ADVANCED DATA SYSTEMS RCM

THE CLINICAL CHART CART

Items of Interest in Clinical Charting, Reporting, Electronic Health Records, Payer Initiatives and the Industry in General

Presented by ADS and ADSRCM, providers of platforms and services designed to drive revenue and productivity for our clients

Natural Language, AI-Driven, EHR Data Capture

With natural language data capture and data entry being the rage right now, this has to be our lead article.

It's the rage for good reason: imagine having a conversation with the patient about anything (their vacation, a movie, the World Series, whatever), and then the talk naturally turns to the reason for the patient's visit.

Now imagine that none of the extraneous talk is paid attention to by your EHR but magically, everything spoken about clinically is captured and inserted correctly into the patient's record, ready to be saved and even converted into a report with AI driving it all.

You've had a more human, engaging interaction with the patient without being eyes-glued to a computer screen and without hands on a keyboard. You also didn't need a scribe in the room to capture the information.

By being more tuned into to patients instead of the computer, you can move quickly yet thoroughly through your encounters.

As we said, it's magic, but it's real *AI-driven* magic that everyone will appreciate!

You don't need to be a Doctor for EHR Use

Let's dispel an urban (and suburban) myth about physicians being the only ones authorized to use an EHR.

You *don't* need to be a physician to enter computerized orders (CPOE) into an EHR. All members of your care team including RNs, NPs, CMAs, and even non-credentialed staff, can all enter notes into a patient's record *as requested or instructed in writing or verbally by the physician*. Just be sure to follow your state or organization's rules and regs on this, if any.

On a different but related mythological note, CPOE is not needed for you to take advantage of CMS incentives. Scribes can also use the EHR to obtain incentives. As above, the caveat is that non-physician EHR input must be directed by a physician. (Also as above, scribes may not be needed when using natural language EHR data capture!)

Click here for EHR user details from the AMA®.

EHRs and Social Determinants Reporting

According to the World Health Organization (WHO) and perhaps not surprisingly, a patient's social determinants will affect that person's health outcomes.

Known as the Social Determinants of Health (SDoH), common SDoH categories include:

- ✓ Economic stability which includes income, financial resources, employment

- ✓ Neighborhood/living environment (zip code, transportation, food access, environment)

- ✓ Health/Healthcare (insurance type, if any, providers, mental/behavioral)

- ✓ Education, such as the highest level

- ✓ Social/community contact (e.g., race, ethnicity, family, marital status, friendships)

The bullets themselves should explain why SDoH affects health outcomes when factors such as poverty, crime, lack of resources, and pollution are associated with higher morbidity rates and health risks.

Interestingly—and perhaps astoundingly—in a study on the subject by the Journal of Clinical and Translational Science, as published by Cambridge University Press, only about 20% of a person's health outcomes are actually attributed to medical care, with the majority of outcomes being determined by a combination of the person's individual behaviors and their SDoH!

The study goes on to report that EHR use in capturing and reporting on SDoH factors is rarely and consistently recorded even though specific ICD-10 Z-codes (as noted below) help designate a patient's SDoH.

As for "rarely using the EHR," according to a recent JAMA study, the correct SDoH ICD-10 Z-code is used only about a quarter of the time. Of course, SDoH Z-coding can only be added based on what the patient reports about their living and social conditions, and then with the provider or clinician selecting the best or most appropriate Z-code(s) for that specific patient. Patients might also self-report through your patient portal or kiosk on arrival, assuming either or both of those are available and can accommodate this.

SDoH codes range from Z55 to Z65 as follows:

Z55 – Problems related to education and literacy: This code can apply in cases where a patient is illiterate or where schooling is unavailable. It can also apply if a patient is underachieving in school, has not achieved a high school level of education, or has an educational maladjustment.

Z56 – Problems related to employment and unemployment: This code relates to patients who are unemployed or those who have recently changed jobs. It can also apply to those who currently face the threat of job loss or have a stressful work schedule and to patients who have discord with their co-workers or have an unpleasant work environment, including sexual harassment.

Z57 – Occupational exposure to risk: This code applies to patients who have occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents, or exposure to extreme temperatures.

Z58 – Problems related to physical environment: This code applies to patients with inadequate drinking water.

Z59 – Problems related to housing and economic circumstances: This may be suitable for homeless patients, those residing on the street, or those living in a residential institution. It can also apply to those with food insecurity, low income, insufficient social insurance, or welfare support.

