Realigning HIM to the New Healthcare Environment: Case Studies in HIM Transformation Due to Accountable Care and Pay-For-Outcomes Initiatives

By Patricia Bower-Jernigan, RHIA, Ann Chenoweth, MBA, RHIA, and Jaime James, MHA, RHIA

The Affordable Care Act has been a catalyst for the transition to pay for outcomes. Through the Centers for Medicare and Medicaid Services (CMS) Innovation Center, dozens of new payment and service models have emerged that promise to deliver better care throughout the United States at a lower cost. Changes in healthcare payment have also been fueled by state-level and commercial payer initiatives. These initiatives go by many names—value-based purchasing, accountable care, quality collaboratives, shared savings, patient-centered medical homes, and bundled payments. Although these programs differ in significant ways, they share a common objective in measuring, comparing, and incentivizing the quality of care.

The challenges associated with evolving care delivery models and outcomes-based payment are further compounded by an unprecedented information explosion owing to the proliferation of data from clinical information systems, electronic health records (EHRs), and connected health devices. To advance population health and other quality initiatives, this data must be accessed from disparate entities across healthcare and turned into actionable intelligence.

In today's changing healthcare environment, health information management (HIM) is being called on to innovate to support care transformation. Advancing organizational goals around population health and accountable care, ensuring data integrity, and better management of enterprise information requires a new brand of leadership.

Two large US health systems, Banner Health and Allina Health, have spent the past five to seven years confronting the profound changes occurring in healthcare. For Banner Health, this involved a system-wide reorganization of care delivery that led the HIM services (HIMS) department to begin its own process of transformation. At Allina Health, the inefficiencies of fragmented coding teams and competing reporting structures caused Allina executive management to look for innovative ways to achieve integration.

Using case study examples from both organizations, the following examines different approaches to HIM transformation, evaluates lessons learned, reports on the results of both organizations' efforts, and makes recommendations for HIM colleagues about to embark on a similar journey.

Responding to the Call for Change

In 2004, Banner Health launched Care Transformation, a system-wide initiative that combined standardized technology systems, work redesign, cultural changes, and clinical content development to improve patient care delivery. The new model was deployed across 24 acute care hospitals in seven western states. To ensure its long-term sustainability as the organization grew through acquisitions and mergers, centralized reporting structures were implemented for certain departments, such as HIMS. A corporate HIMS senior director position was created at the end of 2007, and with the support of senior leadership and staff, Banner HIMS began its own care transformation process.

Across the country, Allina Health began to address the many process complexities and differing cultures across its organization. On the hospital side there were 11 coding managers reporting to a number of HIM directors who then reported to different vice presidents across the system's 11 hospitals. Allina had 11 separate quality departments, each with its own items to be abstracted and no uniformity of definition within the quality indicator. On the clinic side, 100 professional coders were already consolidated under one coding director at the corporate office, but staff was assigned to a number of separate hub locations, each with different workflows and processes.

Who is Banner Health?

Banner Health, one of the largest nonprofit healthcare systems in the country, owns or manages 24 acute-care hospitals, long-term care centers, outpatient surgery centers and an array of other services including physician clinics and home care and hospice services. Banner Medical Group (BMG) employs over 1,000 providers across 12 healthcare centers and many clinics. BMG is in seven states: Alaska, Arizona, California, Colorado, Nebraska, Nevada, and Wyoming.

Consolidating HIM Work Across the Care Continuum

The first step in the change process was consolidating and centralizing operations beyond traditional HIM department walls into integrated HIM practices throughout the care continuum. Allina's primary objective was not cost containment. Instead, the goal was standardizing coding processes and achieving a common understanding of accurate coding and useful data abstraction across the entire Allina organization.

In supporting Banner Health's Care Transformation model, HIMS leadership began creating a vision for HIM in an EHR environment. The initial goal was to develop and deploy a system-wide franchise model for HIMS related processes and services. The outcome of this model would be improved operational efficiency and enhanced physician and clinical workflows. This model is reviewed and revised every year by the HIM leadership team and has continually changed in support of the changing healthcare environment.

