The world of Health Information Management (HIM) is rapidly changing as market and regulatory forces continue to drive the adoption of the Electronic Medical Record (EMR). The biggest barrier to EMR adoption isn’t technology, funding or the lack of understanding of the benefits.

Today, the biggest obstacle is adapting to newer workflows for delivering patient care in an EMR-enabled world. In other words, the biggest challenge is managing the change from a paper to digital environment.

In order to accelerate EMR adoption and reduce the reliance on paper, healthcare providers must come to terms with two fundamental concepts: (1) embracing a hybrid environment in which paper and digital records coexist, and (2) addressing the shortcomings of legacy paper record systems, including people, processes and technology.

Many providers manage the EMR adoption process through the IT function and manage HIM processes through the financial function. A deeper collaboration is critical to ensure legacy HIM processes are transitioned and translated to the electronic world. Providers that take a comprehensive approach to balancing electronic and paper records can develop a holistic document management solution that promotes organizational acceptance and adoption of the EMR.

This white paper proposes several strategies that providers should consider as they reengineer old workflows and prepare for the hybrid reality. Each provider is different and individual tactics will vary, but this paper offers a broad framework with which to get started.
INTRODUCTION

New federal regulations require U.S. healthcare providers to use EMRs as a means of bringing efficiencies – both clinical and financial – to the healthcare system. These regulations include:

- The Meaningful Use mandate, which is part of the American Reinvestment and Recovery Act of 2009 (ARRA)
- The requirement to adopt ICD-10-CM [International Classification of Diseases, Clinical Modification/Procedure Coding System (ICD-10)]
- HIPAA 5010 standards (Health Insurance Portability and Accountability Act of 1996)

These requirements are arguably three of the most far-reaching initiatives to ever hit the healthcare industry. The timelines to meet compliance on all three overlap, introducing competing priorities for healthcare providers with scarce IT, administrative and financial resources. The result has been a need to do more with less.

One of the challenges of the intense focus on the technical aspects of EMR adoption is the limited discussion on the full impact of this environment on legacy HIM functions, clinician workflows and the care-delivery process.

As part of the transition to an EMR, providers should ask:

- What should be done with all of the existing paper records?
- How will clinicians cope with a fractured medical record scattered across the hospital or health system?
- How much more will it cost to manage dual record systems?
- Are there best practices for migrating paper records to electronic?
- How should legacy HIM processes be reengineered?

Many providers are already grappling with this new hybrid environment of paper and electronic records, and are realizing the critical role organizational change management plays in the transition to an EMR. These providers know that they can’t afford to spend millions of dollars upgrading an IT infrastructure to support an electronic environment – only to have the effort derailed due to lack of clinician adoption.

Providers that transition to an EMR with a high degree of clinician adoption will be those that manage the challenges of the hybrid environment.

ACHIEVING MEANINGFUL USE: A MAJOR INVESTMENT

U.S. hospitals will need to invest $120 billion to meet Meaningful Use requirements – an average of $80,000 to $100,000 per hospital bed.¹

Meaningful Use regulations provide approximately $18 billion in net incentive payments for early adopters of EMRs, so the incentives amount to a small fraction of the total expenditure required.

Hospitals are making significant investments in their IT infrastructure in the hope that they emerge on the other side of the project as proficient users of EMRs and other clinical applications.

THE CHANGING ROLE OF HIM

In order to develop a strategy for success in the hybrid environment, one must understand the changing role of the HIM department.

The HIM department will be impacted by a number of factors, including the physical changes that accompany the switch from a paper to digital environment. Although few believe hospitals will be completely paperless in the near future, the amount of paper and files used in daily operations will diminish as providers climb the EMR adoption curve. Managed properly, this can result in a smaller HIM footprint within each facility. Areas of the hospital that were once used for paper records storage can be reallocated for clinical, revenue-generating activities – if that space is usable (e.g. basement facilities are often not as valuable as those on higher floors.)

Secondly, and most importantly, the role of HIM personnel changes significantly during and after the EMR transition. Traditionally, HIM staff have been the “custodians” of all medical records, responsible for assembling charts, abstracting data, verifying deficiencies and managing active records. As more patient records are stored electronically, the HIM function changes to the role of a “curator,” serving a higher-level auditing function.

With the increase in EMR use over the last decade, such organizations as the American Health Information Management Association (AHIMA) have analyzed the potential impact this shift is having on HIM departments. The Journal of AHIMA\(^2\) provided the following guidance on the HIM function:

> “While the HIM department and its functions will certainly change, the reality is that maintenance of the EHR and its by-products will require the expertise of HIM professionals. ...Attention to detail; ability to compare competing data sources and reach a conclusion about data accuracy; project management; creative problem solving; categorization of data; data reporting; evaluating, understanding, and interpreting regulatory standards; and the many other skills that HIM professionals possess will be critical to maintaining an accurate and functional electronic medical record.”

