



White Paper

How to Survive and Thrive in Today's Healthcare "Regulations Jungle"

The Industry's Present State

The world of healthcare IT is in a constant state of flux brought on by ever-changing governmental regulations, rules, mandates and deadlines. Just when you think you have a handle on what needs to be done and a plan to accomplish it, a new regulation or revised mandate derails everything. What brought about today's regulatory-heavy environment?

It didn't happen overnight. The genesis of today's healthcare environment can almost be compared to the evolution of life. It started out small, but then grew more rapidly as time progressed. Although regulations have always been with us, you can peg the burgeoning of these mandates to the time that the U.S. government became a payer in the healthcare industry.

How Did We Get to Where We Are Today?

Today, governmental regulations impact almost every aspect of our healthcare delivery system. The industry is one of the most regulated in America, and consequently every facet of the healthcare delivery system is subject to heavy governmental scrutiny, at the federal, state and sometimes local levels. These regulatory measures have almost always begun with good intentions – improving the delivery of care, enhancing patient safety and fostering a healthier population.

However, when a governmental regulation or mandate addresses a significant healthcare issue with complicated legislation, the results will, more often than not, vary dramatically from what was originally intended. In some instances, the impact will be much broader than the original drafters could have foreseen. More commonly, a small detail has ended up undermining the loftiest goals of the original regulation.

A general rule of thumb for determining how likely a regulation is to veer off course is to look at how ambitious the mandate is. The more far-reaching, the more likely it is to produce unanticipated consequences. The gap that opens between the regulation's goals and its implementation is the breeding ground for unforeseen results.

A case in point is the 1996 Health Insurance Portability and Accountability Act (HIPAA). The original, primary intent of this regulation was to protect individuals from losing their health insurance, or having pre-existing clause limitations placed on their health insurance coverage, if they left or changed jobs. The other intent was to provide the federal government with the power to intervene in issues of fraud and abuse in the healthcare industry. HIPAA also included a number of provisions to simplify and lower the costs of processing health information, along with several provisions that dealt with the

standardization of electronic transactions and the **implementation of security standards** as a subset of these provisions.

As everyone working in healthcare today knows, this final, seemingly innocuous subset provision, has created enormous reverberations throughout the industry and caused untold amounts of money to be expended, complying with privacy regulations. And, this 1996 mandate continues to grow today and spread its tentacles into every aspect of the healthcare delivery system. If you ask many healthcare professionals what the P stands for in HIPAA, they will more than likely respond, “privacy.”

Even with all their good intentions, many regulatory measures have compromised the efficient provision of healthcare. In some instances, the regulations have created bottlenecks that have actually hindered the efficient delivery of medical care.

How Can We Survive and Thrive in This Environment?

Today’s healthcare organizations must function in this environment of rapid change, draconian regulations and continual reform. Ultimately, healthcare providers must overcome these operational challenges to be successful and achieve ongoing financial viability. All business environments must deal with change, but in healthcare, governmental regulations and reforms create economic uncertainties that impact the strategic operations of every facility. Couple this with an occasional economic recession and you have the need for flexible and effective strategic management to cope with today's rapidly changing healthcare environment.

Due to the plethora of governmental regulations facing the industry today, it is impossible to deal with them all. This paper will focus on three critical areas where healthcare providers actually have the opportunity to take charge of their destiny and cope with governmental mandates and regulations:

- Facilitating Meaningful Use Compliance Reporting
- Improving Financial Performance with Web-based Analytics
- Seamless ICD-10 Transition that Will Not Impact Cash Flow

Meaningful Use Compliance

The first area to be examined is Meaningful Use (MU) compliance in order to achieve the specified ARRA HITECH Act financial incentives. Facilitating MU compliance is an important first step toward achieving these financial incentives. There are many facets to the complicated process of MU compliance, but one of the major hurdles is the reporting of your compliance activities. One way to facilitate this reporting process is with an enterprise-wide content management system that can be integrated with your electronic health record (EHR).

Facilitating MU Compliance with Enterprise Content Management and Electronic Access

An enterprise content management system that focuses on automating and improving the management of both clinical documents and processes, by using the most advanced technologies for the capture,

management, and electronic access of patient charts and workflows, can provide the exact information you need for MU compliance reporting.