Z60 – Problems related to social environment: This code may be appropriate for patients with adverse effects from living alone or those who have trouble adjusting to life-cycle transitions. It can also apply to those with acculturation that leads to social exclusion, rejection, or targeted discrimination.

Z62 – Problems related to upbringing: This code refers to patients with parent or sibling conflicts, including parental overprotection or hostility, inappropriate or excessive pressure, or a history of abuse or neglect in childhood. It can also apply to patients with inadequate parental supervision, those in child welfare custody, or those with an institutional upbringing.

Z63 – Other problems related to a primary support group, including family circumstances: This code can be used for patients with disappearances or deaths in the family or other stressful life events affecting family and household, including family members deployed to the military. It can also apply to patients who provide home care for an ailing relative or those who have family stress due to alcoholism or drug addiction in the family.

Z64 – Problems related to certain psychosocial circumstances: This code may be appropriate for patients with an unwanted pregnancy, multiparity, or discord with counselors.

Z65 – Problems related to other psychosocial circumstances: This code applies to patients with convictions in civil and criminal proceedings (with or without imprisonment), imprisonment, or other legal circumstances. It can also apply to patients who have been victims of crimes or terrorism and those who have had exposure to disaster, war, and other hostilities.

As you may have already been thinking, CMS and commercial health plans could eventually profile providers regarding whether SDoH Z-codes are being used and perhaps even begin to assess per-claim penalties for those without SDoH codes. There's nothing official on that yet, but again, you could see that coming.

For that reason, and because they do provide extra information, you should probably consider including SDoH Z-codes on your claims if you're not already doing so.

Your EHR should support an easy "pick and click" capability to insert the proper SDoH Z-codes either on the fly as part of the encounter, or with the patient self-reporting as mentioned via your portal or kiosk.

With the aforementioned estimate of only 20% of health outcomes based on medical/clinical work and the majority on the patient's SDoH, you can be sure SDoH will become a critically reported data point.

EHR and Diversity Guidance on Clinical Trials

Somewhat related to SDoH comes guidance from the FDA outlining the need for Diversity Action Plans as they apply to clinical trials, and how EHRs would play a crucial role in the overall effort.

In a nutshell, the idea is to ensure that all patients who could potentially benefit from a particular clinical trial are given the opportunity to participate. It's easy to see how or why the EHR would be a major player in this effort.

Click here for the FDA's report.

Information Blocking Tidbits

Some may still not be familiar with the whole "information blocking" concept. Here's an explanatory exchange:

Tyler and Schuyler are having an exchange. Tyler needs to get a certain piece of information. He and Schuyler know where it is but Schuyler refuses to let Tyler get to it. In other words, Schuyler is engaging in *information blocking.*

If your EHR behaves like Schuyler, that's a problem because it's violating a tenet of the 21st Century Cures Act (CA) which calls for no information blocking on patients' medical/EHR data to those who have been authorized by the patient to access it. Likewise, other entitled entities such as hospitals, HIEs, and emergency rooms can't be blocked either.

You don't want problems with anything as ominously-sounding as "The 21st Century Cures Act," so just make sure your EHR is ONC-certified. You might still have to obtain certain permissions from patients/guarantors, but a certified EHR is needed.

By the way, if you think no one is paying attention to the CA, the ONC is now receiving one information blocking complaint per day, 90% of which are against providers who are not complying. You can be sure that number will only grow over time.

What's the penalty for not complying? As explained by the ONC it can be up to $1 million per-complaint. Click here for an article from the HHS about an ambulance service that was fined $115,200 for information blocking.

Please be sure you're current on the CA, information blocking, and any particulars that might apply to your state. Complying is easy enough. The first step is to ensure your EHR is ONC-certified.

We hope you enjoyed the read!

Contact us at **800-899-4237, Ext. 2264**, or email **info@adsc.com** for more information
about the AI-driven, **ONC-certified MedicsCloud EHR**, which supports all of the features and
requirements described above – including our own **MedicsScribeAI** natural language data capture -
and about our services and platforms for driving revenue, productivity, engagement, and mobility.
The MedicsCloud EHR is available to clients using the in-house **MedicsCloud Suite from ADS**,
and to clients using outsourced billing/revenue cycle **MedicsRCM management services** through ADSRCM.

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