Uniting HIM and IT

LESSONS LEARNED OFFER TANGIBLE TAKEAWAYS TO BRIDGE THE DISCONNECT AND BRING DEPARTMENTS TOGETHER

By Mary Beth Haugen, MS, RHIA; Paula Dascher, RHIA; and Barbara Manor, MA, RHIA, CHDA

Editor's Note: This article is a follow-up to the piece "Bridging HIM's Disconnect with IT" that appeared in the March 2016 Journal of AHIMA.

AS HEALTHCARE ORGANIZATIONS move toward value-based models, health information management (HIM) and information technology (IT) must work together to strengthen relationships while promoting population health, accountable care, and information governance (IG) initiatives.

The industry is seeing progress on this front, as real-life stories confirm a shared commitment to removing barriers and building partnerships. Collaboration takes flexibility, openness to change, and a willingness to understand various points of view in order to achieve trust.

In the spirit of the previous *Journal of AHIMA* article "Bridging HIM's Disconnect with IT," this roundtable article profiles two HIM leaders' approaches for transitioning to effective departmental alignment with IT to tackle enterprise-wide projects. The authors provide specific examples of ways HIM and IT addressed challenges and improved their relationship, along with practical guidelines to bring clinical and IT units together toward a clearer understanding of the quest to improve patient care.

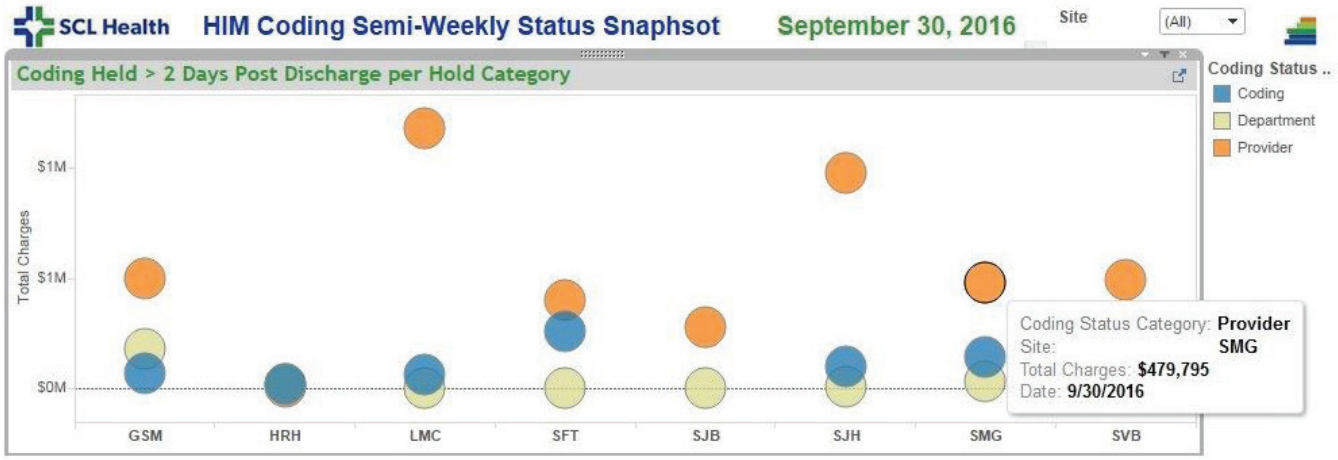
Building Collaboration and Trust

Mary Beth Haugen, RHIA, president and CEO, Haugen Consulting Group: *Let's begin by taking a look at examples of how HIM began the process of building collaboration with IT at SCL Health.*

Barbara Manor, MA, RHIA, CHDA, vice president, health information management, SCL Health: Over the past 15 years, I've worked with two chief information officers (CIOs), two chief

Graphic 1: Data Visualization Tool

THIS DASHBOARD USED by SCL Health increases accountability by showing which coding professionals are holding up the most accounts, and why.



medical information officers (CMIOs), and many IT directors and VPs. Adjusting to different personalities and management styles has been a challenge—learning different approaches to achieve collaboration. The CIO who first came on board to implement our electronic health record (EHR) requested that HIM report to him. He was technically oriented and liked statistical reports to present to leadership. Our HIM team was good at stats, so we provided reports reflecting volumes of work on various projects. Whenever he requested a report from his management team, HIM was first to submit data.

