



What is this Patient Being Seen For? Outside Medical Records Collection Optimization

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Background: When patients transition their care from one healthcare facility to another, they must collect their medical records from their former provider, which is a time-consuming and often stressful process. In a 2019 initiative, the GetMyHealthData campaign spent a year documenting what happened when patients requested their medical records. The campaign findings illustrated the difficulties patients faced, being thwarted by outdated formats for information, inefficient delivery, facility pushback, and exorbitant fees (Health Affairs Blog, 2020). The Office of Specialty Collaborations and Contracts (OPSCC) at Mayo Clinic saw an increase in workload for clinicians and scheduling staff to collect, index, review, and summarize outside medical records for new patients through workload management reports in 2020. In response, the Office launched a deep dive project to address staff concerns with the current collection process, identify inefficiencies, and implement optimized practices and technologies.

Objective: The Project Team was operationalized with the following objectives in mind:

- Decrease nursing time spent collecting, indexing, reviewing, and summarizing outside medical records
- Increase clarity regarding which outside medical records to collect for each patient
- Decrease scheduling staff time spent collecting outside medical records
- Increase satisfaction in the clinical practice with the outside medical records collection process
- Implement novel technologies for collecting, indexing, reviewing, and summarizing outside medical records

Planning: The Project Team conducted informational interviews to garner feedback and accurately process map current outside medical records collection processes from nursing and scheduling staff. After assessing 20+ different specialties across Mayo Clinic’s three destination medical center (DMC) sites, the Project Team worked with staff to identify optimization opportunities within each of their processes. Those were categorized using an effort impact grid. These findings were compiled into a larger assessment including detailed current state process maps, outside medical records data, and key areas for optimization. After the projects were categorized, work began to implement the quick wins and planning began to implement the major projects.

Interventions Implemented: Based on the feedback collected from the informational interviews, actionable solutions ranged from quick wins to major projects. Examples of quick wins were to refine the templates used to request outside medical records to improve clarity for scheduling staff submitting requests. Another just-do-it opportunity is to implement a multi-specialty pilot for using a new machine learning application to organize and index outside medical records sent to Mayo Clinic. Examples of major projects were to optimize the patient intake process to gather previous facility information and the authorizations and service terms form before the scheduling call, integrating the intake process forms within the patient portal, and collection streamlining.

Results: Participating specialties, nursing and scheduling staff, were interviewed to assess the value of optimization improvements to their outside medical records collection process. The informational interviews showed that staff time spent doing collection activities was the biggest concern. It resulted in the following estimates for time reduction for key operational improvement projects. While many opportunities were identified for optimization, only the quantifiable results are illustrated below.

Project Name	Improvements Made	Avg. Estimated Time Spent Completing Activity Before Improvements	Avg. Estimated Time Spent Completing Activity After Improvements
Template Refinement	<i>Templates improved flexibility for requesting specific records based on the patient’s medical history.</i>	20 minutes	15 minutes
ML Application Implementation	<i>Application pilot reduced nursing time indexing, reviewing, and summarizing outside medical records.</i>	3 hours	2 hours
Intake Process Optimization	<i>Intake process improved collection of pertinent medical history from the patient before a scheduling intake call occurs. This reduced a bottleneck in the process and improved downstream results for accurate and streamlined records collection requests.</i>	1 hour	20 minutes

Lessons Learned:

- Informational interviews garnered unfiltered feedback from staff on how to improve the outside medical records collection process.
- This project focused on specialties caring for specialty contract patients and served as a pilot group for larger enterprise improvement opportunities.
- Outside medical records collection challenges pose a lot of inefficiencies to offering timely care to patients.

Next Steps:

- Broader implementation of major projects and quick win pilots to continue reducing staff time spent collecting outside medical records.
- Survey feedback to validate time reduction from operational improvements made and iterate on new ideas.
- Receive leadership support to implement operational improvements identified across the Mayo Clinic enterprise.

"Why Aren't More Patients Electronically Accessing Their Medical Records (Yet)?" Health Affairs Blog, January 13, 2020. DOI: 10.1377/hblog20200108.82072