



Paperless Practices: Harnessing EHR Value by Improving Workflows with Electronic Data

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Presented by



Paperless Practices Harnessing AI to Improve Workflows with Electronic Data

HISTalk Educational Webinar Series



A Costly and Inefficient System

Over 17% of US GDP is spent on healthcare...[†]

This means that 17 cents of every dollar is spent on healthcare.



[†] 2012, pbs.org

An Inefficient System

The US ranks number 46 in healthcare efficiency...[†]

| ↑ Rank | Country | Efficiency score | Life expectancy | Health-care cost as a percentage of GDP per capita | Health-care cost per capita |
|--------|---------------|------------------|-----------------|--|-----------------------------|
| 44 | Turkey | 33.4 | 73.9 | 6.5 | 696 |
| 45 | Iran | 31.5 | 73.0 | 5.1 | 346 |
| 46 | United States | 30.8 | 78.6 | 17.2 | 8,608 |
| 47 | Serbia | 27.2 | 74.6 | 12.0 | 622 |
| 48 | Brazil | 17.4 | 73.4 | 9.9 | 1,121 |

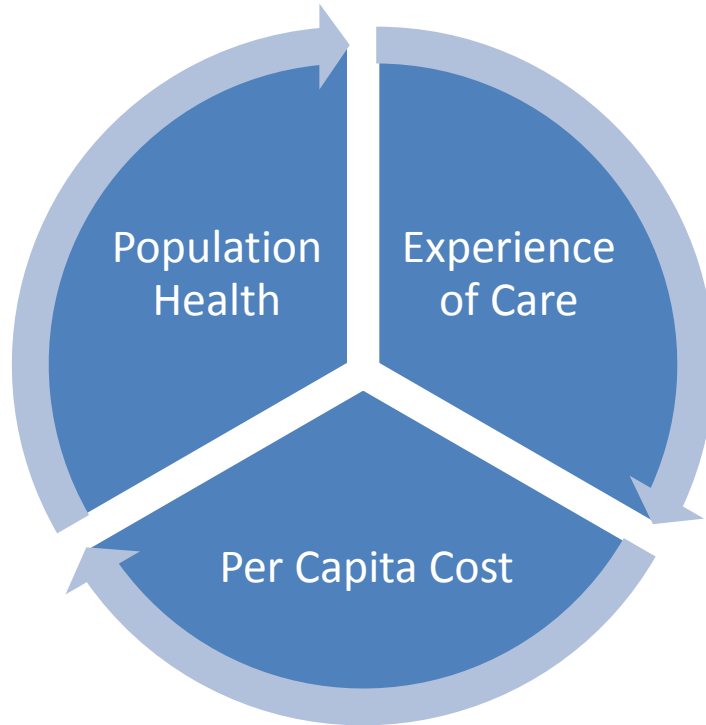
Most Efficient Health Care: Countries

Among advanced economies, the U.S. spends the most on health care on a relative cost basis with the worst outcome

