Why Occupational Health Data Does Not Belong in Your Hospital’s Ambulatory Health Record (AHR)

As the wave of electronic health record (EHR) implementations washes across the US, many health system and hospital-owned Occupational Health providers are asked to defend their requests for a separate EHR product to address their needs, both for clinical and practice management information. The same is true for hospital Employee Health departments that manage the occupationally-related health information for the hospital’s or system’s employees.

This white paper offers those providers a clear, concise explanation to explain why a separate system is needed. The author is not a lawyer and makes no representation of specific legal knowledge. However, this document can assist in identifying issues to raise with your organization’s legal advisors.

In essence, four primary issues exist, as shown in the sections below, with regard to why you should have a separate EHR for Occupational Health. This paper discusses the essence of each issue. You can copy/paste this text into your own document and flesh out each section, if required, with examples from your own experience.

**Legal Constraints: Two Domains**

Technically, Occupational Health records are employment data, not medical data, and are subject to employment law, not only medical record laws.

For example, OSHA requires that employee injury records be maintained 30 years after termination. If these records are part of the employee’s personal health record, will these requirements be met? How will the AHR distinguish between which records can be archived and which need to be maintained for 30 years?

**Privacy and Consent**

In most states, workers’ compensation laws allow the employer to see medical information related to the specific injury the employee has sustained. Can the AHR report only this information when requested by the employer and segregate it appropriately?

You may get the patient’s consent to release information to the employer, but the patient would also need to provide consent to have the information stored in their ambulatory health record. If the ambulatory health record is the only system available for data storage, what will you do if the patient declines to provide consent? Where will you store that information? Why would an employee decline? Take drug screens, for example: Would an employee want the fact that he had a positive drug screen to be included forever in their ambulatory health record? If you simply store this information in the AHR without asking hivm, are you opening yourself to increased liability?

**State Mandated Reporting and Electronic Claims Submission for Workers’ Compensation**

In some states (e.g., California, Ohio, Texas, Florida) workers’ compensation laws require the provider to report the employee’s status related to a specific injury sustained on the job. Does the AHR include these reports? Or does the provider complete the clinical visit in the AHR, then repeat the same information again on a form in a different system?
Some states will soon require workers’ compensation claims to be electronically submitted, including the forms. Can the AHR submit workers’ compensation claims with the attachments (e.g., chart notes and mandated state forms) required? Without the attachments, the submission is incomplete, and the claim adjudication and payment is consequently delayed, sometimes for months.

**Employer Reporting**

A major consideration in an employer’s selecting a particular Occupational Health provider is that the provider can give the employer reports that can help manage the health and safety of employees, with an eye toward reducing both health care and workers’ compensation costs.

A simple example: You test the hearing of 500 employees. The employer wants to know how many employees had Standard Threshold Shifts. How many experience mild, moderate or severe hearing loss? This information could assist the employer in developing workplace interventions to protect employee hearing – an intervention you could design with them.

Even if the AHR can capture the data required, it lacks an ability to report summary data to employers, which puts the Occupational Health program at a severe competitive disadvantage. The AHR database is simply not structured to report summary data by a population of employees, each of whom works for the same employer. As noted below, this situation is even more complicated if an employee works for more than one employer at a time.

The fundamental issue for each of the items above is whether the particular AHR in question can distinguish data that is occupationally-related from data that is personal health information.

Software vendors that are not familiar with Occupational Health/medicine surmise that in a database, the patient’s employer is simply a matter of adding another field for reporting. The truth, however, is that to manage Occupational Health services properly, both from a practice management and clinical data perspective, “employer” is not simply another field, it is another dimension in the database. Thus, a vendor may promise that it will enhance the software to provide the desired reporting function. However, experience has shown that when it comes time to deliver, vendors learn very quickly that the data structures required to produce the promised results are complicated beyond what they are willing to do to alter their system.

Occupational medicine is the only specialty in which the employer, not the patient, is the requestor and guarantor of services. This one fact makes the employer-patient-provider relationships in the database complex. Moreover, when you have patients who work for more than one employer, especially at the same time, the complexity increases exponentially: Can the health record distinguish data related to one employer from data related to a different employer for the same patient? What if the employee terminates work with one employer but remains employed by another long afterward? The health records need to be able to reflect what actually happens in each case and protect and store the information accordingly.

The fact is simply that an AHR that was not designed to manage occupationally-related health information cannot distinguish personal health information from occupationally-related health information, nor can it distinguish information captured while the employee worked for one employer from information captured while he worked for a different employer.

