EMR Implementation: Compliance Challenges

HCCA Upper West Coast Regional Conference
December 6, 2013
San Francisco

Panel Members

Greta Fees  Sutter Health
Ginny Kim   John Muir Health
Kevin Longo Adventist Health

Moderator: Lynda Hilliard

Entity Overview and EMR Implementation Status
Physician Services

More than 1,800 primary care practices: we are one of the largest primary care health systems in the country.

More than 550 Adventist Health providers.

Adventist Health
IT Systems Overview

- Cerner Millennium – 2003 - 18 acute care facilities
- Cerner Millennium Modules – 2006 – Ongoing
- Cerner Beyond Now (Extended Care) - 2010
- Cerner Ambulatory EHR – Aug 2012 - Ongoing
- Epic Ambulatory EHR – Early 2000’ s
- Revenue Cycle Initiative (RCI) – Sep 2013 – Ongoing
  - Cerner Registration & Patient Billing

Retirement Centers

1 Cherry Wood Village
Portland, OR
Joint-venture between Adventist Medical Center - Portland and Generations, LLC

2 Feather Canyon
Paradise, CA
Joint-venture between Feather River Hospital and XL Management Company, LLC

3 Paradise Village
National City, CA
Joint-venture between Adventist Health and Generations, LLC

4 Wheatland Village
Walla Walla, WA
Joint-venture between Walla Walla General Hospital and Generations, LLC
John Muir Health

John Muir Health: Walnut Creek/Concord
John Muir Medical Center, Walnut Creek, a 572-licensed bed medical center that serves as Contra Costa County’s only designated trauma center; and John Muir Medical Center, Concord, a 313-licensed bed medical center in Concord.

John Muir Physician Network
The John Muir Physician Network is a not-for-profit medical foundation. The 900 physicians associated with the John Muir Physician Network belong to either the John Muir Medical Group or the Muir Medical Group Independent Practice Association (IPA).

John Muir Health

JMH is in the process of implementing EPIC. Through more robust technology, such as Epic’s electronic health record (EHR), JMH will improve operational efficiency and deliver on our unwavering commitment to do what’s best for the patients we serve.

One
Patient
Experience
One Chart
One Workflow
One Platform

John Muir Health

Electronic Medical Record/EPIC Implementation Timeline

<table>
<thead>
<tr>
<th>User Group</th>
<th>Go-Live Date</th>
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<tbody>
<tr>
<td>First set of physicians’ offices (non-Walnut Creek Outpatient Center), urgent care center at 2700 Grant Street, and select IPA offices</td>
<td>November 5, 2013</td>
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<tr>
<td>Walnut Creek Outpatient Center, the non-urgent care clinics at 2700 Grant Street and revenue cycle teams</td>
<td>January 14, 2013</td>
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<tr>
<td>Concord and Walnut Creek hospitals, Behavioral Health, private health, social services, supply chain, clinic and revenue cycle teams</td>
<td>March 30, 2013</td>
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Sutter Health

System Overview

• Hospitals
• Physician Practices – Foundations
• Ancillary Services

Organizational effort included many multidisciplinary teams and subject matter experts

“SAM” (Sutter Architectural Model) sessions held monthly over a period of time prior to “go-live”

Phased in approach beginning with first “go-live” in April 2009 and completion projected for early 2015

EPIC was the platform chosen for Sutter’s EMR

Compliance Challenges

What type of privacy compliance challenges did your institution encounter, and what steps did you take to mitigate those risks?
John Muir Health

HIPAA/Privacy

- Access to EMR
  - Ensure role based access (minimum necessary standards)
  - Understand the various points of entry into the EMR system (i.e., patient portal, health information exchange, hospital and ambulatory platforms)
  - Ensure vendors are given appropriate access with expiration dates
  - Understand which departments or areas have full access to patient financial information

- Minor patients between 12-17 years old
  - Ensure processes to address HIPAA and state requirements pertaining to minor rights
  - Consider system limitations (i.e., patient portal views) that could result in inadvertently disclosing PHI to parents or legal guardians

Sutter Health

HIPAA/Privacy Challenges

Training in the EMR

- How to access the EMR
- How to navigate within the EMR
- How to document
- How to bill
- How to ensure patient privacy (i.e. logoff, sharing passwords etc.)

Role Based Access

- Must be based on right person, right job, right access
- Must ensure minimum necessary standards are followed at all times
- Must have governance structure to objectively evaluate and determine access needs
Adventist Health

- Access to records are controlled by “Role Based” access system
  - All information is assigned an "Information Owner/Trustee"
  - Access is controlled based on the user’s defined role
  - Exceptions to role based access are authorized by the “Information Owner/Trustee”
- Challenges:
  - There is no good automated review process of the roles
  - Audits must be conducted manually
  - Overly restrictive controls interfere with efficient operations
  - Trust but verify
  - Ongoing WBT HIPAA Privacy & Security Education

Compliance Challenges

What types of compliance issues presented themselves in dealing with accurate and timely documentation in the new EMR, especially related to claims generation? What did your organization do to mitigate those risks?