An integrated enterprise-wide content management system will enable you to securely integrate documents and data into your clinical and business processes, relieving workload demands and saving valuable time. This critical information cache, usually residing in your HIM department, can be used as needed to fulfill the various stages of MU reporting requirements, leading to the achievement of ARRA HITECH financial incentives. An enterprise HIM content management system can provide the flexibility and ease of reporting you need for compliance.

In the absence of such an integrated content management system, your facility will likely experience a complicated electronic document and paper-based hybrid environment. This type of environment can lead to inefficiencies and delays which can impact your MU reporting capabilities, as well as the quality of patient care and your system's financial viability.

An integrated, enterprise content management system can provide a true return on investment, not only by facilitating MU reporting, but by:

- Integrating with your EHR to provide physicians seamless access to patient information
- Improving patient care decisions with easier access to health information
- Allowing coders and clinicians to work remotely via web technology
- Increasing productivity with the same or even a smaller staff
- Decreasing discharged-not-final billed days, A/R days, chart delinquency rates, and suspension struggles
- Empowering clinicians to make care-focused, cost-effective decisions

Electronic Access Facilitates the Document Management Needed for MU Reporting

Many healthcare facilities, today, find themselves working in a hybrid environment of paper documents and electronic records. When this is the case, an electronic access solution that provides access to both paper and electronic documents -- anywhere, anytime -- can help you streamline, organize and consolidate your document management, while improving patient care. An online access solution keeps patient data and documents secure and available electronically to facilitate transactions and processes automatically from one clinician to another. It can also be integrated with your existing EHR to provide seamless retrieval of patient information, facilitating your MU reporting requirements.

Your electronic access solution should use secure, single sign-on technology, where users can view complete patient information without switching between systems, leaving their primary workflow, or re-keying patient identifiers. It should also include:

- Security that is not only HIPAA compliant, but enhanced with multiple tiers of protection, from a process level down to specific fields
- Fingertip access to information, enhancing healthcare decisions
- Online access, enabling work from remote locations
- Detailed log-in data regarding any information accessed and/or action taken regarding protected health information (PHI)

Improving Financial Performance with Business Analytic Solutions Using Web-based Access

Even in the face of ever-increasing regulations, healthcare organizations today are challenged with achieving optimal financial performance while providing exceptional patient care. It is critical that healthcare providers have the right business analytic solutions and access systems in place to meet these important challenges.

In order to maintain peak efficiencies while simplifying key operational processes, healthcare facilities must provide their financial staff members with access to and the ability to fully comprehend complex financial information that is often stored in disparate data repositories. This access to critical business analytics will help healthcare providers tackle these challenges head-on, removing the barriers to key financial data that will help them accelerate and sustain overall financial and operational performance.

Web-based Business Analytics Is the Optimum Tool

Structured analytical data can help healthcare professionals make informed and actionable business decisions, by giving them real-time, on-demand, web-based access to information that can be easily viewed, analyzed, and shared across the enterprise. By pairing a real-time data analytic and reporting engine with robust workflows, and web-based access, hospitals and physician groups can be empowered with a new level of data insight and transparency that will drive cash flow, reduce accounts receivable, improve net revenue, and heighten levels of patient and employee satisfaction.

Business analytic solutions using web-based access can provide a true return on investment by:

- Aggregating data from disparate systems, simplifying access to financial and clinical information into one easy-to-access, web-based solution
- Building successful processes around areas of opportunity and conducting in-depth root cause analyses
- Instantly prioritizing the entire accounts receivable management and liquidation process in order to minimize the cost to collect and maximize overall cash collections
- Addressing enterprise-wide cash flow risks, arising from both governmental and private payer audits

- Better automating and managing the entire overturn process, yielding maximum net revenue improvement

Business analytic solutions that offer web-based access give healthcare professionals a real-time snapshot of their facility's true financial and clinical performance, with instant access to all current, historic, and transaction level data. The analytics solution should provide a customizable dashboard that will allow financial professionals to trend metrics, set targets, and define alert levels for an unlimited variety of key performance indicators (KPIs) across multiple clinical, financial, and administrative departments. This customization feature will enable healthcare providers to design their own dashboards and KPIs based on their specific business needs to create a truly customized experience.

