

In Sight

Your Source for Information on the Healthcare Information System Replacement Project

Change & Opportunity

Michael Nauman, OSF Project Executive



Healthcare systems are faced with the continuous challenge to improve the quality of care and patient satisfaction while tightly managing financial performance. The implementation of clinical information systems is a common topic of discussion for most hospitals and healthcare systems. The need for this type of system is a top priority; however, few hospitals or healthcare systems have established the organizational will, leadership alignment, and resource commitment to initiate a journey that will support the enhancement of clinical operations through the integration of information technology, process improvement, and cultural change. OSF is among the select few who have begun this journey.

The HIS System Replacement project represents a small, but very difficult, first step on this journey of change. The project's primary role is to provide care teams and those who support them with accurate and timely information, in the right place, and in the correct format. Patient information across the continuum of care will be better integrated thus supporting our hospitals' ongoing efforts to improve the safety, effectiveness, patient-centeredness, timeliness and efficiency of the care we deliver.

From the project's beginning, we realized we had to go beyond the usual "IS Implementation" to achieve our purpose. Traditionally, the focus on information system implementations tended to automate the current environment rather than redesigning processes in concert with implementing new technology. Likewise, this type of approach has a record of failing to reach the people that own and work with the new information technology. Thus, in addition to establishing consistent, standardized access to information, OSF chose to implement new processes that span the clinical, ancillary, financial, and support operations while being flexible enough to meet the individual department requirements.

We recognized the challenge of instituting and effectively managing a project that incorporates the simultaneous change of people, process, and technology. From the outset, the HIS Replacement Project has been led and guided by business leaders from our operating units. Our Advisory Councils represent each department and each facility at OSF HealthCare. Over 300 representatives from the facilities helped us understand our current workflow and design future state workflow during our design events. Transition councils have been formed at each facility to manage the transition.

Change is inevitable; success is not! Healthcare professionals constantly face new technologies, techniques, and approaches to healthcare delivery. In our roles, we are asked to respond to these types of changes everyday. As a result, our patients are now living longer with a better quality of life. We cannot bring to an end the changes our organization will face; we can only hope to see them as opportunities for improvement. OSF has recognized the need and the HIS System Replacement Project has brought professionals from the clinical, administrative, and financial areas together to design and implement our future state solution.

The change this project represents for our organization will not be easy, but it offers us a better opportunity to further our never-ending journey toward the improvement of patient care. The HIS Replacement Project will help provide us with more sophisticated technologies, techniques, and advances in support of our mission, "...to serve persons with the greatest care and love in a community that celebrates the gift of life."

Physician Impact

*John Whittington, M.D., OSF
Medical Informatics*



This month, I wanted to talk about change. Obviously, as we introduce our new computer system, it will bring a lot of change into our lives. We will no longer be tied to one physical location to see information on a patient. Physicians will have access both in the home and in the office if they choose to. Records and results will be able to be viewed and signed from remote locations.

The product, like any software, is constantly being improved and expanded. OSF is continuously tailoring the product to meet our needs. In fact, during the summer, we held two demonstrations with physicians. As a result of the feedback received, the product was modified between the first and second demonstrations. After the second demonstration, we modified it again. The fact is, we will be continually enhancing and modifying the product.

In the coming months, physicians will again have the opportunity to preview the product and offer suggestions. The HIS Replacement Project will conduct Web conferences each month for physicians from September through December 2002. Physicians will have the opportunity to view the system from the convenience of any Internet-ready computer. The meetings will be held on-line only and the participants will be able to voice their opinions through a conference call that will be set up in conjunction with the computer-based demonstration.



