," the nurse would communicate the contents of the refill request as well as a review of the patient's health history to the physician. The physician would then respond back to the nurse electronically sending a message to her clinical in basket. This nurse and physician communication along with the patient's initial e-mail becomes part of refill encounter.

PATTY: With the implementation of NorthShoreConnect, what does your Release of Information (ROI) process look like?

TERRI: We have an ROI module that is part of our EHR system, but we do encourage patients to obtain information through NorthShoreConnect rather than going through the HIM department. We let them know they can print key components at home, save them to their computer, burn them to a CD or download to flash drive.

LESLIE: What happens if they need more than what is on NorthShoreConnect?

TERRI: Should they need more components then they go through HIM. Patients can complete an authorization in person or online via the NorthShore Web site. We typically receive most of our requests for information via our online application process.

PATTY: Do you charge for these requests? What about forwarding patient information to physicians?

TERRI: We decided as an organization that there will be no charge for records that are provided directly to patients or to their physician(s). Most physician offices would like to receive the data on a CD. Patients also like that method as well as receiving the data on flash drives. We are also going in this direction to fulfill RAC requests. All RAC requests will be provided on a CD. Providing records on paper is not really an option going forward. Printing records from an EHR system today results in hundreds of pieces of paper. EHR records are simply too big to print.

LESLIE: The right of a patient to access their health information free of charge is the first principle of AHIMA's Health Information Bill of Rights. I think it's terrific that your organization is so innovative and that it found a way to operationalize free access to one's health information and to the information for which they have proxy consent.

TERRI: We are proud of this too. It has increased the amount of interaction we have with patients and presented an opportunity to involve them in advancing the quality of the health information in our system.

PATTY: In what ways are patients more involved?

TERRI: Patients are actively viewing their records online. Having access to information leads to reviewing it more carefully. In reviewing their own medication and problem lists for example, patients notice if information is not accurate or reflective of up-to-date information.

PATTY: I think that is excellent. Medication lists and problem lists can easily get out of date and it takes patients and the health care team to ensure they are complete and accurate. These are very dynamic lists. How does a patient go about getting their health information updated? And can they add health information from outside your health system?

TERRI: On a patient's home page within NorthShoreConnect they are instructed to communicate any discrepancy they may notice while reviewing their record. Many patients contact their doctor's office directly and communicate what information needs to be added or dropped such as deleting problems that is no longer present or a medication dosage change or information from a visit to a physician outside of our health system. Patients can also e-mail questions or requests for amendments to our generic e-mail address. All requests received to our generic address are handled by a triage team, which is part of our call center. HIM has played a role in educating the triage team on what should be routed to HIM and what should be directed to the patient's physician.

LESLIE: Do you have dedicated staff that handles e-mails directed to HIM?

TERRI: I expanded my administrative assistant's responsibilities to include managing patient requests for amendments and HIPAA related activities. We also created a new position in HIM staffed by a registered nurse. The full-time nurse position reviews amendment requests and seeks out physician approval before making the amendment. Sometimes the amendment request is related to documentation made in the medical record while other times it's correcting an administrative error. About 50 percent of the time the amendment request is approved. We work with patients the best we can but can't always help them. Sometimes it comes down to patients not agreeing with the way they were paraphrased and how that wording affected reimbursement. It get's complicated but it's a great educational process for everyone involved and leads to improved quality of health information in our system.

PATTY: This has been such an interesting discussion. I would like to ask you two last questions. First, what kind of challenges has the organization faced related to patient centered HIM practices?

TERRI: I don't think we have had significant challenges but just changes to the way we work when it comes to patient centered release of information practices. We do have a significant change however when it comes to release of information for legal cases. In the past we would provide an attorney with a paper copy of the record. Today, when required by the court we have the ability to provide access to our EHR to the plaintiff's attorney so they can view the patient's chart. Our attorney's are provided access as well. On the deposition side, it gets a little more challenging. We have been implementing components of the EHR for several years and what the EHR looked like 2 years ago is not what it looks like today. It requires our organization to describe the variances between the records our attorneys and the plaintiff's attorney might have received a couple of years ago and the records they received today. What also adds to the complexity is that if an ER nurse is deposed she will show the court information as she sees it from her filter or view, which is different from my view or a physician's view. When we are asked to provide a document, it's not so easy because of our views look different. Furthermore, when we print from the EHR, it is not formatted the same way it is on the screen.

In the past, I used to be able to testify to the normal course of business for the entire record management workflow; I now can only testify about the components of the record while information system professionals testify on the topics of audit trail and metadata and upgrade schedules for example. We have come to realize it takes a team of individuals to testify to the integrity of records management where in the past, HIM would provide the testimony in its entirety.

PATTY: I can appreciate the complexity, which is further complicated by the fact that this all is taking place in a hybrid environment. You really drive home how important it is to have the legal record defined and supporting policies and procedures implemented-- On to my last question. Looking back to your patient centered ROI practices, is there anything you would do differently?

TERRI: Looking back, I don't think we were prepared for or realized how many amendment type requests we would receive from patients. I think the EHR makes it much easier for patients to follow because of how it's organized. Also consumers today are more involved in their health care and the reimbursement process. The EHR removes the access barrier, which is great. We just weren't necessarily prepared for how much work it would be on our end. We wouldn't have it any other way and are glad to have moved in this direction. We are focusing now on adding more features to NorthShoreConnect, such as patients directly updating the health maintenance reminders, alerts for appointments and follow-up appointments and extending access to authorized physicians outside of NorthShoreConnect.

LESLIE: Thank you so much Terri for sharing your experience with our readers. I have learned a lot and thank you for your exemplary HIM leadership and putting the patient in the center of HIM practices.

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