Optimizing the Revenue Cycle Process through Information Governance

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Agenda

• Overview of Information Governance
• Discuss Healthcare Revenue Cycle Components
• Review Revenue Cycle Challenges and the Impact of Information
• Share Revenue Cycle Metrics and Information Governance
Learning Objectives

- What and why of Information Governance
- IG principles and competencies which should be applied in evaluating revenue cycle processes to directly impact data and information integrity, reliability and availability
- Metrics for performance in information intensive aspects of revenue cycle management
- To do list
The Information-Intensive Healthcare Revenue Cycle

https://images.google.com
Healthcare Information Surge

• According to IBM – 2.5 quintillion bytes of data are generated every day and 90% of the data in the world has been created in the last two years

• According to Cisco - Connected healthcare applications such as health monitors, medicine dispensers, first-responder connectivity, and telemedicine ... the fastest-growing industry segment in the big data picture.

Source: Cisco The Zettabyte Era: Trends and Analysis, July 2016 White Paper
Information is a High Value Asset

• Volume is growing on a exponential path in healthcare.
• The age of big data is here—massive growth in data volumes and velocity.
• Only about 25% of data being stored has real business value.
Information Governance Adoption Model (IGAM™)

- Trusted, Reliable, Information Across the Healthcare Ecosystem to Enable:
  - Patient and Consumer Engagement
  - Healthier Populations
  - Interoperability and Exchange (Continuum of Care)
  - Easy and Secure Access
  - Information Lifecycle Management
    - Information Automation
    - Information Governance Adoption Model (IGAM™)
WHAT IS INFORMATION GOVERNANCE (IG)?

AHIMA DEFINES IG AS “AN ORGANIZATION-WIDE FRAMEWORK FOR MANAGING INFORMATION THROUGHOUT ITS LIFECYCLE AND FOR SUPPORTING THE ORGANIZATION’S STRATEGY, OPERATIONS, REGULATORY, LEGAL, RISK, AND ENVIRONMENTAL REQUIREMENTS.”

- Establishes policy
- Determines accountabilities for managing information
- Promotes objectivity through robust, repeatable processes
- Protects information with appropriate controls
- Prioritizes investments
What is Information Governance?

INFORMATION GOVERNANCE FOR HEALTHCARE INCLUDES:

- All departments, areas of the organization
- All types of information (clinical, financial, and operational)
- All types of organizations
- Information on all types of media

Adopting an IG program shows an organization’s commitment to managing its information as a valued strategic asset.
It is a subset of corporate governance and includes key concepts of:

- records management
- content management
- IT governance
- data governance
- information security
- data privacy
- risk management
- litigation readiness
- regulatory compliance
- long-term digital preservation
- business intelligence

IG Competencies For Healthcare:
- Strategic Alignment
- IG Structures
- DG
- EIM
- ITG
- Analytics
- Privacy & Security
- Regulatory & Legal
- Awareness & Adherence
- IG Performance
IGI Report: What is Information Governance?

THE FACETS OF IG

THE FACETS OF IG: IG SERVES A COORDINATING FUNCTION

IGI Annual Report 2015 is available at: www.Iginitiative.com
Strategic Initiatives Impacted by IG

- Information Governance
  - Interoperability
  - Population Health
  - Patient Care
  - Patient Safety
  - Patient Engagement
  - Employee Satisfaction
  - Physician Relationships
  - Vendor/Contractor Relationships
  - Payment Reform
  - Social Media
  - Delivery Platforms
  - Cost Reductions
  - Protection/Security
  - Legal Holds
  - eDiscovery
  - Accurate & Timely Reimbursement

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## Issues with Information for Payment

