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Use IT to Improve ASC Workflow

As staffing challenges continue, technology can help drive process efficiencies

ASCA Ambulatory Surgery Center Association

Why Interoperability Matters to ASCs

Reduce redundancy, eliminate potential human error and improve clinical outcomes

BY LINDSAY HANRAHAN

As ASCs expand their use of information technology (IT), they will encounter interoperability, a concept taking on greater importance for maximizing the value of IT usage and investments. Interoperability enables IT systems to share information securely and without requiring extra manual work. When implemented effectively, interoperability—or integration between technology solutions—can provide ASCs with tremendous value.

ASCs use interoperability to automate workflows, reduce human errors and aggregate data. This functionality is important for several reasons. Eliminating opportunities for human error and strengthening communication, such as between an ASC and a patient, helps reduce risk and improve safety. Interoperability can help ASCs provide better service to patients and providers, thus increasing their satisfaction. The ability to expedite processes, like reducing the time needed to perform or eliminate a task, can have wide-ranging productivity and financial benefits.

Presently, most ASCs are facing worker shortages and rising costs. Interoperability can play a vital role in handling this challenge by eliminating redundant or time-consuming tasks through automation. Integration also can help centers better meet growing patient expectations around access to their health information.

Integration Opportunities in ASCs

To gain a better understanding of how interoperability benefits ASCs, let us look at a few examples broken down by the phases of a patient's surgical care journey: before, during and after a case. Keep in mind that newer software

packages should include features that automate previously manual processes, including features aimed at strengthening patient and provider engagement and coordination. Your ASC, however, might still benefit from integration with a third-party system. Achieving such integration could better support affiliations with referring providers and hospitals, meeting regulatory requirements and using ancillary equipment.

Before the case. Most patients come to an ASC following a referral from another provider. These providers already have information on those patients, information that your center needs. In one of the simplest scenarios, effective integration can automate data movement from the referring provider to the ASC. If the referring practice is the "system of truth" for patient demographics, updates also can be sent to ensure demographics remain in sync.

Another common scenario plays out during the scheduling process. The referring provider's office submits an appointment or requests an appointment, perhaps for a certain date and time, and provides the corresponding procedure information in addition to patient demographics. This can eliminate substantial data entry and save staff time previously spent dealing with phone calls and faxes to schedule a case. Ideally, look for software that includes its own physician scheduling feature, but this workflow also is achievable via an integration that automates the manual telephone- and fax-based processes.

Other examples of ASCs using interoperability to improve pre-proce-

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dure workflows include streamlining communication regarding patient estimates, now, a critical function under the *No Surprises Act*; real-time eligibility tracking and verification; text message reminders to patients; and real-time notification to providers, staff and vendors upon any changes to the case.

During the case. Data sharing via integration during a procedure supports a multitude of efficiency improvements. On the clinical side, vital monitor integration can automate vitals capture into a patient's medical record, eliminating the need for staff to chart as they monitor vitals. Patient and case details also can be sent to medicine cabinets to better ensure proper dispensing for the correct patient and case.

Administratively, integration around inventory management can help ASCs more effectively track supply usage and availability. This reduces the likelihood of running out of an item needed for future cases. Integration also can capture the exact prices for items used during a case, contributing to more accurate case costing.

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>
> *—Lindsay Hanrahan, Surgical Information Systems*

Finally, to assist in patient education, noteworthy images captured during the case can automatically be added to the patient's chart and included in the discharge instructions or procedure summary.

After the case. Following a case, integration can automate the electronic distribution of discharge instructions to a patient and/or designated caregivers. Integration also can automate the movement of transcriptions between a service provider and ASC, an operative note from an ASC to the surgeon's office or another provider, and lab and pathology results directly into a patient's chart.

States such as New York and Connecticut are starting to require ASC participation in health information exchanges (HIE). Certain states previ-

ously delayed the HIE requirement for ASCs but will enforce participation in 2023. In these instances, sending data such as a patient's continuity of care document is critical to ensure compliance with a state's mandate.

On the billing side, the days of logging into multiple portals or applications to check claim status can be a thing of the past. Integration can allow claim status to be displayed directly within your software package as part of its native workflow. The same approach can automate other revenue cycle management processes, such as sending patient estimates/statements and posting payments to billing software.

Achieving interoperability in just a few of these areas can make a significant difference for an ASC as you are automating largely manual and often repetitive processes. Consider what happens with a signed operative note without interoperability. Once the note is signed, ASC staff might need to pull the note up on a screen, print it and then fax or transmit the note by another means to a different party.

