



# Best Practices in Decommissioning Your Legacy EMR

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# INTRODUCTION

The purpose of this document is to outline the best practices associated with acute and ambulatory legacy data archival. Important factors when considering a historical archival initiative, include reducing costs, mitigating cyber risks, improving staff productivity and ensuring compliance. This document outlines the best practices, essential requirements, vendor selection criteria and conversion methodology associated with an effective strategy.

# CURRENT MARKET CONDITIONS

There are two primary drivers that generate the need for legacy clinical data archival: consolidation through M&A activity and organizations upgrading their current electronic health record. In Q2, 2019 there were 46 announced transactions in the hospital market with revenue of \$11.3B<sup>1</sup>. In both cases, provider organizations seek to reduce costs, improve quality, and ensure compliance as hospitals are acquiring and/or upgrading their new electronic health record (EHR) platforms. In response, provider organizations should consider the following when selecting an archival solution for their legacy EHR:

## CYBER RISKS ASSOCIATED WITH MAINTAINING LEGACY SYSTEMS

As security breaches reach an all-time high in frequency, the need to conduct a professional archive of the historical clinical and financial data remains paramount. As of December 27, 2018, the Department of Health and Human Services' Office for Civil Rights (OCR) has received notifications of 351 data breaches of 500 or more healthcare records. Those breaches have resulted in the exposure of 13,020,821 healthcare records<sup>2</sup>.

At just over halfway through 2019, the numbers have skyrocketed with potentially more than 25 million patient records breached.<sup>3</sup> In addition to the cybersecurity associated with maintaining inactive applications, the need to ensure continuity of care is essential. Additionally, if a provider organization decides NOT to complete a professional archive, they unnecessarily create the following risks:

- Duplicate systems for providers and HIM to access historical data (lost productivity)
- **Increased exposure to breach**
- Continued maintenance and support costs of legacy data sources
- **Lack of ability to define document and role types**
- Lack of user audit trail with IP address, as well as date and time stamp

## VENDOR SELECTION CRITERIA

Most healthcare providers understand the theoretical need to conduct a professional archive of its historical clinical and financial data at some point. However, they struggle with developing a strategic road map and the criteria necessary for selecting a vendor partner. Best practices suggest you consider the following:

### INTERNAL INFORMATION GATHERING

An environmental scan of all existing legacy systems to include:

- Organizational utilization
- Acute and ambulatory
- Clinical applications
- **Hosting location and access to data**
- Date range and size of data sources
- **Desired formats (discrete/non-discrete)**

### VENDOR CRITERIA

- **Proven archive experience with specific named legacy applications**
- Existing integration with go forward EHR
- **Current framework for API integration with EHR vendors to reduce cost and shorten the implementation timeline**
- Flexibility in software deployment applications (SaaS vs On Premise)
- Audit logs capturing user activity with integration to third party systems (Fair Warning, P2 Sentinel)
- **Preference for professional services (onshore vs offshore)**
- Ability to archive both clinical and financial systems
- **Ability to orchestrate multiple pulls during extraction to meet the system cut over dates**
- Processes to support the differences between inpatient and ambulatory requirements

## ARCHIVE REQUIREMENTS

In addition to HIPAA and ACA requirements associated with protecting patient health information, the American Health Information Management Association (AHIMA) has taken the liberty to define the legal health record and how to distribute the information, as outlined below:

## CLEARLY DEFINE THE LEGAL HEALTH RECORD

AHIMA has clearly defined the criteria that organizations use to determine what paper records to retain. Questions organizations must ask include<sup>4</sup>:

- What information should be stored long term?
- What is clinically useful long term?
- What is the cost of storage?
- How can the organization effectively and succinctly assemble the EHR for long-term use?

## CLARIFY INTERNALLY THE ROLE OF THE LEGAL HEALTH RECORD

The legal health record is the documentation of healthcare services provided to an individual during any aspect of healthcare delivery in any type of healthcare organization. An organization's legal health record definition must explicitly identify the sources, medium, and location of the individually identifiable data and include:<sup>4</sup>

- Support the decisions made in a patient's care
- Support the revenue sought from third-party payers
- Document the services provided as legal testimony regarding the patient's illness or injury, response to treatment, and caregiver decisions
- Serve as the organization's business and legal record

## CONSIDER HOW DATA WOULD BE PRODUCED

When defining the Legal Health Record it is also important to determine how information may be appropriately released. While it is easy to declare something such as an EKG WAVE file as part of the legal health record or designated record set, the organization must consider how it will be reproduced<sup>4</sup>.

## DISCRETE DATA INSIGHTS

When evaluating a legacy data archive vendor, it is important to be cognizant of the need for discrete data such as: Problems, Allergies, Immunizations, Vitals, Procedures, etc. Facilities should be mindful that an archival that includes discrete data will impact the time, effort and costs associated with the project. Determining the need and implications of discrete data, along with clinician's expectations are essential with the inclusion of discrete data in the archive. The ability to display, filter and customize the views of discrete data should also be contemplated.

Some providers want to launch their go forward EHR with new patients as of the implementation date. However, an option is for a provider to utilize the discrete historical data archive to pre-populate the new EHR. For example, all of the demographics and allergies associated with patients admitted in the last 2 years could be an effective use of the data.

