

DISCERNING

Identities



## Data Integrity Team Considerations & Benefits of Centralization

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# Learning Objectives

- ***Review* data integrity team functions and challenges**
- ***Understand* operational considerations for centralizing efforts**
- ***Hear* about steps to mitigate issues and improve MPI data integrity team management**



# Audience Question

**WHO IS MANAGING MPI TEAM or  
WORKING ON A TEAM?**



# EMPI Data Integrity – Why Important?

- **Backbone – EHR**
- **Quality of Care**
- **Patient Safety**
- **Operational Impacts**
- **Financial Impacts**
- **Health Information Exchange**



# EMPI Data Integrity – Why Important?

- **Effective exchange of medical information relies on providers trusting that each patient has one unique MRN**
- **Management of a high-quality electronic health record and all its downstream systems requires constant oversight and timely correction of data integrity problems**

# HIM MPI Oversight

- **MPI data stewardship policies**
- **MPI system access approvals**
- **Design/testing MPI ADT interfaces**
- **Contributor – patient access procedures & training**
- **Matching algorithm design/testing**
- **HIE liaison / integration & policies**
- **Contact - safety/risk events**

# Key Functions – Data Integrity Team

- **Duplicate research/resolution**
- **Overlay research/resolution**
- **Tracking MPI errors**
- **Communicating merges & error trends**
- **Data integrity work queues**
- **Interface errors**
- **Hotline management**





# EHR CORRECTIONS

- **Clinical conversion (CCDA) errors**
- **Analysis/correction - data sync errors**
- **Help desk tickets**
- **Note type corrections**
- **Notes signed – incorrect provider**
- **Notes documented – incorrect patient**
- **Pended notes – review/reporting**



# Environmental Pressures

## IT / EHR Projects

Registration Time  
Pressures / High  
Turnover Rates

## Mergers/Acquisitions

Budget Constraints  
Do More with Less



# Goal: Clean MPI

# DI Team Challenges

- **Increased staff expectations**
- **Multiple, competing priorities**
- **Increase # systems**
- **Increase – work complexity**
- **Delays/Hand-offs**
- **24/7 On-Call Responsibility**
- **Ambulatory clinics (different operation)**

# Value – Centralized Team



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~ Holistic View of Patient Information ~



# Value – Centralized Team

- **Establishes standardized process to manage data integrity/chart correction events**
- **Creates consistent guidance for responses to requests across enterprise**
- **Provides mechanism to evaluate and implement chart correction utilities**

# Value – Centralized Team

- **Consistent MRN survivorship**
- **Fosters ownership/accountability**
- **Enables cross-training**
- **Central point of contact (errors)**
- **Consistent stats reporting**
- **Comprehensive analytics**
- **Managing HIE issues/ errors returned**
- **Universal view of algorithm results**