| Rank | Country | Efficiency score | Life expectancy | Health care cost as a percentage of GDP per capita | Health care cost per capita |
|------|------------------|------------------|-----------------|--|-----------------------------|
| 1 | Hong Kong | 92.6 | 83.4 | 3.8% | 41,409 |
| 2 | Singapore | 81.9 | 81.9 | 4.4 | 2,226 |
| 3 | Japan | 74.1 | 82.6 | 8.3 | 3,192 |
| 4 | Israel | 68.7 | 81.8 | 7.8 | 2,424 |
| 5 | Spain | 68.3 | 82.3 | 10.4 | 3,027 |
| 6 | Italy | 66.1 | 82.1 | 10.4 | 3,434 |
| 7 | Australia | 66.0 | 81.8 | 8.9 | 5,709 |
| 8 | South Korea | 65.1 | 80.9 | 7.2 | 1,612 |
| 9 | Switzerland | 63.1 | 82.7 | 11.5 | 9,121 |
| 10 | Sweden | 62.6 | 81.8 | 9.6 | 5,331 |
| 11 | Libya | 56.8 | 79.0 | 3.8 | 398 |
| 12 | United Arab E... | 56.6 | 76.7 | 4.1 | 1,440 |
| 13 | Chile | 56.2 | 78.0 | 7.0 | 1,075 |
| 14 | United Kingdom | 55.7 | 80.8 | 9.4 | 3,609 |
| 15 | Mexico | 54.9 | 76.9 | 6.4 | 620 |
| 16 | Austria | 54.4 | 81.0 | 11.2 | 5,280 |
| 17 | Canada | 53.4 | 80.9 | 10.8 | 5,600 |
| 18 | Malaysia | 52.8 | 74.3 | 3.3 | 346 |
| 19 | France | 52.3 | 81.7 | 12.5 | 4,922 |
| 20 | Ecuador | 51.7 | 79.6 | 6.1 | 332 |
| 21 | Pakistan | 50.6 | 76.7 | 7.1 | 899 |
| 22 | Thailand | 50.2 | 74.1 | 3.7 | 202 |
| 23 | Ireland | 49.5 | 80.3 | 9.4 | 4,325 |
| 24 | Czech Republic | 48.9 | 77.9 | 8.1 | 1,907 |
| 25 | Netherlands | 48.5 | 81.2 | 13.0 | 5,995 |
| 26 | Venezuela | 48.3 | 74.3 | 4.3 | 355 |
| 27 | Portugal | 47.2 | 80.7 | 11.4 | 2,811 |
| 28 | Cuba | 46.8 | 79.1 | 11.3 | 606 |
| 29 | South Arabia | 46.0 | 74.1 | 3.6 | 758 |
| 30 | Germany | 45.5 | 80.7 | 11.7 | 4,875 |
| 31 | Greece | 45.5 | 80.7 | 13.0 | 2,864 |
| 32 | Argentina | 45.1 | 78.8 | 7.7 | 892 |
| 33 | Romania | 44.9 | 74.3 | 6.3 | 500 |
| 34 | Belgium | 44.5 | 80.3 | 11.4 | 4,962 |
| 35 | Peru | 43.2 | 74.0 | 4.4 | 289 |
| 36 | Slovakia | 41.1 | 74.0 | 9.1 | 1,334 |
| 37 | China | 38.3 | 73.5 | 4.6 | 276 |
| 38 | Denmark | 38.1 | 79.8 | 11.8 | 6,448 |
| 38 | Hungary | 38.1 | 74.9 | 8.6 | 1,085 |
| 40 | Algeria | 37.2 | 73.1 | 4.2 | 225 |
| 41 | Bulgaria | 37.0 | 74.2 | 7.5 | 322 |
| 42 | Colombia | 34.2 | 72.6 | 8.6 | 622 |
| 43 | Dominican Rep... | 35.3 | 73.4 | 5.2 | 294 |
| 44 | Turkey | 33.4 | 73.9 | 6.5 | 696 |
| 45 | Iran | 31.5 | 73.0 | 5.1 | 346 |
| 46 | United States | 30.8 | 78.6 | 17.2 | 8,608 |
| 47 | Serbia | 27.2 | 74.6 | 12.0 | 622 |
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[†] 2013, Bloomberg.com

Improvement Through Triple Aim



A model for improving outcomes, services and efficiency.

Webinar Panel



Jay Ward

*General Manager, Practice
Products Group
Kryptiq Corporation*



Miles Kelly

*Senior Director, Product
Marketing
DocuSign*



Sam Clark

*Practice IT Manager
Asheville Head, Neck and
Ear Surgeons, PA*

Electronic Data Capture and Signature

Overview



What is Electronic Signature?

- » An electronic signature is an “electronic sound, symbol or process, attached to or logically associated with a contract or other record and executed or adopted by a person with intent to sign the record (ESIGN, NCUETA)
 1. Sound, symbol, process
 2. Associated with record
 3. Executed or adopted
 4. By a person
 5. With intent to “sign”



Paper Jam

Manual data entry is a major pain point in today's healthcare ecosystem. It's time to stop the paper jam.