**Special Considerations for Hospital Employee Health**

If the employees that you are seeing for occupationally-related visits are employees of your own hospital or health system, these issues become increasingly sensitive.

On the one hand, employees do not want their personal health information widely available to the Employee Health staff. On the other hand, an employee may not want the fact that he or she has had a blood/body fluid exposure to be part of their ambulatory health record.
Some AHRs have begun to install “break the glass” functions that enable information to be protected and require a system user to take extra steps to see employee data. While this function is laudable, if you think about an Employee Health nurse having to do this with every single employee record, every single time he wants to access the record, “breaking the glass” becomes quite onerous.

That being said, there are certain, specific data that should be exchanged between the ambulatory health record system and the Employee Health Electronic Health Record (EH-EHR). The emerging consensus among large health systems is that medications, allergies and immunization data should be exchanged. As national standards for data formats and codification of this information continue to emerge, this data exchange will become workable. In fact, we are very close to being able to exchange this data seamlessly. Only those Employee Health software products that meet the national standards for data exchange will be able to make this happen.

**Practice Management Functions: Employer Protocol Management, Employer Billing and A/R**

AHR and related practice management systems provide no functionality to maintain information about the services each employer requires by visit type. Thus, providers either resort to a paper system, which is extraordinarily cumbersome (try keeping a binder of employer requirements at each of five locations up to date) or develop a system using MS Word or similar. These workarounds cost precious time and extend the time the employee patient is in the clinic. Since employers are always concerned about how long the employee is away from work, having systems that extend the visit time become another competitive disadvantage.

Employer billing is fraught with complexities that stymie even the best medical billing software simply because employer billing is not medical billing.

Employers may be charged different fees for the same service, because fees are contractually negotiated and sometimes are based on volume or on a services package that reduces prices in one area (e.g., drug screens) in exchange for increased services in another area (e.g., injury care). Virtually no hospital or ambulatory billing system can manage this in any way other than creating a special charge code for each service for each individual employer. This bloats the charge master, sometimes well beyond workability—every charge in the master is a charge that can be selected by mistake. Employer billing mistakes often make the difference between retaining or losing a client.

Employers often want all the employees seen in a single month to be aggregated on the same invoice: they want to process one invoice through their Payables department, not multiple invoices.

At the same time, large employers (who spend the most dollars on occupational medicine services) often have complex billing requirements. For example:

- Send all the invoices to Mary in the main office. But driver physicals (DOT) are managed in the transportation department in Chicago. If the visit includes a DOT physical, bill these services on a separate invoice and send it to our Chicago office.
- For workers’ compensation invoices, split the bill: bill all services to the compensation carrier, except the drug screen. Bill that service to the employer.
- The employer has a national contract with a lab, such as LabCorp. You provide the collection services only. Bill LabCorp, not the employer, for the collection.
- The employer has five locations. Segregate invoices for each location and mail to the location. Someone there will approve the invoice and forward it to corporate for payment, all on the same employer account.

**Buyer Beware: Not All Occupational Medicine Software Provides Solutions to these Issues!**

Despite the fact that vendors may call their software an electronic health record (EHR), just because you have medical data and it’s electronic does not make it an EHR.
“Electronic Health Record” includes these functions, among others:

- Electronic prescribing (not faxing or emailing) directly into the pharmacy’s system
- Drug interaction verification with alerts: drug-drug, drug-allergy, drug-disease
- Medication reconciliation for urgent care and other personal health services
- Clinical problems lists
- Clinical decision support tools, such as integration with ACOEM and Disability Duration Guidelines

Only a software product that meets national standards for data exchange, including all HIPAA and other security standards, will meet your requirements to exchange data with other EHRs, such as those in your hospital or health system (if the employee requests it, for example) or for referral providers.

As employees learn they can get their personal health information from other providers, they will expect it from you, too:

To receive funding under ARRA, providers must give patients access to their health information. Once patients learn they can get this, many of them will want it from all their care providers.

**Functions Not Provided by Ambulatory Health Records and Relate Practice Management Systems**

The functions listed below are typically not provided by these systems, but can be found in Agility:

**Clinical Records**

- In a single patient record, can distinguish a patient’s personal health information from their occupationally-related health information
- In a single patient record, can distinguish Occupational Health information related to one employer from Occupational Health data related to a different employer or employers, so that no employer can see patient data that was gathered while the patient was employed by a different company. (Providers see health data across employer.)
- Includes Patient Chart, accessed from the main menu or from within any visit record, so all history is readily accessible
- Includes Employer Portal so that employers can pull workers' compensation and drug screen data vs. clinic staff having to generate reports (e.g., Work Status Summary)
- Includes a Patient Portal that enables patients to complete Occupational Medicine forms online, either at home or in a workstation in the waiting room
- Includes Employee [Health] Portal so that employees of your health system can see results, visits, problems lists, etc., and can report employee incidents directly into the database, pending provider review
- Includes workers' compensation and Employee Health charting templates
- Clinical Problems List includes work restrictions, exposures, work history, etc.
- Charting templates automatically fill Work Status Summary for employers with user-defined elements to include or exclude
- Provider charting automatically fills state-mandated workers' compensation forms, such as the Ohio BWC C-9, etc.

