DIY ROI: Putting Release of Information in the Hands of Patients

By Mark Haas, MBA

Since 2007 Massachusetts General Hospital has been working toward a do-it-yourself model for records requests. Not only does the organization save time and money when patients fulfill their own requests, the model also aligns with the emerging philosophy of patient-centered care, where individuals have greater access to-and more management of-their health information.

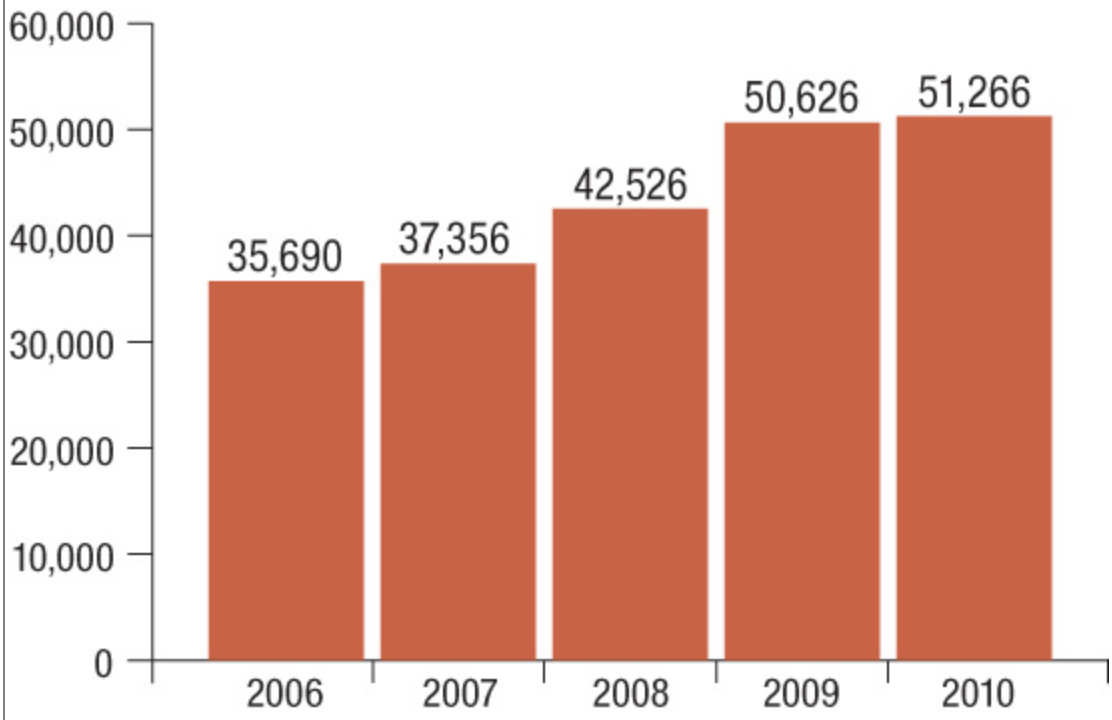
For the past 15 years Americans have used the Web to conduct important personal transactions that previously involved significant support from industry resources-banking, stock trading, travel booking, house hunting, and job searching, just to name a few. These industries decreased their costs and increased satisfaction by constructing customer access portals that shifted both ability and responsibility to the customer.

The HIM department at Massachusetts General Hospital (MGH) has embraced this same philosophy. It has been building what it calls DIY ROI, or do-it-yourself release of information.

In a full DIY ROI model patients are empowered with the information and tools they need to assemble and share copies of their medical records. This alleviates the burden of a costly transaction, and most importantly, it builds a new model of how MGH plans to disclose patient information in the future.

MGH Annual Release of Information

between 2006 and 2010 the total volume of medical record requests received by MGH grew 44 percent.



SSA Offers an Introduction

MGH laid the foundation for a DIY ROI environment many years ago as a response to the familiar pressure HIM managers feel to do more with less. Like other provider organizations, MGH has seen a precipitous increase in the volume of release of information requests it processed over the past five years.

