State of Document Management: an HIM Roundtable

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by Beth Friedman, RHIT

In this panel discussion, four experts discuss the big picture and the fine grain of document management now and in the years ahead.

Document imaging, document management, electronic document management systems (EDMS)... these terms have all been part of the HIM vernacular for more than 20 years. Introduced in the mid-1980s, the first systems were expensive, labor intensive, and slightly less than reliable. Pioneering hospitals such as St. Vincent's in Erie, PA, and Detroit Medical Center were among document management's early HIM adopters.

Since these first implementations, technology has improved, prices have dropped, and installations have become easier. Despite these advances, document management systems are not widespread. Few HIM departments have implemented complete systems.

In this article, a panel of industry experts discusses the current state of document management technologies for medical records. From defining the terms to exploring the role of the Internet, these experts share candid views on the future role of document management. They also explain how HIM departments can use this technology today to realize dramatic improvements in staff efficiency and record access and to incorporate document management into their organizations' overall electronic record strategic plans.

Moderator: *Before we talk about the state of document management or predict its future, let's clear up a few definitions.*

Deborah Kohn: Let's start with document management. An electronic document management system is a collection of document technologies. Namely, imaging, electronic feeds (formerly called computer output to laser disc, or COLD), workflow, and others. Some facilities are just using imaging technology (record scanning), and that's fine. However, you don't really have an EDMS until you have at least two of the component technologies. For instance, an imaging (scanning) system that also has workflow would be considered an EDMS.

Keith Olenik: There is confusion between a complete EDMS and an imaging system (scanning only). At Nauvalis, we recently did a survey and found that 23 percent of the hospitals were scanning for archival but didn't have a complete EDMS.

Moderator: *And to confuse the issue, we have the CPR, EMR, and EHR. So many times I hear EDMS referred to as one of these.*

Kohn: Exactly! Essentially all the terms you just mentioned are the same thing—a medical record that was created electronically or digitally. In these systems, there was never any paper generated. That's the difference. With an EDMS, you have paper to begin with.

There are very few hospitals with a completely electronic record. Most facilities are operating in a hybrid record environment—partially electronic and partially paper. The hybrid record will be with us for many years to come.

Olenik: This was a real challenge at my facility. We had a lot of information in our hospital systems, but a good percentage was still on paper. In HIM, our goal was to reduce paper, but physicians wanted to see the whole chart.

Moderator: *What are some good strategies for HIM departments operating in a hybrid environment?*

Kohn: I suggest that HIM departments try very hard to limit printing of documents that are already electronic. Certainly if a doctor needs the information for patient care, you should print it. But you can start reducing the paper load in HIM by creating folders only for documents that are paper-based. An EDMS can then be used to pull together the electronic documents (through computer-to-computer feeds) with the paper and present it to the user in one view.

Olenik: The EDMS helps with the hybrid record. As they use the system, nurses and others begin to think of the record as "online" versus in a paper folder. It helps with workflow and is a great interim step.

Carroll Schnabel: At my facility, baby steps are definitely the way to go. At this time we don't have a clear definition or IT plan for our EHR. Until we do, document management is helping everyone understand the differences. With our EDMS we make records instantly available to our users, and that's a huge win. But at this time, we can't aggregate the data or report on it. I see that as a major difference.

Moderator: *So where do you see EDMS fitting into a bigger EHR strategy?*

Mary Ellen Mahoney: There is a realization in our industry that movement toward capturing everything electronically is a long journey. Most organizations acknowledge that an EDMS is needed now and will continue to be needed in the future as a component of a comprehensive EHR.

Kohn: While the number of paper-based documents will continue to decrease, there will always be a role for the technologies of an EDMS in record management, workflow, and versioning. We'll also need EDMS technology to help us manage the retention and purging of documents in the EHR.

Olenik: AHIMA gives a nice explanation of the role of EDMS as a component of the EHR. Readers can find this in the "e-HIM Practice Standards" CD-ROM distributed at the national convention in 2003 and published online at www.ahima.org.

Moderator: *What about the personal health record (PHR)? What role will EDMS play as consumers begin maintaining their own records?*

Olenik: Patients with chronic illnesses carry volumes of paper with them. In the future, an EDMS could be extended to the patient as a convenient and easily accessible place to store their records. The hospital could make it accessible via the hospital's secure patient Web portal.

Kohn: I think it will evolve the same way as a person's checkbook. In the past we all carried checkbooks. Now everything is online, and you can get access from anywhere you can view the Internet. The PHR should be that convenient for patients. Patients could send a fax (another EDMS technology) of their records to the hospital's EDMS, where it could be stored and accessed. They could also e-mail documents to their physician or specialist.

Schnabel: San Juan is located in the four corners region of New Mexico. We are surrounded by Indian reservations. Some of our patients don't have electricity and running water, but they have PCs and a connection to the Internet. We have patients asking for e-mails of their lab results. Since we have them as an image, we can send them in a secure, nonalterable e-mail.