Patient Accounting As It Relates to the Revenue Cycle

Jimmi Evans, OSF Project Team Lead



Pictured from left: Back row: Val Bruell, Julie Rolle, Steve Martin; Front Row: Jason Summerford, Karen Boland, Connie Uphoff; Not Pictured: Jessica Buchar, Jimmi Evans, Mary Leslie

Almost everything that happens to the patient in his cycle of care is reflected in our cycle of revenue. It is often thought that the revenue cycle is the charge of Patient Accounting. However, the control of the revenue cycle is shared by Patient Accounting as well as almost all of the other employees in the facility as Registration gathers the patient's demographics and insurance information, the caregivers enter the charges and the documentation to substantiate the charges, the physicians complete the chart, and HIS codes the chart.

After the care is completed and the patient is discharged, Patient Accounting enters the revenue cycle to bill the patient's insurance for services and supplies. The people in Patient Accounting follow up on the insurance for payment, identify any incorrect managed care payments, and contact the insurance for the additional reimbursement. Any portion of the bill the insurance determines is the patient's portion to pay is then billed to the patient. It is the challenge of Patient Accounting personnel to attempt to solicit payment for our goods and services as quickly as possible to ensure financial stability of our facility, which will enable us to continue our mission for the next patient.

Inside Patient Accounting

Tammy Matranga, In Sight Editor

Connie Uphoff led me through the new Patient Accounting system on CareCast. The system will be used by cashiers, billers, and collection representatives to perform their daily job functions.

The main screen has three areas, a "hot list" of patients the person has worked with, a center section to look up patients by name or social security number, and a "quick button" section of common commands.

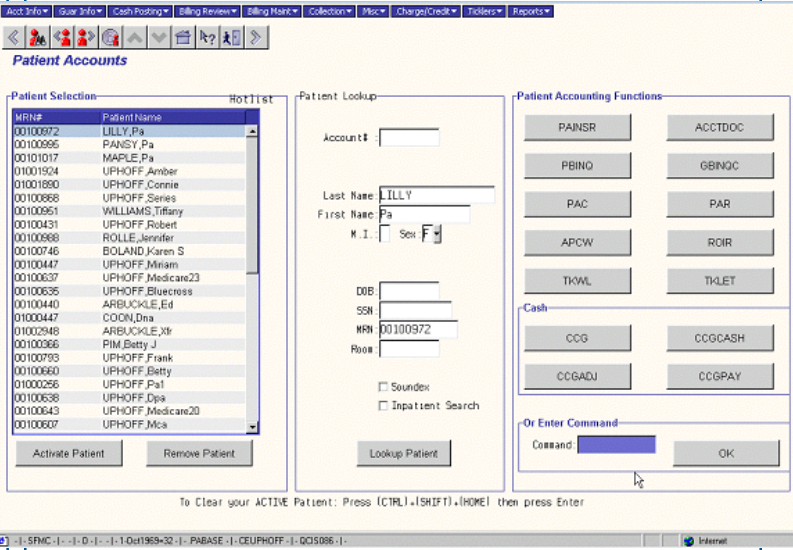
We first looked up an existing patient in the "hot list" and did an account review to show charges on the patient.

The entries were broken down by facility and professional charges. Insurance information is also included on the screen and I had the option of reviewing other accounts, so I could look up a list of patients.

In addition to account review, cashiers will be able to choose to post a batch of payments or one payment at a time. The cashier can also make immediate changes to the insurance provider, if needed.

Billers will be able to review the account status and receive reports on held bills. Accounts may be held for a variety of reasons, for example, missing diagnosis codes or missing demographic information at registration. The biller also has the option of changing the insurance providers and will be able to rebill the new insurance provider at the same time.

Next, we reviewed the collection system by choosing a chart button at the top of the screen. Collection representatives have a "tickler" system to help organize patient accounts. Automatic worklists will produce lists of patients to follow up on. For example, the system can be programmed to produce a 30-days past due worklist. The collector can also run worklists by date range or account number.



The system is able to generate letters of all types both automatically and manually. Letters can be programmed to allow the user to generate information automatically from the patient record or allow the user to fill in information.

The system uses a "phase" number to determine where the account is in the billing process. For example, an account at phase 4 indicates the patient has been discharged, but not billed. In the billing cycle itself, the system tracks the stages in "steps."

