

The Case for Outsourcing Scanning, Indexing & Data Hosting

1. **It saves money.** Across the system, although commonly done, back-file paper storage within expensive hospital real estate is impractical. Years of records are taking up valuable hospital space that could be allocated to other purposes.
2. **It improves access.** Existing paper records are either not indexed or indexed idiosyncratically, often in several different places, across a region or hospital site.
3. **It improves quality.** Efficient scanning and indexing of health records is a specialized activity. Record elements come in many shapes and sizes; accurate indexing requires specialized training; security and privacy concerns are paramount.
4. **It's professionally managed.** Streamlined facilities, customized for efficient and professional management of patient health records for multiple clients have many advantages: secure facilities, reliable 24/7 operation, specialized scanning equipment, trained health record information managers on staff, bilingual services, instant access if required, off-site disaster back-up and recovery systems for EHRs, no capital cost, and a significantly lower operational cost than if these activities are undertaken within a single hospital or LHIN. Case studies demonstrate cost reductions in the range of 15-25%, depending on the current state of the paper records. (*Salumatics, 2009*)

The Case for Outsourcing Coding & Abstracting

1. **Consistency.** It is absolutely essential that coding (ICD10) and indexing of patient records be done consistently, if cumulative data is to have any value for administration, planning, reimbursement, and accountability practices.
2. **Improved patient care.** CIHI has repeatedly documented tendency of coders (2009) to under-report risk factors with significant implications for areas such as organ replacement, renal disease, mortality risk assessment. There are many reasons for coding discrepancies; shortages of trained personnel in specific geographic locations, incomplete documentation, inadequate training for coders or medical staff, and difficulty assessing and documenting co-existing risk factors such as, malignancies, lung disease, vascular disease and so on, which will have an impact on intervention strategies, complexity, cost, and outcomes.
3. **Financial management.** All hospital performance indicators – costs per weighted case, worked hours per weighted case, diagnostic, laboratory and pharmacy utilization, staff to patient ratios – rely on accurate documentation and coding, first and foremost. Comparable and reliable data can best be achieved by outsourcing this critical and non-clinical activity to organizations focused on this as their core business, with a commitment to maintaining training, upgrades, and performance.
4. **More accurate and efficient billing and reimbursement.** As coding becomes the basis for reimbursement, rapid, accurate, and consistent coding practice becomes paramount.
5. **Superior audit and accountability.** Concentration of service providers allows for increased scrutiny and audit. Case studies demonstrate coding cost reductions in the range of 10-15%,

and with a significant improvement in coding quality, turn-around-time, and audit practice.
(Salumatics, 2009)