Legacy Archiving

How many lights do you leave on?

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Introductions

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About Cone Health

- More than 100 locations
- 6 hospitals, 3 ambulatory care centers, 3 outpatient surgery centers, 4 urgent care centers, over 95 physician practices
- 1,300 physicians
- 11,000 employees
- 1,273 beds
Objectives

1) Outline the major business objectives for implementing a data retention program
2) Describe the Legacy Archive Framework
3) Describe the specific activities that have led to an improved application portfolio.
Legacy Archiving

I. Why?

Outline the major business objectives for implementing a data retention program.
Legacy Archive Background

Create a framework focused on legacy portfolio efforts to either decommission or archive legacy applications that are no longer needed for operational purposes. The house-wide EHR implementation typically drives this effort.

**Archive (retain to access)**

- Legal data retention time requirements exist for the data within the application.
- Internal recommendations require us to keep the data.

**Decommission (permanently destroy)**

- Legal retention requirements have been met, the data is no longer needed.
- The data does not have legal requirements to retain.
Objectives

- **Reduce Costs**
  - Application maintenance, hardware and resource costs over multiple applications likely exist as operational expenses that can be reduced. Efforts to continue “keeping the lights on” get expensive!

- **Meet Legal Retention Requirements**
  - State and federal retention requirements are likely in place that could lead to fines if your organization is non-compliant. Audits are also a key reason to ensure access to legacy data.

- **Release of Information (HIM)**

- **Minimize Security Risks**
  - Minimizing locations of data as soon as it is no longer required for operational purposes helps minimize the risk of security breaches.

- **Hardwire Enterprise Process**
  - Implement data retention standards for enterprise processes to ensure steps to decommission are consistent throughout the organization.
Retention Requirements

I. Why?

- There are multiple sources that can be leveraged to generate standard policy and procedure.
- Per AHIMA, there is no single standardized record retention schedule that organizations and providers must follow. Instead, a variety of retention requirements must be reviewed to create a compliant retention program.
Retention Requirement Resources

Comparing

Because no clear-cut standard has been established for record retention, comparing the variety of record retention requirements is often time-consuming and labor-intensive. Every organization should review and compare the varying retention schedules to follow the more restrictive requirement. An example comparison among federal, state, and accreditation requirements and AHIMA recommendations is shown below; the more restrictive requirement is shaded.

<table>
<thead>
<tr>
<th>Federal Requirement</th>
<th>State Requirement</th>
<th>Accreditation Requirement</th>
<th>AHIMA Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals: five years. Conditions of Participation 42 CFR 482.24(b)(1)</td>
<td>Healthcare facilities must retain medical records for a minimum of five years beyond the date the patient was last seen or a minimum of three years beyond the date of the patient's death. Oklahoma Dept. of Health Reg. Ch. 13, Section 13.13A</td>
<td>Joint Commission RC.01.05.01: The hospital retains its medical records. The retention time of the original or legally reproduced medical record is determined by its use and hospital policy, in accordance with law and regulation.</td>
<td>Patient health and medical records (adults): 10 years after the most recent encounter.</td>
</tr>
</tbody>
</table>
## Retention Requirement Resources

### Appendix A — Overview and Detailed Tables

Table A-7. State Medical Record Laws: Minimum Medical Record Retention Periods for Records Held by Medical Doctors and Hospitals* (continued)

<table>
<thead>
<tr>
<th>State</th>
<th>Medical Doctors</th>
<th>Hospitals</th>
</tr>
</thead>
</table>
| New York       | **Adult patients**
                 | 6 years.                                | **Adult patients**
                 | **Minor patients**
                 | 6 years and until 1 year after the    | **Minor patients**
                 | minor reaches the age of 18 (i.e.,    | 6 years from the date of discharge or 3
                 | until the patient turns 19).           | years after the patient reaches 18 years
                 | N.Y. Education § 6530 (2008)           | (i.e., until patient turns 21), whichever is
                 | (providing retention requirements      | longer.                                        |
                 | in the definitions for professional    | **Deceased patients**
                 | misconduct of physicians).             | At least 6 years after death.               |
| North Carolina | N/A                                    | **Adult patients**
                 |                                          | 11 years following discharge.               |
                 |                                        | **Minor patients**
                 |                                          | Until the patient’s 30th birthday.          |
                 |                                        | 10 A N.C. Admin. Code 13B.3903(a), (b)     |
                                                             | (2008).                                    |

*Source: [http://www.healthit.gov/sites/default/files/appa7-1.pdf](http://www.healthit.gov/sites/default/files/appa7-1.pdf)
Legacy Archiving

II. What?

Describe the framework that leveraged.
Data Retention Governance

Establish Project Governance and Ongoing Support Structure

Description: Develop the management framework within which Data Retention and Legacy Application related decisions are made and support is provided on an ongoing basis. This provides hospitals with a structured approach to conduct initial Legacy Application remediation activities as well as future data retention efforts.