It is safe to say that the role of HIM personnel will change as much as – if not more than – the HIM environment itself. Most organizations will succeed with implementing various technology components of an EMR, but they are likely to struggle with their legacy records systems. Healthcare providers should understand the evolving role of the HIM staff and technology while developing their EMR adoption strategy.

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Accelerating the EMR Transition Case Study: Lahey Clinic – Boosting Revenue and Slashing Costs

**THE CHALLENGE**

To connect patient information across various silos and improve continuity of care, while streamlining the EMR transition.

**THE SOLUTION**

Iron Mountain’s EMR Enablement Solution digitizes paper-based records on an as-needed basis and quickly delivers the most important data to the point of care.

**THE RESULTS**

- $1 million in additional annual revenue by removing paper from its facility and converting the space into a laboratory
- 2 hours of administrative time eliminated – per patient visit – that used to be spent helping clinicians prepare and search for records
- 4 FTEs reallocated in the records department to higher-value tasks

Lahey Clinic Case Study, May 2011

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**EMR REALITY CHECK**

The idea of “paperless healthcare” is not new. There have been discussions of such an environment for decades, but the concept is now re-emerging. The impetus for the recent increase in adoption is driven primarily by ARRA, which establishes “meaningful use” criteria that healthcare providers must achieve in various stages by 2014, or be subject to financial penalties.

Although the legislation offers roughly $18 billion in net reimbursements for early adopters of EMR, there is a significant difference between planning for and realizing an electronic environment. Early experience suggests that EMR rollouts are proving more difficult than anticipated and the rate of adoption is somewhat slower than anticipated.

An April, 2011, survey released by the College of Healthcare Information Management Executives (CHIME) reveals that many Chief Information Officers (CIOs) are rethinking their original optimism on how quickly it would take to achieve Meaningful Use Stage 1. The survey reported that 15% of CIOs claimed they would comply within the first year, down from 24% in a survey conducted in August, 2010.

There are a number of contributing factors to the slower than expected EMR adoption rate. However, the biggest factor is often physician resistance – especially within a hospital setting.

An April 2011 report from Medical Group Management Association (MGMA) reveals that while nearly 57% of practices that still use paper records anticipate insufficient return on investment (ROI), the bigger issue is physician productivity. More than 78% feared there will be a significant loss of provider productivity during implementation (e.g., long learning curves with extensive training), and more than 67% have similar concerns after the EMR transition period. This equates to lower patient throughput and represents a material effect on physicians’ earning potential.

Whether it is physician resistance or increased financial pressures, there are barriers that can slow the progression of an EMR implementation. To increase the success of EMR adoption, healthcare organizations must develop an effective plan for their transition to a digital environment. This plan must treat EMR adoption as a change management effort that involves understanding the barriers to success, anticipates resistance and leverages best practices to drive the project forward.

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**MEANINGFUL USE OPTIMISM FADES**

CIOs Expecting to Meet Meaningful Use Stage 1 Criteria in the First Year.

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Source: College of Healthcare Information Management Executives

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1 "Healthcare CIOs Still Optimistic About Stage 1, But Majority Won’t Get EHR Incentive Funding Early," College of Health Information Management Executives, April, 2011.

The Path to Electronic Medical Records: Iron Mountain Scanning Survey Findings

A recent Iron Mountain survey asked over 200 health information professionals how they’re scanning paper patient records and planning to use them moving forward as part of their transition to an electronic medical records system.

These results reveal hospitals – lacking guidelines from Centers for Medicare & Medicaid Services (CMS) for scanning paper patient files – are taking different approaches to digitizing records, with scanning budgets sometimes exceeding $100 million. Additional findings include:

- **78%** of hospitals expect to continue to treat patients using paper records for up to five more years, despite the financial incentive for meeting CMS requirements.
- **49%** of hospitals say they’ve scanned what they need and are within their budget, while 23% report they’re within budget but still have a backlog of records to scan.
- **54%** are scanning records at onsite records rooms, while nearly one third (29%) use a centralized scanning location.
- **72%** rely on full-time employees to scan compared to just 9% who outsource to third parties and 5% who use part-time staff.
- **44%** of hospitals are not explicitly measuring the effectiveness or productivity of their scanning process.

BEST PRACTICES IN ACCELERATING THE EMR TRANSITION

The details and individual tactics of an EMR adoption strategy will vary widely from provider to provider based on their unique circumstances and culture. There are, however, best practices from hospitals that have succeeded in operating within a hybrid environment.

Successful organizations address the following four strategies as part of their EMR implementation plan.

1. **DEFINE AN IMAGING STRATEGY**

The ultimate goal of an EMR is to improve patient care by offering physicians and clinical staff a consolidated view of relevant patient information and enabling immediate access to the data. By digitizing and making patient information available online, there are fewer paper records in circulation and, therefore, less risk of lost records and incomplete data at the point of care. To do this, however, healthcare providers must identify and understand the process by which health information is created, received and preserved for business and regulatory compliance purposes.

