Using Information Governance for Health System Performance Improvement

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Speaker Introduction

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Speaker Introduction

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Have no real or apparent conflicts of interest to report.
Agenda

• Level set the audience’s knowledge of Information Governance
• Explain the definition, purpose, framework and principles of Information Governance
• Showcase UC San Diego Health's Information Governance journey
Learning Objectives

• Explain the definition, purpose, framework and principles of Information Governance

• Describe the differences between information management and information governance

• Describe UC San Diego Health System's Information Governance journey from the beginning to its current state
Benefits Provided by IG Adoption

IG initiatives Showcased Proving Value and Benefit Realization at UC San Diego Health

- Enterprise MPI
- Enterprise Documentation Management
- Professional Fee Coding/Charge Capture Improvement
What is Information Governance?

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.”

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An IG Framework Addresses

- Who is accountable for what
- How information strategy aligns with the organization’s goals
- How information is valued for preservation/retention/managing associated costs
- Roles, policies
- Standards (data and information mgt)
- Metrics
IG: Different than information management

• Strategic

• Applies to all types of information, not just clinical

• Breaks down the silos that prevent consistency and standardization of uses, policies and processes across the departments and business units of the organization and even outside of its walls
IG for Healthcare

• IG is not **JUST** needed in hospitals….but in **all types of** delivery settings, and across the healthcare ecosystem….. Wherever information is **exchanged, used, administered, analyzed, released, stored, archived or deleted/destroyed**, it must be governed.

• IG is **NOT** an **IT** project… it is not a **project** at all… but an ingraining of principles, a framework, rules and processes for managing and controlling information across the organization.
IG for Healthcare Includes

- All types of healthcare organizations
- All sources of information
- All formats of information
- 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
AHIMA’s Information Governance Adoption Model
Competencies (IGAM)™
• What is the source of truth?
  ▪ Realization of organization’s strategic
  ▪ Nimble decision making, speed to market
  ▪ Performance excellence and transition to value-based care and
    payment models

• Challenges and opportunities will continue to grow
  ▪ Telemedicine, biometric data, unstructured data, genomics, health
    and wellness data from wearable devices, patient-generated
    health data
Our Mission: To deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

Our Vision: To create a healthier world — one life at a time — through new science, new medicine and new cures.

FY 2016 Key Statistics

- Number of Employees: 7,500+
- Annual Discharges: 28,719
- Average Daily Census: 476
- Emergency Visits: 76,996
- Total Outpatient Visits: 700,456
- Average Length of Stay: 6.1 days

Academic Enterprise

UC San Diego Health is the region’s only academic medical center, with:

- 2 professional schools
- 1,431 faculty members
- 2,370 students, postdocs, residents and fellows
- $577 million in faculty research awards (FY 2015)

Regional Services

- Burn Center: San Diego, Riverside, Imperial and Arizona Regions first Level 1 Trauma Center
- Comprehensive Stroke Center
- Comprehensive Cancer Center, one of 47 NCI designated centers
- Liver and kidney transplant program
- Blood and marrow transplant program
- Global leader in pulmonary thromboendarterectomy (PTE)
- Owen Clinic – top HIV/AIDS care programs
- Level III Neonatal Intensive Care Unit
- Area’s only hospital-based Birth Center

Affiliations/Community Connect

- Rady Children’s Hospital-San Diego
- Veterans Affairs San Diego Health System
- El Centro Regional Medical Center
- Eisenhower Medical Center
- San Diego Sports Medicine
- Tri-City Medical Center
- UC Irvine
- UC Riverside
- Neurology Centers of San Diego
UC San Diego’s IG Journey

- Focus on revenue cycle improvement – system-wide
- Best of breed and allowing each institute to choose their ideal system created many challenges
- Branching out to new clinical affiliations was often done without defining the legal record considerations
- Transition to Epic was done with minimal HIM involvement
- Shortcuts with using legacy mappings and only required enhancements with Epic upgrades were made
- Data integrity issues and challenges have been encountered from OSHPD to CDI and coding challenges
- Lack of metrics and dashboards to gain a good idea of baseline performance from duplicate rates to data integrity rates
UC San Diego’s IG Journey