<table>
<thead>
<tr>
<th>Issues</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Data design and capture issues</td>
<td>• Inconsistent data definition across/between systems</td>
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<td>• Inability to tag and capture high value data elements</td>
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<td>• Inconsistencies between data in structured and unstructured notes.</td>
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<td>Information integrity and quality issues</td>
<td>• Lack of trust in data (impedes ability to utilize for analytics)</td>
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<td>• Patient identification and patient data from devices, other records</td>
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<td>• Lack of data quality management efforts / tools</td>
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<td>• Process breaks / redundancies (shadow records)</td>
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<td>• Errors found at the ‘end of the line’ in patient portals</td>
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<td>Inability to use data for analytics / advanced reporting</td>
<td>• Insufficient knowledge and skill of analysts</td>
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<td>• Errors found in data are not traced back to source</td>
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<td>• Silo’d ownership at business or clinical level</td>
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<td>• Little or no ability to report across systems</td>
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<tr>
<td>Lack of interoperability</td>
<td>• Cost of interoperability</td>
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<td>• Systems ability to trade data and information</td>
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<td>• Trust in inbound information from other organizations</td>
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Figure 1. The primary root causes of patient misidentification
Three responses permitted

- Incorrect patient identification at registration (i.e., incorrect armband placement): 63%
- Time pressure when treating patients: 60%
- Insufficient employee/clinician training and awareness: 35%
- Too many duplicate medical records in system: 34%
- Registrar errors (human errors): 32%
- Turf or silo issues across departments/workflows: 29%
- Inadequate safety procedures: 20%
- Over reliance on homegrown (obsolete) identification system: 15%
- Patient behavioral issues (misinformation): 9%
- Other: 3%

Source: 2016 National Patient Misidentification Report by Ponemon Institute available at:
http://healthitanalytics.com/resources/white-papers/ponemon-institute-2016-national-patient-misidentification-report?elqTrackId=b4ca2207f18d4043ab67529cb33f3cab&elq=b772a1845cda4f7eaf1668ec63a12a3b&elqaid
2016 Patient Misidentification – Clinical Impact

Figure 2. Have you ever witnessed or known of a medical error that was the result of patient misidentification?

EHR practices contribute to data quality and integrity issues. Risky documentation practices create the potential for patient safety, quality of care, and compliance concerns. Examples include:

– Template Challenges
– Patient Identification Errors
– Amendment Integrity
– Copy Paste
– Addendum / Late Entries

Source: AHIMA Integrity of the Healthcare Record Documentation
The Cost of Poor Information Quality in Healthcare

• **Financial**
  – Increased operating costs
  – Decreased revenues
  – Missed opportunities
  – Reduction or delays in payments / pay for performance $

• **Satisfaction**
  – Patient satisfaction / decreased organizational trust when portal, billing or other information is incorrect
  – Low confidence in forecasting by leadership
  – Inconsistent reporting and re-work / validation
  – Delayed decision making
The Cost of Poor Information Quality in Healthcare

• **Productivity**
  – Duplication in processes creating increased workloads, decreased throughput, increased processing time, or decreased end-product quality.
  – Denials cause re-work and additional analysis

• **Risk and Compliance**
  – Patient safety
  – Patient identification (should be 99.99% accurate)
  – Potential for fraud
  – Data leakage (physicians texting nurses / notes not in chart)
LEVERAGING INFORMATION AS A STRATEGIC ASSET MEANS ROI FOR HEALTHCARE ORGANIZATIONS

Reliable and Trusted Information for

- Improving Patient Outcomes
- Compliance and Security Risk Mitigation
- Better Informed Decision Making
- Leveraging Clinical, Financial and Administrative Information
- Streamlining Business Processes
# Quality Information is Vital for Healthcare

