

Considering an Epic Conversion?

Here's the Data You Need

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Introduction

We asked Keena's conversion experts to compile advice and tips from experience with 30+ Epic Conversion & Archival Projects to help you prepare for your conversion project.

With increased regulatory and reporting requirements, a push for true interoperability, and the need to better engage with patients, many of our clients have been considering a move to a new EHR- and specifically to the market-leading Epic platform. Industry statistics indicate that 46% of EHR conversions and implementations in 2021-2022 were headed to Epic. Clients have pointed to stability and reliability as leading factors in their purchase decision.





The Key to a Successful Epic Conversion Project

An EHR conversion is a complex and challenging project requiring a unique mix of savvy technical deployment and carefully considered collaborative planning. To ensure a successful migration, the scope and build-out of your data plan is priority #1.

We have broken data planning down into 7 critical factors for your consideration, outlined below.

O1 Data Elements Selection

Deciding which data elements to move from your existing EHR is at the heart of every conversion project. Here are some factors to consider when determining which data elements to migrate to Epic.

Key Patient Identifiers

Demographics such as name, address, date of birth, are typically a core part of any conversion.

Structured, Discrete Clinical Data

Medications, allergies, and lab results offer the potential of being moved directly into a new EHR database—which provides the advantage of being incorporated into clinical decision support processes.



Consider the PAMI (problems/allergies/meds/immunizations) ROI (reconcile outside information) rules. Certain data parameters, override status, etc. can save you a lot of time when discussed and planned for up front. If you are utilizing a CCDA, you can only bring those 4 data elements into Epic. For histories/vitals/ results you will need to use an HL7 interface or flat files per Epic specifications. Be prepared for data clean-up. Errors will occur and business logic will not always align with your process needs.

Continuity of Care Documents (CCD)

CCD's are useful for both summary data and discrete elements. This is because the underlying structure is based on the CCDA (Consolidated Clinical Document Architecture) standard. CCDAs can be used to generate historical PDFs for longitudinal view of the patient's chart. It also contains all the discrete data needed for most clinical conversions.





Many EHR systems can produce a CCDA but often those CCDAs are not able to be imported into Epic or they import data that is undesirable. There are a variety of reasons for this, so choosing a knowledgeable conversion specialist with experience in reviewing, identifying, and resolving a wide spectrum of data issues adds a lot of value.

Progress Notes and Other Relevant Clinical Documents

This data has important historical reference value. When considering notes and clinical documents look to balance providers needs vs wants to avoid cluttering your new EHR.

EPIC PRO TIP In the Epic environment, PDFs require an extra click to access, while notes do not.

02 Data Quality

Older systems typically have a higher dependence on unstructured data variability and therefore increased data quality issues. Migrating to a new EHR provides you with an opportunity to start fresh—which means being selective about which data is converted to avoid the bad data in/bad data out paradigm.



03 Data Mapping

The data mapping effort is almost always underestimated by an organization but is critical for a discrete data conversion and crucial to keeping to your planned project timeline. For example: some items might not be codified, or they may not be in the required coding system. These situations require a lot of communication, vetting, and signoffs.

A Few Suggestions for a Successful Data Mapping Project:

- Identify coding set mapping requirements upfront
- Determine the volume of data you have that is not codified
- Prioritize by instance count
 Example: For medications: determine how many are prescribed and then prioritize accordingly
- Give extra time for basic data formatting of key elements. Example: Time, language, gender, and demographics
- Make sure you have the Epic Dictionaries map from source codes to Epic Codes



An experienced conversion partner should suggest that they do key portions of the data mapping analysis during the discovery phase BEFORE the project plan and costs are finalized. It may seem like they are building in upfront costs, but the opposite it often true. It will save a great deal of time and effort in the end.



04 Data Grouping / Sets

It's important to define and build meaningful practice identifiers to ensure patients and their data can follow the provider. Consider what needs you may have for identifying patients/groups from a legacy perspective up front in your planning process. If you want to know which patients are affiliated with specific practices in your network, you'll need to define and build meaningful Practice Identifiers.

These identifiers can then be used during the conversion from the legacy system(s) for various conversion data set(s). If you're planning to use the legacy practice level OID – having complex, or inconsistent rules can reduce or eliminate your ability for some practice level reporting, export utilities, or straight-forward conversion tasks.

