



Quality

by

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Dear Colleagues,

In this installment of the “Let’s Talk Series,” we will take a deeper dive into the subject of quality – and specifically as it relates to patient safety. All of us in this profession understand the importance of quality in patient care documentation; however, the approach that will be used here is to examine quality from the patient’s viewpoint. After all, patients today are becoming more active participants in their own care and are truly the most important end-user of medical information. The advent of the Internet certainly has not been a starting point for quality of patient records, but it has increased the patient’s knowledge about the care he or she is receiving and has put each individual in a more knowledgeable position to have meaningful conversations with his or her physician. In addition, the ability to have electronic access to care means that it is increasingly vital that all content be correct as longitudinal health records (birth to death) gain popularity, including trends like the establishment of a patient-centered home or the integration of accountable care organizations (ACOs). In all of these settings, the one common thread will be that your health record and everything in it is likely to be used in current and future treatment.

We are currently in the midst of a national shift to improve patient safety and provide better patient outcomes as well as creating access to care for more Americans while reducing the cost of health care. Currently, the United States charges more than double what other developed nations do for health care, and we do not score anywhere near the top in terms of quality outcomes.¹ The push for electronic health records and the ability to exchange and share that information, no matter where the patient resides and travels, is critical to this success model. The most important factor incumbent of technological advances is that the content of the record must be accurate, reliable, timely, and up to date.

While we cannot tackle all the issues here, what *is* in the scope of this discussion underscores why AHDI and its colleagues, CDIA and AHIMA, worked together to develop a quality standard – [Healthcare Documentation Quality Assessment and Management Best Practices](#). This collaborative best practice serves as a key guide in an era of standards performance to ensure that our sector is practicing quality methods as determined by a group of more than 40 expert stakeholders in quality documentation. A key outcome of this document is that at its core, it is principled on the keystone standard of continuous quality improvement on which nearly all healthcare improvement strategies are modeled.

AHDI further believes that it is not enough to just provide the QA best practices standard. In an effort to simplify the implementation of such a program, likely to include at least a change in client communications and certain practices, the standard is made easier with a “how-to” guide. The development of the [QA Best Practices Tool Kit](#) simplifies all steps involved from the initial communication to successful implementation.

¹ Fox, Maggie. Reuters. *US Scores Dead Last in Healthcare Study*. 23 June 2010. 27 March 2011.
<http://www.reuters.com/article/2010/06/23/us-usa-healthcare-last-idUSTRE65M0SU20100623>

Because the medical transcriptionist and medical editor have superior clinical and medical knowledge, we can keep our quality monitoring process in place during record creation most especially now with EHRs. This was documented extremely well in the AHDI/CDIA one-day dictation error study ([Improving the Accuracy of Narrative Patient Notes](#)), which tracked the documentation and error-correction practices of a large group of medical transcriptionists for a single day. The findings revealed that many critical and some non-critical errors were identified and either flagged or corrected by these highly skilled medical language specialists over the course of that 24-hour period. The results of that study were presented to senators and congressmen on Capitol Hill at our annual Advocacy Summit in 2010.

Another factor to bear in mind is the increasingly high demand for advanced degrees and credentials. Prepare yourself well with the right education, skills, and credentials in your toolbox. As rapid evolution in both technology and regulatory requirements take center stage and dominate the headlines in health care, quality documentation standards for health information exchange will also evolve.

The National Health Information Network, known as the NHIN, will include diverse ancillary systems for multiple end-users to coordinate patient safety and quality of care. This will include research, population health, data abstraction, continuing education, and building a 21st century health system. Consensus-driven standards must be set and measured to ensure standards of care meets the safety of our citizens. AHDI advocates for the creation of quality documentation to support physicians and protect patients who rely on knowledgeable workers to capture the healthcare encounter. Abiding by consensus-driven standards and measuring performance helps ensure quality care is being delivered and continues to improve.

As AHDI has always done, we continue to promote the value and importance of keeping dictation and transcription/editing central to telling the patient's unique story. We continue to share this with our lawmakers, both at the state and national levels. With 32 million newly insured Americans anticipated to enter the US healthcare system as a result of health reform (PPACA),² the overwhelming reality is that physicians will be hard-pressed to take on the additional responsibility of so many more patients. This also coincides with a concurrent move to ICD-10 (October 2013), requiring more detailed data fields and self-entry for every patient encounter. There is a great need for a knowledge worker who has been expertly trained in the language of medicine and has a technology-driven skill set that can support physicians in efficiently documenting the details of a care encounter. As the number of patients increases, it will be imperative to bring even more efficiencies through technology to the clinical staff who provide front-line, hands-on care.

Improving patient safety and delivering on the promise of better patient outcomes is a guiding principle in allowing technology to simplify some of the manual processes in health care. With

² Healthcare.gov website. *Understanding the Affordable Care Act: About the Law*. 27 March 2011.
<http://www.healthcare.gov/law/about/index.html>

consistency in establishing and requiring compliance with quality standards, we can better deliver on this promise for everyone.

Some in our sector might be quick to read all of the above and say, “Why are we wasting our efforts advocating for quality? No one cares about quality!” And it can certainly seem like our end-users and purchasers care more about cost than they do about the accuracy and quality of their records, but it would be irresponsible of us to assume that this is the case. Healthcare delivery cares about quality at every level, and even when there might be temptation to forego quality to save money, health care is under more regulatory pressure than ever before to improve its practices, reduce errors, eliminate redundancy, and guard against fraud, abuse, and liability.

Our sector’s greatest contributory value to the goals health care is looking to achieve is in the area of quality assurance and risk management, and AHDI will continue to advocate strongly to legislators, policymakers, and healthcare decision-makers that quality cannot be sacrificed for convenience, automation, or fiscal savings, and that *our workforce* is the best source of quality support to the documentation process.

If you have questions about how a focus on quality fits into the strategic objectives of AHDI, please contact us. We’d love to hear from you.



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