ProVation® Medical

Time, Technology is Right for ASCs to Transition to a Paperless Environment

Facilitating the widespread adoption of health information technology – electronic health record (EHR) systems in particular – has become the battle cry in the quest to transform the nation's health care system to improve access to and quality of care while reducing costs. While ambulatory surgery centers (ASCs) are not the focal point of federal health information technology (HIT) initiatives, there are ample reasons for them to invest in EHRs and other technologies that will allow them to transition to a paperless environment.

In addition to playing a key role in maintaining compliance with regulations ranging from Sarbanes-Oxley and Stark to HIPAA and IRS requirements, HIT can increase patient volumes, speed the revenue cycle and deliver higher reimbursements. Eliminating paper from the patient care process also generates a substantial cost savings, while helping to reduce errors and adverse events and improve diagnosis and care quality.

THE STATE OF THE PAPERLESS ASC

Despite the benefits that can be achieved by transitioning to an electronic environment, the majority of ASCs remain mired in paper. An independent survey conducted on behalf of Wolters Kluwer Health found that 82% of ASCs were not utilizing an EHR, 85% were using paper perioperative notes and 74% used dictation and transcription to generate physician procedure notes.

As is the case with other provider segments, the survey found that partial blame for low EHR adoption among ASCs lies with the cost of acquiring and implementing systems (43%), as well as revenues lost during implementation (49%)i. That is a valid concern given Congressional Budget Office (CBO) estimates that a standard health IT system costs the average practice $25,000-$45,000, with annual maintenance costs running $3,000-$9,000ii.

But cost isn't the only obstacle for ASCs. Respondents to the Wolters Kluwer Health survey also cited a lack of software that will capture their patient mix (43%) and lack of interface with scheduling software and other existing systems (43%). In fact, until recently, few ambulatory EHR offerings were tailored to the unique needs of the ASC.

Beyond features to manage documentation, patient consent, patient demographics and exchange discharge data with referring physicians, the functionality needs of ASCs have little in common with other ambulatory care providers. ASCs do not issue orders, nor do they diagnose or research medical evidence to support care decisions. Finally, ASCs are not generating clinical documentation beyond procedure notesiii.

However, thanks to recent market changes, the time for ASCs to begin making the transition to a paperless environment is now. More HIT vendors have introduced systems and applications tailored to the unique needs of the ASC. Subscription-based services are also growing in popularity, meaning ASCs can tap into the benefits of going paperless without making a sizable upfront capital investment.

Further, depending upon the final eligibility criteria for funds available under the Health Information Technology for Economic and Clinical Health (HITECH) Act, financial incentives have the potential to offset acquisition costs. For those ASCs that are not willing to wait until the final rules for eligibility are established, acquiring systems on a subscription basis provides the flexibility to transition to a paperless environment now, yet still make any system changes that may be necessary in the future to qualify for incentive funds.

Even if ASCs are ultimately excluded from eligibility for HITECH incentive funds, there are still ample financial incentives to take the plunge.

REDUCED COSTS, ENHANCED REVENUES

When managed correctly, the financial benefits of going paperless can result in a return-on-investment (ROI) of under two years and ongoing annual savings of $10,000 and higher per provider. Often, the most significant savings are realized from the elimination of hard and soft costs that are directly related to the management of paper charts within the ASC.

One study found that a reduction in chart pulls, which declined in observed practices by 79% in the six months following implementation and by 96% at two years' post-implementation, accounted for 63% of the total savings realized from the transition to a paperless environment[iv]. Other savings were realized through:

- The elimination of new patient chart costs
- A 75-hour-per-week savings in time spent filing
- A 37%-100% reduction in transcription costs

Other chart-related savings are derived from the elimination of paper chart supplies, costs associated with off-site storage and retrieval fees, as well as the reduction in clerical staff. Further, physical space previously utilized for chart storage can often be converted for revenue-generating purposes.

For one ASC, where nearly 32,000 procedures are performed annually, the hard-dollar annual cost savings from transitioning to an EHR totaled more than $26,000 just in the elimination of paper and printing costs and storage fees. The ASC is also saving up to two hours each day that were previously lost to chart pulls.