He valued competition among his direct reports and appreciated our efforts to complete projects faster, better, and under budget. Building that relationship resulted in teamwork and mutual respect. Since joining another organization, he still reaches out for advice regarding hiring, medical staff credentialing, policies, and procedures.

The next CIO had no experience with HIM reporting to him. He was a strategic planner who wanted to be informed about what was going on in HIM. Faced with a new learning curve, he never wanted to be surprised at meetings. HIM began providing an agenda including monthly accomplishments, staffing issues, and transparency needed for various reasons—particularly findings from internal coding audits reported at the board level. He uses our agenda and relies on help with terminology to communicate findings to senior leaders. I always do my homework before meeting with him.

Haugen: *That is such an important point—being prepared, helping the CIO understand and convey messages to leadership. I often hear from HIM directors: "If I had a different CIO everything would be fine." While that may be true in some cases, so much depends on HIM wisdom, insight, and willingness to create collaborative, trusting relationships. What is the foundation for a strong relationship with a CIO?*

Manor: Building trust is essential. During our EHR implementation, we needed a more scalable document imaging application as we expanded to 12 hospitals. HIM initiated RFPs, reference calls, demos with IT, and determined the need to change vendors. The CIO resisted due to a strong relationship with our longtime vendor. After a review of evidence-based pros and cons, he realized the benefits and trusted us to make the right decision.

He still talks about that pivotal point and his faith in HIM: "Remember when you convinced me to make that change? It was the right decision for our organization." And our VP of IT recently commented on why HIM and IT get along so well: "HIM is progressive. We push each other to be better—HIM is a natural extension of IT."

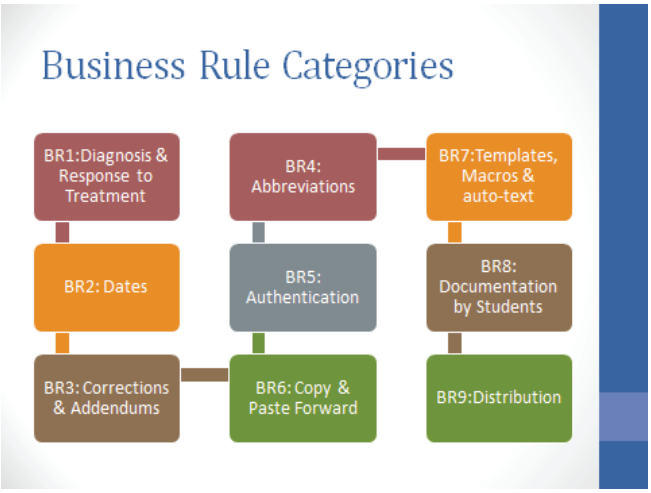
Haugen: *Those experiences speak volumes for the importance of partnership. Seattle Children's Hospital has also made progress in new process improvement that strengthened the relationship between HIM and IT. What were the obstacles you faced?*

Paula Dascher, RHIA, manager, clinical documentation and HIM technology, Seattle Children's Hospital: Our organization discovered a pain point with our process of designing and rolling out direct-entry documentation (daily progress notes) in the EHR. Just before go-live there were concerns that the electronic templates would not meet charge capture and compliance requirements. Though many design meetings involving all known stakeholders were held prior to introducing the templates, there was no readily obtainable documentation to support what was agreed upon during the design phase.