**Billing**

Enables users to establish billing “rules” that are automatically applied during invoicing without further user intervention

- Splits charges for a single occupational medicine visit (i.e., some charges to carrier, some to employer, some to lab) without user intervention
• For split employer billing, displays on a reconciliation report to whom charge will be billed (such as lab, TPA, etc.) if charge is to be billed to non-standard payer
• Bills insurance carriers at gross fees (leaving it to payor to take the discount) while billing employers at net fees (i.e., net of discount) and accurately report the A/R
• Includes Electronic Claims Submission for workers' compensation (via P2P Link) and submits all attachments with the claim
• Physician notes automatically submit with the bill/claim, for workers’ compensation billing, or are sent electronically with charges (especially important for workers’ compensation)
• Automatically bills national accounts (labs, employers, etc.) at negotiated national fee schedule or a local fee, as instructed by employer

Workers’ Compensation
• Flags cases declined as workers’ compensation so that subsequent visits cannot be billed to the compensation carrier
• Reports employer sales rankings over time, with breakout of workers’ compensation, Employer Services and total revenue by employer, by month
• Includes utilities to merge (duplicate) patient records and duplicate employer accounts without having to re-enter data.
• Produces a workers’ compensation Case Statement, especially useful in workers’ compensation litigation
• Includes Misapplied Cash Correction wizard to correct cash application errors
• Provides full audit trail for all corrections to billing or payment application, as well as for each and every A/R transaction
• Automatically re-bills invoices declined as Workers’ Compensation to patient or patient’s Group Health guarantor, if available
• Flags cases declined as workers’ compensation to ensure no future billing goes to the compensation carrier
• Produces state-specific First Reports of Injury (e.g., CA 5021, PR2, PR4)
• State forms (as above) can be submitted seamlessly with electronic claims
• Enables billing to Drug Screen TPAs
• Enables billing to MCOs and (self-insured) TPAs
• Provides Employer Portal internet access to workers’ compensation & Drug Screen records
• Generates Work Status Summary to employer that can be faxed or emailed directly from the software
• Enables viewing of all related visits as a case, including all case charges
• For Occupational Medicine Providers, produces a Did Not Return Report to identify patients who did not return after referral
• Captures lost time and/or restricted or modified work days
• Includes Case Orientation for viewing and reporting:
  > Updates case record when posting to A/R to display up-to-the-minute case billing
  > Enables “potential problem case” reporting, based on billings and case age
  > Produces summary report for employers of all open cases and their statuses
  > Provides detailed report to employers, summarizing all workers’ compensation case activity in the period with summary of lost time and case costs to date
  > Includes authorizations and care management “ticklers” for individual case follow-up
> Captures detail and summary notes for every authorization, case call or meeting
> Produces Potential Problem Cases report to enable early intervention
> Tracks an unlimited number of contacts (i.e., name, phone, etc.) by company and by case

**Employer Services**
- Links multiple sites of same company (employer or carrier) to parent for reporting “roll up”
- Includes “pre-fill and print” forms, such as a consent or employer-specific physical form, with patient demographic information prior to printing
- Includes “pre-fill interactive” forms (e.g., DOT or other mandated physicals) that can be completed onscreen by the provider (hosted solution may require Adobe licensing)
- Includes ability for user organization to add forms and complete either on screen or on paper for scanned entry
- Allows an unlimited number of company-specific visit protocols for each company that requires special medical or administrative services (e.g., such as might be required for companies with many new hire physicals, based on job class)
- Includes a report to identify all changes in employer protocols, who made them, and date changed
- Generates a Visit Encounter Form (Flowsheet) with employer protocol, contacts and special instructions
- Includes capacity to track any medical surveillance item required and define both generic or company-specific rules for repeat administration
- Automatically calculates next dose or procedure date according to user-defined rules to enable automatic recall notices
- Generates recall notices (that can be emailed or texted), and/or lists for medical surveillance services