Paper in the Healthcare Ecosystem

» We live in an electronic world

- › EHRs
- › Patient Portals
- › Secure Messaging



» But we work in a paper mill

- › Check-ins
- › Consents
- › Contracts



The Tangible Costs of Paper Workflows

Signed paper documents cost an average of \$6.50 to handle and process[†]

- » Legibility
- » Re-entry
- » Storage

The image shows two examples of signed paper forms from The Portland Clinic. The left form is a patient information and insurance form, and the right form is an authorization to verbally disclose protected health information. Both forms are filled out with handwritten text and signatures.

Form 1: Patient Information and Insurance

Clinic # _____ Doctor _____ Date _____
 Carrier ID _____ FC _____ Co-pay _____

PATIENT INFORMATION

Legal Name (First, MI, Last) Ashley S. Smith SSN 555-88-5555
 Former / Alternate Name Ashley Smith Date of Birth 2-14-80 Male Female
 Race: American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander White Other _____
 Ethnicity: Hispanic or Latino Non-Hispanic or Latino Primary Phone 503-946-1232
 Address 1920 NW Amburgler Pkwy Ste 200 Work Phone _____
 City/State Beaverton OR Zip 97006 Cell Phone _____
 Patient's Relationship to Responsible Party _____
 Spouse Name Thomas L. Smith Primary Phone 503-760-1230
 SSN --- Date of Birth 3-22-76 Work Phone _____

RESPONSIBLE PARTY (Custodial parent if patient is under 18 years old)

Legal Name (First, MI, Last) Self MR / MRS / MS / MISS _____
 SSN _____ Date of Birth _____
 Address _____ Apt. # _____ Primary Phone _____
 City/State _____ Zip _____ Work Phone _____
 Employer _____ Occupation _____ Work Phone _____
 Address _____ City/State _____ Zip _____

Emergency Contact Name Thomas L. Smith Relationship to patient husb-h
 Work Phone 503-760-1230 Primary Phone ---
 New to Clinic? Yes No Is this an: Auto Injury Work Injury Other _____

How did you hear about The Portland Clinic? Family/Friends Health Plan Radio TV Newspaper
 Sports Injury Clinic Internet Telephone Book Magazine MAX/Streetcar Location
 Dr. Referral Medical Fair Self Referral Other _____

Would you like to receive our clinic newsletters? Yes No E-Mail Address ashley.s.smith@portlandclinic.com

| PRIMARY INSURANCE | SECONDARY INSURANCE | PHARMACY INSURANCE |
|--|----------------------------------|----------------------------------|
| Insurance Name <u>Francis Health</u> | Insurance Name <u>---</u> | Insurance Name <u>Sam</u> |
| Policyholder <u>Ashley Smith</u> | Policyholder <u>---</u> | Policyholder _____ |
| Date of birth <u>2-14-80</u> | Date of birth _____ | Date of birth _____ |
| Relationship to patient <u>Self</u> | Relationship to patient _____ | Relationship to patient _____ |
| Address <u>same as above</u> | Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ | City/State/Zip _____ |
| Employer <u>Northwest Corporation</u> | Employer _____ | Employer _____ |
| Effective date of coverage <u>1-1-13</u> | Effective date of coverage _____ | Effective date of coverage _____ |
| ID Number <u>78912345</u> | ID Number _____ | ID Number _____ |
| Group Number <u>64321987</u> | Group Number _____ | Group Number _____ |
| Claims Address _____ | Claims Address _____ | Claims Address _____ |
| Member Services Number <u>---</u> | Member Services Number _____ | Member Services Number _____ |
| PCP or Referring Doctor <u>---</u> | PCP or Referring Doctor _____ | PCP or Referring Doctor _____ |

8074 (1/11)

PLEASE READ REVERSE AND SIGN

Form 2: Authorization to Verbally Disclose Protected Health Information

I hereby authorize VERBAL disclosure of the named individual's health information as described below.