Compliance standards applicable to electronic documentation were unavailable, and IS/Informatics project team members felt they were on a roller coaster of one-off meetings with various internal constituents for review and change management requests. Amid high emotion and frustration, much rework was required to make the templates usable at

Graphic 2: Business Rules

THE DOCUMENTATION INTEGRITY and design team relies on business rules (shown below) that ensure electronic documentation is designed to meet organizational and regulatory requirements. The rules within each category guide IT analysts in the development process.



Building the Bridge

ENCOURAGE UNITY AND collaboration between departments with regular communication and established roles and responsibilities. Some tips to follow are:

- **Stop:** Establish business rules and workflow diagrams.
- **Think:** Create a mutual protocol for discussing projects and ensure team members collaborate regularly.
- **Act:** Publish meeting agendas and minutes, resulting in better accountability and documentation of decisions.
- **Review:** Go over strategic decisions with all stakeholders at the table. Establish a SharePoint site for all documentation to reside.

the intended time for go-live. Concerns voiced by stakeholders—HIM, coding, compliance, and regulatory—temporarily resulted in discord among team members. In addition to template redesign, training modules had to be reevaluated, modified, and rescheduled.

Worse than the project delay and rework was the lack of trust that emerged among team members. Physicians had worked closely with analysts who were not familiar with regulations, policies, and procedures that govern documentation compliance. HIM and related coding, regulatory, and compliance teams were uncomfortable bringing up concerns just prior to go-live.

Haugen: *Describe the recovery process. How did you open lines of communication and bring everyone to the table to reach a solution?*

Dascher: Recovery meant changing the design to ensure the templates would meet coding, billing, and regulatory requirements. Then we needed to create a new process to build collaboration and trust for subsequent initiatives. Our objective was to come together, clarify roles, and make sure teams would provide input early on to avoid changes near the point of rollout.

We searched the AHIMA site and contacted other organizations in the Seattle area for advice: How do you work with your IT department to develop or redesign direct-entry documentation? How do you manage the process, educate analysts to follow documentation standards when building templates—ensure the ability to defend documentation? No one had a structure that met our specific needs, so we created the Document Integrity and Design Team (DIAD).

The DIAD structure is based on business rules defined by stakeholders' policies and procedures, and our organization's rules and regulations to guide the design of electronic templates and phrases. Members at the table include directors of HIM, coding, and compliance along with inpatient/outpatient coding managers, an informatics physician, and IT analysts, with input from our CMIO. The team reviews all requests for documentation entered by physicians, physician assistants, nurse practitioners, residents, and students. Whether they're entering directly in the EHR or dictating, we work together to ensure adherence to all business rules before anything goes live.

Since August 2015 we've held weekly meetings where stakeholders discuss topics related to provider or resident documentation. The team reviews each modification, new request, or project at the beginning and sometimes throughout each stage of development. We use a standard PowerPoint template that allows presenters to drop in their information, which becomes the meeting documentation along with brief meeting minutes. Each stakeholder's voice is heard—concerns, requests for information or change based on policy and procedure that will impact workflow. Analysts get feedback up front before a lot of work goes into the project. Team members can access meeting notes on SharePoint to revisit the details of any decision.

Haugen: *Where are you now in the process as you plan for future projects?*

Dascher: We've come a long way and continue to make progress. Following the success of a recent discharge summary project one team member commented, "Nobody voiced concerns. We went live—with no rework." That's what we were shooting for!

Haugen: *What were the main keys to success, lessons learned?*

Dascher: HIM leadership, executive support, collaboration—a commitment to mend wounds, overcome past perceptions, avoid the same mistakes, eliminate mistrust, and move on—together, as a team. People should:

- Conduct early discussion, raise awareness about policies, and make sure everyone has a voice.
- Focus comments on own areas of control and impact.
- Document details of discussion and all decisions.
- Ensure the review/approval process is efficient, providing timely recommendations to keep work flowing, yet meet necessary policies and standards.

Partnership with our clinical applications team, informatics physician, and CMIO is critical as documentation templates are developed. Our aim is to educate and help identify red flags that put our organization at risk of noncompliance. Analysts are often unaware of policies. Asking the right questions is important: Do we need to change our policy to allow what you're proposing the template will do, or change the template to conform to policy?