# DI Team Centralization Operational Savings

## Calculations:

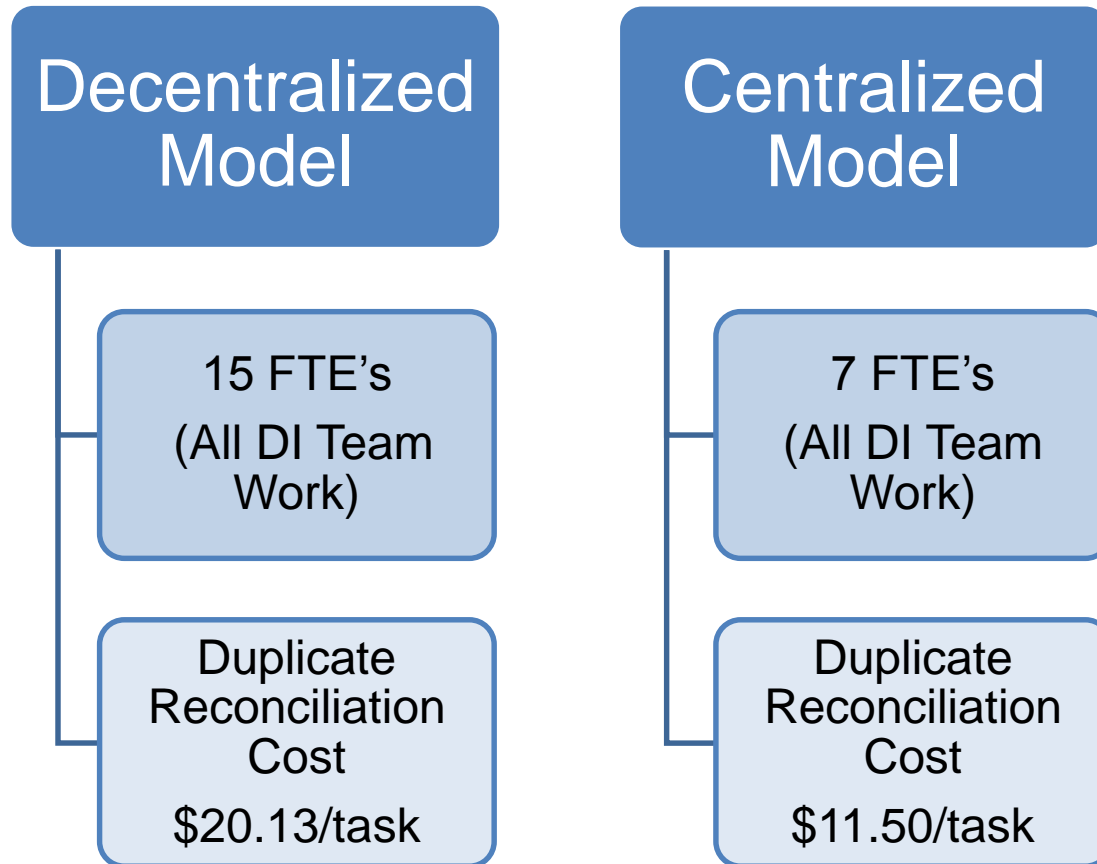
- Hourly Rate X Min – Steps 1,2,3... (Research, Emails, Chart Pulls /Combines, Merging, etc.)



De-Centralized	Centralized
FTE's	FTE's
Duplicate Reconciliation Cost/Task	Duplicate Reconciliation Cost/Task



# Staffing/ Cost Projections (example)



# Assessment to support Centralization



- **Current workflows/ timeframes**
- **Identify key dependencies / delays**
- **Evaluate systems utilized for duplicate resolution**
- **Catalog tasks not being addressed**
- **Necessity - physical chart combines**
- **Patient experience impacts**

# Operational Considerations

- **Define roles**
- **HR involvement**
- **Identify tasks to remain decentralized**
- **Communication plan**
- **Staff training**
- **Enterprise procedural development**

# Prioritization Duplicate Reconciliation Tasks

- 1. Addressing urgent duplicate requests (patients currently being treated or held for surgery)**
- 2. Resolving high-weighted pairs with current visits (i.e. active patients)**
- 3. Continue resolving pairs from highest weights to lowest weights**
- 4. Segmenting/resolving “Maybe” pairs where a definitive decision cannot be made**
- 5. Resolving/flagging “No” pairs that are definitely not the same person**

# Data Governance

## Enterprise Data Integrity Team

- **Stakeholder collaboration/oversight of patient identity issues**

*May invite: HIM, Patient Access, Emergency Services; Laboratory Services; Information Services, QA/Risk, Security, Patient Care Services, Practice Management, etc.*

### *Possible Topics:*

- Review Overlays and “own” Correction Plan
- Standards/protocols – chart correction efforts
- Track/discuss Medical Identity Theft/Fraud Incidents
- Patient Portal Access Issues
- Test Patient Issues
- Data Integrity Dashboard Review
- Data Conversion Planning



# Corporate HIM Model - Benefits

## Beyond MPI Management...

- **Large VA health system (15 hospitals):  
cost benefit \$2.3M**
- **Large CO health system (8 hospitals):  
Cost benefit \$4.6M**

# Questions/Discussion



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