

A New Frontier in Healthcare Data Quality Control **September, 2010**

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LESLIE: The realization that online access to my own medical record was close at hand first entered my consciousness in 2000 when I chaired the American Health Information Management Association (AHIMA) eHealth Task Force. I imagined the day when as patients or family members we could easily access our medical records online. For many of us that day has arrived.

PATTY: Is it all you dreamed it would be?

LESLIE: Not quite. Though I have always valued accuracy and completeness of clinical information from the perspective of an HIM professional, when I look at my own medical record, or that of my spouse, believe me I am looking through a different lens.

PATTY: What do you mean?

LESLIE: The importance of data quality hits home in a new way. Even the smallest errors--for example my birth date was off by 1 year and there was a typo in my e-mail address--leap out at me, making me wonder if the demographics are wrong, what other information might be wrong? And others are finding even more disturbing errors. One of my colleagues found another patient's record mixed in with her online record. Another friend found old records had been brought forward into her online records, but recent information had been omitted.

PATTY: Those are disconcerting examples! It sounds like we should further explore these emerging issues in electronic data quality. However, I am leaving for a short vacation in Europe and think our readers would enjoy hearing from Gwen Hughes, RHIA, CHP, director of eHIM Consulting Services at Care Communications Inc., about how her clients are handling these issues.

LESLIE: Have a great trip, Patty. I look forward to interviewing Gwen!

LESLIE: Gwen, thank you for joining in this month to discuss best practices in managing data quality and integrity in electronic health records (EHRs). Please tell us about some of the problems you have seen and how people are addressing them.

GWEN: Thanks for asking. There are a variety of issues that our clients are addressing. For example, hospitals that extend the use of their EHR systems to physician offices sometimes find they are more vulnerable to the creation of duplicate records in their master patient index (MPI), a serious problem and a costly one to correct.

LESLIE: How does that happen?

GWEN: MPI errors often occur when the physicians' office personnel add new patient records to the system. If the office staff are not properly trained and quality control procedures are either not thorough enough or are inadequately implemented, MPI errors can be frequent. The same patient is entered multiple times (often with slightly different variations of his or her name) and gets several medical record numbers, for example. And you are right; cleaning up MPI errors can be time-consuming and costly.

LESLIE: Who is responsible for cleaning up those errors?

GWEN: This is an area where responsibility for data quality management is often vague. In the hospital it may be the responsibility of the patient access department or the HIM department. However, when errors are introduced by physicians' office staff, they should be responsible for making the corrections or for paying for the clean-up. If people are not expected to correct their errors, or to pay to have their errors corrected, they are less likely to stop making those errors.

LESLIE: Shouldn't this responsibility be spelled out in the contracts that are negotiated between the hospital and the physicians' offices?

GWEN: Yes, it should be in the contracts, but isn't always. And if a standard for training people who enter data into the system isn't part of an organization's best practices, I would recommend that HIM professionals provide the leadership necessary to define responsibilities for accuracy of input and create best practices to avoid duplicates.

LESLIE: I was quite alarmed when my colleague found someone else's record in her record. She notified the director of the HIM at the hospital to let her know about the error and the director said she would make sure it was corrected immediately.

GWEN: She needed to do more than correct it. Such an occurrence is considered a breach of confidentiality under the HIPAA regulations--the patient must be told that the record was unintentionally disclosed to an unauthorized person. The penalties for inappropriate disclosures or violation of any HIPAA standard can be steep, particularly when the occurrences are multiple and the hospital does nothing to correct them. If it can be proven, for example, that the hospital knew there were multiple breaches in a year caused because physician office staff had scanned records into incorrect patient records and the hospital failed to correct the problem, the hospital could be fined up to \$1.5 million dollars for that calendar year.

LESLIE: Once again this responsibility should be spelled out in the contracts that are negotiated between the hospital and the physicians' offices. No doubt there is a need for considerable HIM leadership around this issue. What are the actions you suggest HIM professionals take to help their organizations avoid these problems?

GWEN: My first suggestion is that hospitals or health systems perform a risk assessment whenever they contemplate offering community physicians the ability to subscribe to their hospital or health system EHR.

When I perform such risk assessments, I look, for example at whether the physician offices assign medical record numbers; have access to and disclose information from the shared EHR; or if a lack of document scanning and indexing quality controls create added risk to the hospital or health system. I then facilitate a ranking of those risks and work with clients to help them develop appropriate mitigation strategies.

LESLIE: Can you provide an example of those strategies?

GWEN: The mitigation strategies might include physician staff education about how to perform various tasks

correctly, stints by physician office staff performing various types of downstream corrections, regular accuracy feedback, or 100 percent auditing of scanning and indexing.

LESLIE: You said that was your first suggestion. Do you have another?

GWEN: My second recommendation is that the hospitals and health systems incorporate the findings of their risk assessment into revised pricing and contracts with community physicians. To the best of my knowledge, these contracts and subscription fees usually take into account IT costs, but do not capture nor require that physicians share in HIM related costs such as: correcting the errors to the master patient index; auditing and correcting inaccurate scanning and indexing; or the cost in terms of fines and notification of breaches to which physician offices have contributed.

LESLIE: Then I see another emerging role for HIM professionals here. They need to get involved with oversight--perhaps to step up and lead a multi-disciplinary group that would include hospital and physician representatives charged with developing policies and procedures for users of the EHR system.

GWEN: Yes, you are describing EHR Governance and there is a growing recognition that EHR Governance is critical to implementing a comprehensive, interoperable EHR system. Many organizations are already covering these issues through task forces or groups charged with defining and maintaining the legal integrity of medical records. These groups are often formed by the organization's Board of Directors and the work done to support those groups is managed in HIM departments, privacy and security departments, or possibly in the organization's legal, risk management or compliance departments. In any case, it is imperative that HIM professionals are either leading or participating in these activities.

LESLIE: Gwen, thank you for sharing your insights about the growing need to clarify roles and responsibilities for data quality in health information input across organizational boundaries, and for your suggestions for HIM leadership in these activities. It is a new frontier in HIM and I look forward to hearing from our readers about how they are taming this frontier.

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