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Documentation (regulatory/billing issues)

- Coding/Charging/Billing
  - What hard stops need to be in place for providers to ensure adequate documentation requirements are met (i.e. inpatient vs. observation orders)
  - What will your CDM look like?
  - What source documents will be used for abstracting and coding (i.e. problem list, OSHPD reporting, profees, ancillary services, cancer registries, trauma registries etc.) and how will access to those areas be determined
**Sutter Health**

**Documentation (regulatory/billing issues)**

**Coding/Charging/Billing**

- Pharmacy – how will your pharmacy system integrate with your EMR
- What add on platforms/applications/software should you consider in addition to your EMR (Op-time, Lynx, Willow, Smart tools, Medi-analytics)
- Work-Queues how will they be structured, who will be responsible, what will the workflow be and what kind of education, training and subject matter expertise will be required
- Data – Governance over data, what do we need, how will it be used, who has access

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**Documentation (regulatory/billing issues)**

- Policies
  - What policies should be considered related to regulatory and billing considerations prior to “go live”
    - Copy and Paste
    - Use of templates
    - Cloning
    - Physician Problem list and coding
  - What constitutes the “legal health record” (i.e. queries, scanned documents, outside provider notes)
  - When can a record be amended and by whom

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**Documentation**

- Documentation/Coding Specialists help ensure the care is appropriate and complete for the patients’ conditions & Dx
- HIM personnel & Coders ensure the EHR is complete and that any patient related paper records are scanned into the EHR.
- Documentation of access and disclosure to provide patients an accounting of disclosures.
- Carry-over, Cutting & Pasting features can lead to inaccurate or inappropriate documentation and possible fines & penalties
John Muir Health (JMH)

**Documentation**
- Cut & paste functions – selecting data from an original or previous source to reproduce in another location
- Populating via default – data is entered into registration process or a note via an electronic feature that does not require positive action or selection by an author
- Government audits – understand system functionalities to produce supporting documentation for audits (i.e., Medicare ACO audits)

Audit and Monitoring

What are the compliance considerations of audit and monitoring in the EMR?

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- User access activity logs
- User access reports track limited data sets (Cerner/P2)
  - User last name & patient last name match
  - VIP EMR access reports
  - New technologies & algorithms will expand ability to identify snooping activities by unauthorized individuals
- Systems in place to ensure that EHR and Charge Masters are synchronized to ensure unit quantities agree
- Meaningful use audits to ensure systems met the "Meaningful Use" government subsidy requirements.
- Compliance audits to access and evaluate information
John Muir Health

Auditing and Monitoring
• Limited reporting capabilities for the Privacy Office to track functions performed on the medical record (i.e., view, edit and print)
• Understand audit capabilities of the system and what mechanisms or fields can be tracked
• Understand historical systems that are interfacing with the new EMR system and know when it is appropriate to obtain additional reports for investigation
• Proper training for those who are responsible for auditing/monitoring

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Controls
• Must have a comprehensive auditing and monitoring plan in place prior to go live
• Auditing and monitoring must be role based
• Must have corrective action plans pre determined (as much as possible) up to including disciplinary action, and termination if appropriate.

Third Party Access
• Executing MOUs (memorandums of understanding) and BAAAs (business associate agreement) with complete indemnification
• Sutter Link and Sutter Grant Access

Other Considerations - Access

• Employee Access
  • Clinical
  • Inpatient
  • Outpatient
• Physician Portal
  • How are physicians provisioned to access their patient record
  • EHR
  • Computerized Physician Order Entry (CPOE)
  • How do you limit access to their own patients
• Transmitting lab & radiology results to physician EMR

• Patient Portal
  • How do patients obtain access
  • Minimize the risk of patients see other patient PHI
• Consultants and Vendor Access
  • Consultants
  • Coding
  • Billing
• Revenue Cycle
• Vendors
• Government auditors

## Summary

- Compliance Involved in Planning
- Oversight of Process
- Continual Education
- Ongoing Audit and Monitoring

## Questions

**Contact Information**

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</tr>
<tr>
<td>Ginny Kim</td>
<td><a href="mailto:ginny.kim@johnmuirhealth.org">ginny.kim@johnmuirhealth.org</a></td>
</tr>
<tr>
<td>Kevin Longo</td>
<td><a href="mailto:kevin.longo@ah.org">kevin.longo@ah.org</a></td>
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