Data Conversion During an EHR Implementation

Implementing an EHR has many moving parts. One of the most challenging is converting data from your old system. Although important to the success of an implementation, few other components of the process create more issues.

Why is the conversion important? Data conversions, particularly for large agencies, can save hundreds of hours of data entry and allow for rapid deployment of an EHR once the conversion has occurred. But no conversion is perfect; clean- up and data entry will most likely be required. A tremendous amount of planning goes into a successful data conversion, starting at the very beginning of your engagement with your EHR vendor and contract negotiations. Some vendors offer only one level of data conversion, which is usually basic (e.g. demographics only, with all clients placed in referral status) while others offer more comprehensive conversions for a higher fee. It is highly recommended that you be very clear what type of conversion your vendor is capable of and the fees and processes associated with each.

Planning is a key element in the data conversion process. Some of the key elements of the plan include:

- End User Involvement: Start with the people that use the legacy system to create the data you are converting. Ask lots of questions of them: What data are most important to them to move to the new system and why? What data issues do they anticipate? How will the converted data be used and for what period of time? This information can be used to calculate return on investment.
- Client Demographics: All conversions start with decisions about client demographics. Some agencies want to capture every field they can (language, height, ethnicity, highest grade of school, income level) beyond the basics. The problem is that agencies are also

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notoriously bad at maintaining these data sets (particularly if not required for billing), so it is essential to analyze the existing data first. For example, before you decide to crosswalk language, check the existing data to see if there are more than 100 clients that have data in that field.

- Client Identifiers: Client identifiers give you the opportunity to track legacy (read: old) client ID numbers. It is important to think about where to store the legacy numbers and if they are included in client search parameters. You also have to decide on new client number schemes if your new system does not allow you to keep old client ID numbers. Many systems auto-assign a new client number to all clients (converted or entered).
- Do you have them all? Not all clients will be in the legacy system; you have to account for clients that are not currently in an EHR or billing system.
- Program and Agency Enrollments: Some older systems do not distinguish between agency and program enrollment. This can make getting your client into the Outpatient Mental Health, Medication Clinic and Day Treatment programs during the conversion very challenging. You may have to do some parts by hand. It is helpful to list all the elements you will need to add or fix by hand. This will help you determine the resources needed for post-conversion clean up.
- Staff Assignment: Some legacy systems are very good at identifying the key staff that need to be associated with a client while others are not. In the past, I have had to rely on claims data to extrapolate the primary clinician, prescriber and other key staff. It helps if the agency has been diligent about discharging clients; but most are not. Encourage the agency to clean up their current caseloads and discharge clients as early in the process as possible.
- Timing: **When** you decide to convert can be as important as **what** you convert. Be mindful of month end closings, school vacations and holidays, fiscal year cutoffs, insurance roll-over dates, etc.
- Big Bang or Rolling: Most vendors insist that you convert all legacy data at one time. There are a few that will consider doing blocks of clients (locations, programs) in a rolling implementation. If you are doing a big bang implementation, you will need a plan to keep the data up to date. Data can get stale very quickly and double data entry can be hard to maintain.
- The Hard Parts: There are a few areas that I have found to be particularly challenging. These include:
    - Authorizations – Authorizations are challenging because they are a moving target. Unless your conversion is seamless and done in a short time frame, you will need to adjust at least some of the balances. Plan your timing carefully.

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        - Service Bundles: A subset of issues with authorizations are service bundles (e.g. authorization for multiple services - Diagnostic assessment, individual therapy, family therapy – linked to one authorization number). Many payers give you an authorization for a range of services. If your old and new systems do not match in reference to these bundles, it can wreak havoc on your authorizations.
    - Payers – Like authorizations, payers can quickly get out of date. I have had to pay particular attention to payer issues when the new system is more sophisticated than the legacy (e.g. where sequence matters). Be mindful of payers of last resort – some are defaulted to every client and this may or may not be necessary in your new system.
    - Guarantors – If the client is not the person insured, you will need some basic demographics about the guarantor and a way to link the guarantor to the client, either during the conversion or by hand after.

Based on being involved in a number of challenging data conversions, here is my advice:

- Map out the process in great detail; white board it, then flow chart it.
- Mind the gap: Once you pull data to be converted, you create a gap in the data. You have to track any changes made to the data while you are in the process of converting it and then have a plan to update the converted data. You want to minimize the number of days between the pull and final approval of the data in your production system.
- Test and then test some more: You can't test converted data enough. Involve End Users and operations and billing staff. The more people testing the integrity of the data, the better.
    - Don't just look for the presence of data – there might be a city in the address, but you're working in Ohio and all the cities are in Texas. Watch for zip code leading 0's; like in all MA towns.
- Watch for duplicates in the old system coming over to the new – you don't want to replicate work arounds and bad habits from one system to the next.
- Pay attention to the order of the parts. For example, staff and programs have to be entered in the new system in order to create the client links. Make sure you know how the software will handle mismatches. (Will it add programs? Not add the client? Kick out error reports?)

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- Set expectations early on in the process and don't over promise. Some agency staff believe that the data conversion process will bring all stored data into the new system and no clean-up will be needed; be sure to set realistic expectations.

Data conversions are a lot of work and they are worth the effort when they go well. When they go poorly, it can delay or derail an EHR project. Plan well and test even better.

About the Author

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Input Welcome

Do you have other advice/experience with a data conversion? Your input is welcome. Email your thoughts, additions, best practices and implementation experiences to Jordan@SolutionsInBH.com .

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