Faced with increasing demand and no additional resources, the ROI unit turned to technology for assistance, and it found an intriguing partner in the Social Security Administration (SSA).

In June 2007, MGH's HIM department began fulfilling all SSA disability determination medical record requests electronically using SSA's Electronic Records Express (ERE) secure Web service. MGH was one of the first hospitals in the country to use the service, and the efficiency gains have been shocking, as shown in the figure at right.

The productivity gains ERE offers were particularly helpful given SSA projected more than 3.3 million disability applications would be filed in 2010, an increase of 300,000 from 2009 and an increase of more than 700,000 from 2008 levels.[1]

Building upon its success in using ERE, MGH began to examine secure delivery servers as a method to safely transfer medical record files to other customers, such as insurance companies, attorneys, and health departments. Since most of these entities do not have a secure Web server for uploading information, MGH partnered with a vendor to create its own, where it could post password-protected files for authorized individuals to view the requested information.

The secure delivery server is HIPAA compliant and provides full tracking of each individual that accesses the service to view a document. Moreover, the documents are given an expiration date and therefore do not remain posted for any longer than needed.

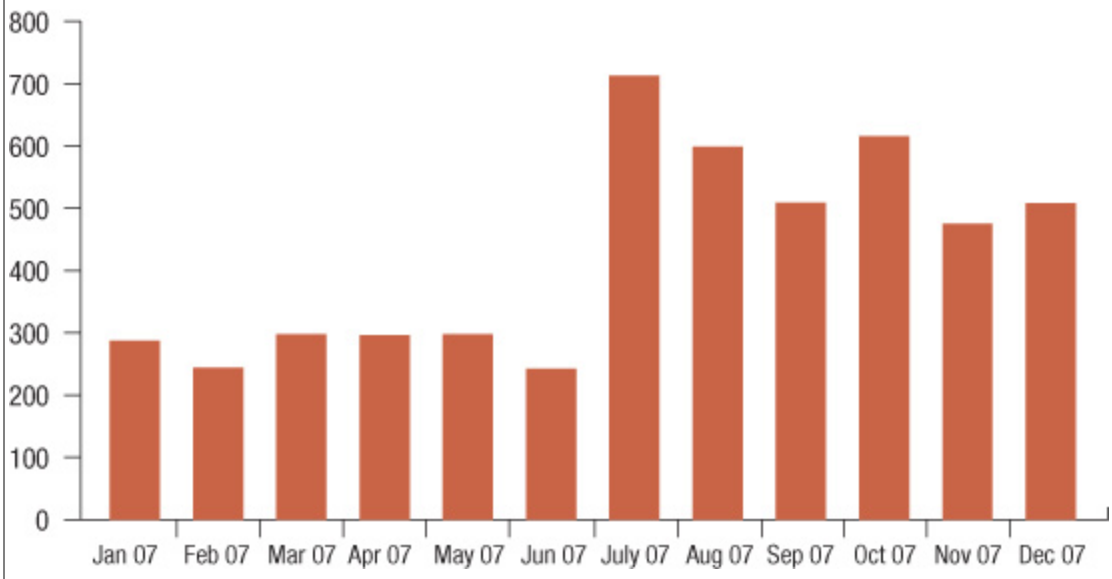
MGH expanded the use of the service to patients after concept testing showed 79 percent of patients would prefer to receive their medical records via the secure delivery server rather than via mail.

In addition to the obvious benefits from decreased material costs with sharing records electronically, the secure delivery server also assists MGH with the HITECH meaningful use requirement to provide patients with an electronic copy of their health information upon request.

The screen shots shown on below give a flavor of what it is like to receive a record via the secure delivery server.

SSA Service Demonstrates Efficiencies

Using SSA's secure Web service demonstrated to MGH the efficiencies of using secure delivery servers. Prior to using the service, MGH staff processed an average of 278 SSA record requests per month in the first half of 2007. Productivity leapt once electronic submission began in July. Staff fulfilled an average of 570 requests per month in the second half of the year. Over the following two years, that average rose to 669.