The ability to "flag" accounts is also available. Flags can be set for financial, debt, utilization review, legal, and spend down situations. The system also has the ability to link the mother's account number and information to a baby's account.

Patient Management

Michele Bengston, OSF Project Team Lead



Pictured from left: Back Row: Gayle Mejia, Ron Ruschinski, Jeff Sturman, Vikki Coon, Glenda Noel; Front Row: Ana Agostini, Maggie Hoelle, Lori Arbuckle, Sheila Lane Not Pictured: Michele Bengston

The Patient Management team is responsible for the functions within IDX that relate to registration and bed control. The processes related to these functions were developed by patient management staff throughout OSF, during the rapid design sessions held earlier this year.

The patient management team is near completion of the screen flow build based on those processes. Preliminary viewing sessions of screen flows have met with positive responses from patient management staff in attendance.

A primary focus of the patient management team has been to ensure that all screen flows contain the functionality necessary to obtain information pertinent to the patient account. This information is important not only for patient care issues, but has significant financial implications as well.

Patient management functions have the primary responsibility of obtaining information for the beginning of the financial account as well as information pertinent for patient care. Because patients usually make their initial contact with a healthcare facility in a patient management area, it makes sense to use the opportunity to obtain all necessary demographic and financial information at that time. This is the primary reason patient management is considered to be the first step in the revenue cycle. The accuracy and completeness of information gathered during this step ensures that the final bill will be sent to the appropriate payor at the appropriate location. Bills issued with correct information the first time result in prompt payment and provide revenue for vital healthcare services.

A Day in the Life of Patient Management

Tammy Matranga, In Sight Editor

Gayle Mejia led me through the Patient Management system. The system will be used in all registration areas for bed placement, insurance verification, financial counseling, admissions, and information desks.

The Patient Management system will be separate from Patient Accounting in all facilities except Pontiac, Galesburg, and Escanaba. These facilities will use a combined base screen that provides information on both systems. Gayle demonstrated the system as it will be used at OSF Saint Francis Medical Center.

The first procedure was for patient registration. Gayle clicked a button to register the new patient. She had the option to look up the person, if they were already in our system, or create a new record. She was able to enter patient demographic information, insurance information, and a reason for admission. She was also able to flag this patient as having a latex allergy. She could also flag for financial reasons, debt, legal, advance directives, false data, VIP, and

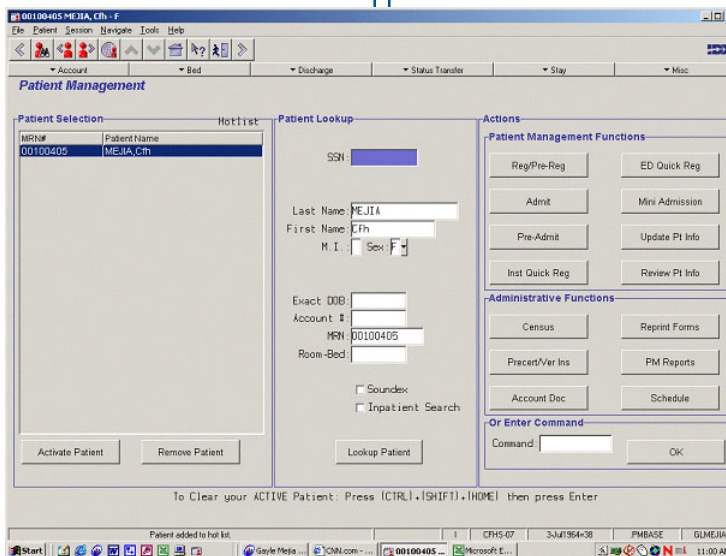
special needs such as hearing impaired or interpreter needed. She was also able to record alternate identities on the patient, such as a maiden name.