Moderator: *How can readers know if an EDMS is "right" for their organizations?*

Mahoney: Organizations realize that opportunities exist for increased operational efficiencies—both in HIM and other departments. Dealing with paper just isn't efficient. This can be a key driver for many. HIM departments specifically are forced to identify more efficient ways to operate without increasing salary costs.

Schnabel: Operational efficiencies were a big factor at San Juan. We gained efficiencies throughout the entire process. For instance, we dropped discharged-not-final-billed from 11.2 days down to 3.5 days. And in HIM, we were able to redeploy two FTEs by virtually eliminating chart pulls, filing, and photocopying. The system also improved continuity of care. Our referring physicians can see charts from weekend emergency department visits online versus having to wait for paper copies.

Olenik: For many hospitals, space is a factor. Real estate is expensive. Reducing the space you need for files and sending people home to work is a big win for HIM.

Kohn: HIPAA. The need to have stricter controls on record access is driving some HIM departments toward EDMS. It's much easier to track who viewed which documents when they are electronic.

Moderator: *If EDMS provides so many benefits, why have so few HIM departments implemented it?*

Schnabel: One impediment for us was no IT resources to install or support the system. Luckily, we found a solution that we could install and manage within HIM. If the system isn't simple or is always breaking down, it is difficult to get IT buy-in.

Kohn: There are cost and implementation risks with an EDMS. Web-based versions certainly minimize these risks, but organizations must still be willing to understand that there will be some risk.

Also, you must have good processes in place before you begin an implementation. Some organizations don't take the time to refine their processes. They also don't invest enough in user training and education. Investing the right amount of time and resources in the beginning can really make a difference.

Mahoney: Some organizations don't believe that the EDMS will be a required component of the EHR, so they don't see it as an essential technology. Also, physician acceptance can be a major impediment. There are cultural barriers with physicians who want the electronic record printed for their own use.

Olenik: Your organization has to have a clear strategy for the ultimate goal—an EHR. Some IT and HIM departments don't know how to get from A to Z, so they don't see EDMS as a good interim step. There are also a lot of HIM professionals who are afraid of the technology. For an EDMS to be considered, the HIM department must either lead the charge or have an important seat at the table.

Moderator: *An EDMS requires a lot of change within HIM, and as HIM professionals we're not always good with change. Can you give any advice on change management?*

Schnabel: As you talk to your staff and other departments, be very specific in how their jobs will be easier. For instance, in HIM we had 65 feet of late-report filing. Now we have none. That was a specific, demonstrable win for our department.

Also, keep following up with your users to be sure the change that you implemented sticks. Go back and make sure they have changed their processes. Sometimes users go back to the old way of doing things, and that negates all your successes.

Kohn: Yes, look for the low-hanging fruit. Start with areas or departments where you can get some change right away. Also, manage expectations as you manage change.

Olenik: For us, a low-hanging fruit was chart access. We found users who always had trouble finding their charts, and we got them using the system right away. They spread the word to others in the hospital. It's also important to include all the stakeholders, not just HIM. Get everyone using the system. The return on investment from HIM alone may not be enough.

Mahoney: A critical component is the human aspect of change. Make sure that you have strong communication throughout the organization and that you have good user representation during system set-up.

Preparing for profound change, facilitating and managing the change, and sustaining the momentum are challenging endeavors. This is particularly true in healthcare, where people may have difficulty viewing their current project against a background of simultaneous demands. If change is not well managed, these challenges can be sufficiently strong as to block progress and even terminate the project.

Moderator: *What role do you see the Internet playing in EDMS?*

Mahoney: The Internet has acted as a great enabler for organizations to implement an EDMS—mainly to support remote access for both clinicians and HIM staff. It has provided another level of benefit to the organization that helps make the transition to paperless an easier one.

Kohn: Using the secure public Internet for an EDMS is a good idea, but pockets of poor Internet service may be a problem. The Internet will continue to play a huge role in EDMS technology.

Olenik: Smaller hospitals don't usually have the IT staff to support a traditional EDMS. The Internet can be used in an application service provider model for the foundation of an EDMS. It is a low-risk way to get started. It may not work for all organizations, but for some it is the only way they can afford an EDMS because you pay a per-chart fee instead of large hardware and software dollars.

Moderator: *Okay, it's crystal ball time. What other new technologies are on the horizon for EDMS?*

Olenik: We are starting to see the use of scanners out of Germany that are very fast and very reliable. Often the bottleneck in an EDMS occurs at the scanning station, so this new generation of scanning equipment will eliminate that problem.

Kohn: Intelligent document recognition is a new technology that will really help with EDMS, particularly within the HIM department. It recognizes characters on a document and recognizes the document based on the layout. This could really reduce the amount of bar coding typically required with EDMS.

Also, multifunction devices are making document capture more convenient. It is common today to use machines that serve as scanner, fax, printer, and copier all in one.

Moderator: *Thank you, Keith, Mary Ellen, Deborah, and Carroll, for your insightful and thorough comments regarding EDMSs for medical records. Certainly the time is right for all organizations to take a serious look at this technology, both from a big picture and fine grain perspective.*

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