The financial benefits of transitioning to a paperless environment go well beyond cost savings. Indeed, the workflow and process improvements made possible by EHRs can have a direct impact on an ASC's bottom line in the form of faster revenue cycles and increased revenues through higher patient volume. For example, a robust EHR can enhance physician productivity by eliminating dictation of both procedure notes and ancillary documentation, and by enabling e-signing of procedure notes and other reports. This typically leads to an increase in patient volume.

EHRs also streamline workflow through faster and more efficient scheduling, which results in fewer cancellations. Other process improvements include faster registration and patient histories, fewer data entry errors and, most importantly, faster patient throughput. The ASC cited above estimates that by interfacing its practice management system with its EHR, it is saving up to three hours per day in data entry time alone. Involving fewer individuals with data entry has also increased the overall accuracy of the information entered into its systems.

Operating in a paperless environment can also enhance an ASC's bottom line. Because previously manual processes such as documentation, coding and billing are automated, days in accounts receivable are reduced.

For one ASC, as many as five days have been shaved off the billing cycle – days previously spent waiting for the various reports necessary to complete billing. Now, billing reports are generated and submitted daily. In particular, the ASC has found that billing for facility fees is accelerated because physician charges are captured automatically. Further, improved documentation allows ASCs to bill out procedures at the highest possible level, increasing revenues in addition to speeding the revenue cycle[v].

MAKING THE TRANSITION

Transitioning to a paperless environment can be challenging, due mainly to the impact implementation of an EHR can have on workflow processes. That is why proper planning is imperative. This includes mapping out all aspects of workflow within the ASC and identifying vulnerable areas to minimize roadblocks along the way.

It is also important to identify goals and link them to the EHR's specific features and functionalities. These should be shared with all team members to ensure that everyone understands the desired outcome. At the same time, a flexible timeline should be created to keep the implementation process on track. Keep in mind that full implementation, including training, can take as long a year, depending upon the environment.

Assembling an appropriate project team can go a long way toward smoothing the overall transition. Among the most important members of that team are physician champions and in-house project managers, who can guide not only the implementation process but also keep the staff as a whole motivated and energized about the pending changes.

Establishing an effective line of communication with the entire staff is also important, particularly if staff members have concerns their positions may be eliminated or replaced by the EHR. These fears can also be allayed by including end-users in all major decisions regarding EHR selection and implementation, especially in terms of workflow analysis.

Adequate training is also critical to making a successful transition. In addition to onsite training sessions with the vendor and any super-users, it is important to provide the staff with opportunities to practice what they have learned before go-live. This helps keep training fresh while the implementation is underway.

Extensively testing the software before implementation is also necessary to ensure that the go-live is as smooth as possible. A smart tactic is to have the vendor set up a test database the staff can utilize, both to extend their training and to ensure proper functionality. Ideally, the vendor should include in this test environment a dry run of a typical day, which can provide important feedback on how the EHR will impact day-to-day processes.

The final phase in EHR implementation is the go-live, which should be scheduled close in proximity to the end of the training sessions to ensure a high retention of information. A reduction in the number of patients during the early stages of this phase is also recommended to reduce the pressure on the end-user. Practices are advised to reduce scheduling by 75% for the first two days after go-live, during which time trainers should be onsite to smooth out any glitches. By day three, it should be possible to increase scheduling back to full capacity, with trainers remaining onsite as necessary for troubleshooting.

Once live in a paperless environment, staff assessments should be completed to gauge adoption and frustration levels, monitor productivity, measure patient cycle times, etc. This assessment should include querying the staff about their experiences as well as reviewing data. Though implementation may be complete, administrators should continue to offer training sessions well after the go-live to reinforce and refresh staff of the software.

CONCLUSION

In the past, a lack of appropriate EHR offerings and high up-front costs left many ASCs cold to the idea of making the transition to a paperless environment. However, with more vendor offerings specifically addressing their unique needs and more attention being paid to the many benefits that can be realized through broader adoption of HIT, the time to eliminate paper from the care process is now.