**Audiometry, Spirometry and Vision Testing**
- Tracks all test results, calculates STS with age corrections for audiometry
- Records background sound pressure checks and audiometer calibration information
- Prints clinical test sheets and results for individuals
- Includes ability to mark a new baseline and calculate STS from the new baseline
- Reports group results (e.g., all employees with STS, all employees tested, etc.)
- For spirometry results, documents three trials per test
- Displays key indicators and ratios
- Calculates percent of predicted values from tables selected by the MD or audiologist
- Reports group results (e.g. employees with ventilatory impairment, employees needing referral, etc.)
- Interfaces with audiometers and spirometers (request specific equipment list)
- Tracks details of vision testing and reports results
- At employer request, suppresses patient identifying information on invoices and reports

**Random Drug Screen Selection**
- Includes separate random selection testing rules and parameters for DOT, BAT or both
- Produces Notification of Selection for Controlled Substance Test
- Produces report to MRO and final report to employer, printed or faxed from drug screen results window
• Produces the quarterly report that employers are required to file with the DOT
• Interfaces with commercial labs to receive drug screen results

**Reporting**
• Generates reports by employer for both workers’ compensation case status and Contract Services
• Includes wide array of pre-programmed reports in which user defines reporting variables
• Can “memorize” reports, then batch into groups for easily re-running periodically
• Reports may be faxed or emailed directly from the software or sent to a fax server
• Generates outcomes reports for lost time, costs, returned to same or different job, etc.

**Billing and Revenue Reports:**
• Enables easy balance from month end to month end
• Includes audit trail for each and every A/R transaction
• Produces revenue reports by 25 different variables, including Insurance Company, Payor Type, Employer, Lab, MCO, Clinic, Provider, Service Type (e.g., Radiology, WC Medical, WC PT/OT, Physicals, Private Practice, etc.), Visit Type, CPT code, SIC code
• Reports by either Date of Service or Date of Invoice
• Revenue reports can include or exclude adjustments
• Produces Visits Analysis including by visit type number of visits, percent of total, total billings and average billing per visit, by provider
• Reports Employer billings rankings over time, with breakout of workers’ compensation, Employer Services and total revenue, by employer, by month

**Scheduling**
• Can view employer protocol directly from the calendar to facilitate scheduling
• Captures no-shows and cancellations, and produces reports for employers
• Schedules follow up visits from within the current visit record (vs. backing out to calendar)
• Displays all future appointments on the Work Status Summary

**Sales and Sales Management**
• Enables Sales staff to set up employer protocols from within the Sales function
• Includes New Companies Report to notify sales staff of new employers added by clinic staff
• Produces revenue reports to rank accounts by dollar volume
• Prints list of accounts with no activity since a user-selected date
• Documents details of all sales events (calls, tours, meetings, etc.)
• Includes tickler file to display sales follow-up needed today
• Includes key contact information that prints on encounter forms
• Generates letters and proposals from user-defined templates
• Produces periodic sales management reports by account rep: calls, meetings, tours, sales volumes, etc. (Sales “Scoreboard”)
• Produces report of all new employees (i.e. “first visit” employees) for sales commissions

**Hospital Employee Health**
• Integrates with Vac-Seen, a handheld scanner based on employee ID card swipe, to accept immunization and test (e.g., TB Skin Test) data
• Includes “QuickShots” to import immunizations from a spreadsheet
• Tracks all blood and body fluid (and any other) employee exposures
• Includes Source Patient information
• Tracks and manages multiple employee exposures by Source Patient
• Includes exposure follow-up clinical protocols to schedule follow-up automatically
• Displays the proper follow-up according to the protocol for each subsequent visit
• Includes Sharps Injury Log, as well as OSHA 300 Log, to produce for healthcare clients
• Employer’s First Report of Injury available for each state
• Manages TB Skin Testing program
• Produces compliance reports by department
• Includes reminder notices for when TB Skin Tests are due
• Includes rules for when testing is to be done (e.g. on birth date, hire date anniversary, etc.)
• Documents both PPD placement and reading and calculates “next due” dates
• Documents and reports refusals
• Includes designation of conversions
• Includes conversion rate reports by department
• Manages HBV immunization program
• Includes rules for which departments or job classes require immunization
• Documents immunization and calculates “next due” dates
• Documents and reports immunization refusals
• Includes reminder notices for when next doses are due
• Includes reminders for titer draws and documents titer results
• Produces compliance reports by department
• Manages Respirator Fit Testing, including whether test was passed, which model, etc.
• Includes Surveillance Profile to display all immunizations and tests on a single screen
• Includes ability to secure hospital employee health data at an additional level