# Using Document Imaging to Strengthen Revenue Cycle

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by **Jill Clark** , MBA, RHIA

For many organizations, document imaging is the first step toward implementing a fully electronic health record. Document imaging allows staff members across an organization to access electronic documents simultaneously. Three practitioners share their experiences on how this accessibility can directly impact and strengthen the revenue cycle, bringing the organization more positive outcomes.[1]

## Operational Overview

### How is document imaging used in your organization?

All facilities reported having a complete document imaging system, starting at the point of registration where staff scan driver's licenses and insurance cards, continuing with postdischarge where staff scan the medical records, and concluding with business office use. Although they may only have access to certain modules based on job role, all departments within each organization reported using one imaging system.

In addition, all facilities scanned all patient types immediately postdischarge, with some organizations using interfaces, electronic documents, and document images to comprise their legal medical record.

### How was the revenue cycle affected by the implementation?

All facilities reported a dramatic decrease in the number of accounts receivable (AR) and bill hold days within the first six months. Terrie Vilminot, RHIA, director of health information management at Allegiance Health in Jackson, MI, reported her AR days dropped three days postimplementation, putting her facility under both the national and Midwest Hospital Accounts Receivable Analysis benchmarks.

In addition, she reported a dramatic decrease in the number of unbilled charts greater than 30 days old. "These improvements were made despite the introduction of present on admission and MS-DRGs," she said. Mary E. Nelson, RHIA, EHR and revenue cycle manager at Sanford USD Medical Center in Sioux Falls, SD, reported that her organization's "AR days dropped five days within the first year, and our bill hold is at four days."

## Outcomes

### What contributed to the AR and bill hold decrease?

The three organizations reported that the implementation of the document imaging system allowed for simultaneous and immediate access to the medical record postdischarge, directly reducing the AR and bill hold days. Vilminot explained that electronic coding queries also contributed to the decline, as coders were able to electronically send the physician a question and receive an answer directly, dramatically decreasing the response turnaround time.

Barbara Gerringer, RHIT, director of HIM at Rochester General Health System in Henrietta, NY, found the document imaging workflow process had a positive effect on the revenue cycle. "The workflow process was built in, allowing us to send a copy of the medical record automatically to the business office with a worker's compensation claim, for example."

### Does the business office have access to the document imaging system? If so, what types of access have been granted?

Two organizations allowed their business offices to view and print the imaged medical record on an as needed basis, eliminating the need for the HIM department to perform the release-of-information function for business office requests.

However, the third organization kept the release-of-information function within HIM, processing all business office requests. At this organization, the business office used the document imaging system but only had access to those modules related to patient financial services.

### How has the coding staff been impacted?

Two of the three facilities reported that the implementation of the document imaging system allowed their coders to work from home, while the third has moved coders off campus to a remote office. "I saw improvements in productivity prior to sending the coders home," Vilminot said. "Now, we are staffed completely, and there is more flexibility in work hours and days. If needed, reports are available for how long a coder was working on a chart or has been logged into the system."

Nelson added, "The system has allowed us the opportunities to outsource, complete prebilling coding audits, and expand our recruitment. Now coders are able to work from home, all of which contributes to revenue."

### What were some of the biggest challenges?

Two of the hospitals found that the virtual nature of the workflow presented a brief learning curve in managing the process. "Trying to see workflow through online data as opposed to paper charts proved challenging," according to Vilminot. However, she said, online dashboard reports allow staff to "assess, prioritize, and manage workflow within minutes." Nelson has found that "charts falling through the cracks are a little harder to find in the electronic world."

Two facilities had difficulty getting some physicians and physician groups on board with the document imaging system. They noted the importance of picking champion physicians to support and motivate the medical staff.

"We published a statement that once we were live on the system, the paper medical record would no longer be accessible," Gerringer said. "Administration support of this statement was critical to our organization's success in adaptation."

## Keys to Success

All three practitioners noted that organizations should have a clear understanding of their workflows prior to implementation, because the system should enhance the organization's operations.

"You want the best efficiency you can get," Nelson said. "Involve staff in building the workflow, watch them use it, and listen to their feedback. Be creative and work with your vendor on streamlining your process. By doing this, we were able to enhance our electronic workflow as we migrate to a full EMR and build efficient tools to sort our coding work as needed, whether it is by oldest date or highest dollar."

She added, "You can never stop analyzing your workflows for deficiencies or validating your protocols to ensure accounts are moving optimally. You can get anything electronically, but if the work does not flow through the system the way you need it to, you are no further ahead."

Vilminot agreed with Nelson's comments on having a strong vendor relationship and investing time in the workflow design. She added, "Having solid relationships with the business office and IT departments was also important."

One key to Gerringer's document imaging success was implementing a support team, including representatives of HIM staff, that went to the nursing units daily for the first months post go-live to offer system assistance to clinicians.

"The staff representatives wore tie-dyed shirts," she said "Therefore, everyone knew if they needed help with the system, they asked an individual in a tie-dyed shirt. If assistance was needed and a staff member was not present, a pager number was available."

## Looking Ahead

Document imaging has not only allowed organizations to ease into the EHR, but it has also opened up new opportunities to increase revenue and improve workflow. One organization is looking to continue improving its electronic coding query process, while another is exploring moving the images into a physician portal and new clinical documentation system.

"We are looking to implement an electronic 'treatment plan' form for our behavioral health sites," Gerringer said. "By using this form and the workflow, we can have the treatment plan automatically populate for the therapist to complete at 90 days, 60 days, etc. Beyond this, we are also looking at implementing electronic signature pads to have the patient sign-off on these documents."

As these practicioners illustrate, document imaging can improve the revenue cycle regardless of the organization's size or location, and much is still possible.

## Top Five Document Imaging Questions to Ask a Vendor

Before implementing document imaging, organizations must do their research, understanding how the system works and how it will affect their processes. HIM professionals should ask their vendors the following top five questions before implementation:

- What type of integration (clinical-portal integration as well as ancillary system integration) do you provide with your electronic document management system?
- Do you provide best practice workflows for revenue cycle areas such as patient access, patient financial services, and HIM that are tried and tested? Is the workflow flexible to configure for customer-specific scenarios?
- What type of logging and reporting do you provide for department managers to use as tools to manage their processes and review staff productivity?
- How do you handle HIPAA security and reporting requirements?
- Do you have a user group or user forum for customers to learn more about how the product is used in other organizations, as well as an opportunity to network and share information?

## Note

1. Volunteers for this article worked at the following facilities: Sanford USD Medical Center, a 487-bed hospital in Sioux Falls, SD; Allegiance Health, a 411-bed hospital in Jackson, MI; Rochester General Health System, comprised of Rochester General Hospital (528 beds) in Rochester, NY, Newark Wayne Community Hospital (180 beds), and Demay Living Center (120 beds) in Newark, NY.

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