Patient Name Ashley Smith Date of Birth 2/14/80 Medical Record Number _____
 Address (Street, Apt, State, ZIP Code) 1920 NW Amburgler Pkwy Ste 200 Beaverton OR 97006 Telephone Number _____
 The Portland Clinic, LLP is authorized to verbally disclose protected health information (PHI) pertaining to my:
 Individual Status and/or Condition Beaverton OR 97006
 Financial/Insurance Related Information

Protected or sensitive information: I understand that certain information cannot be released without specific authorization as required by State/Federal law. BY SIGNING I authorize the release of the following protected or sensitive information:
 DRUG ABUSE DIAGNOSIS/TREATMENT SEXUALLY TRANSMITTED DISEASES
 ALCOHOLISM DIAGNOSIS/TREATMENT MENTAL HEALTH TREATMENT
 ADDICTION TEST RESULTS INCLUDING RELATED HIGH RISK BEHAVIOR GENETIC TESTING

The Portland Clinic, LLP may disclose verbally my PHI as marked above to the following individual(s) or organization(s):
 Name Thomas Smith Relationship husb-h Telephone 503-760-1230
 Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____

Purpose of Request: ---

Right of Revocation: I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing. I understand that my revocation will not apply to information that has already been released based on this authorization.

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____

If I do not specify an expiration date, event, or condition, this authorization will expire in twelve months.

Re-disclosure: I understand that any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules.

Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to ensure treatment. However, if this authorization is needed for participation in a research study, my enrollment in the research study may be denied.

If I have any questions about disclosure of my health information, I can contact the Privacy Officer at 503-221-0181.

Signature (Print or Legal Representative) Ashley S. Smith Date 1/1/13
 If Signed by Legal Representative, Relationship to Patient _____

7064 (1/11)

[†] The Association for Information and Image Management

The Workflow Gap

How manual data entry undermines your digital healthcare transformation



The Path to Paperless

Implementing e-signatures and electronic data capture at a paperless office



The Paperless Practice

- » “Why we chose e-signature and electronic data capture”
 - › Reduce supply costs
 - › Minimize errors with scanning/indexing
 - › Streamline workflows
 - › Maximize employee productivity
 - › Modernize our practice

The Paperless Practice

» “Where we use e-signature and electronic data capture”

» Reception Area

Patient Policies, HIPAA and Insurance Consents

» Clinical Area

Procedure and Surgical Consent Forms

INSURANCE AUTHORIZATION

I authorize Asheville Head, Neck and Ear Surgeons, PA to release to my insurance company, to include Medicare, any information needed to process an insurance claim for myself or my dependent. I assign any payable benefits to Asheville Head, Neck and Ear Surgeons, PA. I permit a copy of this authorization to be used in place of the original for sending to my insurance company.

I have read, understand, and accept the terms of these policies.

HIPAA CONFIDENTIALITY AGREEMENT
(Health Insurance Portability and Accountability Act)

I authorize Asheville Head, Neck and Ear Surgeons, PA (AHNE) provide Protected Health Information (PHI) for the purposes of administrative operations, notifying referring offices and other direct relationship in providing appropriate medical care to me. AHNE, I have a right to restrict how my PHI is used. AHNE will restrictions requested. I hereby consent to the above use and I revoke this consent at any time. I have been offered a copy of A

I have read, understand, and accept the terms of these policies.

Request for Treatment

Asheville Head, Neck and Ear Surgeons, P.A.

Request for Treatment

Patient Name: Dr. Stephen Seal and I have discussed my / my child's health problem which I understand to be: Cerumen Impaction

Date of Birth:

We have discussed the possible options and alternatives, which I understand. I request and wish to proceed with the planned treatment which I understand to be: Ear Lavage

I understand that there can be no guarantee that this, or even the other available treatments, will solve the problem, but we talked about the expected benefits, as well as potential complications. I feel that the problem is significant enough that I am willing to accept this risk of complications, some of which can be serious.

I have been encouraged to discuss this with my family and my family doctor, and if there is any doubt, to get a second opinion from another doctor. I feel I do not need a second opinion.

I, and members of my family that I asked, have had time to ask and get answers to our questions and read available information pamphlets and instructions.

