It's amazing what a headache such a seemingly simple, peripheral task can be: the dreaded release of information (RoI) request. They pile up on desks. They generate excessive inbound phone calls. The wrong information goes out to the wrong person. The fees for producing them go uncollected.

It's true that hospitals tend to generate a higher volume of RoI requests, but RoI processing can be a major annoyance even for small medical groups. Responding to requests from insurance companies, worker's comp, other physicians, legal entities, and patients is a surprisingly problematic responsibility. Many practices can't keep up, and those that do put themselves at risk should they make a mistake.

The front end of the RoI process is usually not a problem for medical practices.

Traditionally, administrators at medical practices, clinics, and outpatient facilities have dealt with RoI processing in one of two ways: struggle through the hassle of handling them in-house, or outsource the entire process.

The problem with managing RoI in-house has been that many organizations don't have a medical records manager on staff. And even if staff enjoyed having the responsibility of quickly, accurately retrieving the requested medical records on a daily basis, they're not set up to take it from there. Office managers are also required to take care of billing, receive telephone inquiries, and handle fulfillment, which includes preparing, packing, and mailing CDs or stacks of paper.

The trouble with total outsourcing has been that the work is only as good as the personnel sent to work with your practice. The RoI backlog may go away, but outsourced personnel tend not to maintain the same commitment to accuracy as in-house staff. Outsourced resources process the requests only once or twice a week, leading to operational issues since they are not handled on a daily basis. Setting aside the fact that total outsourcing vendors take 100 percent of the fees, another drawback is that medical practices cede control of this highly visible service.

As patient privacy regulations have been introduced and information technology has improved, a more sensible model for handling RoIs has emerged. It's called the "shared services" RoI processing model. With it, even small and mid-sized medical practices are finding that they can manage some parts of the process easily, assign the grunt work to a software and services provider, and retain some of the revenues from fees.

With shared services RoI processing, administrators and their staff members manage the “front end.” An outside vendor that specializes
in the field takes care of the more tedious, complex and unfamiliar "back-end" aspects.

The Value of Keeping the Front End In-House

The front end of the RoI process is usually not a problem for medical practices. They can and do maintain high service levels while receiving initial requests by mail, by phone, or in person; locating relevant records; and determining what information to release. Widely available information systems help with these tasks. Although they may not address back-end functions—such as RoI fee invoicing, support for fulfillment, or monitoring of state regulations and protocols—many practice management and EMR systems offer modules designed to simplify data retrieval or RoI status tracking.

With shared services, the practice or clinic retains direct, managerial control of this high-profile, patient-contact part of the release process. Considering HIPAA requirements and the recent emphasis on protecting patient information, staying in control provides peace of mind.

Taking Back-End Drudgery Outside

There are good reasons why so many physician practices’ RoI requests tend to go unfilled. For efficiency, some parts of the RoI process require sophisticated automation (or very cheap labor). For accuracy, some parts require detailed knowledge of arcane regulations.

Without shared services, a staffer or vendor has to verify the information and apply postage before mailing pages or CDs. A staffer or vendor has to field telephone status inquiries from requesting parties and their agents. To manage RoI requests properly, a staffer or vendor has to understand how their state regulates RoI fees, which change frequently, and how to apply these fees to specific types of records or categories of requesters. A staffer or vendor has to calculate invoices and confirm payment prior to release.

Locating the documents in question is merely a part of this often repetitious, convoluted process—one most administrators simply don’t have time for. It’s not unusual for retrieval services, which represent high-volume requestors, to place both a confirmation and a status inquiry phone call for each RoI request. Office managers have better things to do than take RoI calls or monitor regulations.

The shared services approach employs a web-based back-office workflow. The medical practice captures records either directly from their information system or through a dedicated scanner. Fulfillment and invoicing are handled by specialized, dedicated systems that are more thorough and more accurate in identifying and assigning RoI fees. The shared services provider handles printing or media creation, mailing or e-mailing, collections, and call center operations. Because it’s a specialized firm with knowledgeable people and electronic interfaces designed for the task, it can leverage economies of scale and still offer the highest levels of service.

The shared services approach lets practices outsource the hassle while controlling the important parts of the process—in addition to the benefits of sharing in the revenue stream.

Measuring Process Effectiveness

Attaining workflow efficiencies wherever possible is important to all healthcare providers. This shared service approach has proven to be effective for providers that vary in both size and organizational structure—from small outpatient facilities to integrated, hospital-based systems.

For instance, Orthopedic Associates of Lancaster is a mid-sized, specialty practice with ten orthopedic surgeons and five assistants. It was Medical Records Supervisor Carolyn Vack, R.N., who felt the RoI crunch right away for the Lancaster, Pennsylvania-based practice. "We soon learned that implementing the shared service approach enabled the practice to take the function in-house without having to add significant labor," said Vack. "In addition to maintaining full control over compliance issues, we were able to enhance relationships with requesting parties and create a new source of revenue."

Similarly, this model allows the health information management departments of large, integrated, hospital-based systems to leverage investments in electronic medical record systems. Karen Schmidt, the director, medical records services and privacy officer for the Detroit, Michigan-based Henry Ford Health System, saw the implementation of the shared service model as a "no-brainer."

"As one of the largest healthcare providers in the country, Henry Ford Health System counts on the process to integrate departmental workflow within our existing CarePlus EMR system," said Schmidt. "In addition, we were able to realize a return on investment from revenues earned in the first 90 days of implementation."

Crossing One Item Off the To-Do List

Maybe you’re in charge of credentialing. Maybe you’re on the committee investigating EMR options. If you’re an administrator at a medical practice, you’ve got a long list of things to do. Shared services RoI processing combines the best of both worlds from in-house and outsourcing. If “fix RoI process” is on your to-do list, shared RoI services may be the way to cross out one item.

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