Managing Physician Queries in the EHR

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Federal incentives provided for the meaningful use program under the American Recovery and Reinvestment Act are encouraging hospitals to adopt electronic health records (EHRs). Eighty percent of hospitals are planning to become meaningful users of EHR technologies in 2011, and the healthcare industry's movement toward EHRs is increasing the need for changes surrounding the traditional paper physician query process.[1]

Now is the time for organizations, coders, and physicians to begin planning for an electronic physician query process that will merge with ongoing documentation efforts.

Getting Started

To begin the process of implementing electronic queries, organizations should review current policies and procedures regarding the query process. Questions to ask when reviewing these processes include:

- What is the purpose of the query process?
- Where are the backlogs?
- How many query forms are used?
- Who is responsible for initiating the query, and who is responsible for follow-up?

Answering these questions will help organizations identify points within the process where an electronic query system can create efficiencies. For example, if a backlog is seen in query follow-up, the organization may choose to implement a query system that has automatic physician reminders built in, which would reduce or eliminate the manual step of calling physicians and asking them to come to the HIM department to answer or sign a query.

Communication is a key factor in the success of any query process, and electronic queries are a perfect way for organizations to increase communication and decrease down time. Streamlining the query process by implementing electronic queries enables both coders and physicians to decrease the time spent answering questions and playing telephone tag with one another.

In order to select the correct electronic query system, organizations should spend time identifying what they want from an electronic query process prior to submitting a request for proposal. Providing vendors with a detailed list of product expectations will help the organization find the right match.

E-Query Implementation

Organizations can approach electronic query system implementations as they would other EHR module implementations. They should name a project lead, establish a detailed schedule, and identify pre- and post-metrics for measuring success.

The project lead should become familiar with the system and how it works. For example, if the system includes automatic e-mails to physicians for query completion, the lead should determine how physician e-mail addresses are maintained. In addition, many system security initiatives do not allow protected health information to be sent via e-mail unless the information is encrypted. The lead should determine if the vendor or EHR system has the functional capability to encrypt the queries.

Other implementation considerations include the number of licenses the organization will require for the software, how the vendor and the organization will manage version updates, and how queries will be attached within the EHR. Organizations should make sure they purchase a sufficient number of licenses to enable coders, physicians, and managers to access the

system on a routine basis. In addition, log-in credentials for the query system should meet the organization's policies and procedures for system access security.

Other issues to consider for implementation include how testing will occur, who is responsible for testing, and who will be responsible for training on new functionalities.

Questions to Ask Regarding Electronic Query Systems

- Will the query software interface with the current EHR?
- Are log-in credentials based on role-based access?
- How will physician communication occur (e.g., e-mail, system prompt)?
- Can the physician "override" the communication?
- Does the software allow the physician to sign one query at a time or all queries with one click?
- Where will the queries attach to the EHR (e.g., progress notes, dictation, physician orders)?
- Does the query software allow for electronic signatures? Does the electronic signature contain a date and time stamp?
- What standard reports can be obtained from the system?
- If multiple query forms are needed, does the system have the capability to handle multiple forms?
- How are query forms updated or revised?
- Can the system handle both concurrent and retrospective queries?

Query Status and Location

Finally, organizations should clearly define how the query affects the legal health record and the location of the query within the EHR. Each individual organization must determine if the query is a part of the legal health record.

Some organizations do not feel that the query directly affects the care of the patient and the addition of a query does not change the course of treatment and is therefore not a part of the legal health record. Other organizations utilize the query to demonstrate transparency in documentation and clarification, specifically to third-party auditors, and consider it a part of the legal health record.

If the query is considered part of the legal health record, then organizations should determine its place within the record. As part of the legal health record, the query then becomes a component of the record that is analyzed for completion.

Analysis of the record would include a review of the query for a physician signature. Organizations must then determine if an unsigned query is a deficiency for the physician. These deficiencies may or may not be part of the suspension process; however, the time frame for completing the deficiency should be the same as other deficiencies. For example, if the organization requires all deficiencies to be completed within 30 days of discharge, the query would also need to be completed within 30 days.

Other EHR questions to consider include how current electronic deficiencies are processed and whether the electronic query will interact with current software and processes.

If organizations consider the query a progress note, they must then determine if their systems are capable of attaching the query as a progress note within the EHR.

Determining Success

In the end, physician queries are designed to clarify documentation within a patient's health record. Quality documentation, improved legibility, and better health record content assist providers and coders alike. Measuring the success of an electronic query system will depend on the organization and the goal of the program. Metrics for success could include:

- Decreasing the time to obtain a physician signature on a query

- Reducing time spent in follow-up on unsigned queries
- Decreasing discharged-not-final-billed days

AHIMA's practice brief "Managing an Effective Query Process" provides five reasons for a query.[2] These choices-legibility, completeness, clarity, consistency, and precision-can provide initial metrics for success.

Once automated, the reason for the query can be tracked and trended over time. This ability to perform concurrent data analysis may lead organizations to take proactive steps to improve record documentation and quickly respond to industry documentation trends, such as correctly documenting acute blood loss anemia.

Note

1. Stevens, Mary. "Interview with Blumenthal: We Are 'on Track' for Meaningful Use Goals." HealthImaging.com. January 20, 2011. www.healthimaging.com.
2. AHIMA. "Managing an Effective Query Process." *Journal of AHIMA* 79, no. 10 (Oct. 2008): 83–88.

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