

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

Written by Sean Benson

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The time has never been better for ASCs to invest in EHRs and other technologies that will allow them to transition to a paperless environment. Not only are there more ASC-specific technologies from which to choose, but increased competition has brought about more flexible options that put advanced solutions within financial reach.

Technology plays an important — and growing — role in maintaining compliance with IRS requirements and regulations ranging from Sarbanes-Oxley and Stark to HIPAA. It can also increase patient volume, speed the revenue cycle and deliver higher reimbursements.

Finally, eliminating paper from the patient care process generates a substantial cost savings, while helping to reduce errors and adverse events and improve diagnosis and care quality.

State of the paperless ASC

Despite the measurable benefits that can be achieved by transitioning to an electronic environment, the majority of ASCs remain mired in paper. This can be attributed to the cost of acquiring and deploying systems, as well as the fear that revenue will be lost during implementation. But cost isn't the only obstacle for ASCs.

Many ASCs that have explored electronic options have cited a lack of software capable of capturing their patient mix or interfacing with scheduling and other existing systems. 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 the exchange of discharge data with referring physicians, the functionality needs of ASCs have little in common with those of other ambulatory care providers. ASCs do not issue orders, nor do they regularly diagnose or research medical evidence to support care decisions. Finally, ASCs are not generating clinical documentation beyond procedure notes.

However, recent market changes make transitioning to a paperless environment an operationally and financially appealing option for ASCs. 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.

Reduced costs, enhanced revenues

When managed correctly, the financial benefits of going paperless can result in a ROI of under two years and ongoing annual savings of \$10,000 and higher per provider. The most significant savings are often 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 percent in the six months following implementation and by 96 percent at two years' post-implementation, accounted for 63 percent of the total savings realized from the transition to a paperless environment. Other savings were realized through:

- the elimination of new patient chart costs;
- a 75-hour-per-week savings in time spent filing; and

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- a 37-100 percent reduction in transcription costs.

For the Jacksonville Center for Endoscopy, where nearly 32,000 procedures are performed annually, the hard-dollar annual cost savings from transitioning to paperless totaled more than \$26,000 just in the elimination of paper and printing costs and storage fees. Since deploying dictation software and an EHR to replace, respectively, physician dictation and perioperative paper charting, the Jacksonville, Fla.-based ASC is also saving up to two hours each day that were previously lost to chart pulls.

"We have seen an increase in the accuracy of information entered into our systems because fewer individuals are involved with data entry," says JCE Administrator Cindy Hall, RN. "Eliminating the need to scan patient consents into the system has also resulted in savings of both time and the costs associated with shredding paper copies."

JCE has also found that the workflow and process improvements made possible by its EHR have had a direct impact on its bottom line in the form of faster revenue cycles and increased revenues through higher patient volume. 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, JCE has found that billing for facility fees is accelerated because physician charges are captured automatically. Further, the documentation improvements facilitated by automation enables JCE to avoid under-coding, increasing revenues in addition to speeding the revenue cycle.

Finally, JCE's EHR has enabled faster and more efficient scheduling, which results in fewer cancellations. Other process improvements include faster registration and patient histories, and, most importantly, faster patient throughput.

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 as 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.

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

Adequate training is critical to making a successful transition. In addition to on-site training sessions with the vendor and any super-users (staff members with additional training who are available to provide just-in-time support for their co-workers and colleagues), it is important to provide the staff with opportunities to practice what they have learned before the system goes 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. 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.

Once live in a paperless environment, staff assessments should be completed to gauge adoption and frustration levels, as well as to monitor productivity, measure patient cycle times, etc. This assessment should include querying the staff about their experiences as well as reviewing data.

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.

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