



REGIONAL HEALTH: THE IMPORTANCE OF MANUAL ABSTRACTION DURING EHR MIGRATION



CASE STUDY

When Regional Health, an integrated healthcare system with five hospitals and 24 clinics scattered across western South Dakota, made the decision to migrate the entire organization to a single electronic health record (EHR), they wanted to make the transition as seamless as possible for their providers and clinical staff. Alexia Gillen, DO, a family medicine provider and ambulatory medical information officer at Regional Health in Rapid City, South Dakota, said that once the decision was announced, providers across the system voiced concerns about what such a move would mean for the quality of data they'd be able to access in historical patient records during the transition.

"Most of the conversations stemmed around concerns that important data just wouldn't be there," she said. "Our providers were worried about the quality of information that would be in the EHR, the quantity of that information, how many years back the information would go and how that data would look in the new chart. Really, a lot of concerns about quality, quantity and where important patient information would be."

Kristi Payne, Chief Operations Officer at MDabstract, said such concerns are not uncommon during an event as potentially disruptive as an EHR migration. "Providers want to make sure, no matter what is happening on the information technology (IT) side of the house, that patient care will not be impeded. When utilizing medical information, every bit of data is critical. If a provider doesn't know about an allergy or whether a particular test was done, that can really impact the direction of treatment and patient care," she said. "Providers want to know there is a plan in place to ensure important patient information is not lost, that no inaccurate information is being moved from one system to another and



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ALEXIA GILLEN, DO | FAMILY MEDICINE PROVIDER & AMBULATORY MEDICAL INFORMATION OFFICER
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that clinical information is going to show up in the right place as usable data in the new EHR system. Making sure they have access to pertinent historical information is just huge in terms of the quality and continuity of care.”

While maintaining patient safety and satisfaction are always the top goals of healthcare organizations during any new IT initiative, Payne added that the consequences of poor data can also extend to the business office. “These documentation issues aren’t just tied to patient treatment and safety,” she said. “No one likes to talk about the financial side of the house, but, if the data isn’t there, it can also affect provider productivity, billing, reimbursement, quality reporting and even payer specific metrics and reporting. Data quality is vital to the health of any healthcare organization.”

PROTECTING DATA QUALITY FROM DAY ONE

The Regional Health EHR migration was a complex one – moving data from several EHR systems to a single comprehensive platform. Gillen said manual abstraction of clinical data was a key component of their strategy to ensure that providers would have the information required to avoid redundancies and errors, as well as to protect patient safety and enhance health outcomes.

“Having manual abstraction as part of our plan from the beginning helped to reassure our providers that the data they needed would be in the areas of the chart that we told them it would be in,” she explained. “They understood that we, as the operational stakeholders, understood their concerns for both themselves and their patients. They’d have the information they needed right away and wouldn’t have to spend time during the encounter, or during their own personal time, data mining or prepping charts.”



Too often, Payne said, healthcare organizations treat manual abstraction as an afterthought. With so many IT vendors offering electronic EHR migration solutions, hospitals may think such strategies are sufficient to cover any and all requirements. But that simply isn’t always the case.



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KRISTI PAYNE | CHIEF OPERATIONS OFFICER | MDABSTRACT

“Electronic migrations have progressed quite a bit over the past several years,” Payne noted. “But even the best solution can’t perfectly transfer all your historical patient information from one system to another. People often think, ‘Oh, we’re just going from one system to another. Allergies to allergies! Problems to problems!’ But once you consider that EHR clinical templates vary from system to system and data in free text fields can’t always move over, you start to see it just isn’t that simple. There just isn’t effective one-to-one electronic mapping for all data.”



That’s why it’s so important to partner with a third-party manual abstraction provider who has the experience to know the in’s and out’s of multiple EHR platforms and who will work closely with providers, of all specialties, to know what information needs to go in specific EHR templates.

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That breadth of experience and provider focus are some of the reasons that Regional Health selected MDabstract as its partner to provide manual clinical abstraction services for about 50,000 patient charts. But Regional Health soon discovered, Gillen said, that it was only a drop in the bucket of what their providers really required.

“We had a good abstraction strategy from the beginning. We started with patients who had frequent, recurring appointments with all providers across Regional Health. We also focused on upcoming appointments,” she said. “But, even with those 50,000 charts, it wasn’t enough. Our providers wanted more charts done. They wanted more data in each chart. They wanted more health maintenance information. We learned that it’s important not just to think in the short term when it comes to manual abstraction. If we had to do it over again, we’d add a long-term abstraction plan to our strategy so we could continue to relieve some of the stress and make the first year after go-live a lot easier for the entire organization.”



ENSURING QUALITY, EVERY STEP OF THE WAY

Payne also points out that providing clinicians with the accurate, quality data they need is very achievable during a complex EHR migration, but it requires careful auditing and quality assurance checks every step of the way, starting on day one. But it requires careful auditing and quality assurance checks every step of the way, starting on day one.

“From the beginning, as we are working with a client to identify which clinical data elements need to be abstracted and determine where that data needs to go in their new system, we are putting quality checks into place,” she said. “Then our initial abstraction review process, where we complete pilot charts to confirm the outlined project scope, helps to reassure providers. Our teams really take the time to understand where important data is sitting in the legacy systems and where it needs to go in the new system. From there, we have constant checks and audits to make sure that the conversion continues to run smoothly.”

Gillen said the quality assurance process MDabstract provided gave the organization a lot of confidence that each chart in the new EHR would hold that “single source of truth” about a patient — so providers could offer high quality continuity of care.

“Because of MDabstract, we felt very positive, especially at go-live, that upcoming appointments had been abstracted, the data was there and our providers could do their jobs without disruption,” she said. “It made a huge difference, with all the chaos that goes on in implementing a new EHR system, in helping to ensure that we could make things less stressful for our providers and continue to provide great care to our patients during this big transition.”

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