

Electronic Health Records and PAs: A White Paper

Executive Summary

Integration and inclusion of PAs (physician assistants) in electronic health records (EHRs) is essential to achieve comprehensive care for individuals, better health for populations, and reduced healthcare costs. This can be achieved by addressing the EHR needs of PAs both in the design and development of EHR software, and during the readiness planning and implementation of EHR systems at clinics, hospitals, nursing facilities, health systems, and all healthcare settings.

EHRs should be designed to contribute to transparency and measure the contribution of patient care provided by PAs. Methods of measuring the contribution of services provided by PAs should be incorporated into the functionality of EHRs. This identification of professional work is important for clinical assessment, practice improvement, measuring productivity and care contribution, and management of population health.

EHRs must also be functional and have efficient workflows to gain provider acceptance and promote optimal patient care. Design-inefficiency for PAs and collaborating physicians may inhibit acceptance and adoption of EHRs, lead to noncompliance with regulations and institutional policies, and adversely affect patient care and health promotion.

EHRs and PAs

The electronic health record (EHR) is transforming healthcare with the goals of achieving more coordinated care for individuals and better health for populations. When appropriately designed and implemented, the value of EHRs has been demonstrated to improve quality, increase patient safety, improve operational efficiencies, provide cost savings, and improve patient experience and satisfaction (Healthcare Information and Management Systems Society, 2009).

To achieve these benefits, EHRs must be fully functional and operational for all designated healthcare professionals, including PAs (physician assistants). PAs are integral members of the healthcare team who provide care that would otherwise be delivered by physicians. There are PA-specific EHR needs in the areas of functionality, care attribution, transparency, and regulatory compliance. Currently accounting for about 10 percent of the healthcare provider workforce, the Bureau of Labor and Statistics (2015) projects a 30 percent increase in employment of PAs from 2014 to 2024. Due to the contribution of PAs to the provision of high-quality healthcare and the need to ensure efficient team practice, EHRs should be designed with specific functionality considerations for PAs. Optimal EHR functionality is essential for quality improvement, enhanced patient outcomes, ensuring accurate medical and legal documentation, compliance, transparency, research, and incentive-based payment programs.

To accomplish these goals, EHR developers must consider the needs of PAs from the inception of software design. EHR vendors have historically focused on physician and nursing end-users when designing systems. Many vendors employ physicians and/or nurses to help either guide development or provide subject matter expertise at the front-end of development.

Key PA attributes might be overlooked due to lack of awareness by these particular subject matter experts. Development flaws and oversights are often difficult to correct once the system is fully designed and implemented. The needs of end users of EHRs should be contemplated and reflected in system design and implementation to mitigate safety risks, achieve full functionality, and realize maximum benefits of use (Institute of Medicine [IOM], 2012). PAs should be included as part of the team that is assembled to guide design, build, test, implement, and support EHRs.

Accuracy and Transparency

Authorship attributes the origin or creation of a particular unit of information to a specific individual or entity acting at a particular time. When there are multiple authors or contributors to a document, all signatures should be retained so that each individual's contribution is unambiguously identified. Some EHR systems allow more than one individual to add text to the same progress note entry or flow sheet. If the EHR does not have functionality to enable both providers to document and sign, it may be impossible to verify that actual service provider or the amount of work performed by each provider (Integrity of the healthcare Record: Best Practices for EHR Documentation 2013 update <http://library.ahima.org/doc?oid=300257#.WYjSxIWGOpg>).

EHRs should be able to track the contribution of every clinician who provides professional services to patients. Because of “incident to”, shared visit billing and different models of delivering team-based care, the contribution of a PA's services may be unaccounted by traditional measures such as billing claims, relative value units or volume of services rendered. EHRs should design methods of measuring the contribution of services provided by PAs to ensure transparency in healthcare. This identification of professional work is important for clinical assessment, practice improvement, measuring productivity and care contribution, and management of population health.

Quality and Safety

Ensuring patient safety and healthcare quality is essential to improving individual and population health and reducing healthcare costs. Accurate attribution of patients, treatments, and diagnostic tests to a rendering provider is needed for self-assessment and quality improvement. In addition, to improve patient safety, the Office of the National Coordinator for Health Information Technology (2016) recommends that ordering providers be identified on all test orders and reports, be notified of results, and have result notifications remain in inboxes until addressed. In order to improve patient safety and quality outcomes, EHRs need to ensure that orders and test results are appropriately assigned to the ordering PA.

Resource Utilization and Reimbursement

An essential component of cost-effective care is accurate attribution of costs and the resources expended for treatment to the responsible clinician. Attribution is needed for accurate, actionable data to result in reduced spending and efficient use of resources (Centers for Medicare and Medicaid Services [CMS], 2016). In addition, assignment of responsibility for cost is increasingly important as CMS and private payers reimburse based on quality, episode-based

payment models, and cost-savings incentives. In order to achieve accurate reimbursement and promote cost containment measures, it is essential that EHRs:

- attribute costs to the health professional who rendered the service and/or an ordering professional,
- measure contribution to care delivery for non-reimbursed services (e.g. computerized order entry, patient care documentation, diagnostic review and follow-up, and patient communications),
- and, identify care provided by PAs during “incident to” billing, shared visit billing, and billing under a collaborating physician for Medicare, Medicaid, and commercial insurers.

Compliance and Operability

EHRs should be capable of complying with federal, state, and facility policies and regulations. For example, a requirement for a physician co-signature on a specific PA order should be a potential function of an EHR system. However, there should not be an automatic system default that because a physician co-signature is necessary on a particular order that all PA orders require a physician co-signature. That misinterpretation can lead to unintended consequences of unnecessary work, which can undermine provider acceptance of EHRs, increase work and costs, and potentially result in patient harm (Jones et al., 2011). An EHR should also ensure the co-signature of a physician does not override the attribution of services by a PA.

EHR operability and functionality considerations for PAs are particularly important for avoidance of fraud and abuse. The Office of Inspector General (2013) recommends EHR safeguards to avoid fraud, which include user logs and controls to validate claims with rendering provider profiles to avoid submission of false claims by physicians when PAs are involved in shared care but physician participation or supporting documentation is missing. EHRs also need to safeguard against the ability to change the authorship of a document to ensure an accurate medical-legal document and prohibit fraud, and a physician should not have the ability to edit a PA’s note as they would be able to do for a resident or fellow.

Conclusion

PAs are a critically important component to the delivery of efficient, high quality healthcare services. There are PA-specific issues that should be acknowledged to ensure effective EHR functionality, attribution, transparency, and regulatory compliance. Addressing the EHR needs of PAs is important both in the design and development of EHR software, and during the readiness planning and implementation of EHR systems at clinics, hospitals, nursing facilities, health systems, and all healthcare settings. Full integration and inclusion of PAs in EHR systems is essential to achieve comprehensive care for individuals, better health for populations, and reduced healthcare costs.

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