

Automated Registration Improves Performance of VCU Health System

The Challenge of Auditing

"Measure twice, cut once" goes the old adage. And we all know that getting it right the first time applies to more than just woodworking.

In the healthcare business world, the integrity of the registration process has far-reaching implications, in many cases spelling the difference between receipt and rejection of payment. Thus, it is important to thoroughly and accurately collect registration data. But tracking registration staff productivity and performance offers its own set of challenges.

At Virginia Commonwealth University Health System, which includes Medical College of Virginia Hospitals, outpatient clinics, and a 600-physician faculty group practice, registration auditing had been a highly laborious process, requiring an auditor to manually review a series of audit trail reports and then to enter identified errors into a database in order to produce a summary. "The downfall of our manual audit was that it was too time-consuming and labor-intensive to look at one-hundred percent of the accounts for all our users, so we were not getting an accurate error rate," notes VCUHS Project Specialist Andrea Short.

Not only was the audit staff forced to work with a compromised data sample, they could only afford to perform reviews on a quarterly basis. "As you can imagine," states Delores Lambert, VCUHS Systems Program Manager, "this limited presentation of audit results reduced our ability to influence change among the users."

What's more, VCU Health System is in the process of converting the physician group's IDX Registration and the hospital's PARS systems to a single enterprise registration system, IDX Visit Management. This transition will double the number of IDX system registrationists. The increase in users alone would certainly render the manual audit process a fruitless exercise.

Tracking Data That Affects Patients and Pockets

What to do to make auditing more feasible and hence, to ultimately effect a positive change in user performance? VCUHS asked Ingenix Consulting¹ to pursue a means of automating the registration process.

The Health System's team began by compiling a list of about a dozen audit elements to be subjected to automated review. "We were very picky about which audit items to include, limiting the list to information that would motivate a response," admits Ms. Short. "We feel giving supervisors and users feedback that is meaningful to them - data that either ensures appropriate care or gets the bills paid - prompts them to take it more seriously."

Though a manual audit will reveal errors of omission, the automated audit can provide a more thorough evaluation. Ingenix Consulting Client Manager/Programmer Jim Winski, who developed the solution, explains, "In addition to scanning for missing social security numbers and emergency contacts, the system includes logic that identifies records with such triggers as missing guarantor when the patient is not listed as the guarantor, the presence of default phone numbers, or a plan number that does not conform to the corresponding plan's alphanumeric scheme."

Reporting and Response

So once the registration auditing system finds all the errors for a given period, what happens next? The data is compiled into a series of both summary and detail reports that VCUHS staff review on a twice monthly basis. Reports can be broken down and retrieved by department, division, location, supervisor, or user.

The reports allow auditors to readily identify trends, which they can then present to supervisors. The first

¹ Global Works Systems, Inc., a division of Ingenix Consulting

series of audit reports at VCUHS revealed that the highest ranking error was a costly one. Missing or incorrect social security numbers are subject to a state imposed fine. But having the error rate in black and white gave people an incentive to improve.

Emergency contact fields, which IDX users were not required to collect until the physician group became part of the Health System, also proved to be frequently omitted. While this error eludes financial penalty, the information is needed for clinical purposes.

"When supervisors saw their groups' scores for the first time, many were taken aback," notes Andrea Short. But despite the shock that numbers can provoke, the new access to measurable performance indicators was well received. "People had been looking for something like this for a while," Ms. Short reports.

Supervisors and managers are not the only people apprised of their groups' performance. The tool delivers a trio of reports to individual users as well. One report shows the user's overall error rate along with a tally of the number of occurrences of each type of error. Next, the user is provided with a list of the accounts with the specific errors noted so he or she may make corrections. A third report provides an explanation of each type of error found, including why the data is necessary.

"Our registrationists want to do their best; they just don't always know what to do, or why a particular field is important," says Ms. Short. The reports give users the opportunity to take action and to directly monitor their own progress.

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