



LEGACY DATA

BY JIM LEONARD

Every Healthcare institution I visit, whether a Hospital or Physician Practice, seems to have the same problem. “We’ve implemented our new EMR, but we still access the old one every day.”

The problem is that the need to access the Legacy Data stored in a previous system requires the facility to keep that system up and running. CIOs I speak with all have a similar comment, “How can we afford the cost and staffing to continue to support both our new, go-forward systems as well as the prior system it replaced?” The simple fact is no one can.

Patient Financial Systems and Clinical records systems are highly complex technical solutions designed to support many business functions within a healthcare organization and often require large investments in hardware and staffing to support. To keep one, or both, of these systems in place after a move to a new product is a truly unviable option long term. But I see this situation all the time.

The interesting aspect to this is that regardless of an organizations’ size and technical or strategic sophistication, almost all have some experience with this problem. Large organizations in acquisition mode, have this problem in spades. Legacy systems kept running just to have access to that data in a format that allows employees to search for and view this data.

The reality is that this data is extremely difficult to move into a new system, whether that data is Billing oriented or Clinical in nature. Data formats, field sizes, data relationships and other constraints make the import of previously captured data into a new system nearly impossible.

One large Healthcare institution I visited recently has up to 12 sun-setted physician EMR systems running in order to provide access to legacy data to their docs.

Another 12 hospital system has several EMR systems in place to provide access to legacy data that they chose not to move into their EPIC system as they transitioned newly acquired hospitals to their chosen platform. So what’s the solution? Enterprise Content Management (ECM).

An Enterprise Content Management System (often Web-based) is designed to consume and manage electronic documents, data, scanned images as well as many more formats. This varied content is

stored with Metadata used to index and allow for both simple and complex search criteria making the content much more easily accessed by users.

Presentation of the content, particularly raw data, is often by a system defined PDF format or electronic form, making the raw data more useful to staff. Very often, the ECM tool also provides a sophisticated workflow engine to allow automation of work processes both inter- and intra-departmentally.

Enterprise Content Management has the flexibility to consume this Legacy data, whether that data is Billing, Clinical or scanned images. ECM not only can consume this data and format it so that it makes sense to employees needing access, but also will index this data to make it easy to access and review, often more efficiently than having the original system in place.

Another benefit of transitioning this data to ECM is the ability to directly associate this legacy data to the new system's Medical Record number or Encounter number generated by the new system allowing staff in the new system to easily access legacy data indexed to these new patient identifiers. Everyone would agree that this would be much more efficient for staff than jumping over to the old system each time they need to reference legacy data.

Very often, data security is enhanced with a move to an ECM product and these systems often have superior audit capabilities than the legacy systems in use now.

Typically, the cost of an ECM system can be offset by no longer having archive licensing in place on a legacy HIS or EMR product and the exposure of having a legacy system fail and being unrecoverable goes away as the data archive moves to newer technology.

There are just no negatives to moving Legacy data, whether Billing, Clinical or Document Images from a legacy system to an ECM product regardless of whether that system exists in a Health System, Hospital or Physician's Practice.