Medical Chart Conversion

Converting your practice to an Electronic Medical Record ("EMR") system provides significant clinical and operational benefits. The road to that success, however, can appear somewhat daunting, especially when you contemplate the numerous shelves of charts within your medical records filing room. Medical chart conversion need not be approached with foreboding. Consider this as the perfect opportunity to organize key patient data, free up storage space, eliminate most, if not all, medical filing and forever stop the searches for missing charts. The following information and tips can help you plan for and successfully achieve your migration from paper to electronic records.

Chart Conversion Options

Several excellent methods exist for migrating paper charts to EMR. The best method for your specific practice depends on your plans for initial and longer term use of your EMR system. The following summarizes the leading methods, implications, and benefits of each approach:

Manual Entry	Manual entry of information contained within paper medical records involves abstracting key data from charts and directly entering it manually into screens within the EMR system. Although the manual entry approach to chart conversion is more time-consuming and costly, the advantages in terms of rapid access to data and full use of EMR capabilities from the first day of live EMR use are considerable. Pre-entering specific historical and current patient care information into the EMR system allows a practice to take immediate advantage of the many reminder, interaction, and data update features provided within the new system. Access to this pre-entered data will allow most patient visits to be handled from the outset without need to access paper charts. Entered data can be trended, downloaded, and analyzed for care management and outcomes reporting.
Scanning	Scanning is a relatively simple method for capturing electronic images of paper documents and storing them for reference via on-line screens. While scanning supports the efficient capture of paper chart information for viewing within the new EMR system, scanning stores the data as images rather than discrete data elements, which limits its use to the clinicians. Scanned documents cannot be easily searched, and the data within scanned documents cannot be referenced for use with new EMR advisory/interaction capabilities, downloaded for analysis or reporting, nor trended for longitudinal study. Scanning simply replaces paper charts with images of paper charts that are more readily accessible.
Electronic Conversion	Electronic conversion provides a purely automated process for capturing data elements from another disparate system and electronically loading it into the EMR system. Electronic conversion expedites the loading of a large volume of historical data efficiently and accurately. As with the manual entry method, electronic conversions allow a practice to take immediate advantage of the many reminder, interaction and update features provided in the new system. Electronic conversion also provides for all the other benefits of manual entry including the trending and analysis of data for care management and outcomes reporting without the manual effort of physically entering the data and with less risk of data errors.

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Hybrid Approach	Most practices choose a hybrid or blended approach for converting paper medical charts to their new EMR systems. Critical data required to support remote clinical decisions or as triggers for EMR care reminder or interaction warnings (e.g., immunization history, allergies, medications, chronic diagnoses, etc.), are abstracted and entered directly into EMR patient records. Those that typically include electronic conversion are the system that are providing the practice interfaces with the implementation of the EMR (e.g. laboratory history, patients from the practice management system). Other supporting documents or summaries are scanned and linked to the electronic patient record for viewing access, if needed.

How Much History?

Before beginning any medical chart conversion effort, it is very important to clearly delineate between active patients and those no longer likely to seek care within the practice. Each practice (depending on its specialty, patient traits and visit patterns, and other practice characteristics) will have varying criteria related to the period of patient inactivity that establishes a low probability of a patient returning for services. Typically, a period of 18 – 24 months of inactivity is used for establishing inactive patients. Records for these patients should be purged from file rooms and archived in storage prior to medical chart conversion planning. This archiving will not only provide all involved with a great sense of accomplishment, but will also help you to establish far more precise volume estimates for conversion activities. Most of these charts, however, will not be needed in the future and your practice can avoid the expense and effort of converting these records. Should a historical patient return for care, the paper chart can be retrieved from archive and converted at that time.

For active patient medical charts, your clinicians will need to establish how far back in time patient care data is relevant to current care, and how often they refer back to treatment, diagnosis, and other information that is over 2 to 3 years old. Typically clinicians request access to the following information:

- ❑ Current Diagnoses
- ❑ Chronic Conditions
- ❑ Current Lab/Test Results
- ❑ Vital Signs
- ❑ Current Medications
- ❑ Past Surgeries or Severe Illnesses
- ❑ Current Referrals
- ❑ Preventative Health Maintenance
- ❑ Current Treatments
- ❑ Significant Family Medical History
- ❑ Allergies & Sensitivities

The data needed for each active patient can be abstracted from the full medical chart data and either scanned as an initial summary document for reference or directly data entered into the patient record within the EMR. Supplemental historical data can also be scanned into the record, if needed. It is always possible to go back to the paper records to scan or enter more information if your clinicians continue to need access to paper records for patient treatment, but most practices find that they can quickly eliminate reference to paper charts within the first one to two months of EMR use.

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Conversion Support

Vendor

Most EMR vendors offer scanning support for medical chart conversion, either directly or via third party relationships. Costs for chart conversion are typically not included in the implementation support quote from your vendor and need to be established and negotiated separately.

Group Effort

Many practices choose to tackle the chart conversion process with their own resources, especially when choosing to electronically enter medical record information into the new system. While this approach places a heavier work burden on operational and clinical staff and may increase the cost of conversion due to overtime and incentive pay requirements, it does allow all staff within the practice to gain valuable experience with the new system as they enter historical chart data. This internal approach also supports clearer, more consistent translation and coding of data as clinicians and staff work together to standardize data classifications, mnemonics and other data within the practice. A final benefit of this approach is that it supports a gradual schedule of medical chart conversion. Maintaining updates to conversion data prior to “live” clinical EMR charting is more easily accomplished with staff already familiar with the system and the converted data.

Temporary Staff

Temporary staffing is often employed to support either scanning or electronic entry of historical chart data to reduce the burden on operational and clinical staff within the practice. The skill level requirements of temporary staff, however, should not be minimized. For document scanning, reduced skill levels can be accommodated if strong oversight is provided and good random audits of scanning quality are put in place. For data entry conversion, however, skilled abstractors are needed along with a well planned clinical validation process to ensure data accuracy. While housing temporary staff within the practice during conversion allows for more direct supervision and quality control, it often places an extra challenge of crowding on a busy practice together with many other EMR conversion challenges. The burden of moving charts and remote oversight should be weighed against the space challenges of your practice.

Outsource Firm

As with temporary staffing, the use of an outsourced firm for historical chart conversion is a common approach for many provider practices. Since these firms are dependent on client references and industry reputation for their livelihoods, the skills and quality control processes in place are typically far stronger than with individual temporary staffing resources. You will want to verify abstractor qualifications if you plan to use the firm for either abstracting records for your own data entry or for their direct abstracting and entry of data into the new EMR system.

Hybrid Approach

A blend of these support approaches is often the best for most practices. It is recommended you’re your practices begin with an internal conversion effort to help fully define the data, coding, mnemonics and other classifications that meet your specific clinical needs. Once proven procedures for data abstraction are established, your practice may wish to either outsource or employ temporary resources to enter data for the remaining patient charts. You may wish to seek the support of your EMR vendor or another outsource firm to assist you with bulk scanning and indexing of the remaining chart data your practice wishes to access within the system.

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