During registration, we were able to set up the patient as a “do not announce” (DNA) to ensure patient privacy during the visit. Anyone accessing the patient record is presented with a message that this person is a DNA to ensure confidentiality.

Gayle explained it is also possible to template accounts.

This allows the user to copy insurance and guarantors into the registration without having to retype the information. The feature can template information up to 30 days old. The system is able to add provider doctors during registration as well, if they are not already in our database.

The system also provides flexibility for those who use it. A “mini-admission” is available for patients who are being transported directly to the floor in an emergency. The patient types in the system allow for inpatient, ambulatory, observation, pre-admission, emergency, outpatient, and series - which allows the account to be marked for a specific duration, such as one year, before it closes. Codes for UB-92 occurrences will be available in the system for more accurate billing. The best part though, is that this is a global database, so patients that are admitted in one of our facilities will already be in the system when they are transferred to another facility.



Revenue Stream Impact

Vickie Greene, OSF Project Manager

The revenue cycle traditionally encompasses Scheduling, Patient Management, Health Information Management (HIM), and Patient Accounting applications. While this article focuses on these applications, it is important to note the input of the clinical areas (i.e. charges, on-line documentation) is crucial to providing an accurate picture of the patient's stay as it relates to the revenue cycle. To maximize positive outcomes throughout the revenue cycle, the customized product design incorporates the best practices at OSF HealthCare and within the industry.

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A few of the best practices that will be incorporated into the system include preregistration of patients over the phone prior to arriving for their services, the scanning of patient intake documents, insurance verification, electronic signatures, and the ability to collect predefined co-payments during check-in/check-out.

The Patient Management application will increase patient satisfaction with the registration process, improve the accuracy of patient identification, and integrate patient safety and confidentiality into the patient management process.

The goal of the HIM application design is to reduce the cost of managing the medical record through an organizational commitment to move towards an electronic medical record, reduce the time it takes to code patient diagnosis and procedures, and improve access to information throughout the care continuum.

For Patient Accounting, the application objective is to improve communication and integration of information throughout the revenue cycle, improve the payer/provider relationship, and improve patient satisfaction with the billing process.

Enhancement to our revenue cycle process will ensure that OSF is a financially strong organization that will be able to provide the necessary resources to sustain and further the OSF Mission in the future.

OSF HealthCare Mission

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.

Project Update

Denise Johnson, OSF Project Director

Testing Update:

The HIS Project Team has successfully completed the first round of integrated testing of the IDX CareCast and IDX Rad systems. The IDX Core Team developed a series of detailed patient scenarios that walk patients from registration through the IDX clinical modules and into the patient accounting/billing process. Beginning the second week of November 2002, we will introduce other information systems into the testing process including Sunquest, ESI, Computrition and SoftMed to ensure that information flows between IDX and the ancillary systems.

We have scheduled two additional rounds of integrated testing. The third round will introduce converted patient data into IDX CareCast. A portion the fourth round of integrated testing will take place in Bloomington and Pontiac. This will allow end users to become more heavily involved in the testing process including using our new policies and procedures. We have also developed a comprehensive plan for end-to-end technical testing to test system response time while simulating comparable transaction volumes and stress conditions. This process will ensure the IDX system has an adequate response time to meet the needs of our busy end users.

Transition Update:

To prepare to implement the new IDX system, each facility has been asked to facilitate an operational gap analysis to define the people and procedure changes that must be made to successfully implement the new IDX system. The operational gap analysis brings together department managers and representatives from all impacted departments to discuss key process changes. To date, the HIS Replacement Project has focused on implementing standard operating processes for the entire OSF corporation. The operational gap analysis is the first opportunity for facilities to discuss the impact of future state workflow on their own facility operations.

As a result of this operational gap analysis, department managers will have a clear list of changes that must be made (i.e. new policies and procedures, job descriptions, non-compliance plans, communication plans, etc.) to successfully implement the IDX system. Documentation of these changes will be included in end-user training materials to make sure that employees are ready to activate the IDX system in their area.

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