Adding Online Payment, Forms Indexing

MGH moved further toward DIY ROI by integrating online payments via PayPal, the popular Web-based service. This allows records requestors to log in, enter a valid credit card for payment, and access records immediately. The integration of online payment decreases the back-and-forth between MGH and the requestors, significantly reduces the turnaround time for requests, and makes requestors responsible for handling the payment processing tasks.

MGH partnered with its vendor yet again to implement fax server and image indexing software, shifting additional responsibility to the customer and decreasing the number of tasks ROI staff must complete. Initially MGH staff used a fax server to send documentation from their desktops (which alone was a great efficiency enhancement), but in 2010 an image indexing component was added to help streamline how record requests are processed.

The image indexing functionality allows for documents to be read by optical character recognition (OCR) software and indexed and routed quickly to the appropriate ROI staff. OCR works best with typed documentation, which can be problematic because a large percentage of ROI requests are handwritten with a patient signature.

Posting a PDF record request form on the MGH Web site increased the number of typed requests staff receive. Requestors can type all fields of the form except their signature. MGH's next step is to attempt to interface the image indexing software with the release tracking system so that scanning the request form automatically creates an entry in the tracking system.

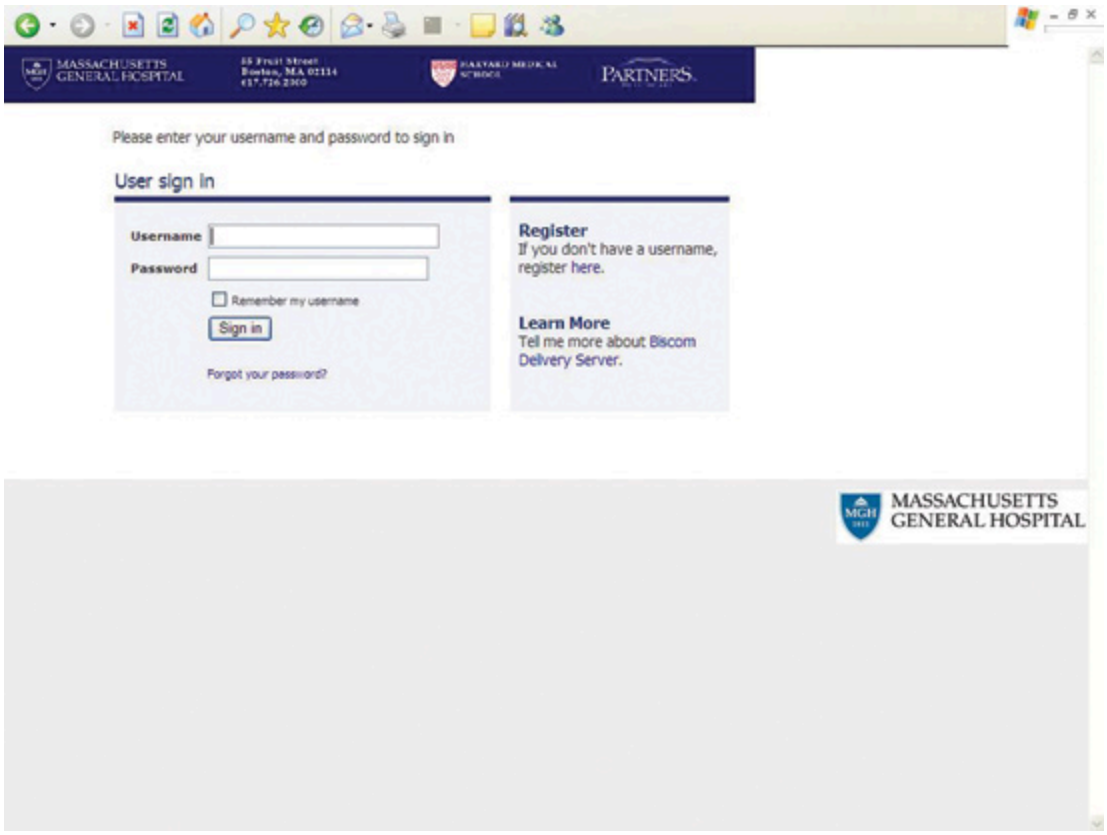
Perhaps the biggest change in MGH's drive for true DIY ROI is the possibility of offering patients on-demand access to their full medical record via the organization's patient portal, Patient Gateway.