For both organizations, success depended on innovative approaches to four key elements:

- Staff assignments and reporting structures
- Communication and buy-in
- Workflow standardization
- Education

Staff Assignments and Reporting Structures

One of Banner's more recent HIM changes has been expanding their scope into ambulatory services. This has included centralizing its ambulatory professional practice coding team of approximately 130 coders along with its HIMS ambulatory operations team. Challenges are inherent in this kind of effort: titles varied across the organization; coders shared other responsibilities within their clinics; some clinics had coders, some did not; and there was hesitation and concern among physician practice leadership that a centralized structure would not work.

One challenge was to define the specific responsibilities of HIMS operations staff in the clinics and determine parameters for how large a clinic needs to be to support an onsite HIMS staff member. This was especially true as clinics transitioned from paper to the EHR and as some HIMS functions such as release of information and enterprise master patient index (EMPI) management transitioned to the centralized HIMS teams.

Allina encountered similar issues as it began consolidating 11 hospital coding departments into one corporate department reporting to the vice president of revenue cycle management. An organization-wide clinical documentation improvement (CDI) program was also initiated, and a few years later professional coders were brought under the department umbrella. A major concern for Allina's HIM leadership was the physician/coder relationship, which was not always positive. There was minimal interaction between both roles and it was not unusual for providers to object when a coder asked a clarifying question about documentation.

Consolidation at both institutions opened up promotional opportunities for staff, although some roles did change. Given HIM's growing involvement in enterprise information management, staff had the chance to be cross trained and moved to a number of locations in support of the EHR. Job reassignments and promotions within new centralized structures meant a number of coding positions had to be filled. Training a new coder takes time, which required patience among the team.

Who is Allina Health?

A nonprofit healthcare system serving Minnesota and western Wisconsin, Allina Health cares for patients from beginning to end of life through its more than 90 clinics, 12 hospitals, 15 pharmacies, and several specialty care centers and specialty medical services that provide home care, senior transitions, hospice care, home oxygen and medical equipment, and emergency medical transportation services.

Communication and Buy-in

Regular communication is essential to effective change management, but too often communication plans are poorly executed. There is no question that proactive and transparent communication was perhaps the most critical element in achieving success for each health system's consolidation initiative. Both Allina and Banner had to address staff uncertainty about the future, as well as staff loyalty to past management or to one hospital location.

A first step in overcoming concerns was to meet one-on-one with the coders and practice managers to discuss the goals and benefits of centralization and provide transparency to the process. An intensive, off-site retreat for coding leaders proved to be an effective kick-start to Allina's consolidation effort. Creating a safe environment outside of the workplace where everyone was encouraged to voice concerns and offer opinions helped the team take ownership of the project and become invested in its success.

In addition, to gain leadership and staff buy-in through one-on-one and team meetings, Banner focused on implementing quick wins such as resolving equipment issues and finding a resource to quickly answer coding or HIMS-related process questions. In doing so, the Banner HIMS team went beyond abstract concepts to actually demonstrate the value of centralization. Communicating outcomes on a routine basis, such as lag days and the centralization effort's status, also encouraged support for the changes specifically with senior leadership.

Additional meet-and-greets, informal team meetings, and frequent updates and e-mail communication promoted milestones while reminding staff members that while environments may appear unique, consolidation can succeed. In time HIM and coding staff learned to discuss their issues, freely ask questions, and have faith in the process.

Workflow Standardization

Since Banner works with three EHRs, each with various interface models, Banner's clinics had come up with specific processes and workarounds to achieve their specific goals. HIMS management scheduled a coding visioning session with department administrators and physician leaders to set the foundation for workflow standardization. The session focused on key assumptions, such as gaining consensus that providers would have coding support and that technology would be used to reduce the use of paper fee slips. These are still being passed to coders in some clinics despite having the information documented in the ambulatory EHR. Next, Banner documented best practices within the existing workflows. By engaging practice administrators, clinic staff, and the coding team early on, they felt part of the process and the solution. As a result, Banner was able to reduce more than 70 workflows down to approximately 10 workflows.

Confusing and competing workflows were the norm at Allina, given that 11 different coding managers reported up through different chains of command. Throughout its consolidation initiative, Allina standardized workflows, focusing on coder efficiency and accurate data for hospital profiling, reimbursement, risk adjustment, and quality reporting. Efficiency gains allowed for decisions to be made more quickly and opened the door for further standardization. Home-grown, web-based software measures productivity against standards developed using time studies, and regular and random reviews of quality outcomes data have been instituted to track coder competency.

