Health Information Technology and Wound Care

EHR will soon play an increasing role in prevention and treatment of pedal wounds.

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There are many changes coming down the pike in terms of how our EHR systems can be utilized to communicate with insurance carriers. These changes are intended to streamline the process of prior authorization for treatments we provide. The current work is focused on the exchange of information to support DME, including home oxygen therapy, power mobility devices, and other aspects of care that have been subject to fraud, waste, and abuse of the healthcare payment systems. The project is known as Payer-Provider Data Exchange (PDEX) and is a part of the DaVinci project at HL7. (Disclosure: I am a Co-Chair of the EHR workgroup at HL7, an International Standards Development Organization see http://www.hll7.net.)

There is also a major initiative to reduce clinician burden associated with the use of health information technology (aka EHR systems). That brings us to the subject of this article: using data in your EHR system for automatic prior authorization of advanced wound care treatments including bio-engineered tissue products and wound VAC systems.

There are various Local Carrier Determination documents (LCDs) associated with bio-engineered tissue grafts and wound VAC systems. They have specific documentation requirements, including the amount of time a wound has been present as well as documentation that the wound has been demonstrating improvement with use of the treatment. Work is currently underway to be able to send data on wounds directly to the insurance carriers that will allow for real-time prior authorization for advanced wound care treatments and wound VACs. Insurance Carriers, EHR developers, and other stakeholders have demonstrated a strong interest in the ability to exchange this data quickly and efficiently to allow better access to care and decreased overhead for both the medical providers and the insurance carriers.

This enhanced electronic communication will have a positive impact on patients having access to timely care and will also decrease the amount of administrative overhead at both the insurance carrier and in the provider's office in arranging for prompt and appropriate payment for these vital therapies. The net result for you and your patients is that you will be paid faster and receive approval faster for these treatments. The automated system will also help to reduce the amount of waste in the system, further reducing costs to the healthcare ecosystem.

In order to accomplish this important milestone, several changes need to be made to both EHR systems and the infrastructure associated with provider–payer communication.

1) The method of documenting wounds will need to be standardized. This has nothing to do with creating a new wound classification system and has everything to do with how you will use your EHR. You will need to collect the data elements (observations) of each wound you are treating in a form so that the data can be stored in a database. The information you will be collecting will include but is not limited to:

a) Wound size (width, length, depth)

b) Wound color

c) Exposed structures (tendon, bone, subcutaneous tissue, hardware, foreign bodies)

d) The presence or absence of an infection

e) The vascular status of the patient (DP, PT, CFT, and other elements)

f) Wound location (e.g., plantar aspect of 1st metatarsal head)

Each time you examine a patient, all the data elements will need to

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You will need to collect the data elements (observations) of each wound you are treating in a form so that the data can be stored in a database.

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be re-entered. The wound history will then be stored in your EHR system as a series of observations. You will then be able to track the wound progress over time by reviewing the same set of observations. A visible graph will probably be provided to you so that you can see how the wound is progressing.

2) In addition to this information being available to you to enable a better understanding of how the wound is progressing, you will be able to electronically send this information to the insurance carrier to obtain initial and continued authorization to provide advanced wound care therapies utilizing the PDEX system.

3) Additional advantages of this emerging technology will be the ability to send each of these observations to a registry, and hopefully CMS will provide you with quality reporting credit (see MIPS) for the quality care you are providing.

4) The same data will be available, in a de-identified form, to various professional and research organizations to allow for evaluation of various types of wound treatment and should result in research papers that can provide guidance on the best way to treat wounds. With data such as the patients' medical status (blood albumin levels, co-morbidities such as diabetes, collagen vascular diseases, hypertension, and others) as well as patient demographic information (age, gender, genetic make-up), it is possible that evidence-based medicine guidelines could be developed that allow for the best wound treatment based upon much more than just the size and location of the wound.

When the project is complete, the examples above are potentially just the tip of the iceberg when it comes to advances in understanding wounds and treating wounds in our patients.

We are still a few years away from being able to realize the potential of using the data we collect to be used in this manner, but with the proper use of EHR systems, we are on the threshold of working collaboratively to have a major improvement in our ability to treat and even prevent wounds in our patients. **PM**

Dr. Michael Brody has presented webinars for the e-Health initiative, (www.ehealthinitiative.org/) and is active in the EMR workgroup of the New York E Health Collaborative (www.nyehealth.org/). He has provided consulting services to physicians for the implementation of EHR software and to EHR vendors to assist in making their products more compatible with CCHIT and HIPAA guidelines. Dr. Brody is a member of AAPPM.