HENRY FORD CHANGES GEARS:

How Henry Ford Hospital switched to an electronic process
for managing release-of-information (ROI) requests – without having to ask the CFO

When it comes to managing release-of-information (ROI) requests, it can sometimes seem all too easy to stick with the status quo. Some health systems have relied on copy services for so long that it often seems there's no other way of doing things. Others have built their own internal process to suit current needs but haven't planned ahead for when they might need to scale up in the future.

But a new business model called eROI is emerging to leverage the control benefits of handling ROI requests in-house, combined with the automation benefits of using a vendor's software and database.

Comforts of the status quo

Henry Ford Health System is one of the nation's largest healthcare providers. The auto pioneer himself founded it in 1915 to serve Detroit autoworkers. The group has since grown into an integrated health system employing 14,000 full-time workers and handling 2.1 million patient visits a year, including international patients seeking innovative treatments such as robotic technologies to combat prostate cancer.

We receive more than 42,000 ROI requests each year, which equals about 1.6 million copies. The Medical Record Services Department assumes responsibility for all of these requests, no matter where the request is received (whether from a hospital or one of the 30-plus clinic settings). It's always a challenge to get the requests routed appropriately to the department, and while they're en route to the right location, those seeking the information must wait that much longer for acknowledgement of their request. While this situation wasn't ideal, we eventually ramped up employee education efforts and worked with our copy service to achieve a seven-day turnaround time on ROI requests.

We were meeting customers' needs, but not exactly "wowing" them with our service.

Time to try a new approach

In early 2006, I ran into a business contact at the AHIMA (American Health Information Association) national meeting in San Diego. This person was familiar with HIM department operations at HFHHN organization and told me about an eROI process. The ROI Online system from Medical Records Online (MRO) integrates workflow for both paper-based and electronic record systems. The software enables the provider to maintain control of the ROI process while outsourcing the time-consuming "back office" functions. The vendor then remits a percentage of the revenue back to the facility on a monthly basis.

In addition to being the director of medical record services, I also serve as Henry Ford Hospital's privacy and information security officer, so at the time, I was convinced that the eROI approach would require an unacceptable level of access to our electronic records. Nevertheless, I discussed the idea with the IT department, and to my surprise, the system would not only operate well within our firewall, it was also inherently HIPAA compliant.

We began the process of checking references, and everyone that I spoke with discussed their positive experience in dealing with MRO. "You're going to think that I work for them," one HIM director told me as he raved about the eROI service. HIM directors can be a close-knit group, and our reputations are too valuable to say or support things we don't mean. So I was impressed by the feedback I was getting.

We tried to use a traditional selection process by sending out RFPs to evaluate the service against similar competitors, but we couldn't find a company that was comparable to MRO, and I refused to take proposals from companies that would continue to deal in the paper realm. Our copy service requested that they stay on with us as a partner, but they simply couldn't match the eROI vendor's capabilities.

Seamless implementation brings new efficiencies

In November 2006, we ended the contract with our existing copy service and switched to the eROI process. It took only a few weeks to make the full transition, and although the change was immediately obvious to us, it was seamless to our customers.

Now we no longer need to print out electronic medical records for a copy service to mail. We just forward the records electronically to the vendor, who handles request acknowledgement, validation, logging, tracking, requester relations/communications, physical distribution of requested information, billing and collection. They send out the records in whatever format the requester wants, which might be CD-ROM, FTP or Web portal. The whole process is efficient and stays current with today's continually-evolving laws and regulations – particularly with regard to fees.

Since Henry Ford has records going back 90 years, we sometimes have to dig back into our paper archives to fulfill an ROI request. MRO's software allows us to fulfill the electronic component first and catch up a day or two later with a scan of the paper record obtained from storage.

During implementation, trainers from the vendor worked alongside our employees to show them, one-by-one, how to handle new ROI requests. The vendor even picked up the tab for costs left over from the prior vendor in an effort to aid us in the transition.

New concept: revenue from ROI requests

Since implementing the ROI Online solution, we've reduced phone calls from requesters by 50 to 60 percent. Customers (including patients) no longer have to wonder if their request has been received. Some of our top clients – including high-end insurers and records deposition companies – get a personalized Web page to instantly check on the status of ROI requests.

The new system also allows me to establish productivity standards with real-time management reports. What's more, I can view the amount of this new found revenue anytime. In the past, my department frequently paid several thousand dollars each month to the copy service. Today, we're actually bringing in a continual stream of income, even after having to share part of it with the vendor.

The potential for revenue generation, no matter how incremental, is important. The last thing any director wants to do is to ask the CFO for a substantial upfront investment into a new technology. We implemented the eROI solution for the initial cost of the software and a few scanners – expenses so minimal that I didn't even put it into the budget. Upfront costs are being paid for directly out of the new revenues.

We received a return of investment from revenues earned in the first 90 days of implementation. Of all the services and vendors I've worked with over the last 30 years, this experience ranks right up there at the top.

By Karen Schmidt, Director for Medical Record Services
Henry Ford Hospital and Health Network (HFHHN), Detroit, Michigan