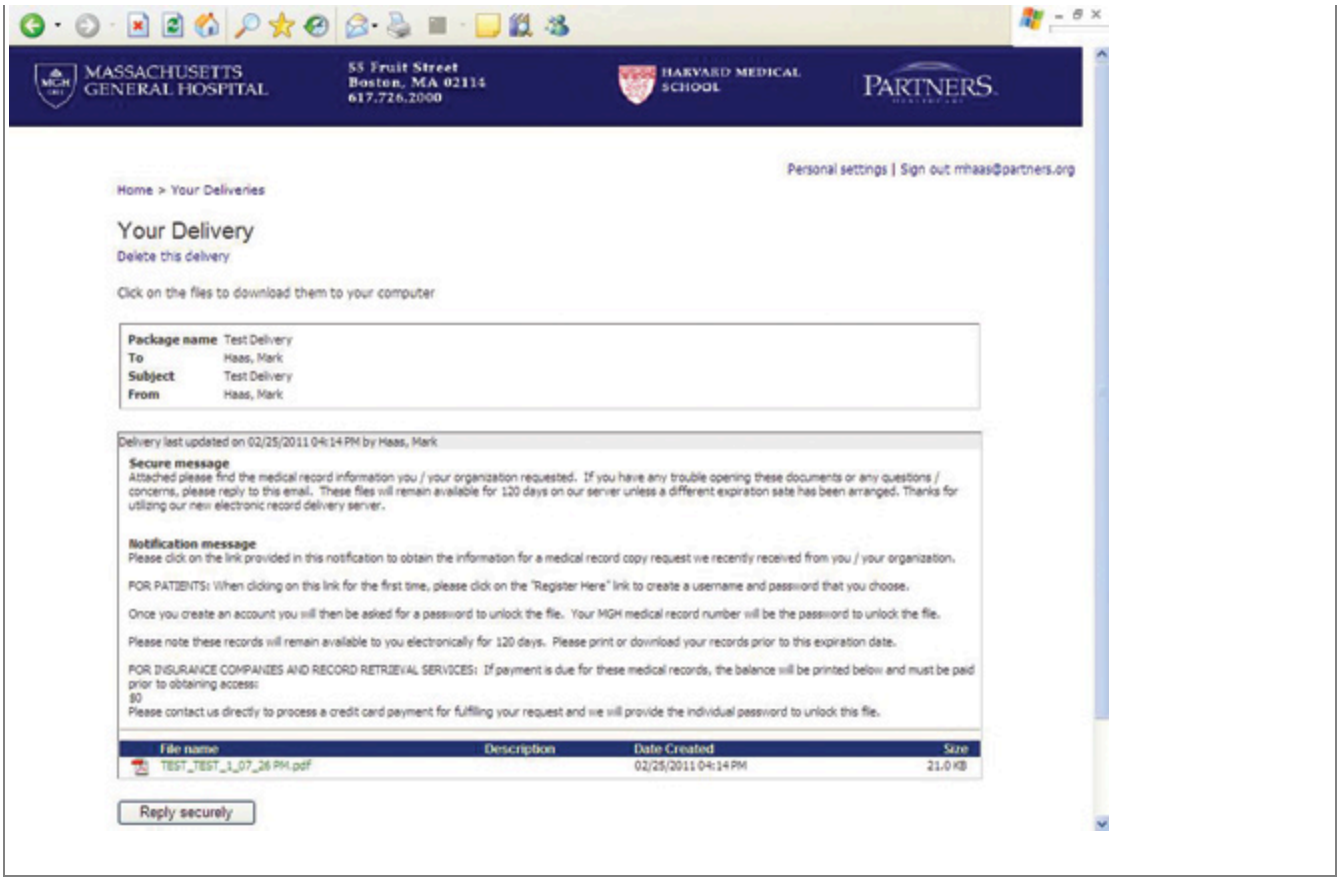
MGH's HIM department has set out to tackle the increasing volume of release of information requests while remaining compliant with the myriad federal and state regulations by rethinking who really should be responsible for releasing medical record copies.