• Beginning the assessment of Information Governance maturity rate
• Great time: New CIO, New CRO and New System-wide HIM Director
• Support to define an IG strategy and work with AHIMA to enable its entire system to benefit from AHIMA’s world class leadership and guidance
• Massive growth with the opening of a new hospital and rapid expansion of its clinically integrated network
• New technology opportunities to support new hospital systems, population health and telehealth
• Additional resources associated with IT/HIM initiatives to facilitate strategic Information Governance initiatives
IGPULSERATE™

UC San Diego Health

Here is your IGPulseRate™ Score

2 out of 5

YOUR IGPulseRate™ SCORE

Your score indicates that your organization is in the early stages of recognizing the importance of information governance including developing recognition that information governance has measurable impact on the organization. The organization should identify and minimize silos that may exist at the business unit level that are preventing it from realizing the full value of its information. Better coordination and standardization through the implementation of an IG strategy will translate into improved ability to thrive in the current business environment and reduction in risk associated with information management.

Your organization should carefully evaluate whether its information management activities adequately support legal or regulatory requirements and effectively serve the business needs of the organization, including patient care and service delivery.

Your organization is in position to begin realizing greater benefits from its information as well as mitigate risks through effective information governance. AHIMA's IGAdvisors™ can help with identifying needs, developing a road map, and providing other useful tools and resources to advance IG in your organization (IGAdvisors@ahima.org).

FOR MORE DETAILS ABOUT AHIMA'S LEVELS CLICK HERE
UCSD Plans to use an assessment tool

This will enable a comprehensive review of its IG maturity state.

- Rooted in IG best practices, standards and requirements
- Validated and utilized by 11 Pilot Organizations including Hospitals, IDN’s, Public Health Data Org., RHIO, and HIE
- Scalable framework for assessing IG adoption maturity
- Easily understood by multiple stakeholders
- Brings value to the organization regardless of the starting assessment level
- Creates a pathway of progressive performance expectations to guide organizations through implementation of IG
IG Gap Analysis and Assessment Utilizing IGHealthRate™

IGHealthRate™ will determine what level of IG maturity your organization is at overall and by each of the 10 IG competencies, creating a RoadMap for improvement and success!

- Level 1: At Risk
  - Not addressed
- Level 2: Aware
  - Developing recognition but vulnerable
- Level 3: Aspirational
  - Meeting minimum requirements, but missing opportunities
- Level 4: Aligned
  - Proactive with continuous improvement
- Level 5: Actualized
  - Integrated information governance. Community leader with information economy.
IG Opportunities

Data driven decisions to support standardization But...

- How to get the data?
- Where?
- Do we understand it?
- Can we trust it?
- How fast can we get it?
- Comparing apples to apples?
Getting Started with IG

Communication
- Inventoried HIM Projects and Activities “in flight”
- Met with key stakeholders involved in current and future state
- Site visits to assess and determine gap analysis of progress against goals

Mapping
- Current projects/activities to AHIMA IG Adoption Model Competencies
- Mapped present state workflows
- Created an inventory of each major activity

System and Process Design/Re-design
- Assigned Performance Improvement Teams (PM, Sponsor, Business Owner, team)
- Create Charter
- Develop report metrics, KPIs, dashboard
- Identify dependencies and resources to realize the future state
IG Initiative List

• **Enterprise MPI** – acquisition of new sites, optimization, dashboard, accountabilities, formalization of processes

• **Enterprise Document Management System** – secure expanded technology to redesign the workflow and improve the management, control, standardization of residual paper documentation

• Review of System versioning/sunset and establishing cutover plans

• Establish process for addressing management of clinical, EHR, and revenue cycle information (capture through final billing) for new acquisitions or expansion of provider practice sites

• Enterprise Facility and Clinic deficiencies to support clinical care and improved revenue capture

• Copy & Paste Policy: Developed policy, training, monitoring and sanctions

• Enterprise Clinical Documentation and Coding Improvement Plan

• Affiliate/Clinically Integrated Network Security templates

• Release of information to MyChart patient portal to reduce barriers to access

• Speech and Transcription Strategy

• Record Storage
AHIMA IG Adoption Model Needed to assure integrity of all information used:

- Self-Service Reporting Tools
- Business Intelligence
- Epic’s Cogito
- Epic’s Healthy Planet
- Slicer Dicer

- Telehealth
- Population Health
System Dependency

Registration Systems
- Clinics
- Hospitals
- Urgent Care sites
- ASC
- Hospice
- SNF
- Affiliate sites
- Community Connect

Electronic Health Record
- Clinics
- Hospitals
- Urgent Care sites
- ASC
- Hospice
- SNF
- Affiliate sites
- Community Connect

Ancillary Applications
- Lab/Pathology
- Radiology
- Cardiology
- GI
- Pulmonary
- Radiation Oncology

Coding Systems
- Documentation
- CDI
- Charge Capture
- Encoder
- CAC

Billing
- Hospital
- JV
- Professional Billing

Reporting
- Risk Adjustment
- Financial
- Comparative
Top Breakthroughs in Integrating IG principles

- Breaking Down of Informational and Operational silo’s
- Provider and Patient buy-in
- Centralized Coordination and Governance
- Standardized Workflow, Processes and Systems
- Funding
- Leveraging, Optimizing and Adopting one EHR platform
- Measures, Outcomes and KPIs
- Assuring adequate project management and resourcing of projects
- Subject Matter Experts (SMEs) must include IT and Operational counterparts
Linking IG & Patient Matching

- IG starts at the information point of origin
- Patient matching starts at registration
- Using industry standards to match patients
  - The right patient, every time
- Patient merges and corrections are costly
- Unmeasurable cost is the cost of patient safety
- Developing a culture of accountability and high reliability
- Centralized process for access and MPI data integrity
Identity Management

- Prevention
  - PAS
  - Scheduling
  - POC Registration
- Identifying Errors
  - Nurses and other clinicians
  - Access staff
  - Coders
  - MPI Integrity team
- Resolution
  - HIM
  - Compliance
  - Ancillary Systems
MRN 1234 – Daffy Ronald Duck is an 83y/old duck, born on 8/22/1932. He does not have any current activity with UCSD

MRN 5467 – Daffy Albert Duck is a 77y/old duck, born on 2/22/1939. This MRN was created on 7/30/16 by user Sally from the Pond Clinic

On 8/24/16, user Sally Goose altered MRN 1411 to reflect Daffy Albert’s information at the Pond Clinic. There were also scanned documents by user Ugly Duckling, including a driver’s license for Daffy Ronald. The DL reflects Daffy Albert’s birthday, who is 7 years younger than Daffy Ronald. This alone should have raised a red flag before altering critical demographic fields.

Labs were ordered and a progress note resulted from Daffy Albert’s visit on 7/30/16.

Questions Raised

• Who are the correct contact staff members to notify of an encounter move from one MRN to the correct MRN for Pond Clinic-related errors?

• UCSD must notify lab information services so that they can update their system

• Pond Clinic charges will need to be moved – establishment of a contact person is essential

• Some information on the progress note will need to be changed to reflect the correct patient’s name, so the doctor will need to be notified to addendum the note

• Patient Access Manager will need to assist in reverting back the correct demographics

Cost to UC San Diego to correct: $7,000
Governing the Integrity of Enterprise Master Person Index

- Establish an MPI Governance Committee
  - Teams for each clinical integrated network (CIN) “service area”
- Establish policies, procedures, guidelines, and education to facilitate accurate identity management
- Establish dashboard by service area
- Establish data correction procedures to assure integrity of the MPI and downstream ancillary systems
- Centralize access controls and decisions regarding ability to register patients and maintain MPI integrity
- Collaborate with IT to evaluate the state of the CIN’s MPI data prior to loading external data to MPI to mitigate organizational risk
- Lead data clean-up initiatives
Enterprise Identity Management Governance

