Richard B Litzky- *Understanding Electronic Health Records*

Rick Litzky has enjoyed a career as an imaginative Health Care Executive and technology consultant, in both hospital and community settings. As a co-owner of his own Medical Review consultancy until 2011, Rick came to appreciate the nuances of litigation support in all types of medical-legal cases. Leading Medical Legal Spider since that time, Rick combines a "Big Picture" view of our health care system with a career's experience dealing with medical details to deliver innovative solutions in the most challenging situations.

ELECTRONIC HEALTH RECORDS

Boon Or Bane In Litigation

National Legal & Medical Malpractice Conference
American Board of Professional Liability Attorneys
May 4, 2017, Nashville, TN

Rick Litzky, MHA
Medical Legal Spider

MedicalLegal**Spider**

Goals

Provide context for EHR discussion

EHR's – The Good, The Bad, The Ugly

Risks & Focus Areas:

 Copy and Paste, Editing, Alert Fatigue, Care Transitions, EHR Outages, Patient ID Errors

Future Trends & Systemness

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Background

- Rick Litzky, MHA, VP, Medical Legal Spider
- "Recovering" Hospital Administrator
- Clinigence shareholder
- ECRI Institute Field Consultant
- Healthcare Entrepreneuer
  – Mobile Imaging, ER Staffing, Home Health/Hospice, IME & Medical Expert Support

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EHR/EMR
Understanding "Chaos" Theory

An area of deterministic dynamics proposing that seemingly random events can result from normal equations because of the complexity of the systems involved.

Is Health IT the new "Wild Wild West"?

EHR's were a foundational first step to take advantage of the efficiencies of computing.

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Definitions

HIPAA – Health Insurance Portability & Accountability Act, 1996

HITECH – Health Information Technology for Economic and Clinical Health Act, 2009, part of the American Recovery and Reinvestment Act, included Meaningful Use

PQRS – Physician Quality Reporting System, being replaced by MIPS – Merit-Based Incentive Payment System

MACRA – Medicare Access and CHIP Reauthorization Act, 2015

CPOE – Computerized Physician Order Entry

ICD-10 – International Classification of Diseases

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Why EMR/EHR?

- Health IT has clear and demonstrated potential to improve patient safety; it also can cause harm…but current literature is inconclusive.
- All stakeholders, including the private and public sectors, must coordinate efforts to increase understanding of risks associated with Health IT and improve safe design, implementation and use.
- Features of Safer Health IT include Workflow, Usability, Balanced Customization and Interoperability.

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Challenges – C-Suite

Concerns Reported by Healthcare Executives:

#1   Complying with new government requirements and mandates (e.g. MACRA)

#2   Implementing value-based reimbursement

#3   Technology acquisitions, investments and implementations

#4   Addressing rising pharmaceutical costs

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ECRI Institute – Top 10 Patient Safety Concerns for Healthcare Organizations

1.   Information Management in EHR's
2.   Unrecognized Patient Deterioration
3.   Implementation & Use of Clinical Decision Support
4.   Test Result Reporting and Follow-Up
5.   Antimicrobial Stewardship
6.   Patient Identification
7.   Opioid Administration and Monitoring in Acute Care
8.   Behavioral Health Issues in Non-Behavioral Health Settings
9.   Management of New Oral Anticoagulants
10. Inadequate Organization Systems or Processes to Improve Safety and Quality

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Challenges – Ground Level

• 65% of IT staff spend a quarter of their time restoring data & cleaning systems. (+10 hours) In 2016, 64% of data breaches targeted patient data with 50% due to criminal attack. (Ponemon Institute).

• 69% of IT staff report that a successful cyberattack led to system downtime.

• 70% of IT staff spend more than 10 hours each week deploying security patches and identifying networking, application and system vulnerabilities.

• Recently, a medical university CIO told me that up to 2,000,000 hack attempts per day was not uncommon.

• It's no surprise that physicians often struggle with EMRs, some reporting up to 2 hours of electronic charting per 1 hour of direct clinical face time with patients. "Clunky" is a frequently used describer. Further, 3 out of 4 physicians believe EHRs increase practice costs and 7 of 10 think EHRs reduce their productivity.

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Who Owns the Medical Record?

- Multiple owners – providers & health systems, EHR vendors, payors, even researchers…and patients themselves.
- Providers often lose out when switching from one EHR vendor to another or find it too time consuming to import prior clinical information. There are numerous anecdotal reports that some EHR vendors engage in blocking conduct.
- Varies state by state as to statutes in force and who owns, patient or provider.