At the center of this new thinking is the idea that patients themselves can have access to their full medical record whenever desired, and they can be responsible for sharing it directly with the various requestors. With patients in control over their information the regulatory burden no longer falls to the provider and the majority of the administrative costs disappear.

A Look at the MGH Electronic Delivery Service

To retrieve a record via the MGH delivery server, users log in with an unique user name and password (left). After they are authenticated, they can download their file from a subsequent screen (right).





Reviewing Portals, Assessing Patient Preferences

As MGH set out to design the DIY ROI model staff first researched how the industry is handling the level of direct patient access to all their information via a portal. In particular MGH was concerned with how receptive providers would be to the full disclosure of office and progress notes.

A review of more than 20 large patient portals in hospitals across the country found that the majority exclude progress and visit notes or are only now piloting the release of these notes via their portals. It is important to recognize that these notes would be released via most hospital's HIM departments, but giving greater access via a portal raised concerns with clinicians-would it generate more patient questions? Would patients understand the notes, abbreviations, and acronyms? Would increased access result in more amendment requests?

To best address these concerns, HIM staff set out to gauge patient receptiveness to the idea and potentially use their feedback in marketing the project. A survey described a DIY ROI module where patients could have on-demand access to their full medical records for free and asked respondents if they would enroll. More than 86 percent of those surveyed indicated they would enroll in such a service for free; 71 percent said they would enroll for a small fee.

The survey also asked respondents how often they would generate an electronic copy of their records. Nearly two-thirds (65 percent) said they would generate a copy of their record once every 6 months or once per year. When asked if they would be willing to provide access to others to generate a copy of their record via the same portal (such as an attorney or family member), just over half of respondents indicated they would not.

Having determined that patients desired a DIY ROI tool, HIM staff began testing a record format to see if it was appealing, easy to read, and understandable. They elected to share with patients the same tool that ROI staff use to generate copies of medical records from the EHR.

In 2009 the HIM department was able to work with the IS department to perfect a query within the EHR that allows the user to select a date range, department range, provider range, and note type range to pinpoint the specific information the requestor is seeking. The query can then be printed as a single document with a table of contents or it can be downloaded as a PDF for

uploading to a secure Web server, saved to a disc, or even printed. Testing the output with patients provided a wealth of positive feedback, which was the last piece of evidence needed to begin designing the DIY ROI tool.

Working through the Regulations

There remain a number of regulatory and policy considerations that require addressing with a full DIY ROI tool in the hands of patients. MGH continues to develop answers to the following areas of concern as it gets closer to the system being a reality:

- How to properly handle psychiatric (and other sensitive) notes if a patient is to have on-demand access to them
- How to permit proxy access to generate on-demand copies of records
- How to address the records of minors and whether parents should have on-demand ability to create copies of their children's and teens' records
- How to indicate that records were generated by patients rather than the organization

In part it is looking to other HIM departments and AHIMA to help guide best practices on these issues.

It is unlikely that the HIM role in ROI will fully disappear, even in a robust DIY ROI environment. Consider the fact that the first ATM dispensed cash to London bank customers in 1967, yet banks today still employ bank tellers. It is likely that ROI departments will still be needed, also.