Signed: *Stephen Seal* Date: 10/8/2013

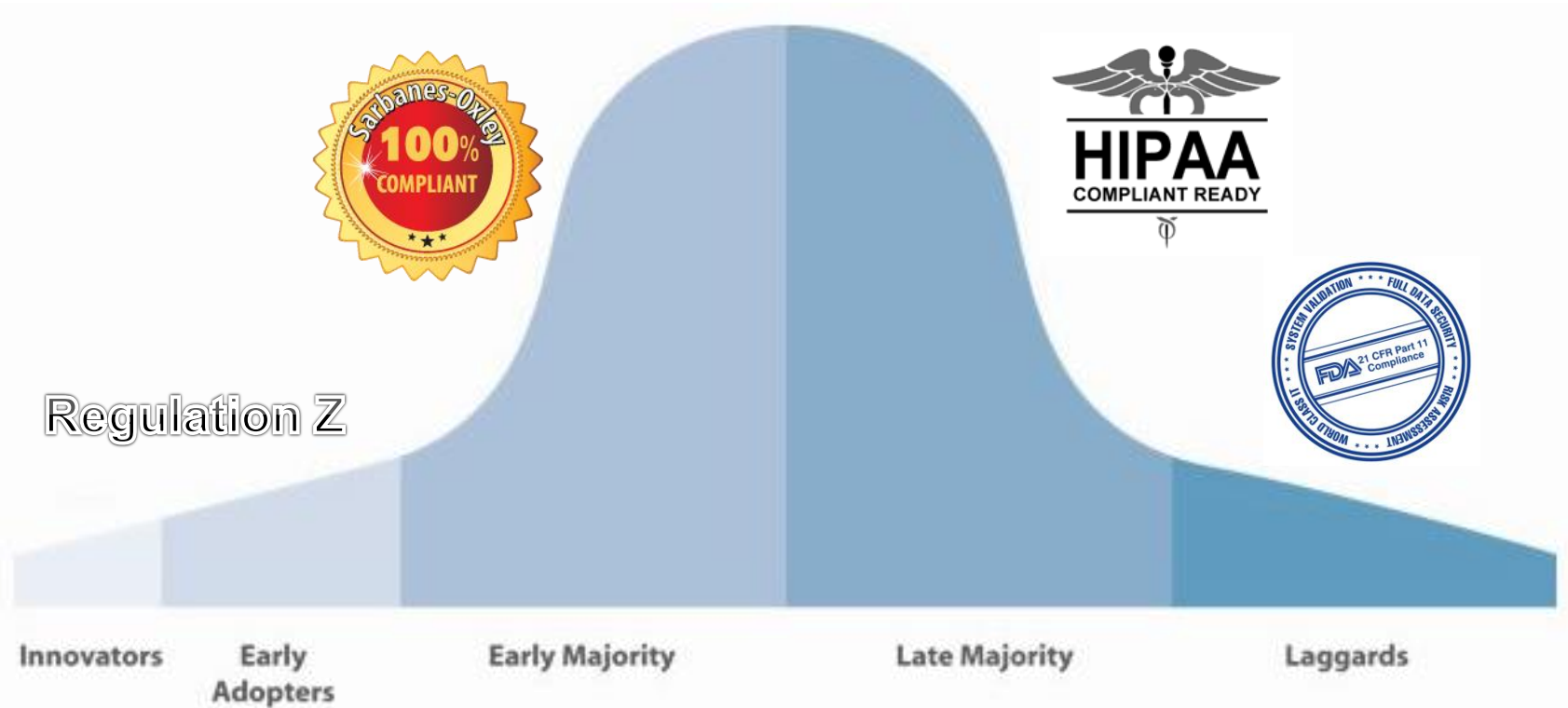
Witness: *Sam Clark* Date: 10/8/2013

Electronic Evolution

The adoption and growth of signature and electronic data capture in the financial world.



E-Signature in Regulated Industries



Conclusion

e-signature and electronic data capture...

- » Improves the patient experience
- » Increases practices efficiency
- » Is secure and HIPAA compliant

Questions?



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www.docuSign.com

877-720-2040



sales@kryptiq.com

www.kryptiq.com

877-653-4734

Thank You

