Clinical Abstraction – The missing piece to many EHR implementations

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The transition to an EHR is an exciting and nerve racking time. Many practices anticipate that there will be a learning curve but are unaware of the potential pitfalls that can dramatically reduce their provider productivity, disrupt the clinic's overall morale and culture, and cause increased overhead costs above and beyond the capital investment for the EHR.

You may have heard the term abstraction and thought that scanning documents into the EHR would provide physicians with the information they need to effectively treat patients and create a legal medical record. As it turns out, clinical abstraction is one of the most important elements of your transition to any EHR. If not handled correctly, abstraction can cost your practice on space, equipment, staff and physician productivity.

3 main challenges exist that make a “do it yourself” approach not feasible for many practices:

- Most practices run very lean on daily staffing; therefore do not have the resource bandwidth for current employees to take on the duties of clinical abstraction on top of the scanning and learning curve with the EHR which results in costly overtime.
- Most EHR companies do not provide true clinical guidelines or training for how to abstract charts which results in trial and error processes or the clinicians entering data themselves which pulls them away from seeing patients.
- Quality auditing is key to ensuring abstraction information is entered correctly PRIOR to the medical data being used during a visit or a triage call - to check the quality of abstractions requires more employees but will ensure that physicians can trust the electronic chart.

In addition to these issues, the government implementation of Meaningful Use makes clinical abstraction even more critically important. While it is true that you can scan historical documents into your EHR system, without clinical abstraction the discrete data needed to build the electronic chart is not entered and none of the data is available to be mined for any reporting. Without the ability to generate discrete data a clinic can not prove the required measures are being met or capitalize on the other downstream revenue possibilities with payers, diagnostic testing, and health maintenance tracking.

3 main types of abstraction exist:

- “Go-Live” or Chart prep abstraction occurs when a practice is making the transition from the paper chart to an electronic chart.
- “EHR to EHR Conversion” is the abstraction of information from one EHR system or electronic database to a different EHR system.
- “On-going” abstraction is the process of entering mineable discrete data into the EHR system from the continuing consultations, labs, testing and procedure reports that enter a medical practice daily.

The need for clinical abstraction of information into your electronic chart never truly diminishes!!

Regardless of where your practice is in the use of an EHR the need for quality and cost effective clinical abstraction exists!

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