Despite significant differences between ambulatory and acute care/hospital processes, neither organization wished to reinvent the wheel. Successful workflows from the acute care setting were applied to the ambulatory environment, modified where appropriate, and then periodically reassessed to ensure ongoing effectiveness.

Education

In consolidating operations, both organizations identified the need for a centralized structure that provides education to coders, providers, and office staff on documentation, coding, and billing practices. This includes establishing unified processes to monitor and ensure that documentation and records support the charges and diagnoses coded and billed.

At Allina, providers now receive one-on-one education within the first week of joining the health system. Training covers the basics of CDI and includes a review of the provider's actual documentation over a number of days. Education emphasizes how essential the partnership is between the provider and the coder. There is one-to-one follow-up with providers during the month after initial training to reinforce training principles. Allina also implemented a new coder education process, which consists of a robust "training hub" that establishes coding proficiency according to service, allowing the coder time to achieve accuracy by practicing with training examples. After testing, the coder moves on to the next service.

HIMS leadership at Banner recognized the need for enhancing its education process upon reviewing the results of audits conducted by the organization's ethics and compliance team, as well as an external audit simulating a US Department of Health and Human Services Office of Inspector General review. These audits showed an opportunity for both providers and coders to improve on topics including evaluation and management (E&M) documentation and assignment, incident to services, surgical assistant coding and charging, and copy/paste use. Another factor was HIMS' growing involvement with the Banner Health accountable care organization from a risk adjustment factor (RAF)/hierarchical condition category (HCC) perspective.

In the fall of 2013, Banner HIMS management proposed a new education, training, and compliance ambulatory coding structure to the Banner Health executive team. Return on investment metrics were tied to the new structure to address risk mitigation, which helped secure buy-in for the proposal. Banner is now in the process of building this team and implementing the education, training, and compliance components of the program.

Lessons Learned Amidst Care Transformation

- Develop a clear vision and determine metrics for regular measurement of progress against goals. Revisit how you want to achieve this vision on a regular basis. What is changing in the industry and how is this impacting how you do business? What do you need to learn as healthcare changes?
- Consolidate quickly. Delays allow for more anxiety and confusion among staff.
- Establish ownership and accountability. The road will get bumpy, so it's essential to have clear performance objectives to help staff stay on task.
- Communicate outcomes on a regular basis. If there is opportunity for improvement, communicate the action plans. Quantify any and all return on investment and efficiencies gained.
- Be transparent about your plans. Create a safe, open environment for expressing concerns and opinions.
- Seek input from other departments, teams, and individuals impacted by the consolidation. Report back with regular updates of progress to date.
- Demonstrate the value of centralized HIM practices through quick wins. Accepting change is easier when there's clear evidence of benefits.
- Take advantage of expertise throughout your organization. Functions like management engineering, compliance, and clinical and medical informatics can provide unexpected insight and assistance.
- Celebrate your successes with the entire team to encourage ongoing commitment to change management.

Data Integrity and Enterprise Information Management

Consolidation of HIM practices drives data integrity and enables enterprise-wide information governance, which has emerged as a critical area for HIM leadership. Banner has a centralized HIMS team that focuses on these issues, as well as forms management, including the reduction of paper forms, transcription and the transition to speech recognition, and EMPI management. A system-wide EHR committee was established and charged with lifecycle management of EHRs across all Banner Health facilities. The team's success has been tied to its multidisciplinary make-up, which includes HIMS, risk management, legal, physician and clinical informatics, and IT representation.

Since the committee's formation in 2007 participants have proactively identified issues that need resolution, including the use of scribes and lack of standardization in applications that feed the EHR such as endoscopy, cardiac rehab, and patient photo capture. An EHR Map was created to reflect that although Banner has implemented a franchise model EHR there are still other clinical applications that impact Banner's ability to manage the official, legal, health record.

Recently Banner's EHR committee was changed to the Banner enterprise information management (EIM) team to reflect its shift to strategic and operational leadership for EHR systems across the enterprise. The shift in focus from the EHR to EIM did not occur overnight. Extensive work was done to articulate a new vision for this team and determine the responsibilities that would stay the same and those that would change. Drafting a revised charter was a key to the shift's success, as was finding an influential stakeholder to support this new vision.