With vendor subscriptions offering the best of both worlds—all the financial and operational benefits without the upfront capital investment—there is no reason to delay the investment in the paperless office. Subscription-based pricing also provides the flexibility to adjust systems and applications as necessary to qualify for federal incentive funds, should the final rules expand eligibility to include systems designed specifically for ASCs.

Even when acquiring an EHR includes an upfront capital investment, the time to achieve ROI is shorter than ever, thanks to greater competition among HIT vendors and a wider array of systems from which to choose. Indeed, with an ROI of less than two years and the promise of significantly enhanced reimbursements, it makes solid fiscal sense for ASCs to look into the many ways HIT can streamline workflow processes, increase patient volume and improve overall quality of care.

The first true electronic health record (EHR) designed for busy, cost-conscious ASCs, ProVation® EHR offers robust electronic documentation and document imaging for all elements of the patient encounter, from past records and procedure documentation to follow-up care.

In addition to eliminating printing and storage costs, ProVation® EHR streamlines workflow and drives compliant coding of physician documentation to deliver faster, more accurate reimbursement and high ROI. Its robust data reporting capabilities, electronic documentation and coding, and document scanning and management enable the production of complete, coding-ready and image enhanced procedure notes, ancillary reports and instructions, resulting in greater efficiency, increased profitability and high clinician satisfaction.

Backed by ProVation Medical and its world-class customer service, both of which ranked #1 in KLAS for 2005, 2006, 2007 and 2008, ProVation EHR offers ASCs affordable access to a single, patient-centric documentation system with low monthly operating costs and a no-cost interface to vitals monitoring and information systems. It features rich, pre-built medical content created by a staff of more than 30 physicians, nurses and coders, as well as:

- Electronic Perioperative Documentation that allows nursing and anesthesia staff to complete and sign all required point of care documentation electronically
- Standard Content Library including AAAHC, Joint Commission, AORN and SGNA language and practices
- Document Scanning and Management that allows users to scan documents directly to the patient chart, integrating seamlessly with other clinical documentation
- Electronic Patient Consent forms that allow for capture and automated storage of patient signatures and consent within the patient chart
- Pathology Import features that allow ASCs to receive and store pathology results from supported vendors within the patient chart
- Pathology Follow-Up that allows physicians to review and sign received pathology results electronically
- Scheduling Interface that enables patient demographic and scheduling information to populate the system automatically

Finally, ProVation EHR supports quality initiatives, benchmarking and other reporting statutes through a robust set of turnkey data reports and intuitive data query options. It also features a procedure data export that allows for customized Quality Indicators data analysis.

[i] Renaissance Research on behalf of Wolters Kluwer Health. "National Survey of Ambulatory Surgery Center Administrators: Report of Findings." March 2008.

[ii] Melton, Christin. "Go Paperless, or Pay the Price." *MDNG New Media*. April 30, 2009. Available at http:// www.hcplive.com/mdnglive/articles/ON_go_paperless.

[iii] Benson, Sean. "ASCs in Danger of Being Excluded from HITECH Incentive Funds." *Becker's ASC Review*. June 16, 2009. Available at http://www.beckersasc.com/news-analysis-asc/business-financial-benchmarking/ascs-in-danger-of-being-excluded-from-hitech-incentive-funds.html.

[iv] Grieger, D. L., S. H. Cohen, and D. A. Krusch. "A pilot study to document the return on investment for implementing an ambulatory electronic health record at an academic medical center.." *J Am Coll Surg* 205 (July 2007): 89-96. Available at http:// www.himssehra.org/docs/caseStudies/Allscripts_URMC%20American%20College%20of%20Surgeons%20study%20July%202007.pdf.

[v] Wasek, Stephanie and Becker, Scott. "Healthcare Information Technology." *Becker's ASC Review*. Oct. 31, 2007. Available at http:// www.beckersasc.com/healthcare-business/healthcare-business-issues/8-key-benefits.html.

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