<table>
<thead>
<tr>
<th>Healthcare strategy</th>
<th>How Information Governance Supports:</th>
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| Reduce Operating Costs    | • Reduced data storage costs  
• Technology decisions based on IG (interdisciplinary) assessment of demonstrated need and cost benefit  
• Improved data quality improves decision making                                                                                                                                                                                                                                                                                  |
| Quality and Safety        | • Enterprise standards for capturing consistent quality and safety metrics  
• Desired standards throughout the organization  
• Trusted data for analytics and business intelligence                                                                                                                                                                                                                                                                                      |
| Population Health         | • Reduces obstacles from data silos  
• Trusted data to evaluate and reengineer processes  
• Timely and complete information speeds up process                                                                                                                                                                                                                                                                                       |
| Reimbursement Models      | • Reduces obstacles from data silos  
• Timely, trusted, complete information  
• Standards based claims  
• Value based purchasing and MACRA (Medicare Access and CHIP reauthorization Act)                                                                                                                                                                                                                                                                                                     |
## Quality Information is Vital for Healthcare

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| Data Breach Avoidance             | • Sensitive information is better protected from corruption, loss, theft, hacking and inappropriate use  
• Uniform policies for all types of information not just PHI  
• Mitigation of fines and investigations                                                                 |
| Support Mergers, Acquisitions and New Affiliations | • Avoid new risk, redundancy, costs of inefficiency  
• Quicker transition of information from one organization to another  
• Standardized use and definition of data and information                                                                                   |
| Improve Care Management           | • Longitudinal information to manage avoidable admissions, readmissions and ED visits  
• Trusted data  
• Patients have more confidence (aren’t finding issues via portal)  
• Better data for supporting chronic disease, research, etc                                                                                     |

Excerpt based on Figure 3.5 (p34) *Implementing Information Governance* Kloss 2015. Purchase in the AHIMA store: [https://www.ahimastore.org/SearchResults.aspx?SearchString=kloss](https://www.ahimastore.org/SearchResults.aspx?SearchString=kloss)
The Healthcare Revenue Cycle: A Closer Look

https://images.google.com
Revenue Cycle Information Challenges...To Name a Few

• Registration Processes
  • Scheduling
  • Pre-Registration
  • Pre-Certification
  • Registration

• Clinical Documentation Improvement
• Coding
• Denials Management
Scheduling/Pre-Registration/Pre-Certification/Registration

- Accurate information from physician’s office
  - Name
  - Date of birth
  - Diagnosis(es)
  - Order(s) for services
  - Date of services
- Accurate data entry of information in registration system
- Timely and complete pre-certification processes
  - Patient status
  - Diagnosis and procedure codes
- Accurate patient registration
  - Selection of patient
  - Verification of address, insurance

*IG Competencies:*

*Strategic Alignment, Enterprise Information Management.*

*Analytics, Data Governance, Legal & Regulatory*
### Risks of Poor Quality Registration Information

**Two medical records intermingled:**
- A patient is not prescribed the most effective medication because the record states they are allergic
- HIPPA violation with sending bill
- Payment is delayed

**Duplicate medical record:**
- Incomplete information when a physician, nurse or pharmacist is making clinical decisions. A medication is ordered and given when the record clearly states the patient has an allergy in the original record
- Financial advisor not provided complete picture with counseling
- Confusion on part of client “what do I owe?”
Data Governance – a Key Information Governance Competency

Information generated by, managed for or provided to the organization **must** have a reasonable and suitable guarantee of authenticity and reliability.

Data clean up = delays in billing.

Data integrity issues = denials
Clinical Documentation Improvement (CDI)

• Concurrent CDI – People, Process, Technology
  – Legible
  – Reliable
  – Precise
  – Complete
  – Consistent
  – Clear
  – Timely

IG Competencies:
Strategic Alignment, Enterprise Information Management.
Analytics, Data Governance, Legal & Regulatory
Information for Coding

- Complete documentation
- Available documentation
- Timely documentation
- Timely coding
- Accurate coding
- Quality monitored

IG Competencies:
Strategic Alignment, Enterprise Information Management.
Analytics, Data Governance, Legal & Regulatory
Denials Management – Getting It Right the First Time

- Physician orders and supporting documentation
- Timely and appropriate pre-certification
- Coding in support of services provided
- Effective denials review processes and follow up, including accurate categorization of denial types
- Trending of denials and education for continuous quality improvement

*IG Competencies:*
*Strategic Alignment, Enterprise Information Management, Analytics, Data Governance, Legal & Regulatory*
IG Program Establishes Integration and Oversight

- Utilize existing structures
- Engage across disciplines
- Cost conscious focus
- Resource sensitive
- No solo performers
- Leadership support
Denials Management “Team Sport”

Competency – Strategic Alignment!