As it relates to historical medication content to be archived, generally the utilization of Surescripts Medication History functionality (when available) in lieu of structured data conversions are recommended. Furthermore, if a structured data conversion is desired, all medications should be provided as “historical” to limit the potential for medication errors as a result of the data conversion.

## WHEN TO DECOMMISSION YOUR EHR

Provider organizations regularly request assistance in selecting the right time to fully decommission its legacy electronic medical record. While each facility is unique, the majority of clients cut over within 180 days of launching the new EHR. Depending on where the data resides in the Cloud or On Premise, often dictates the required access to the data source structure required to extract, map, index and load. The following diagram outlines the potential opportunity zones for appropriate archival timing:



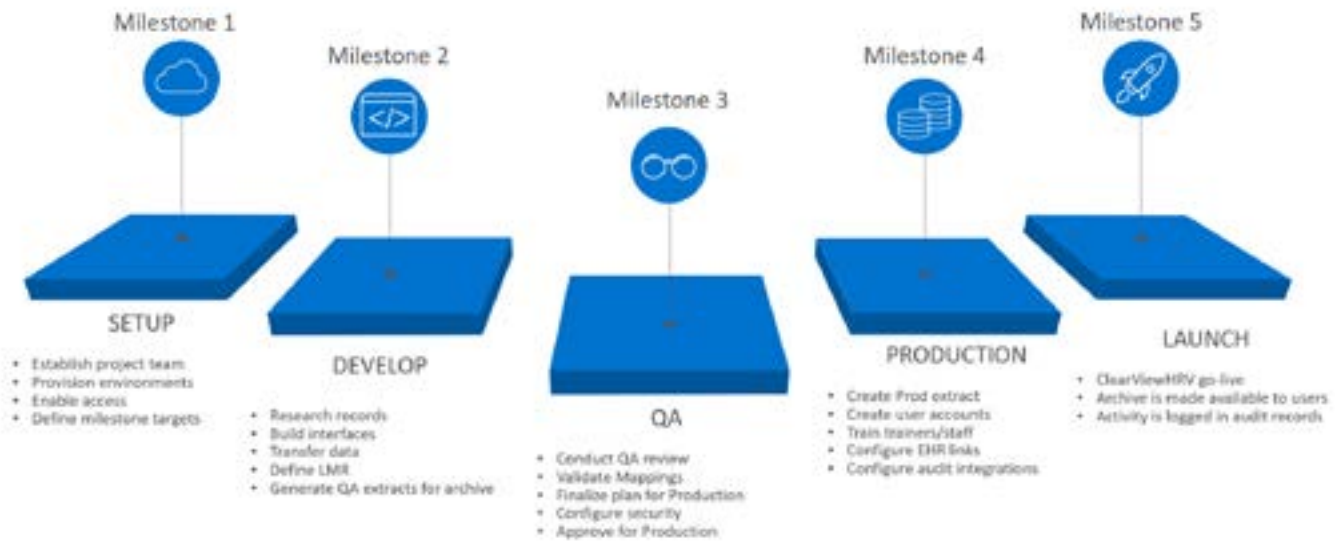
## ACTIVATING THE ARCHIVAL PROJECT

Upon completion of the internal information gathering, vendor selection criteria, and appropriate organizational timing, decisions then should be made based on the following criteria:

- Software Preference (SaaS, OnPrem)
- Pricing (Software, Professional Services)
- Contracting (BAA, MSLA, PSA, SOWs)
- Assignment of Designated Project Management Personnel
- Archival content (Legal Health Record, Discrete Data, Financial, Audit Detail, etc.)
- Project Plan Formulated with Assigned Ownership
- Project Kickoff
- Executive Updates Made on Project Status

# METHODOLOGY FOR CONVERSION

Utilizing the right third party with a core competency in legacy data archival is essential to an effective transition. Completing the clinical and capstone financial archive within a 16-week period from the point of access to the historical data should include the following essentials:



References:

Note 1 Kauffman Hall & Associates M&A Quarterly Activity Report Q2 2019.

Note 2 According to HIPAA Journal <https://www.hipaajournal.com/largest-healthcare-data-breaches-of-2018/>

Note 3 According to HealthITSecurity.com by Jessica Davis 7/23/19. <https://healthitsecurity.com/news/the-10-biggest-healthcare-data-breaches-of-2019-so-far#targetText=July%2023%2C%202019%20%2D%20In%202018,25%20million%20patient%20records%20breach-ed.>

Note 4 AHIMA. "Fundamentals of the Legal Health Record and Designated Record Set." Journal of AHIMA 82, no.2 (February 2011): expanded online version.

# SUMMARY

Utilizing the right third-party vendor with a core competency in legacy data archival is essential to a successful outcome. Reducing costs associated with decommissioning the legacy data source, improving quality by enabling clinicians' quick access to historical clinical content, ensuring security by deploying a web-enabled tool with distinct user roles by document type and by facility is considered best practices. Finally, some of the essential considerations to ensure an effective strategy include:

- Clearly define what constitutes the organization's legal health record
- Determine if discrete vs non discrete data will be included
- User roles clearly defined
- Document types outlined
- Ease of access to information
- Cloud vs On Premise storage consideration





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