05 Archiving vs. Conversion

It may not be practical or possible to convert all the relevant clinical and financial data from your old systems to your new one. Yet it's crucial for patient care, collections, and legal compliance that you "leave no data behind." Consider having a comprehensive legacy system data archival plan to provide easy access to a full view of all archived clinical and financial data from older platforms.

There's no need to keep your legacy EHR or PM systems running along with the maintenance and licensing expenses that go along with that alignment. A user-friendly, flexible archive solution can be configured to operate as a module inside most leading EHR and PM systems. Thus, avoiding the need for clinicians and back-office staff to log into multiple systems to access historic patient information.

There are several ways to make historical charts readily available for providers without integrating the data into the new platform. For problematic data,



this is a compelling alternative. Balancing what providers want and need with what is possible, is critical to achieving success at a technical and user level.

How Much is Too Much?

The benefits of archiving data are huge and often pushed aside in the initial stages of planning. Consider planning ahead for release of records and legal data storage requirements. Avoid filling your new Epic system with poor quality data or data with minimal access requirements. The financial and operational benefits of planning your data archival strategy up front are significant.

EPIC PRO TIP When determining what legacy data you want to bring into Epic, be aware of disc space considerations especially when making decisions on documents and PDF's. Epic may enforce specific storage space limitations for document conversions that can require extra hours for reassessment and communications.

How Much is Too Little?

It is also possible to err on bringing in too little data during a conversion. Patient safety can be threatened from limiting access to legacy records. When deciding how many years of patient data to bring into Epic consider that if a patient does not exist within Epic you will not be able to use single sign-on from within EPIC to the Archive for that patient. The user would have to manually login to the Archive and search for the patient which can dramatically reduce the value of the Archive, and in user adoption.

EPIC PRO TIP When considering how long to maintain OB/GYN patient records, remember that many years can pass between patient visits. You may consider migrating OB/GYN patient data for a longer period of time than the average primary care patient.



Of Take Advantage of Data Tools

One of advantages of working with experienced conversion vendors is that they have often developed efficient data cleansing and workflow tools that can help mitigate challenges that inevitably arise with complex conversion and archival projects. Be sure to include data automation tools in your conversation when evaluating vendors.

Recommended Data Tools

- Legacy EHR Specific Extract Scripts
- Conversion Database
- Translation and Mapping Tools
- CCDA

Parsing - ability to parse human readable and machine code elements

Transforming - leverage all translation & mapping

Generating- ability to create HITSP C32 compliant CCDA

- Standard HL7 Interfaces (Parsing, Transforming and Generating capabilities)
- Document Conversion Tools
- EHR API Libraries
- EMPI Integration



07 When Making Data Management Decisions Don't Forget About Workflow

In the end, the goal of a conversion project is to support administrative and clinical workflows that guarantee continuity of care for the patients served. Since medicine is a high transaction activity, even minor workflow inefficiencies get magnified.

Getting a practical perspective on how a conversion project can impact daily activities--from scheduling, to check-in, to visits, to ordering tests, and finally through the billing process, is essential for a successful project. This means understanding the workflow of all the staff that fulfill these functions-not just the physicians. This can also be an area where your conversion specialists can help, particularly if they have experience building and utilizing tools to support workflow issues that occur within conversion projects.

EPIC PRO TIP Regarding post-conversion workflow- how data elements are converted to your new system could dictate whether they are classified as Read-only or Editable. A couple examples are a transition of problems from Active to Past, or the ability to Reorder medications.



Summary

An EHR conversion is a challenging project that can be successfully completed by following a systematic process. A detailed understanding of your data and workflow requirements is necessary. Partnering with experienced conversion specialists with data set knowledge, established workflow tools, and programming capabilities can help facilitate a smooth transition and successful adoption of your new Epic system.

NEXT STEP

Contact Shane Rose if you are interested in a more technical discussion or scoping of your next conversion project:

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NEXT READ

Read our companion whitepaper about general tips on migrating your EHR:

8 Steps to a Successful EHR Conversion

READ WHITE PAPER \rightarrow

SOURCES

https://ehrintelligence.com/news/epic-systems-dominates-2020-ehr-implementation-market-share www.definitivehc.com/resources/healthcare-insights/hospitals-and-health-systems-implementing-epic-20212022#:-:text=From%20the%20data%2C%20we%20can.of%20this%20two%2Dyear%20period

