

# Time, Technology is Right for ASCs to Transition to a Paperless Environment

BY SEAN BENSON

Facilitating the widespread adoption of health information technology—electronic health record (EHR) systems in particular—has become the battle cry in the quest to transform the nation's health care system to improve access to and quality of care while reducing costs.



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In addition to playing a key role in maintaining compliance with regulations ranging from Sarbanes-Oxley and Stark to HIPAA and IRS requirements, HIT can increase patient volumes, speed the revenue cycle and deliver higher reimbursements. Eliminating paper from the patient care process also generates a substantial cost savings, while helping to reduce errors and adverse events, and improve diagnosis and care quality.

Despite the benefits that can be achieved by transitioning to an electronic environment, the majority of ASCs remain mired in paper. An independent survey conducted on behalf of Wolters Kluwer Health found that 82% of ASCs were not utilizing an EHR, 85% were using paper perioperative notes and 74% used dictation and transcription to generate physician procedure notes.

However, thanks to recent market changes, the time for ASCs to begin making the transition to a paperless environment is now. More HIT vendors have introduced systems and applications tailored to the unique needs of

the ASC. Subscription-based services are also growing in popularity, meaning ASCs can tap into the benefits of going paperless without making a sizable up-front capital investment.

## **Reduced Costs, Enhanced Revenues**

When managed correctly, the financial benefits of going paperless can result in a return-on-investment (ROI) of under two years and ongoing annual savings of \$10,000 and higher per provider. Often, the most significant savings are realized from the elimination of hard and soft costs related to the management of paper charts within the ASC.

One study found that a reduction in chart pulls, which declined in observed practices by 79% in the six months following EHR implementation and by 96% at two years post-implementation, accounted for 63% of the total savings. Other savings were realized through:

- Elimination of new patient chart costs
- A 75-hour-per-week savings in time spent filing
- A 37%-100% reduction in transcription costs

Other chart-related savings are derived from the elimination of paper supplies, costs associated with off-site storage and retrieval fees, as well as a reduction in clerical staff. Further, physical space previously utilized for storage can often be converted for revenue-generating purposes.

The financial benefits of transitioning to a paperless environment go beyond

cost savings. The workflow and process improvements made possible by EHRs can have a direct impact on an ASC's top line, including faster revenue cycles and increased revenues. For example, a robust EHR can enhance staff productivity by eliminating redundant documentation processes. This typically leads to increased patient volumes, but without the need to increase staffing.

Other process improvements include faster registration and patient histories, fewer data entry errors and faster access to charts. One ASC reports saving up to three hours per day in data entry time by interfacing its practice management system with its EHR. Further, involving fewer individuals with data entry has also increased the overall accuracy of the information entered into its systems.

## **Increased Compliance, Quality Tracking**

While financial benefits are a critical factor in any IT investment, achieving compliance in documentation and clinical practice is equally important. As Joint Commission and AAAHC standards become more stringent, the EHR becomes an important tool in achieving and proving compliance and standards of care. For example, an EHR can generate safety alerts, record safety measures taken, and significantly streamline the gathering of data and documentation should an audit occur.

State, facility and association requirements for documentation of items like pre-anesthesia assessments, ASA scores, "time-outs," informed consent and estimated blood loss can be built into the EHR workflow and automatically documented as part of an official record. Pathology tracking, patient instructions and repeat procedures, recall or surveillance can be simplified and ensured through an EHR's flag or reminder system.

A 2008 study conducted by Wolters Kluwer Health revealed that 82% of ASCs tracked quality indicators, including infection rate, turn-over time, patient satisfaction, complication rates

and hospital transfers. However, less than half of those facilities were using an EHR to do so, meaning more than 50% were manually re-working and re-entering data.

The right EHR allows an ASC to automatically capture and track key quality indicators (QI), as well as comply with quality measures tracking, like PQRI and GI QI. While these measures are not currently required by federal mandate, the recent push toward both pay-for-performance and greater tracking of care and outcomes indicates there may be a mandate in the future.

An EHR that allows for the tracking of comprehensive data, such as scope withdrawal time, adenoma detection rate and rate of cecal intubation, allows facilities to start tracking key QI now, and positions them for any future quality reporting mandates.

### **Making the Transition**

Transitioning to a paperless environment can be challenging due mainly to the impact implementation of an EHR can have on workflow processes. That is why proper planning is imperative. This includes mapping out all aspects of the ASC's workflow and identifying vulnerable areas to minimize roadblocks along the way.

It is also important to identify goals and link them to the EHR's specific features and functionalities. These should be shared with all team members to ensure that everyone understands the desired outcome. A flexible timeline should also be created to keep the implementation process on track. Keep in mind that full implementation, including training, can take up to a year, depending upon the environment.

In the past, a lack of appropriate EHR offerings and high up-front costs left many ASCs cold to the idea of transitioning to a paperless environment. However, with more vendor offerings specifically addressing their unique needs, and more attention being paid to the benefits of broader HIT adoption, the time to eliminate paper from the care process is now.

**Sean Benson.** Mr. Benson co-founded ProVation Medical (formerly cMore Medical Solutions) in 1994. ProVation Medical is a software company whose products are used by physicians to generate procedure documentation and billing codes. ProVation's primary value proposition lies in presenting rich medical content, tied to billing codes, in an easy-to-use interface. The company began in the specialty area of gastroenterology and, over the years, has expanded into orthopedic surgery, general surgery, urology, pain management, pulmonology and cardiology.

Sean was primarily responsible for creating ProVation Medical's coding software, which forms the cornerstone of the company's return on investment. He also co-developed the ProVation Multi-Specialty Platform, which set the stage for the company's move into cardiology, orthopedics, urology and general surgery documentation. Sean can be reached at [sean.benson@provationmedical.com](mailto:sean.benson@provationmedical.com).



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