

Overcoming the Risks of Copy and Paste in EHRs

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By Heather Haugen, PhD

With warm weather comes allergy season and possibly hundreds of patients visiting a physician who have similar symptoms, diagnoses, and treatment recommendations. Challenged by the documentation processes in the electronic health record (EHR) and starved for time, the physician may resort to using copy and paste to quickly document similar visits, simply copying information from one patient's record to another patient's record and making appropriate edits. It saves time, but it also creates risk for both the patient and physician.

Cloning notes in an EHR seems harmless and has become a common practice—74 percent to 90 percent of physicians use the copy-paste function when documenting care, according to a September 2013 report by AHIMA.¹ The potential consequences, however, make it a continued source of discussion in the healthcare industry.

In a report earlier this year, the Office of Inspector General for the Department of Health and Human Services was especially critical of the lack of guidelines around this widely used function, warning that the government is not taking enough precautions to eliminate potential fraud and abuse in EHR systems. The risks are so great that AHIMA issued a formal position statement in March calling for stronger industry controls on copy and paste use. The position statement is available in the AHIMA HIM Body of Knowledge at www.ahima.org.

High Risk Shortcuts

The shortcut of copying and pasting information from one record to another can lead to documenting more extensive or expensive treatment than actually occurred. This fraudulent practice, known as “upcoding,” costs the healthcare industry an estimated \$11 billion annually, according to a 2012 report from the Center for Public Integrity.² Even when the intention is not to falsify documentation, identical documentation in multiple records will appear suspicious to auditors.

Using copy and paste can also introduce safety and quality of care risks. In a case reported by AHIMA, the word “family” was excluded in the process of copying and pasting documentation into a woman's electronic health record, causing her file to show that she had a history of cancer rather than a family history of cancer. This prompted a full investigation by the woman's insurance company, who thought she had omitted a pre-existing condition. Discovery of the error was followed by an extensive process to remediate it with every physician who had a copy of the file.³

What can be done to ensure physicians don't resort to copy and paste? The Breakaway Group compared healthcare organizations with various levels of EHR adoption and observed their workflows. The research led to an understanding of factors that drive poor workflows and the behaviors that lead to errors in documentation.⁴

Amid healthcare reform and the increasing number of federal mandates requiring the adoption of new technologies, caregivers are constantly looking for ways to save time. The traditional training approaches the healthcare industry has long relied on such as event-based or instructor-led training in a classroom fail to target the different needs of caregiver groups and result in hours of training for functionalities they may never need or use.

Simply put, while the copy and paste function is getting some national attention as a fraudulent practice that can also lead to medical errors, most physicians use the functionality simply to save time. They haven't been given the time and training needed to become fully proficient with their new systems, so they create workarounds to help them get through their day.

Best Practices for Successful EHR Adoption

Having a plan for adoption at the time of an EHR installation helps to identify and eliminate workarounds, like copy and paste, and ensures the effective use of technology to improve care. The Breakaway Group's research documents the key

differences between healthcare organizations with high adoption rates and those struggling with adoption.⁵ The following best practices are recommended for formulating a plan and achieving successful EHR adoption:

- **Conduct a workflow analysis.** Often times healthcare organizations don't take time to conduct a workflow analysis when their EHR system is implemented. Observing how staff members do their work helps providers determine effective best practices for workflows. This analysis should be ongoing and viewed as an important tool throughout the lifecycle of an application.
- **Engage leadership to establish a culture of adoption.** Leaders of adoption must engage caregivers in defining the initiative's processes and ensuring they are able to use the new technology to provide care. When a healthcare organization struggles to adopt new technology, it often blames caregivers for resisting change. While it is true caregivers' resistance can slow adoption, their attitude is simply an indicator of how prepared the organization is for change and how it has chosen to educate caregivers.
- **Customize education in workflows and processes by role.** It's time to revolutionize how healthcare providers learn new systems to meet their needs. Education on the use of EHRs should be specific to a caregiver's role.

The Breakaway Group found that hands-on, simulator-based training customized to the roles of clinician groups simplifies the learning process, speeding up adoption so they can focus on their core responsibility—caring for patients. Think flight simulators for healthcare; they allow practice in a real-life environment without real-life risks and consequences.

Hands-on training in their actual EHR system that enable caregivers to perform common tasks specific to their job—such as entering orders, documenting exams, or administering medications—allows processes to become ingrained in the user, yielding a better retention rate and overall proficiency. When designed correctly, education for providers can be done in five- to seven-minute learning sessions, reducing the learning curve and boosting providers' confidence and acceptance of using EHRs.

- **Create processes to sustain adoption over time.** Adoption is never stagnant and EHR usage is either improving or degrading within an organization. Leadership must prioritize investing in the people and processes required to sustain high levels of adoption over time.

The Breakaway Group's observations of providers effectively using EHRs revealed that the use of well-designed templates is one process that saves time and overcomes the tendency to copy and paste. Templates can be customized to the way the healthcare organization documents appointments for certain patients or visit types. Some caregivers don't like the template-driven approach, but this resistance can be overcome by engaging them in the process of creating templates that meet their needs. While it takes more time to use templates than existing notes, and takes time to teach caregivers how to use templates, the benefits exceed the cons.

- **Establish metrics to track adoption progress.** Organizations should measure both clinical and financial outcomes to track progress toward adoption. That is, metrics must be identified as indicators of whether providers are improving, maintaining, or declining in their adoption of the EHR system.

Copy/Paste Risks Outweigh Its Benefits

While there are appropriate ways to use the copy and paste functionality, such as limiting cloning of notes to within the EHR of one patient, the risks outweigh the benefits.

As EHR technology continues to play a greater role in healthcare, the industry must call upon organizations to go beyond the installation and use of an EHR and actually implement proficient and appropriate use of these systems. This approach dramatically improves the outcomes of EHR use and ensures providers refrain from copy and paste workarounds that can jeopardize compliance and patients' well-being.

Notes

1. Bowman, Sue. "Impact of Electronic Health Record Systems on Information Integrity: Quality and Safety Implications." *Perspectives in Health Information Management*. Fall 2013. <http://perspectives.ahima.org/impact-of-electronic-health-record-systems-on-information-integrity-quality-and-safety-implications/#.U1aoSfldWWn>.

2. Schulte, Fred and David Donald. "How doctors and hospitals have collected billions in questionable Medicare fees." The Center for Public Integrity. September 13, 2013. <http://www.publicintegrity.org/2012/09/15/10810/how-doctors-and-hospitals-have-collected-billions-questionable-medicare-fees>.
3. AHIMA. "[Managing Copy Functionality and Information Integrity in the EHR](#)." *Journal of AHIMA* 83, no. 3 (March 2012): 47-49.
4. Haugen, Heather and Jeff Woodside. *Beyond Implementation: A Prescription for Lasting EMR Adoption*. Denver: Magnusson Skor Publishing, 2010.
5. Ibid.

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