• Support administrative and clinical staff via hotline to correct patient data as soon as possible
• Establishes a culture of accountability through analyzing, tracking and trending of duplicate and overlay errors
• Promote a culture of high reliability which improves patient safety and decreases cost
• Reporting of errors using SBAR method to impact change and increase awareness
• Reporting of errors by department and service area to executive leadership
Set Target MPI Integrity Measures

Goal is to reduce overall duplicate rate to under 1%

Overall Potential Duplicate Rate
UCSD HEALTH SYSTEM FACILITY

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<th>Potential Duplicates</th>
<th>Overall Potential Duplicate Rate (Benchmark)</th>
<th>Goal: Overall Potential Duplicate Rate (Benchmark)</th>
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<td>Jul ’16</td>
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<td>Aug ’16</td>
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<td>Oct ’16</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MTD</td>
<td>-</td>
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</tr>
</tbody>
</table>

New Potential Duplicate Rate: Authorized Service Areas (Benchmark)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
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<th>MTD</th>
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<td>UCSD HEALTH SYSTEM SERVICE AREA</td>
<td>-</td>
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<tr>
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<td>-</td>
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<td>2.5%</td>
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<tr>
<td>CC TNC Service Area</td>
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<td>-</td>
<td>-</td>
<td>1.8%</td>
<td>1.4%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>
Defining Identity Management Standards

- Establish naming convention policy including newborns with multiple births based on best practice
- Introduced to San Diego Health Connect (Regional HIE for adoption)
- Establish legal name with verification process
- Define required data entry elements across the enterprise including ancillary systems
- Map data flows
Resource Management

- Due Diligence staffing to assess the state of new CIN sites:
  - Identify their duplicate rates,
  - Enterprise vs. disparate MPIs,
  - Capture of SSNs, conversion clean-up
  - Training of new staff/new sites
  - Intervention and remediation
- Consideration of system enhancements, testing and implementation
- Allocate Staffing for real time monitoring for all UC San Diego locations including CIN sites
- Timely correction of duplicate medical record numbers and potential overlays across domains, enrollee, and death master integration (new project)
- Actively work the potential duplicates and overlays
- Specialized, expert team performs Contact Mover and identity theft functions
Realizing the Value of MPI Integrity

**Satisfaction**

Patient Centric – assuring the complete and right information at the point of care

- Increased patient confidence

**Treatment**

- Assuring critical information necessary to treat the patient is available for care decisions and treatment and avoidance of another patient’s information being inadvertently used
- Decrease in incidence of repeat testing
- Avoidance of any medication or adverse reactions due to failure to identify medication history
- Access to the complete record

**Electronic Secure Data**

- Improved continuum of care
- Ability to share data without costly and impactful delays while data is being merged or unmerged
- Avoidance of patients receiving appointments or bills for services provided to the mis-identified patients

**Savings**

- Centralized model enables 50% less FTEs – cost per task = $15 vs. $26
- Each duplicate costs $150
- Each confirmed overlay costs $4,500

Projected savings from a lower duplicate and overlay rate - $9,000/month - $108,000 per year
Business Case for an Enterprise Document Management System

- Extends the current scanning integration for Epic to accommodate residual paper in all clinical and ancillary areas, offsite locations and affiliated and CIN clients
- Enables Physicians and Clinicians to easily find forms that are scanned into the records (auto-indexing of forms and arrangement in the EHR in a tab)
- Repository for forms that are not part of the legal record (billing, administrative, financial etc.)
- Provides the ability to perform batch scanning to support the entire revenue cycle and HIM
- Enables HIM to leverage technology to reduce the dependency on scanning and instead provide centralized quality control and data integrity services
- Reduces the need for scanning of clinical records (not part of the access process) at the point of care
- Eliminates courier services – paperwork can be placed on a multifunction copier for routing to HIM
- Enables patient e-signature on forms and MyChart beside
- Increases the efficiencies by which physical content is attached to the patient record through batch scanning, bar code recognition, and other software capabilities;
- Native quality control protocol insures document and metadata integrity before content is tied directly to the patient record in Epic
Business Case for an Enterprise Document Management System (EDMS)

