



Case Study:

Improve Data Collection For Quality Metrics Reporting and Enhance Patient Care Through Auto-Indexing

■ HOW AMMONOOSUC COMMUNITY HEALTH SERVICES ACHIEVED CONSISTENCY AND HIGHER PATIENT SATISFACTION

Ammonoosuc Community Health Services, headquartered in Littleton, New Hampshire, is a recognized Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA). ACHS is dedicated to providing award-winning primary preventative healthcare to all, regardless of the patient's social or economic status. Leadership at ACHS was looking for a way to improve the ease and efficiency of its quality metrics reporting when it learned about InDxLogic Health Information Management's auto-indexing. By using InDxLogic to capture the data they report on, ACHS found not only the ease and efficiency it was seeking, but also reaped the greater benefit of improved patient care, leading to enhanced patient satisfaction.

ABOUT ACHS

HIGHLY RANKED FEDERALLY QUALIFIED HEALTH CENTER

ACHS opened its doors in 1975 to serve the healthcare needs of northern New Hampshire. Today, they now boast 25 providers and five locations. ACHS provides primary care services from newborn through geriatric care, along with integrated behavioral health services. The health center also maintains a core group of patient navigators on staff to help patients with the social determinants of health. ACHS is ranked 26th among all federally qualified health centers across the nation.



■ THE CHALLENGE

EASING THE REPORTING BURDEN OF QUALITY MEASURES WITH AUTO-INDEXING AND DATA CAPTURE

In support of its mission, ACHS receives funding from the New Hampshire Department of Health & Human Services, the U.S. Department of Health & Human Services, and the Health Resources & Services Administration.

In order to maintain this funding, ACHS faced the massive burden of reporting quality metrics to multiple organizations.

"We do reporting to UDS, PCMH, the ACO and HERSA. We do a lot of reporting, all of which falls under federal funding and funding we need to be successful financially," said Melissa Norris, the center's manager of Medical Information Specialists.

On top of the external reporting requirements ACHS faced, internal reporting was also a concern. According to Melissa, "Internally, we look at things like diabetes, asthma, depression, polypharmacy, high-risk cardiovascular and preventive care services."

The center was hampered by a data entry process that was arduous and cumbersome, with its staff manually hand-keying data. This manual process left ACHS's staff with a system that was prone to errors and with difficulty tracking referrals and following up on procedures ordered for patients.

"When you have a bunch of people putting in a bunch of documents, there's a fair chance of error if they're interpreting what the document is," said, Lisa Biele Medical Information Specialist and InDxLogic Administrator at ACHS.

The problems with ACHS's current processes were further amplified by the fact that staff members were scanning documents at five different locations. "Everyone has their little nuances. Some things are capitalized, some things aren't capitalized. One person might call one document something and another person might call it something else," Melissa said.

And, she added, "When you have staff members who are manually typing the summary lines for those documents, there would be typos in them or you might have the facility and then the provider name. And then in some cases, you might have

the provider name and then the facility so your summary lines were never consistent. You couldn't just look for one thing because you never really knew how it was entered."

Observation terms were also an issue for ACHS due to the manual entry system in place. Providers were often left asking why reports indicated that patient tests were still due on their reports when the tests had already been performed, a problem that occurred when documents were scanned but staff forgot to connect the observation term to it.

ACHS needed a way to not only standardize its indexing but to also easily capture data for its quality metrics reporting. And, at the same time, improve its ability to access necessary patient information quickly and easily.

■ THE SOLUTION

STANDARDIZATION, EASE, AND CONFIGURABILITY

ACHS's leaders were first introduced to the power of InDxLogic's auto-indexing at an EMR users' conference. When asked what first encouraged the center to incorporate InDxLogic's system into their document management, Melissa said it was because the leadership felt, "That would be great because we can free up our staff member's time to do other tasks on top of just data entry."

InDxLogic and its auto-indexing system offered ACHS not only a way to free up staff from data entry but also gave staff members a standardized system that could be used from a centralized location, eliminating the errors and inconsistencies that were previously experienced.

ACHS's COO was instrumental in streamlining the move to auto-indexing with InDxLogic, not only demonstrating to providers how auto-indexing would improve patient care but also how it would allow better follow-up on ordered patient testing and referrals.

ACHS also brought in a provider champion to experience the benefits offered by InDxLogic first-hand and then work with the pool of providers to smooth the transition.