The team's new charter makes it accountable for information governance, life cycle management, information use/data governance, information integrity, and privacy and confidentiality.

HIM Innovation to Support New Payment Models, Population Health

Increasingly facilities are looking to HIM for leadership in accessing and effectively leveraging the clinical, financial, and administrative data needed for the analysis of quality outcomes and population health.

Allina and the Minnesota RARE campaign

Accurate data provided by Allina's HIM function is the foundation for the organization's participation in a major quality initiative to reduce potentially preventable readmissions at 82 hospitals across the state of Minnesota. Sponsored by the Minnesota Hospital Association and several Minnesota-based quality organizations, the Reducing Avoidable Readmissions Effectively (RARE) Campaign seeks to prevent avoidable hospital readmissions within 30 days of hospital discharge. The project evaluates clinically-related readmissions based on relationships between the indexed discharge APR-DRG and the APR-DRG of the readmission.

As of December 31, 2013, more than 7,000 readmissions have been prevented and patients have spent more than 31,000 nights of sleep at home rather than in a hospital, according to information posted on the RARE website. The PPR data sets help identify quality improvement opportunities that help achieve healthcare's famous "triple aim" of better outcomes, lower cost, and higher satisfaction. Once an Allina hospital has implemented an EHR and is using an enterprise data warehouse, HIM leadership is able to help operationalize analytic solutions and match them to business strategies.

Supporting Banner's Medicare Advantage Plans

In 2013 the Banner Health HIMS ambulatory coding team began developing a structure to support Banner's Medicare Advantage plans that are being paid under the Medicare risk-adjustment model. This model focuses on documenting and coding all patient conditions so that a HCC can be assigned and a RAF score can be calculated. Payment is then based on the risk score. Like DRGs, a higher score reflects a sicker patient which results in a more appropriate reimbursement.

This effort has challenged the Banner coding team to not only focus on E&M documentation and coding, but also diagnosis documentation and coding to support the new payment methodology. A training infrastructure specific to RAF/HCC concepts, documentation, and coding was established for both providers and coders. Experts were enlisted to assist with understanding the impact of RAF/HCC across Banner's enterprise. For instance, HIMS solicited the assistance of Banner's management engineering department to document the entire RAF/HCC process and the flow of diagnoses through automated systems. This has allowed HIM to connect the dots within the Banner organization and discuss RAF/HCC opportunities with the organization's CDI specialists.

Leadership in Changing Times

Change can be difficult. Allina and Banner found that success comes down to system-wide engagement, collaboration, and open, transparent communication. They also learned that it is important not to go it alone. Engaging senior leadership,

providers, and practice managers early in the process can be the defining factor in whether an organization will succeed or fail during a change.

Clear performance objectives are essential. The road gets bumpy at times and it's easy for change to take longer than planned, which has led to some targeted goals being missed. As leaders, HIM professionals must reinforce a vision of quality care by determining measures of success and assigning accountability. They should seek out opportunities to articulate and promote the skills that HIM professionals bring to the table. HIM skills are essential and valuable across the continuum of care.

Today the transformation journey continues at Banner Health and Allina Health. HIM leadership must continually assess the need to transform in support of healthcare reform and organizational initiatives such as accountable care and population health management. There is a growing emphasis on patient wellness, which will bring dramatic shifts from a payment perspective. More importantly, the two organizations' HIM departments recognize that they are no longer just acute care organizations. The hospitals' future and success is tied to the entire care continuum.

Patricia Bower-Jernigan (patricia.bower-jernigan@allina.com) is system-wide coding director at Allina Health. Ann Chenoweth (afchenoweth@mmm.com) is senior director of industry relations at 3M Health Information Systems. Jaime James (jaime.james@bannerhealth.org) is senior director of health information management services at Banner Health.

Article citation:
Bower-Jernigan, Patricia L; Chenoweth, Ann; James, Jaime. "Realigning HIM to the New Healthcare Environment: Case Studies in HIM Transformation Due to Accountable Care and Pay-For-Outcomes Initiatives " *Journal of AHIMA* 85, no.8 (August 2014): 34-38.