



HALIFAX HEALTH: LEVERAGING MANUAL CLINICAL ABSTRACTION TO PRESERVE PATIENT DATA INTEGRITY DURING EHR MIGRATIONS

Like many health systems across the country, Halifax Health, a large multi-specialty hospital system in central Florida, has spent the last few years acquiring a number of different provider practices across the area. At the time of each acquisition, Halifax's policy was to allow each practice to continue using their existing electronic health record (EHR) system. The decision was made not only to help smooth the transition for providers, but also to avoid unnecessary billing and reimbursement disruptions. Yet, over time, Kevin Noel, Director of the information technology (IT) project office at Halifax Health, said handling a handful of distinct ambulatory EHRs became "unmanageable" for the healthcare organization.

"We were having trouble getting to the information we needed for reporting. There were also issues with sharing patient information among those practices and even across different specialty providers. To share information amongst those practices, the provider had to know each of those EHRs," he said. "It just wasn't working. For efficiency's sake, we decided to move to a single EHR, and to do so on a pretty aggressive timeline."

Halifax Health scheduled an electronic migration of more than 20 different provider groups, with multiple specialties, on five different EHR systems, to a new EHR platform. But with lean support staff, Halifax found it was not going to meet its deadline with historical patient data intact. The health system faced significant gaps in its data – gaps that threatened the new system's data integrity and, as a consequence, patient safety.

"Providers rely on that historical clinical data for each and every episode of care," said Kristi Payne, Chief Operations Officer at MDabstract. "Too often, during electronic migrations, data may be inaccurate, missing or simply show up in the wrong place in the new system. When that happens, providers won't be able to trust that chart – and patient care will be affected."



ELECTRONIC MIGRATION CAN'T DO IT ALL

Halifax Health partnered with a third-party electronic migration vendor to move the data. Noel said they were very good at helping them figure out what data elements to pull from each system to carry over to the chart in the new EHR.

"There was a very coordinated effort for each of the systems we were migrating" he said. "But, as soon as you take that data out of the old system to put in the new system, anything that goes into the old system afterwards is now in a gap state. That's data that someone was going to have to manually abstract into the new system so our providers would have the data they need at go-live."

Payne said that data gaps such as those that Halifax faced are a common issue during many electronic migrations. In addition, many electronic migrations have difficulty accurately and efficiently pulling data from free text fields.

"Not everything directly maps from one system to another," she said. "And when you are dealing with so many different EHR systems, it's not always possible to know where the needed data elements might be stored, where the data should live in the new system or the best place to consolidate information taken from free text data fields. That's why it's important to have

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KRISTI PAYNE | CHIEF OPERATIONS OFFICER | MDABSTRACT

a partner who has extensive experience with different EHR systems, and with clinical documentation in general, so you can fill in those gaps and make sure you are creating a single source of truth for your providers."

FILLING IN THE GAPS

Halifax Health reached out to MDabstract to help provide manual clinical abstraction services to successfully manage those data gaps left by the electronic migration process.

“There’s no way, that I’m aware of, that you can electronically take data from one EHR with its own database and instantly back it up to a completely different EHR and have that information mapped in real time so you don’t have a delta in the data,” said Noel. “There’s always going to be a need for some manual touch on these types of projects if you are going to preserve the data you need.”



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KEVIN NOEL | DIRECTOR OF THE INFORMATION TECHNOLOGY (IT) PROJECT OFFICE | HALIFAX HEALTH

While the health system could have asked its own staff to manually abstract that critical clinical data after hours, Noel said it was important, given the stresses involved with such a large-scale migration, that the health system be able to “offload” that work from its own staff. “Doing it in-house adds up to a lot of hours and overtime. The providers aren’t going to like it and it’s going to cost the organization a lot of time and money,” he said.

Instead, MDabstract helped develop a migration plan to ensure data integrity – and then worked hand-in-hand with a few key staff members to manually abstract the data they needed.

“We worked in tandem with MDabstract. It allowed our staff to get some training but, at the same time, MDabstract was getting the necessary volume done,” Noel said. “Halifax Health’s ambulatory practices get around 8,700 visits each month. That’s how many people we see on average. So we had to have at least that many charts up-to-date prior to the first day of go-live. MDabstract had the experienced workforce that could do that for us. We could not have done it on our own.”

“We were excited to jump in and lend our expertise to such a complex migration,” said Payne. “We have worked with so many different

specialties and so many different EHR systems that we can help guide our clients and really break down the main clinical data points they need migrated based on best practices.”

PROTECTING DATA INTEGRITY – AND PATIENT SAFETY

Beyond volume, Noel said MDabstract also helped the organization to put the appropriate quality assurance validation in place to help ensure the integrity of its historical patient data.

“MDabstract put the quality component in this whole process,” he said. “They had a way to go back and sample charts to make sure the data was being moved

correctly. When we found some things that didn’t look right, they could research those issues and find where the mistake was made. It gave us a lot of confidence that our data was going to be accurate and in the right place in the new system.”

Payne said MDabstract’s quality assurance testing, built in to every step of the clinical abstraction process, helps preserve those important historical clinical data points – before they might negatively affect a provider-patient encounter.

“By making sure to audit, validate and audit again, we help providers have the consistent data they need in the EHR system right from the get-go – and, in doing so, that they can deliver the highest quality care to their patients.”

As health systems continue to go through acquisitions and mergers, EHR migrations will become ubiquitous. Many of these migrations will be complex, involving multiple EHR platforms, a wide variety of different medical specialties and a large data element scope. Without adequate internal staff to move or validate data, these hospital systems may risk the integrity of patient data, electronic filing and quality reporting. Noel said that partnering with a leading abstraction and data migration solution provider made all the difference for Halifax Health.

“If you want to get it done on time – if you want to get it done right – you have got to have the right resources to help you,” he said. “MDabstract was a great partner and helped us create a clean process for migration and conversion even with multiple systems. They helped us make a very complex project very manageable.”

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About MDabstract:

Does your EHR have the standardized, discrete, mineable data needed for provider, billing and reporting success? Does your clinical data help you prove value? MDabstract is the leading abstraction & data migration solution that helps medical organizations across the country with EHR implementation, discrete data entry, electronic filing and quality reporting.