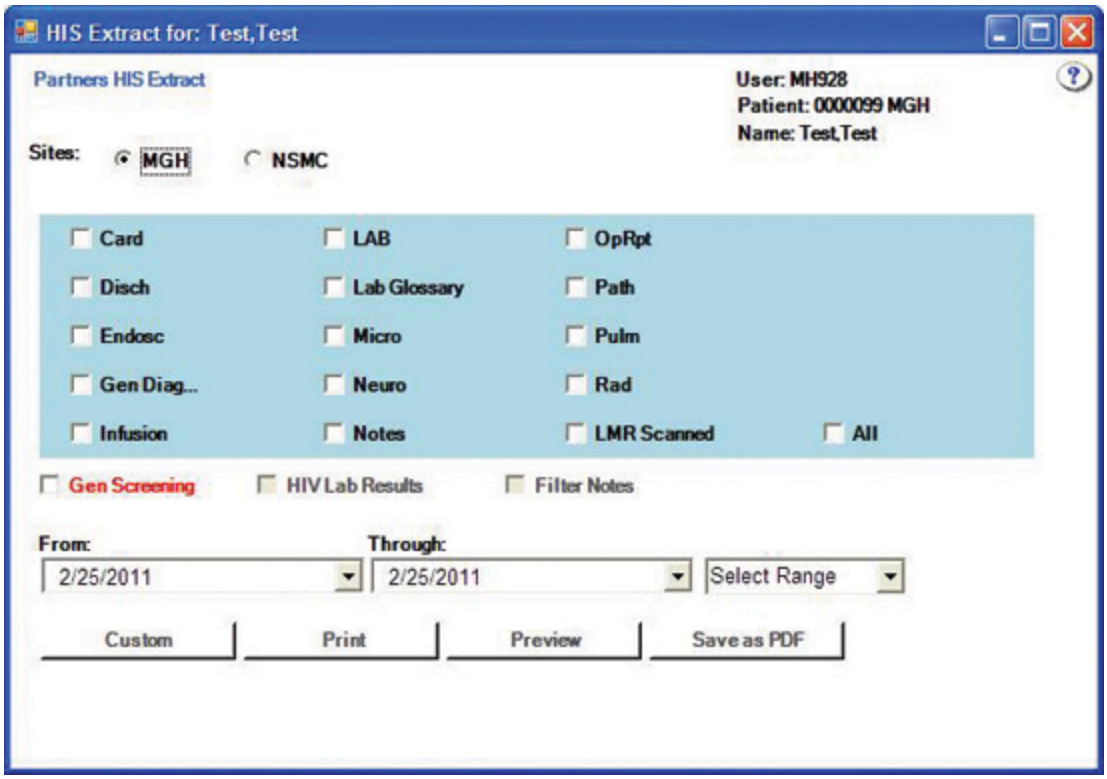
In fact, as patients can more easily access their information, HIM departments should prepare for changes in the types of requests they receive-more requests for amendments and more questions concerning the content and format of medical records, for example.

The momentum for DIY ROI is building, but for most organizations full-fledged DIY ROI is still many years away. Perhaps one reason HIM departments have been slow in exploring both the technology and the philosophy of DIY is because many have moved their ROI function out of the organization.

With a high percentage of organizations outsourcing their ROI services, there is little attention given to a service ripe for renovation. However, meaningful use qualifications, abundant regulatory measures, and a growing demand to do more with less will focus organizations on creating DIY ROI models and re-envisioning how to share patients' medical records.

