

HOSPITAL CASE MANAGEMENT™

the monthly update on hospital-based care planning and critical paths

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MAY 2005

VOL. 13, NO. 5 • (pages 65-80)

Computerized case management: What technology can do for you

Electronic records are vital for case managers, some experts say

If your case management department isn't replacing paper records with electronic technology, it's likely to become more difficult to find the information you need to cut down on avoidable days and denials, track outcomes information, and demonstrate the value of case management to your hospital's administration team.

"To be effective in their role, case managers must have ready access to clinical and administrative records. The information needs of case managers won't be met if they rely solely on paper-based records," says **Patrice L. Spath**, BA, RHIT, a health care quality specialist with Brown-Spath & Associates, based in Forest Grove, OR.

A 1993 report by the General Accounting Office estimated that more than 10 billion pages of patient records are produced annually in the United States. That's a lot of paper to plow through as you go about your day-to-day operations.

Computerized case management systems put all the information from multiple filing cabinets and desk drawers into one place where it can be accessed with a few keystrokes.

"Information technology can provide case managers with better information about the payers, enabling them to recommend more efficient services more quickly and help avoid unnecessary and sometimes costly delays in patient care," Spath says.

Computerization also helps case managers transmit their recommendations to the right people at the right time, ensuring that caregivers can put the information into action in ways that will improve the overall quality of patient care, she adds.

Information technology allows case management directors to quickly generate reports that are almost impossible to compile with a paper system, such as length of stay by DRG and attending physician, quality measures being tracked, case manager productivity tracking, avoidable days, and

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readmissions, says **Rodd Padden**, MBA, vice president of business development for Canopy Systems, a provider of web-based case management solutions, now part of A4 Health Systems in Cary, NC.

Hospital Case Management™ (ISSN# 1087-0652), including **Critical Path Network™**, is published monthly by Thomson American Health Consultants, 3525 Piedmont Road, N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Hospital Case Management™**, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291.
Hours of operation: 8:30-6 Mon.-Thurs.; 8:30-4:30 Fri.
EST. E-mail: ahc.customerservice@thomson.com. Web site: www.ahcpub.com.

Subscription rates: U.S.A., one year (12 issues), \$459. Outside U.S., add \$30 per year, total prepaid in U.S. funds. Discounts are available for multiple subscriptions. For pricing information, call Steve Vance at (404) 262-5511. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date.

Back issues, when available, are \$78 each. (GST registration number R128870672.)

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Technology systems for case managers offer significant opportunities to improve your hospital's bottom line — and a way to prove it. Now, instead of pulling out paper files and punching the information into a spreadsheet program, case management directors simply have to push a few buttons and print out a report.

"Technology is the right solution for case management. It allows us to do so many things we couldn't do with paper records. I can look at length of stay and denials in a myriad of ways and create a report quickly instead of having to wait for the data. It's empowering. The staff are absolutely empowered with data," says **Mary Barrington**, RN, MBA, assistant director for patient resource management at Duke University Hospital in Durham, NC.

Barrington and her staff of 50 patient resource managers went live with an automated case management system from Canopy Systems July 1, 2004.

"Case managers who have automated case management solutions can help ensure the plan of care is being followed and that all the needs of patients are being met in a timely manner. This helps reduce avoidable days and excess days," Padden adds.

Denials often result from poor workflow processes and poor communications, he notes.

With an electronic system, case managers can log on and access their own work list, getting real-time information about patients who have been admitted or moved from one floor to another.

For instance, if case managers perform a clinical review on every patient, each case manager is alerted when patients to whom they are assigned are admitted. They also are alerted when they need to perform additional reviews and when they need to communicate the review to the payer.

"This streamlines the workflow and improves overall productivity. The automated process improves communications with the payers and helps the hospital avoid unnecessary denials," Padden says.

But despite all the evidence of time savings and cost savings that result from computerized systems, at many hospitals and health systems, the case management, utilization, and discharge planning departments still are documenting manually.

"About 70% of hospitals are still in the kind of environment that means when they perform a clinical review to get authorization to treat a patient, they use a one-page form and fax that

page to get authorization," Padden says.

On a case-by-case basis, paper records are probably fine, Spath says.

"Case managers make a few notes on Day 1 and more on Day 3 and file their paper records for discharge date so they can pull them out later. Paper is fine for that function," Spath says.

On the other hand, she points out, case managers are being asked to compile reports from data that must be aggregated for numerous records. That's where a computerized information system can save case managers hours of work.

Hospital management is starting to view case management as a strategic area to improve the financial performance of the hospital as well as the quality of care that is being delivered, Padden adds.

"The impact that automating case management would have to the bottom line typically is the driving factor of anybody investing in case management technology," he says.

The majority of Canopy Systems clients see a return on investment within a year, depending on their case management model and how computer-savvy the staff are, Padden adds.

Implementation can take as little as a few weeks, but three months is more typical. It probably will take at least six to nine months or longer before everyone on your team is up to snuff.

When you implement an automated case management system, be prepared for resistance and a long learning curve for your staff, Barrington advises.

"Nurses and social workers are not in fields that have demanded strong technical skills. It will take time to get them up and running on the system," Barrington says.

Be patient as staff adjust to the new system. Allow a sufficient amount of time for change to occur and become habitual, she adds. "We're not 10 months into the new system, and the naysayers are coming around. Now they understand why I asked them to do certain things in the beginning, because it makes them more proficient now."

The downside of a high-tech case management system is, in some cases, highly skilled case managers spend a good portion of the day inputting information, Spath says. "In some cases, it seems like the goal of people with electronic case management systems becomes to fill up the required data fields, with the idea that it can be accessed later, if it's needed. This means that case managers spend 25% of their time inputting information that isn't necessarily needed," she adds.

Don't rush into purchasing an expensive technology system without spending a lot of time determining your needs, Spath advises.

"I'm not necessarily a proponent of computerization if case managers don't have a need for a lot of aggregated information or if it is already available in some other hospital system," Spath says.

Start by asking yourself what you are going to do with the information you write down on paper. If all you're going to use it for is as backup if someone in a health plan asks for more documentation, you might not need a computerized case management system, she points out.

On the other hand, if you have to gather information to create aggregate reports, such as analyzing avoidable days and the cause of them, it's helpful to computerize these data elements to make it easier to create the report.

Don't rush into spending a lot of money for information technology dedicated to case management without finding what already may be available in your hospital, Spath advises.

"It may be more efficient for case managers to get 10 data fields on the hospital's clinical claims system and input their data into those data fields than to go out and purchase a whole case management system," she says. ■