• Benefits:
  • Provides a logical and repeatable decision-making framework.
  • Identifies who in the organization is responsible for overall and day-to-day Data Retention decisions and activities.
  • Helps IT provide more consistent response and support related to Legacy Applications.
Data Retention Governance

• Purpose
  • Group Decision Efforts
    • Vendor Strategy
    • Prioritization of applications
  • Ensure policy and standards are followed
  • Legacy application related decisions (Who owns the data?)
  • Application validation oversight
  • Organization & Regulation Awareness
Governance & Support

Establish Ongoing Governance and Support Structure

Oversight

Data Retention Steering Committee

Business Sponsor

Data Retention Program Management

Project Management

Legacy Application Vendor

Application SME

IT

Data Retention Vendor

Communication

Policy & Procedure

Existing Forums

Validation Users

Security

Application Users (Training)

DBA

App Support
Vendor Strategy & Approach

**Single Vendor**
- Enterprise Portal for “all” legacy applications (“one stop”)
- Limited training
- Loss of intellectual property over time
- Ease of use/support

**Multiple Vendors**
- Higher return on investment
- Lower Operational Costs
- Disparate Solutions
- Technical Support Impacts
- Higher administrative costs
Cone Health Archiving Summary

Cone’s Experience

• MediQuant was selected as the archiving vendor
• One application – GE/IDX Centricity Business, Active A/R
• 7 month project duration
• Hosted remotely
• ~.25 FTE time commitment for internal IT Analyst
• ~.5 FTE – Program Management, strategy, application portfolio, future archive planning
Cone GE/IDX Timeline

GE/IDX Centricity Business (Physician) BAR PA & GE Centricity (Hospital) HPA PA
IT Analyst Role

IT Department Coordination

- Liaison between end users, vendor, PM, IT department, contractors
- Network & security teams, Active Directory

Archiving Application SME

- Assist with validation
- Determine end user roles and security
- Fulfill report requests for users
- User administration – up front and on-going
- Interim end user support
- Transition to business unit resource after stabilization is complete
Legacy Archiving

III. How?

Describe the specific activities that have led to an improved application portfolio.
Prioritization Drivers

- Business operational needs and timing impacts
- Return on Investment
- Vendor Maintenance & Contractual requirements
  - Impacts (cancellation/notice requirements)
- Vendor application confidence level
- Software not supported factors, software stability
- Infrastructure Concerns
Examples of Data Sources

III. How?

- Optical Drives
- Unsupported Applications
- Applications that will require formal archiving
- Paper Charts
- Unsupported Servers e.g. Win Server 2003
## Legacy Portfolio Components

A well documented legacy application portfolio is vital to the success of the program.

<table>
<thead>
<tr>
<th>Data Element Examples</th>
<th>Description/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Application Name</td>
</tr>
<tr>
<td>Site</td>
<td>Clinic A, geographic location</td>
</tr>
<tr>
<td>Current Maintenance Vendor Fees (Annual)</td>
<td>$XX,XXX</td>
</tr>
<tr>
<td>Additional Annual Costs (Hardware, Staffing)</td>
<td>$X,XXX</td>
</tr>
<tr>
<td>Vendor Contract Requirements (Cancelation)</td>
<td>90 day notice prior to annual renewal</td>
</tr>
<tr>
<td>Type of Data (PM, EMR, Images)</td>
<td>PM &amp; EMR</td>
</tr>
<tr>
<td>Data Timeframe</td>
<td>Feb 2007 through Fall 2011</td>
</tr>
<tr>
<td>Data Population</td>
<td>e.g. Adult, Minor, Ob/Gyn</td>
</tr>
<tr>
<td>Retention Requirements</td>
<td>7 years (from 2011)</td>
</tr>
<tr>
<td>Accounts Receivable Status (if PM)</td>
<td>$XX remaining balance actively being collected</td>
</tr>
<tr>
<td>Technical Considerations</td>
<td>Hardware is unstable, not connected to the network, storage space is limited, physically located in the clinic</td>
</tr>
<tr>
<td>Operational Considerations</td>
<td>Clinic site will move into new building over the next 6 months, prefer not to move the system due to stability issues.</td>
</tr>
<tr>
<td>Contact(s)</td>
<td>Primary contact name for information provided.</td>
</tr>
</tbody>
</table>
Vendor Storage Terminology

Tier Examples

- **Interactive/Dynamic**: Active A/R and bad debt, posting payments/adjustments/account and line items, claims update, field level editing, Agency exports/imports
- **Static**: Data records viewed on demand either on screen or through report generation
- **Vault**: Full implementation, Front End GUI developed
- **Straight to Vault**: No GUI, validate & vault
Some Lessons Learned

• Enterprise Governance is an absolute must-have. There are lots of decisions!
• Commence archiving projects ASAP, while SMEs are still available.
• All stakeholders need to be at the table to define requirements. Gathering requirements from legacy application end-users is critical.
• There are a small number of healthcare specific archiving vendors in this space currently, more entering the market every month.
• No one vendor is going to have all of the skills necessary to convert all your disparate applications, there will be some ramp-up on some applications. Incumbent vendors may provide archiving services.
• Watch out for proprietary and encrypted databases.
• Keep watching your converted legacy applications, you may be able to vault or turn them off at some point post-conversion.
• Strong Project Management is required.
Questions & Open Discussion

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