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New Challenge

- MACRA fundamentally changes the system for physician reimbursement to a value-based payment rule. Bonuses for top performers will be funded by penalties to physicians with lower documented quality.
- MIPS will track Quality, Improvement Activities, Advancing Care Information and Costs.
- In line with the Accountable Care Organization model.
- It's been postulated that MACRA may bring additional clinical documentation tasks, creating an environment of more requirements with less time. (ECRI)

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Major EHR/EMR Vendors

Hospital EHR Vendors:
- Cerner
- Epic
- MediTech
- Allscripts
- Evident
- McKesson

Medical Practice EHR Vendors:
- Epic
- Allscripts
- eClinical Works
- Next Gen
- GE Healthcare
- Cerner
- AthenaHealth
- Greeway Health

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Variations

- EHRs are routinely updated with new code, with replaced code rarely stored at the provider level.
- Customizable drop down menus have replaced much of the free-text areas for notes...clinical synthesis is lost.
- The Joint Commission's "Do Not Use" list of abbreviations is part of the Information Management standards, but does not today apply to preprogrammed health IT systems, such as EMR or CPOE.

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Adverse Practice – Copy & Paste

- Today, most Advanced EHR systems offer copy & paste functionality, often used indiscriminately, making relevant information hard to find.
- Worse, copy and paste use may also contribute to propagation of outdated or inaccurate information in the patient record, with potential adverse events as a result.
- However, from the providers' perspective, this is a desirable option to increase efficiency, create continuity of care and save time, but holds risks if not used correctly.
- In response, ECRI Institute has released several evidence-based recommendations regarding copy and paste:
    - Make copy and paste material easily identifiable.
    - Ensure the origins of copy and paste material is readily available.
    - Ensure adequate staff training/education regarding appropriate and safe use of copy and paste.
    - Ensure that copy and paste practices are regularly monitored, measured and assessed.

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Adverse Practice - Editing

Common acceptance that hospitals and health systems face enormous fiscal pressure. As a result, Revenue Cycle Management is top of mind and leads to:
- Clinical Documentation Improvement
- Denials Management
- Vigilance to DRG Downgrading by fiscal intermediaries and insurers

All of which may lead to editing the EHR to align with the most favorable CPT billing codes.

Original notes may or may not be stored in the EHR after being edited.

Internal Utilization Review systems are nearly real-time and may be the repository of edited notes.

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Adverse Practice – Alert Fatigue

EHR alerts can save patients from harm, such as preventing dangerous drug-drug interactions or improper dosage. Clinical Decision Support based on data analytics will increasingly be used in EHRs.

Yet, the magnitude of clinical alerts generated from EHRs often leaves clinicians with alert fatigue… resulting in overrides, patient safety risks, interrupted workflow, reduced productivity and ultimately user dissatisfaction.

But, many of the larger EHR systems can generate reports of alerts and overrides.

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Risks Attributed to EHRs

- Lack of Medication Reconciliation, including inconsistent availability and use of external medication histories.
- Patient Identification Errors.
- Poor Care Transitions:
  – Post hospital discharge-undesirable readmissions.
  – Shift to shift-poor communication.
- EHR outages…planned and unexpected.

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EHRs – A Legal Record

- Yes, EHRs provide a means of identifying what information constitutes the official business record of an organization for evidentiary purposes.
- But, the issue of this legal record has so far taken a back seat in EHR implementation and policy discussion due to so many other pressing issues taking precedence.
- The EHR record is also very difficult for doctors in the legal environment because the printout is not what they saw and used when making clinical decisions.

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EHRs – On Going Issues

- Continued upgrades, coding changes, template revisions, database configurations.
- Medical Device Alarms not routinely imported into EMRs.
- Slow acceptance by Physicians…a necessary evil vs. benefits from clinical guidelines, critical alerts, population health data tracking.
- Development of the medical device IoT echo system & security infrastructure.
- Data is often constrained by the user's role.
- Limited clinical information, such as known allergies, may be due to limited data entry field and not visible.

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Trends to Watch

- Interoperability & Health Information Exchanges.
- Blockchain technology.
- Cyber Security.
- Data Stored in the Cloud.
- Continued Provider Consolidation.
- Systemness Driven by Value Based Care.
- Consumer Access to Records.

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Tips

- If at all possible, get to the Chief Information Officer or designee…the only ones who know how to tease data out of EHRs.
- Clearly articulate what is needed rather than how to get it out…want content capture vs. consolidate to viewable PDF found in "encounter" type records.
- May request Application Inventory and IT Diagram to understand architecture & databases.
- Keep in mind that no one has 100% complete information about problems and fixes.
- Ask for relevant Root Cause Analyses.

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Wrap-Up & Thanks

- Questions?

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