Q&A CDI WEEK

Electronic health records

As part of the fifth annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. ***Stephanie Lee Ciccarelli, MD, FACP,*** *is the physician advisor at Penn Medicine Chester County Hospital in West Chester. She completed her training in internal medicine and emergency medicine. She was in private practice for nine years and then was a hospitalist at Penn Medicine for seven years. The duties of her physician advisor position include CDI, utilization review, length of stay, and appeals. She answered the following questions on the CDI professionals' role in effective electronic health record (EHR) management. Contact Ciccarelli at Dr.Stephanie.Ciccarelli@uphs.upenn.edu.*

Q Where does your facility stand regarding implementation of an electronic health record (EHR)?

A Within our large health system, there are a number of departments that are still making the transition from paper charts to EHRs. We are part of the Penn Medicine system. Our facility alone is mainly electronic in every department, except for the emergency department, operating room, and administrative notes, which includes patient consent forms, patient notes, and such. We plan on moving these departments to complete electronic records within the next few months, and will be transitioning to a bigger, system-wide vendor in approximately 14 months.

However, other facilities within Penn Medicine currently have paper physician progress notes and, as a result, CDI is done on paper. As a health system, we are working to transition everyone to a new EHR vendor, and are working out the issues so our entire system and organization can operate on an electronic basis.

I think there's a huge advantage to the EHR system. We'll be able to share information across facilities, health systems, and the country without having to rely on paper. Our facility has taken the steps to get ahead, though I say we're on par compared to most facilities currently implanting EHR.

Q Who is your EHR vendor, and can you describe the effectiveness or shortcomings of their software?

A At our facility, we currently use a vendor that is widely known in the industry, and used by a number of smaller facilities. It has all of the basic elements that you would expect, including lab results, nursing documentation, progress notes, and computerized physician order entry (CPOE).

Making changes and updates with our vendor has been relatively simply, in part due to the fact that we are a smaller institution. However, within the next year or so,

we are working to become more integrated with the larger Penn Medicine system, so we will be migrating to a larger, more complex vendor.

What I love about the electronic systems overall is that once the notes are in the computer, anybody from anywhere, can click them, view them (if they have appropriate permissions to do so), and see if there is a note—all in one place. It makes it easier to ask questions and find out who to ask—if I need to talk to a provider and still have questions pending, I know exactly who to talk to because it's clearly spelled out in the EHR.

I certainly think every EHR system will have its challenges, as well as its benefits. Working with the larger system, we have already noticed a magnitude of challenges. It requires more system settings, more preferences, and more work on the back-end of things. With the input of multiple facilities and people, it is harder to please everyone, too. Two of our hospitals have been more focused and are advocating for keeping it simple for the physicians. Some members of the implementation team may have other focuses, such as running reports.

In order for CDI and EHRs to have positive results, providers need to answer the queries. If they don't answer the queries, there's no point to the CDI program. If you want to get a provider to answer your questions, it's got to take less than three clicks to get to the question. The more steps and the more clicks, the more excuses physicians will have. Our facility struggles with helping our IT department understand the physicians, and helping CDI create a system that doesn't focus on simply completing the reports. We all need to focus on making the EHR easier for the provider to use. A complete report full of bad results isn't the answer and that can result in loss of revenue.

Q Does your EHR allow for electronic queries/prompts to the physician, and if so, has electronic querying been beneficial for your CDI specialists?

A Our CDI department has worked with our IT department to create a CDI query process in our current EHR that has been relatively successful. It is a very short process: CDI has roughly 40 electronic query templates to choose from, they select the appropriate template, fill it out with the necessary clinical indicators from the medical record and other pertinent information, and send it directly to the physician. Once the physician receives the query, one click takes them to the question. Under the question, there's a box where they can fill out their answer. Then, all they have to do is click to submit and sign. Since our facility has gone electronic, our query response rate has gone up to greater than 90%. Our providers appreciate the simplicity of the process, and we're able to work with them more effectively.

When we were on paper, there was no way to know if the provider received a query, and CDI would have to do all of their own tracking. The electronic system tracks physician responses better. For example we can now see if one particular physician has five pending queries and is not answering, or another physician answered two out of 50 queries over the course of a year. We're able to track that and provide the information to our team, so they know which physicians need more education and administration has data to pressure the doctors who are slow-adapters.

As we move to our new system-wide vendor, we are struggling with simplifying the electronic query process. CDI is trying to work with them to make a better process. With all of the technological changes, IT people are usually so overwhelmed, and they don't always agree with the intense time and efforts to "make it easy for the doctor" because it doesn't seem that hard to begin with.

Q Do your CDI specialists work remotely because of your EHR? How do their roles compare with those working on-site?

A Currently, our facility has three fulltime CDI specialists, and we are interviewing for a fourth fulltime CDI specialist. Each are permitted to work from home one day a week, and they figure out the schedule within the CDI department.

I don't think there is a huge difference in productivity at all. When you have good employees, it's beneficial to be able to let them work from home once in a while if that's their preference as it will boost employee morale. We can monitor their productivity at home using the EHR as well.

Overall, I don't see working remotely as having much of an impact on CDI, especially with the ability to use the EHR anywhere.

Q **Is note bloat and copy/paste a problem in your facility, and if so, how are you working to combat it?**

A I suspect copy/paste is an issue at most institutions, including ours. Although we don't monitor that aspect currently we likely will under our new vendor.

I find the best way to get doctors to document better overall, from the beginning, is by showing them their errors. If I'm reading a physician progress note and see documentation of "acute renal insufficiency," I highlight it, take a screenshot, send it to the doctor either via text or e-mail, and try to education them about the more specific language required.

Providers remember the information when you show it to them. If you want your doctors to document specificity, you must be able to take examples to them. For larger issues, or issues that multiple physicians struggle with, try campaigns, hang up signs throughout your facility where physicians will see them, keep drilling down on specific language. Focus on one or two CDI phrases at a time, and help them master those concepts, instead of trying to introduce ten phrases at a time.