Introduction

- "Cloning" is an issue introduced by advent of Electronic Health Records ("EHRs")
  - What is it?
  - How has it affected providers?
  - What can providers do in response?
Background

• Cloning
  – Copying and pasting or otherwise duplicating information from one source to another within EHR software

• Center of attention
  – Selling point for EHR software
  – Increased focus of compliance efforts from government and contractors

Background

• The use of medical records has evolved
  – Historically had primarily a clinical purpose
  – Today also used for billing, compliance, and data collection

• Meaningful use incentives have encouraged the use of EHRs
  – 80% of eligible hospitals and CAHs
  – More than 50% of physicians and other eligible professionals
Provider Perspective

- Some wish to promote appropriate uses of cloning
  - Improved accuracy
  - Increased efficiency
  - Adopted into physician workflow

Compliance Efforts

- Government and contractor concerns center on accuracy of records and claims
  - Can lead to over-documentation or incorrect documentation
  - Attention from Congress, Cabinet, Centers for Medicare & Medicaid Services (CMS), and contractors
Regulations and Guidance

Congress

• Included in 2013 White Paper from six U.S. Senators:
  – “There is a growing body of evidence that indicates some providers may simply copy and paste information in medical records, which represents a significant increase in the risk of medical errors by potentially including inaccurate, old, or out-of-date patient information in a patient record that can jeopardize patient safety and increase costs.”
Executive Enforcement

- Secretary Sebelius and Attorney General Holder issued a letter in September 2012
- CMS Office of the Inspector General
  - Report: CMS has not addressed EHR vulnerabilities
  - Report: Hospitals have not implemented proper safeguards
  - Sent a questionnaire in 2012 to hundreds of hospitals seeking information about cloning of medical records

CMS Actions

- No formal guidance yet
- CMS OIG Reports:
  - CMS agreed with OIG recommendation that CMS develop guidance on the use of copy-paste
  - May be through regulation, may be through subregulatory guidance
Medicare Contractors

- Many consider cloning to be grounds for denial of payment
  - Wisconsin Physicians Services – MAC for Indiana
  - National Government Services – DME MAC for Indiana
  - Cahaba GBA – ZPIC for Indiana

Tales from the Field
A New Twist on an Old Saying:

Before electronic medical records:
“If you did not document it, you did not do it.”

After electronic medical records:
“You documented it, but did you do it?”*


Problem with Cloning – Increased Coding Levels

- Robert Berenson, MD, a senior fellow at the Urban Institute and a former Medicare official has stated that EHR documentation has lead to higher coding levels, thereby increasing physician income and patient costs.
- “Some of the higher coding is legitimate, because it facilitates doing more work and documenting it, but some of it is illegitimate, because it permits gaming through exporting data [from previous visit notes].”
- “Unless you deal with the documentation issue, you’ve compromised the potential of the EHR,” he said. “And from a reimbursement viewpoint, it’s counterproductive.”
Problem with Cloning-
Compliance

• Billing issues and potential compliance concerns
  – Example: Provider entry documenting procedure performed “today” is copied so the procedure code is billed for each visit
  – Example: Provider copies exam from one patient record to another and includes the original patient’s identifiers and the record is released

Problem with Cloning-
Propagation of Errors

• When copied text includes errors, the errors may be sent throughout the health care system, to other providers, insurance companies, and other payers
• Among other issues, this can impact the quality of patient care
  – Example – “family history of breast cancer” copied and pasted as “history of breast cancer”
  – Example – provider inadvertently documents patient surgery for wrong site and later corrects but wrong site already copied and sent to others
Strategies for Compliance

AHIMA Position Paper

- March 2014 released “Appropriate Use of the Copy and Paste Functionality in Electronic Health Records”
- Includes recommendations to healthcare provider organizations
  - Develop policies and procedures
  - Address in information governance processes
  - Provide comprehensive training and education
  - Monitor compliance and enforce policies and procedures
Internal Policies

- Appropriate use of copy-paste
  - Types of records in which copy-paste could be used with proper safeguards consistent with policies
  - Types of records copy-paste should not be used
- Attribution of notes
- Audits
- Training

EHR Software

- Work with vendors to properly configure software
- Ensure that audit logs are operational whenever the EHR is used for viewing or updating records
- Train physicians and staff in proper use
- Monitor physician and staff workflow to make EHR work for practitioners
EHR Implementer Recommendations

Some experienced EHR implementers have recommended the following:

- Turn off copy-forward functionality (functionality that allows providers to copy information from previous patient encounters)
  - In light of the vast functionality of EHRs, copying forward is increasingly unnecessary
- Use templates that automatically populate data in addition to well-designed macros in order to write notes quickly and accurately

One Doctor’s Solution

- Dr. C adopted the use of “free text” to write without restraint or fill-in-the-blank choices.
- Used complex cumulative sentences spliced together with conjunctions and commas
- This solution worked to eliminate cloning because the sentences used by the doctor were not amenable to direct cut-and-paste and emulated the way in which he spoke to other doctors
Potential Challenges

• Limited control over EHR software
• Audit logs may not be comprehensive
• Provider behavior can be difficult to change
• Hospital has limited practitioner-level control over policy implementation
• Time crunches