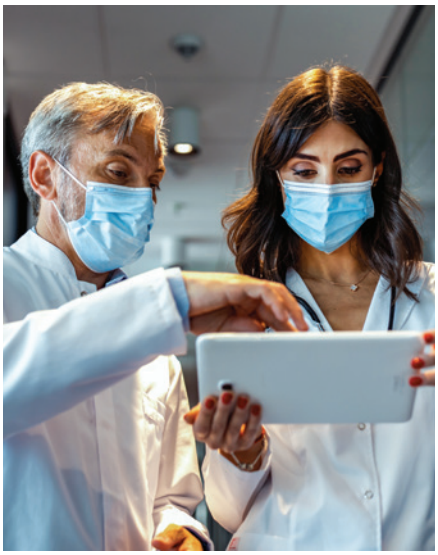
Multiply time spent on these manual, repetitive steps by your number of cases and it is easy to see how automation can deliver significant productivity benefits. With integration in place, the signature event can automatically trigger all data-sharing processes required while also better ensuring none are missed through human error.

Key Interoperability Concepts

Keep an ear out for these key interoperability terms when working with technology vendors or consultants.

Health Level Seven (HL7). HL7 is a common set of standards that supports the integration and information exchange between applications via a "trigger-based event." For example, when a case is scheduled in an ASC, HL7 generates messages from one system to another.

Companies could take advantage of HL7's flexibility and modify the standards for various reasons. As a result, one application's HL7 format might not perfectly align with that of another software. When this occurs, vendors typically must spend time configuring field mapping or translation tables to ensure data alignment.



Application programming interface (API). APIs ensure a tighter integration between applications and result in real-time data sharing during the natural use of an application. For example, when checking a patient's eligibility, ASC applications can use an API to call the clearinghouse, which immediately returns the patient's current eligibility and benefits information. The ASC application presents this data to the user within the context of the user's natural workflow. All of this transpires naturally and in real time.

Another example involves searching for the cost of a supply. Rather than using the last known price, an API can immediately query suppliers to retrieve the current cost.

Fast Healthcare Interoperability Resources (FHIR). APIs are widely used for many consumer applications. A classic example is when one searches for flights and hotels and a program retrieves the latest availability and prices. Over the last 10 years, FHIR emerged as the way to apply APIs to healthcare scenarios. FHIR is the result of a collaborative effort involving the Office of the National Coordinator for Health Information Technology (ONC), HL7 International—which oversees development of HL7—and other industry stakeholders.

Together, these stakeholders identified a library of "resources" or bundles of healthcare data commonly used together, such as patient identifying information, procedure details and care plan. Such common bundles make it easier for systems to know what to expect of each other. A primary goal of FHIR is promoting ease of integration by following common code sets. Through a common "language" the need for data mapping is eliminated.

FHIR is becoming more common in hospitals and practices in part due to governmental bodies, such as the ONC, promoting its adoption largely in conjunction with meaningful use. While ASCs are not governed by meaningful use or ONC requirements, adoption of FHIR by hospitals and physicians can affect ASCs that want or need to share data with these organizations.

Open Data Protocol (OData). OData is a standard that allows applications to consume data from APIs. It can be used in many scenarios, including fulfilling tasks like extracting and filtering data based on certain business rules or criteria so it can be used in data aggregation and analysis, sent to another application or just viewed in a human readable format such as Microsoft Excel or Tableau.

Importance of Interoperability Going Forward

As healthcare system consolidation continues, interoperability will become increasingly critical. To support a patient's transition between care settings, ASCs will likely need to share data more effectively and efficiently than ever with referring providers, hospitals and health systems,

physical therapists, laboratories and other organizations.

As noted earlier, patients increasingly want—and it is in their best interest to have—access to a comprehensive, holistic view of their care across settings. This remains a work in progress, but as ease of integration improves, we are getting closer to a time when patients will view their entire medical record easily, electronically and without needing to access information from multiple providers.

Integration also can make contributions in measuring outcomes and achieving improvements in public health. As ASCs and others adopt interoperability standards, HIEs and other organizations can more easily aggregate data, benchmark, analyze trends and conduct other research that helps providers and adjacent industries, like the pharmaceutical and imaging industries, identify opportunities for improving clinical outcomes, increasing efficiencies, eliminating redundancies and decreasing costs.

Ask about Interoperability

Interoperability should be a topic of discussion between ASCs and their IT partners and any companies centers are considering as partners. Ask these vendors what workflows are possible within their applications and how these workflows are achieved. Find out how their applications can help with existing workflows by reducing redundancy and what opportunities exist to move toward automation and greater safeguards against potential human error.

When your ASC is adopting new IT systems is a fantastic time to rethink some of the ways you have historically approached workflows and processes. Many new products include features that automate processes, which is a compelling reason for adoption. When your facility needs to communicate with third parties or other systems, you might find new opportunities to streamline processes that were difficult, costly or not feasible in the past. IT vendors should welcome the chance to speak about how their applications can allow your ASC to achieve integration improvements that will help it remain competitive and successful for the long term. «

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