Requesting Records through the Patient Portal

Patients assembling their own record requests will use the same tool used by the ROI staff (top). A table of contents from a sample report appears below.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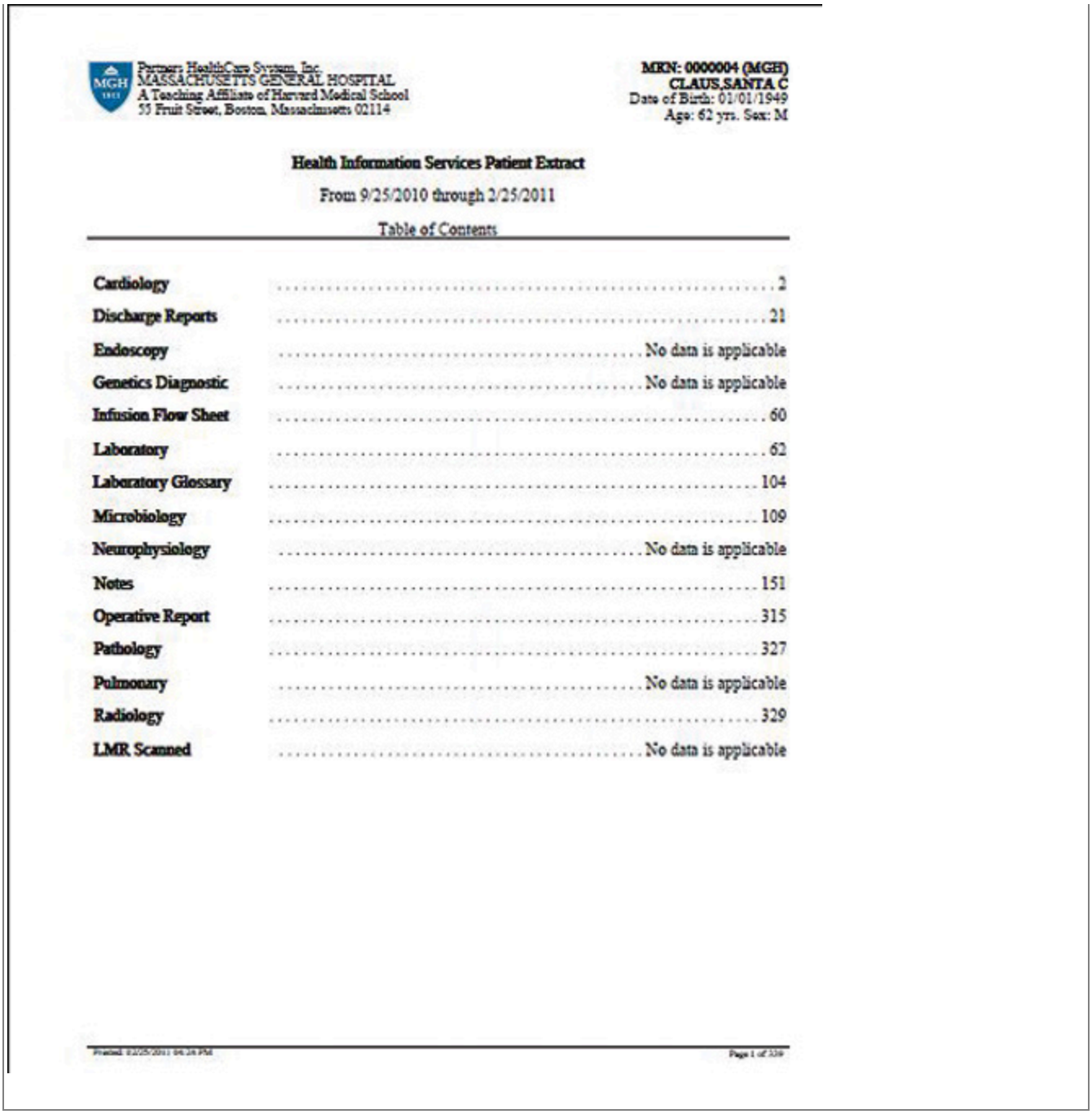

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CLAUS,SANTA C
Date of Birth: 01/01/1949
Age: 62 yrs. Sex: M

Health Information Services Patient Extract

From 9/25/2010 through 2/25/2011

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Note

1. "Spike in Disability Claims Clogs System." *Boston Globe*, May 10, 2010.

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