Making Amendments Meaningful

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Now that we're well entrenched in compliance with the privacy rule and headed toward the electronic health record (EHR), the personal health record (PHR), and regional health information organizations (RHIOs), amendments may seem like a mundane topic. But, as this article explains, it is likely amendments will become more problematic as patients gain greater access to their records.

Regulatory Requirements

HIPAA gives individuals the right to request an amendment to a health record. If accepted, a covered entity must amend the designated record set by appending it or otherwise providing a link to the location of the amendment. A covered entity must then inform the individual that the amendment was made and obtain agreement from the individual to have the covered entity make reasonable efforts to notify others with whom the amendment needs to be shared.

Covered entities may deny requests if they did not create the subject of the request, the subject is not part of their designated record set, the subject would not be available for inspection, or if the subject is accurate and complete. Individuals have the right to appeal a covered entity's decision, and there are requirements for due process, including accepting a statement of disagreement with a decision to deny amendment.

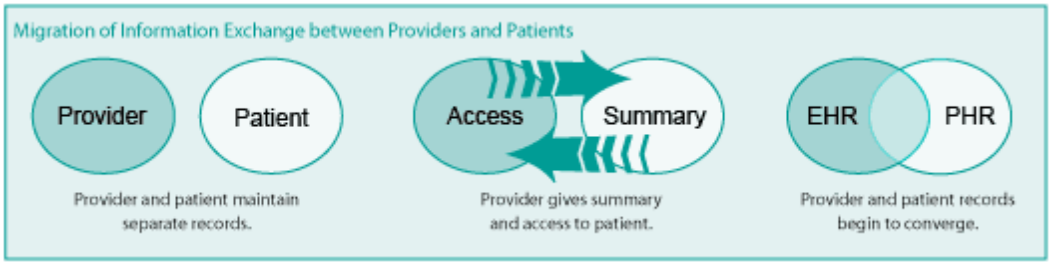
Actual Practice

At first, most covered entities were concerned about responsibility for the overall process. Some chose to accept all amendments as the "patient's perspective" or deny all amendments except those directly brought to the attention of the patient's physician. There were risks on both sides of this equation. Accepting erroneous information, even if marked as the patient's perspective, was giving a false impression to the patient and risking subsequent care or payment in the event the perspective was misunderstood. Denying all amendments could result in noncompliance, patient dissatisfaction, and data quality errors where perhaps the amendment was truly a correction. The case-by-case method (as was probably intended for use by the regulations) was anticipated as being an administrative nightmare. In the end, however, most covered entities report they are getting very few, if any, formal requests for amendments under HIPAA.

Future Practice

The future, however, may hold a different scenario. Growing momentum for EHRs is forcing covered entities to understand how to manage error correction and amendments by clinicians in the normal process of documentation. As it becomes easier to provide patients access to their records or directly give them summaries of their records, it is likely that requests for amendments will increase.

Continuity of care records and PHRs are also receiving more attention as patient safety issues encourage providers to share information with other providers and patients within RHIOs and as providers become more willing to accept patient-supplied information. Such amendments will be much more meaningful in the future (see "Migration of Information Exchange between Providers and Patients," below).



Standards Contributions

As EHRs become the norm and converge with PHRs, there will need to be significantly greater means to identify the source of information. The standards development organizations ASTM International and Health Level Seven (HL7) offer some guidance. ASTM describes types of authentication methods for addenda, modifications, and administrative errors and edits. HL7 offers scenarios for types of errors and corrections that occur in computer messages associated with transcribed documents (see "Standards for Annotating Errors and Corrections," below).

Standards for Annotating Errors and Corrections	
ASTM International Authentication Methods	**HL7 Document Changes**
Addendum signature: signature applied to a new amended document that has corrected, edited, or amended the original (with retention of the original).	**Creating an addendum:** author dictates additional information as a new document that is linked to the original, creating a composite document.
Modification signature: additional signature on original document referencing the fact that there is an addendum (complements addendum signature on amended document).	**Correcting errors discovered in a document that has not been made available for patient care:** this is an edit to an original document with an edit notification sent.
Administrative (error/edit) signature: signature of an individual certifying that the document is invalidated by an error or is placed in the wrong chart. This is in addition to the addendum signature.	**Correcting errors discovered in the original document that has been made available for patient care:** this replaces the original document with a revised document. The availability of the original document is changed to "obsolete" but is retained, and a document replacement notification is sent.
	Notification of cancelled document: when a document is dictated with the wrong patient identification, a cancellation notice is sent to remove the document from the wrong patient's record. To protect patient privacy, the correct patient's identifying information should not be placed on the erroneous document that is retained in the wrong patient's record for historical reference. A new document notification and content is created using an original documentation notification and content event and sent for association with the correct patient's record.
ASTM E1762, Sections 8.2.2.15, 16, and 17	HL7 Sections 9.4.5 through 9.4.11.

Practical Applications

While ASTM and HL7 offer the means to annotate errors and corrections in documents, not all amendments fall neatly into these categories. They essentially address only internal documentation; they do not address annotating external sources of information. For example, a covered entity may accept information from an individual "for information" where the addendum is supplying additional information, not a correction.

As more structured data entry is adopted for EHR systems, issues associated not only with identification and authentication of errors but with processing corrected data become important to manage. For example, if a nurse is entering vital signs and one entry is erroneous, does the corrected entry appear in place of the original erroneous entry or at the most current point in the series of entries? This can make a big difference in readability of trended data.

In attempting to reconcile medications across the continuum, a hospital may tap several electronic sources. It may use a consolidation service that compiles medication history from claims or incorporate patient-documented reactions to medications from a PHR. In the future, it may even incorporate a credit card feed of over-the-counter medications and supplements. Unless the data are reentered by the clinician as a note to be personally signed, an "external source" annotation may be necessary. Many clinicians are concerned about the liability associated with accepting such data into the business records of an organization. A set of annotations such as "not reviewed," "reviewed for information only," and "reviewed and accepted" may be necessary.

Unchartered Waters

As new technology is adopted, HIM professionals can contribute by anticipating and developing standards to address documentation issues that arise. Despite the fact that few formal HIPAA amendments are being requested, consider what is likely in the future. It is also possible that an organization is still getting requests for changes that are not coming through HIPAA channels. In conducting ongoing compliance monitoring, organizations may find that patients are still asking for changes to their billing records or emergency records that are being denied without being recognized as HIPAA requests for amendments. Identifying all potential amendments not only helps HIPAA compliance but also prepares the organization to address the full scope of meaningful amendments in an electronic world.

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