- Provides a solution for scanned document corrections, such as misfiles and duplicate scans, with the corrections being performed by HIM or other authorized staff;
- Ability to perform real time auditing, business and system reporting through EDMS reporting and productivity dashboards;
- Batch scanned documents can be routed to a physician’s in-basket for the purpose of Physician Acknowledgement;
- Extends Epic’s deficiency analysis and completion capabilities to facilitate analysis and completion of documents stored in EDMS;
- Documents stored in EDMS and linked to the patient record in Epic will be included within Epic ROI reports; and
- Ancillary system content capable of generating electronic content but not able to directly interface with Epic can be automatically ingested by EDMS and linked to the patient record in Epic.
A Fully Integrated Solution

Leveraging the Value of the Enterprise EHR

- Increase in quality of care
- Improve workflows & efficiencies
- Decrease clinicians scanning time at the point of care
- Real-time auditing
- Provider and patient satisfaction
Advanced Capture Features

Ability to capture and integrate images in EHR

Paper Documents & External Records

PACS/DICOM/VNA

Clinical Device Output

Digital Photos

Electronic Forms
Capture Continuum

Reduce Volumes

- POS Scanning & Connecting to Ancillary Systems
- HL7,
- Electronic Document
- Imports
  - Fax
  - XML
  - Flat File, etc

Architect Remaining Capture

- Prep, Index, Scan, QA
- Barcoded Forms
- Patient Labels
- Blank Page Dropout
- Separation Pages
- Advanced Capture Templates

Advanced Capture

- Intelligent Classification
- Classification Engine
A comprehensive analysis was performed in May of 2016 to assess the current EMR native scanning process vs. a full enterprise document management system.

This was a critical data point to demonstrate the efficiencies gained and the reduction in resources which could be realized, and was one of the points utilized to prepare the ROI analysis and value proposition of migrating to a EDMS system.
Return of Investment

Cost Reduction Summary

• Staffing reduction (4 HIM & 1 PB Coder Clerical)
• Courier fees
• Paper processing
• HIM document prep
• Banking fees (EOB to ERA)
• Storage fees

$823K/ year 2-5 year ROI
Realizing the Value of an EDMS

**Satisfaction**

Patient Centric – assuring the complete and right information at the point of care

- Increased patient confidence
- Provider satisfaction with ability to easily locate documents and reduce staff burden

**Treatment**

- Assuring critical information necessary to treat the patient is available for care decisions and treatment and avoidance of another patient’s information being inadvertently used
- Decrease in incidence of repeat testing with paper results not timely scanned into the record
- Timely access to the complete record and decreased time to find results

**Electronic Secure Data**

- Complete information to support continuum of care and population health initiatives
- Leverage EHR workflows to seamlessly integrate and import non-EHR content
- Decrease reliance on native scanner and lack of sophisticated technology to support the volume of residual paper received

**Patient Engagement and Population Health Management**

- Complete information despite how the information is captured (device integration in the home setting)
- Patient can complete questions and sign forms prior to provider visits
- Complete information translates to the ability to improve the population health

**Savings**

- 823K/year – reduced resource costs, storage, courier and banking costs
Information Governance for Healthcare

Putting it all Together

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

Organizational Alignment
Strategic Alignment
Organizational Change Supports
Your Challenge...

• Go back to your organization and get IG in front of leadership

• Take a close look at current initiatives and projects that are in flight
  – What are the cost savings associated with those – tangible and intangible
  – What is the root cause resulting in need for each of these initiatives/projects

• What initiatives and projects are needed but on hold
  – What would those cost savings be
  – What are the root causes

• Consider a coordinated, formalized program that oversees the information needs of the entire organization by working across all business units to standardize, define and establish communications protocols
Benefits Provided by IG Adoption

IG initiatives Showcased Proving Value and Benefit Realization at UC San Diego Health

- Enterprise MPI
- Enterprise Documentation Management

Realizing the Value of Health IT

- Satisfaction
- Treatment/Clinical
- Electronic Secure Data
- Patient Engagement and Population Management
- Savings
References

- Downing, Kathy. Driving Information Governance: Introduction to IG. AHIMA.
Questions and Answers
Questions

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• Information Governance