EMR Risk Mitigation and Optimization

Kelly Nueske, LarsonAllen LLP
Jenny O'Brien, Halleyland Lewis Nilan & Johnson

Session Objectives

- Define potential risk/audit areas in electronic medical records
  - Selection
  - Implementation
  - Operations
- Review both familiar and new risk areas related to electronic records
- Discuss possible approaches to assess risks and audit controls effectiveness
- Offer a multi-disciplinary view, focusing on the enabling technology and resulting new operational risks
EMR - One Patient. One Record.

- Implementing Epic
  - Single database architecture, supporting all of Allina’s hospitals and clinics
  - One of country’s largest, most integrated implementations
    - Scheduling/Registration
    - CPOE, Clinical information, Care Plans
    - Pharmacy, Radiology, OR, ED
    - Professional and Facility Billing
  - Pushing the limits of system design, capacity and integrated operation

EMR Selection Risks

- Clarity of desired system scope
  - Clinical only
  - Clinical and billing
  - Ancillary departments
  - CPOE or not
  - Scheduling

- Organizational status and culture
  - Degree of common clinical and business support processes
  - Operations ownership of initiative
  - Physician relationships
  - Financial health
  - Drivers for EMR implementation
Selection Risks (continued)

- Integration with existing environment
  - Network
  - Database
  - Interfaces to existing systems
  - Workstations

- Vendor Fit/Technology
  - Vendor experience with your implementation model
  - Capacity and architecture
    - Scalability
      - Administrative access and logging
      - Reporting versus transaction loads
    - Configurability/flexibility of application
      - Good and bad
    - Redundancy - Built in or need to develop

Organization Infrastructure

- Organizational Culture and Structure
  - Medical staff bylaws
  - Union contracts – impact on jobs – get their buy in
  - Physician relationships
  - Common charging philosophy, fee schedules
  - Employed versus affiliated physicians
  - Security and access philosophy for data
  - Exposure and resolution of ineffective, inappropriate, sub-optimal workflows, processes
Organization Infrastructure (continued)

- Governance infrastructure to support maintenance and updating decision-making
  - Ownership of ‘shared data’
  - Integration pros and cons
- Central versus local control/accountability for most everything
- Criteria for transitioning from implementation to support
- Application and workflow support
  - Where in organization?
  - Skill sets needed?
- Physician and other care giver support requirements
- Patient safety response team and process
- Maintenance and updating of workflows

Regulatory Accreditation

- Core measures reporting
  - Very dependent on consistent workflow usage and adherence to documentation standards
  - Potential revenue impacts and accreditation issues
- Integrating JCAHO standards and CMS Conditions of Participation into workflows and functionality
  - Informed consent
  - Medication reconciliation
- Single system design vs. varied facilities’ interpretation of regulations
- Procedures documentation and retention
Federal & State Regulations

- Occupational health records & pre-employment screening
  - Compliance with state laws & union contracts
  - Use of previous information for pre-employment screening
- Psychotherapy (HIPAA, federal and state regulations)
- Federally funded substance abuse programs
- Research studies
  - Integration of FDA requirements
  - Compliance with CFR statutes for EMR

Financial

- External Audit
  - Extended implementation impact
    - General computer controls
      - Change management
      - Logical security
    - Dual systems materiality – extra costs
- Benefits Realization
  - Operational drivers to achieve
Financial (continued)

- Revenue Impacts
  - Charging processes
    - Supplies
    - Injections
    - Drugs/dosages on MAR versus billing documentation
  - Accountability for monitoring volumes/dollars
  - Claims activities
    - Creation
    - Denials
    - Write-offs/Discounts
  - Payer relief during implementation of new system
    - relief of timely filing deadlines?

Clinical Practice Standards

- Scope of practice
  - Use of protocols and clinical standards of care
  - Management of duplicate orders
- Documentation standards for group notes
- Consistent follow up on increased volume of information
- Charting practices – batch versus real time
- Increased information on actual activities and timing
Medical Record Integrity

- Maintaining history of end user name, licensure or credentialing changes and validation process
- Developing consistent data entry and data standards
  - FYIs on charts
- Ensuring records integrity
  - Interface errors
  - Data entered on wrong patient – deletion versus pointer removal
  - Finding data in an electronic chart
  - Data recovery after system outages
- Flagging deceased patients
- Timing of name change for adopted babies

Technology

- Risk versus work effort for testing changes
- Technology
  - IT technical staff expertise
  - Maintenance and controls of multiple environments
  - Disaster recovery planning (DRP) and testing
  - Co-existence and synchronization of business continuity plan and down time procedures with DRP
  - Wide area network load balancing – traffic prioritization and monitoring
  - Change control
    - Programmatic
    - Configuration
      - Master table/file audit logs?
Privacy & Security

- Employee accessing their own medical record and records of family members
- Physician access to patient data
  - Single database – security versus monitoring
  - Physicians’ concern about their competitors’ access to their patients data
- Conflicting state / federal regulations
- Designated record set definition
- Outside reviewers access & monitoring of activities
- Criteria for business associates’ remote access
- Disclosures tracking (single database)
- Monitoring and enforcement of company policies
- Design & philosophy of access – monitoring vs. complex security structure

Compliance & Audit Strategies

- Get involved – push for membership on oversight groups

- Educate yourself and your staff
  - Project documents
  - Vendor training

- Readiness Assessments
  - Computer skills
  - Organizational focus, key operations roles assignments
  - Physician readiness for CPOE
  - Organizational model for managing physician issues
Compliance & Audit Strategies (continued)

- Sample Projects
  - Validation of project progress reporting
  - Testing documentation by clinical and business support staff
  - Transfer of care workflow testing
  - Security/access design and implementation
  - Disaster Recovery review
  - Business Continuity/Downtime Procedures/recovery plans by departments and sites
  - Interfaces development methodology and testing controls
  - Data conversions methodology and testing controls
  - Change management controls – programmatic, master files/tables, systems infrastructure
  - Billing compliance
    - 2 - 4 months post go-live for each site
    - Auditors – unique training needs

Compliance & Audit Strategies (continued)

- Privacy and Security
  - Participate in oversight or steering committee
  - Review profiles and access
  - Assess monitoring plans and activities
  - Review sanctions process and actual use
  - Review disclosures reporting and process
  - Perform facility walk-throughs
    - Locations of monitors and visibility to public
    - Use of screen savers, password protection
    - Generic workstations?
Lessons Learned

- Develop relationship with key management in project, operations
  - Provide impartial eyes and ears, develop audit plan/projects in coordination with project/operations management
- Connect with other risk groups in your organization
  - Law
  - Compliance
  - Risk Management
  - Quality
  - IT
  - Internal Audit
- Develop a ‘Risk Plan’ and Business Unit Implementation/Risk Plan
- Connect with other organizations
  - Compare strategies, frustrations, successes

Lessons Learned (continued)

- Look for gaps in supporting infrastructure in organization
  - EMR with CPOE requires major changes in workflows
  - Integration of clinical systems with billing systems increases complexity
  - New approaches required for issue resolution, training, reporting and support functions
  - Organization may need to create different infrastructures
  - Pursue participation in key oversight groups, implementation teams
- Optimization takes time and effort
Kelly Nueske, Manager
Leader, Risk Management & Performance Improvement Services
Phone: 612.376.4739
knueske@larsonallen.com

Jenny O’Brien, Attorney at Law
Shareholder, Halleland Lewis Nilan & Johnson
Phone: 612.573.2968
jobrien@halleland.com