THE RESULTS

IMPROVED DATA CAPTURE AND PATIENT SATISFACTION

The automated data collection provided by InDxLogic has dramatically eased the burden of quality metrics reporting for ACHS.

“We use InDxLogic to help capture items that we report on. It makes it easier to put the data into the EMR and set discrete data points, which allows us to extract that data easily,” Melissa said.

By removing the need to hand-key entries, ACHS has also reaped the benefit of freeing up its data entry staff to focus on other necessary activities, such as order tracking for diagnostic procedures and referrals.

Lisa added: “Before InDxLogic, it took us all day to put in 80 documents because we were hand-keying in everything. Now, you scan them in and you’re ready to move on to something else.”

The move to auto-indexing has also allowed ACHS to create a central repository to handle all of its scanning, eliminating errors and achieving standardization.

“You don’t have to worry about documents going in under the wrong thing because someone’s misinterpreting what type of document it is,” Melissa said. “We also can connect the observation terms right to the document, so you don’t have someone accidentally populating EKG when it’s really an ECO. InDxLogic picks that up for you and automatically connects the correct observation term.”

By automating its data capture using InDxLogic, ACHS has also improved patient care and follow-up.

“We built in just about 100 observation terms into InDxLogic that are tied with documents. As an example, a diabetic patient goes to the podiatrist because they have to have a foot check done every year,” Melissa said. “When that document comes back to us that comes in as a consult report.

“Lisa has that built into InDxLogic so it picks up specific items within that document and says, ‘This is a diabetic patient and they had a foot check.’ It then populates that observation term so that the providers can look at a report and say, ‘Here are 10 patients who are due for a foot check’ because they can see everyone else has had one.”

The technology has been so effective that preventative care has improved dramatically. For example, cervical cancer screenings were up 30 percent from January 2015 to January 2017.



IMPLICATIONS

For ACHS, InDxLogic has provided a system of document management whose configurability provides more than just an automation tool. It not only ensures the right document gets into the right record, but it also allows ACHS to customize its data reporting.

ACHS is not hampered by a system that is set in stone. ACHS is able to use its InDxLogic system in ways that are most beneficial to the center.

“The big value that I see is consistency,” Lisa said. “These documents are going in under the right heading. They’re populating the correct observation terms and they’re entering the charts consistently. For instance, with a neurology consult or a cardiology consult, it’s not up to somebody deciding what it is. It is what it is, and it’s going into the chart correctly. That enables other team members to capture the data that they need for reporting purposes.”

This consistency has also led to big gains for ACHS in both patient care and satisfaction. With observation terms entered correctly every time, ACHS providers are able to see what testing their patients have had and what they need at a glance and this reflects in the satisfaction of their patients.

Of the 1,032 facilities that participate in the Press Ganey patient satisfaction surveys, ACHS is ahead of them all for patient satisfaction.

From the integrity of InDxLogic to the reliability of document and data management, InDxLogic DM is the most reliable Health Information Management system in the market.

COMPANY

With more than half a century of combined experience, InDxLogic partners with you to provide innovative solutions for document indexing, data extraction and HIM tasks.

EXPERIENCED SUPPORT

Our trained support representatives provide outstanding customer support. We are committed to your success, providing our partners ongoing project management, implementation management and training, enabling you to get the most out of your InDxLogic services and software.

SECURITY

InDxLogic uses Secure Socket Layer (SSL) technology for mutual authentication, data encryption and data integrity. SSL is the industry standard security protocol to encode sensitive data, such as health and financial information.

LOCAL AND REMOTE REDUNDANCY

InDxLogic provides Day Forward™ secure off-site redundant data archive, so that in the unlikely event of a failure of the local enterprise server, the back-up document will be available along with the most recent production data.

ACCESS AND EVENT MONITORING

InDxLogic tools include long-term event and a login access logging system. The InDxLogic system adheres to demands of regulatory compliance requirements like HIPAA, SOX, GLBA, and PCI.

EXCELLENCE IN SERVICE, SOFTWARE AND SUPPORT

InDxLogic provides innovative software and services combined with full deployment and informatics support to help you offer the quality of care your patients expect. With InDxLogic software and services, you can customize how your enterprise handles your valuable incoming clinical messages as documents. You will be able to seamlessly communicate with your clinic and enterprise information systems, greatly reducing the potential for error through manual data entry and indexing. InDxLogic will make your clinic more efficient and productive.

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