We want to partner with IT, not obstruct the process. And IT must be aware of areas reviewed by auditors. Appointing a team to oversee the design of each project ensures data integrity, regulatory compliance, and financial accountability, while minimizing post-project rework.

Creating New Roles for HIM Helps Bridge Gaps with IT

Haugen: *SCL Health has made great strides with initiatives that create new roles for HIM and strengthen the relationship with IT. Describe several projects and their impact on the future of HIM.*

Manor: First of all, we don't wait for others in the organization to define the future of HIM. We look at our skill sets and the organizational structure to visualize the future and create new opportunities. Here are a few examples:

- **Bridged communication gaps—coding, clinical documentation integrity, software vendor, and IT.** The walls of the silos had to come down. We placed an HIM professional with coding experience in the role of systems analyst. She learned all aspects, communicated with stakeholders, worked onsite with the vendor, conducted case studies, and now "talks the talk" with IT, database administrators, and others on the tech team to help IT understand our needs.
- **Introduced a new data visualization tool.** Using manual spreadsheets for data analysis was ineffective. For example, CFOs were not taking action on data showing DNFB—dollars being held up by coding at each of our hospitals. HIM obtained a license for a data visualization tool and created a coding dashboard to show which coders for hospitals were holding the most accounts, and why. You can see at a glance which physicians are holding up accounts by failing to answer queries or dictate operative reports. The tool is now being rolled out across the system—people are taking action (see the graphic on page 25).
- **Collaborated with IT to implement a health information exchange (HIE) infrastructure.** Advancing interoperability means healthcare organizations must remove barriers to sharing data electronically. HIM is moving toward electronic information exchange instead of faxing, printing, and mailing records. To that end, we worked with IT to create a new role, health information exchange coordinator, to guide development of an HIE infrastructure. We're now working with HIEs across states—Kansas, Colorado, Montana—to ensure proper functioning.
- **Launched a patient portal.** In a related EHR project, we planned and implemented a referring physician portal that enables immediate access to patient records. We were responsible for building, testing, marketing, and conducting all training and support for participating physicians. Now with 1,500 users, we continue to roll out this popular application.

Takeaways for Transitions Ahead

AS HIM TRANSITIONS into new roles that promote IT collaboration, Haugen provides 10 valuable takeaways for the journey ahead.

- Do your homework—be prepared for meetings with IT and senior leaders.
- Be attuned to different personalities and management styles—learn different approaches to achieve collaboration.
- Keep IT informed of what's going on in HIM—make sure your CIO is never blindsided.
- Provide an agenda and help with language to communicate findings.
- Assemble an interdisciplinary team—begin projects early on when members are more open to change.
- Use a diplomatic approach—suggest terminology conducive to collaborative communication.
- Make sure enterprise stakeholders have an equal seat at the table for making decisions affecting all disciplines.
- Introduce a structure for the process—show how it supports sustainability.
- Educate analysts about policies to help identify red flags that put your organization at risk of noncompliance.
- Don't wait for others to define the future of HIM. Consider skill sets and organizational structure to create new opportunities.

Because promoting interoperability requires critical decisions around privacy and security, HIM and IT created an interdisciplinary team, the Health Data Exchange Advisory Council. At the first meeting, HIM introduced a charter describing the purpose, objectives, problems, and process. Members present issues and ideas, and we make decisions as a team. According to our VP of IT, "This successful group is key to collaboration between HIM and IT."

Haugen: *Why have these projects been successful—how did you present challenges so the process was collaborative?*

Manor: We did our homework—identified problems, communication gaps, and priorities. With many changes happening at once, all players needed to come together to ensure compliance, security requirements, and proper allocation of resources. Proposing a charter up front opened lines of communication—otherwise, the first council meeting might have shut down. Instead, the team worked together to tweak the charter and develop viable solutions. O

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