A Seamless ICD-10 Transition That Will Not Impact Cash Flow

The healthcare industry is facing one of its biggest challenges in recent history – the mandate to move from ICD-9 to the ICD-10 code set. The current ICD-9 code set has been in use for over 30 years and has become inadequate to track all the changes and improvements that have occurred in the healthcare delivery system. Therefore, the Department of Health and Human Services (HHS) has mandated the adoption of the more complex ICD-10 codes by Oct 1, 2014. This transition will significantly impact payers, providers and other healthcare professionals in numerous ways. How can you be assured of a seamless transition to the new ICD-10 code set without impacting your cash flow?

The answer: be prepared! Your preparations should include securing the appropriate tools to aid in the transition, and one of those tools should be an easy-accessible, web-based integrated information technology solution that contains a computer assisted coding system (CAC) that can handle both ICD-9 and ICD-10; a clinical document improvement (CDI) system; physician query capabilities and abstracting in one tool set.

Benefits of a Web-based, Integrated Tool Set

This type of integrated, web-based software suite will enhance the productivity of both your CDI efforts and coding staffs, enabling them to seamlessly share patient data. Your coding staff will have the tools they need for immediate reinforcement as they accomplish their new ICD-10 coding work. This will minimize any coding errors that can disrupt cash flow during the transition period. Your CDI staff will be able to streamline its workflow and continue to appropriately reflect the quality of patient care, while increasing accuracy in coding and reporting. Your physicians' satisfaction will be improved because they will have at their fingertips the necessary reference data to help them code appropriately under the new code set. And finally with this tool, your abstracting efforts will be streamlined and accomplished without disruption during the transition period.

Why a Web-based Tool Set Is Important

A web-based tool set can help you address critical challenges and help avoid errors that can impact cash flow. Most healthcare facilities do not have an automated process to enable CDI and coding to share data. Coders are often unaware of the work their CDI colleagues have already completed on a chart. If

physician queries are not included as part of the permanent patient record, coders may find themselves duplicating CDI queries. At the same time, your CDI staff typically has no way of knowing the final outcomes on their cases, which prevents them from being able to assess the impact of their documentation improvement efforts.

A web-based tool set will enable your CDI staff and coders to work together, utilizing a shared database. Coders can easily access concurrent query information, and your CDI staff can view the final coding on a case and compare it to the concurrent documentation improvement efforts.

Integrated Web-based Tools Can Help You Build a Seamless and Effective ICD-10 Transition Strategy

A web-based tool set that contains the following four tools will provide critical access to all appropriate staff members involved in your ICD-10 transition and allow you to create a strategy that will give you a smooth transition with no impact on your cash flow.

Computer-assisted Coding

- A computer-assisted coding tool with NLP can streamline concurrent chart review and coding workflows
- Should have the flexibility to work with the encoder of your choice

Web-based Clinical Document Improvement

- Will automate your CDI process from start to finish
- Should include physician query functionality for CDI users

Web-based Abstracting

- Can streamline chart abstracting and coding
- Can eliminate manual hand-offs via built-in workflow engine
- Can provide optional coding alerts that will automatically flag cases for additional review, based on your facility's criteria

Web-based Physician Query

- Can automate and standardize your physician query process
- Can allow physicians to respond to queries quickly and easily
- Provide optional mobile device access that offers added flexibility and improves physician satisfaction

Collaborative reporting

With a web-based tool set you will have concurrent review, coding and query data that can be compiled across all applicable encounter types, throughout the enterprise, to easily generate management reports for

- Query rates and query response times
- Top DRGs queried
- Coding productivity assessments
- Summaries by physician service
- Computer-assisted coding results
- CDI Impact report to compare concurrent documentation improvement efforts to final outcomes

Conclusion

Even with the plethora of governmental regulations that are facing healthcare providers today, it is possible to deal with them, but it is almost impossible to deal with them alone. Your best strategy is to select a guide who has experience navigating today's healthcare "regulations jungle." They can help you stay ahead of the ever-changing regulations curve with a unique combination of industry experience and health information technology solutions designed to help you confront the mandates, regulations, rules and deadlines facing today's healthcare providers.

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