Clearly defining the information that comprises the “record of care,” or the legal record, should be part of any imaging strategy. In addition, the integrity of the record (i.e., audit readiness) must be considered, and appropriate processes developed to ensure compliance.
2. LEVERAGE OFFSITE RECORD STORAGE
The intent of the ARRA legislation and other initiatives that advance an electronic environment is clear: improve patient care and manage costs by streamlining information exchange. An obvious outcome of this intent is the reduced use of and reliance on paper. Leveraging a secure, offsite storage facility for paper records should be part of this consideration, since legacy paper records will be accessed less frequently.

While records are offsite, they don’t need to be out-of-reach. Advanced offsite storage vendors can scan paper records within an agreed-upon timeframe and assist in developing a new workflow that ensures the secure delivery of the images in advance of patient visits. This reduces the administrative burden of gathering the appropriate patient records, while enabling providers to reclaim floor space once used for paper records storage for strategic, revenue-generating activities.

3. ESTABLISH RETENTION AND PRIVACY POLICIES AND ENFORCE THEM
Healthcare providers must carefully navigate an ever-changing regulatory landscape to ensure their operations comply with various state and federal mandates. Establishing retention and privacy policies is a fundamental aspect of developing an effective EMR adoption strategy. These policies must include specific criteria that define how long patient information must be retained and document detailed precautions on how to protect patients’ privacy.

More importantly, these policies must be enforced. Enforcing these policies means periodic movement of the files — whether for transfer or destruction purposes. In a hybrid environment that includes both paper and digital files, which means the process must be managed rigorously to avoid a potential data breach.

For this reason, it is critical to maintain a secure chain-of-custody across the lifecycle of a record, including imaging, storage, archival and retrieval. This chain-of-custody safeguard should apply to anyone within the organization, as well as any HIPAA-compliant external partners involved with the process.

4. CONTINUOUSLY COMMUNICATE THE BENEFITS
Like any major initiative, the importance of communicating the end-game benefits cannot be overstated. The message should be driven by senior leadership and reinforce that the transition to an EMR is a priority — not just because it’s mandated, but because there are clear business benefits to be gained by the patient and the healthcare provider.

From a business perspective, clarifying the benefits to the various stakeholders is critical to gaining initial and ongoing support for any EMR adoption initiative. From a management perspective, identifying and reinforcing the clinical and operational benefits is key to maintaining motivation over the duration of the adoption period.

These benefits may include:

- **Improved Revenue Cycle:** A consolidated electronic medical record minimizes the time necessary to collect patient information after discharge and enables bills to be dropped faster — improving accounts receivable (AR) days and discharged-not-final-billed (DNFB) accounts.

- **Centralized Coding:** Digitizing patient records upon discharge enables healthcare providers to leverage offsite coders — centralizing coding functions for multi-facility organizations and further reducing the revenue cycle.
Increased Physician Productivity: Physicians can sign deficient records online — increasing productivity while reducing record delinquencies and administrative costs associated with retrieving and processing incomplete medical records.

Enhanced Turn-Around Times: Electronic, secure and centralized patient records result in a more efficient process for responding to audit requests — improving turn-around times, reducing costs and minimizing the risk of audit-related penalties.

Increased Patient Throughput: Many functions of medical record processing, such as assembly, filing and manual retrieval, can be eliminated — improving overall processing time and patient throughput.

Reduced Administrative Burden: A patient’s medical record can be printed on demand and in a number of different outputs, such as CD and PDF — minimizing the administrative burden of collecting the information.

CONCLUSION
The healthcare industry has turned a corner and is beginning to fully embrace the EMR as the foundation for sharing information and delivering quality patient care. The business and clinical benefits of an electronic environment are clearly recognized, but, as healthcare providers are discovering, the transition from paper to pixel is more difficult than anticipated and requires a new strategy.

Providers that achieve success with Meaningful Use Stage 1 criteria will be those that take a comprehensive approach to balancing paper and digital records and develop a holistic document management solution. This requires reengineering old workflows to address the impact a hybrid reality has on people, processes and technologies — reducing the reliance on paper.

For providers, realizing the benefits of an electronic world — both in terms of workflow efficiencies and federal reimbursement funds — means accelerating the transition to an EMR.

With Iron Mountain EMR Enablement Solution, you’ll be able to wind down your paper processes and develop a comprehensive document management solution for a hybrid environment — thereby accelerating your transition to an EMR. By doing so, you will more quickly realize increased patient throughput, shortened revenue cycles and improved operational efficiencies that drive value to the business and, most importantly, improve patient care.

For more information, visit www.ironmountain.com/emr.
ABOUT IRON MOUNTAIN. Iron Mountain Incorporated (NYSE: IRM) provides information management services that help organizations lower the costs, risks and inefficiencies of managing their physical and digital data. Founded in 1951, Iron Mountain manages billions of information assets, including business records, electronic files, medical data, emails and more for organizations around the world. Visit ironmountain.com for more information.