• Registration
• Clinical Operations
• Patient Financial Services
• Case Management
• Revenue Integrity
• Charge Description Master
• Medical Staff
• Compliance
# Getting Started with Information Governance to Impact Revenue Cycle

<table>
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<tr>
<th>IG Competency</th>
<th>To Do List</th>
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</table>
| IG Structure              | • IG Oversight / IG Committee  
• IG Leadership  
• Initial Project List  |
| Strategic Alignment       | • Collaborate with internal and external business partners in the community to leverage clinical and administrative information to design and develop innovative care delivery models that have measurable impact on quality and cost of care, and patient satisfaction. |
| Enterprise Information    | • Information lifecycle – review data design and capture  
• Advance Identity management  
• Advance Patient automation (portal, registration, scheduling) |
| Management                | Data Governance  
• Data quality initiatives  
• Data classification  
• Data owners / data stewards  
• Master Data Management (Physicians, patients) |
AHIMA is Committed to IG for Healthcare

2013
- Research
- Awareness
- Education
- Advocacy
- Planning
- Convening
- Collaboration
- Survey
- Stakeholder Support
- Development
- Thought Leadership
- Recognition
- Collaboration

2014
- Refinement
- Validation
- Development
- Piloting-Learning
- Stakeholder Support
- Growing BOK
- Survey
- Thought Leadership
- Collaboration

2015
- Refinement
- Validation
- Development
- Product Releases
- Growth
- Piloting-Learning, Best Practices
- Growing BOK
- Thought Leadership
- Recognition as IG Leaders and Knowledge Source
- Professional Readiness - IG Workforce

2016
- Collaboration, education and awareness for IG in healthcare
- Information Governance Adoption Model (IGHealthRate™) advancing organizational maturity in IG
- Tracking and sharing leading practices for IG in healthcare
- Recognition that AHIMA is the source for information governance content in healthcare
- Professional readiness for IG workforce
- Growing content at IGIQ.com
- IGAM™ validation for Level 4 and Level 5 organizations and vendors
- IG thought leadership
- IG Toolkit version 3
- IG case studies released monthly in Journal of AHIMA
- Status of IG in healthcare survey and white paper

2017
AHIMA IG Advisors®
Consulting and Training Solutions
IG Executive Video

STRATEGY

OPERATIONS

ENVIRONMENTAL REQUIREMENTS

LEGAL & REGULATORY

Risk
A combination of virtual webinars and a one-day, online engagement, this meeting provides a deep dive into the application of IG tools and resources and an understanding of the IG discipline.

June 2
September 27
December 8

Visit IGIQ.com to register.
Information Governance Resources

• Three IG Books in the AHIMA Store
  – Information Governance Concepts, Strategies, and Best Practices (Smallwood)
  – Implementing Health Information Governance (Kloss)
  – Enterprise Health Information and Data Governance (Johns)

www.IGIQ.com
What’s Next? Move Your Organization’s IG Forward.

- IG consulting and implementation services (project management)
- Analysis and assessment
- On-site or virtual organization-specific training
- Score validation from the IGHealthRate™ system for IGAM™ Level 4 or 5 sites

- Identify your organization’s true level of IG maturity
- Differentiate your organization from its competition and other organizations
- Validate your organization’s maturity level
- Receive extensive reporting, guidance, and comparison to other entities of your size and specialty

For more information, visit IGIQ.org.