



starting soon



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WEBINAR

The Cure for Legacy Data: Getting Started With an Active Archive



Erik Johnson
VP of Marketing

What We'll Cover

1

The Problem: Legacy Data Risks

2

Options for Managing Legacy Data

3

The Solution: Active Archive

4

Tips for Getting Started



The Problem

100+

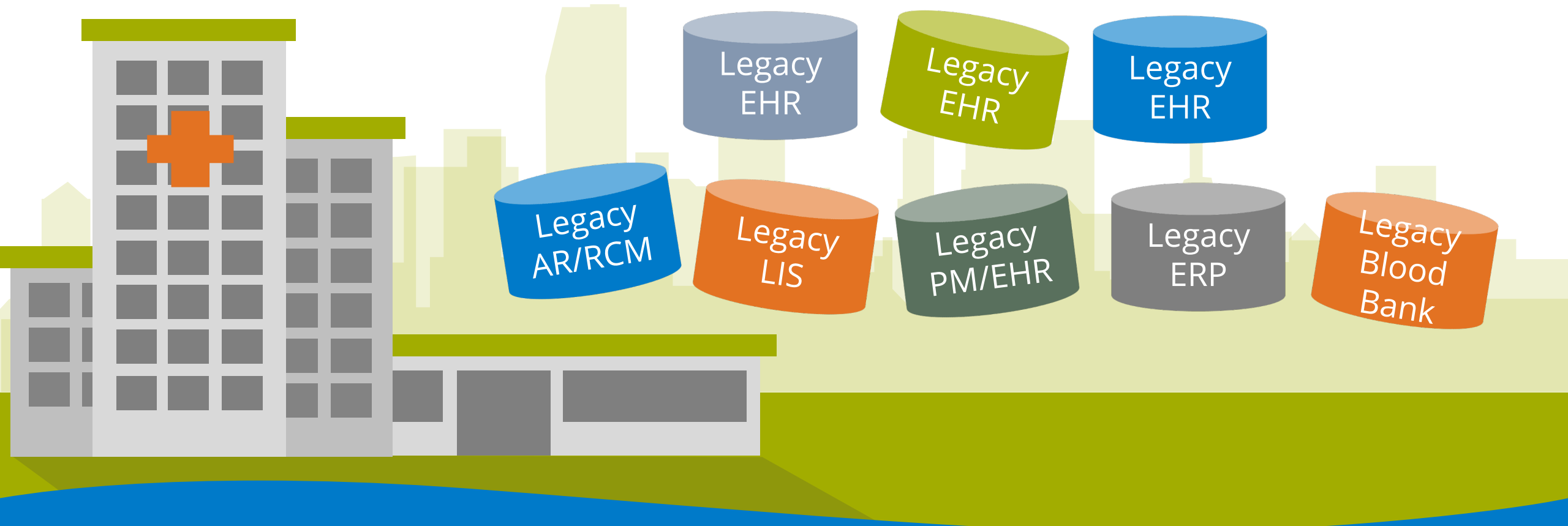
Disparate Systems

10

EHRs per hospital

18

EHRs per health system



When More isn't Better



SECURITY

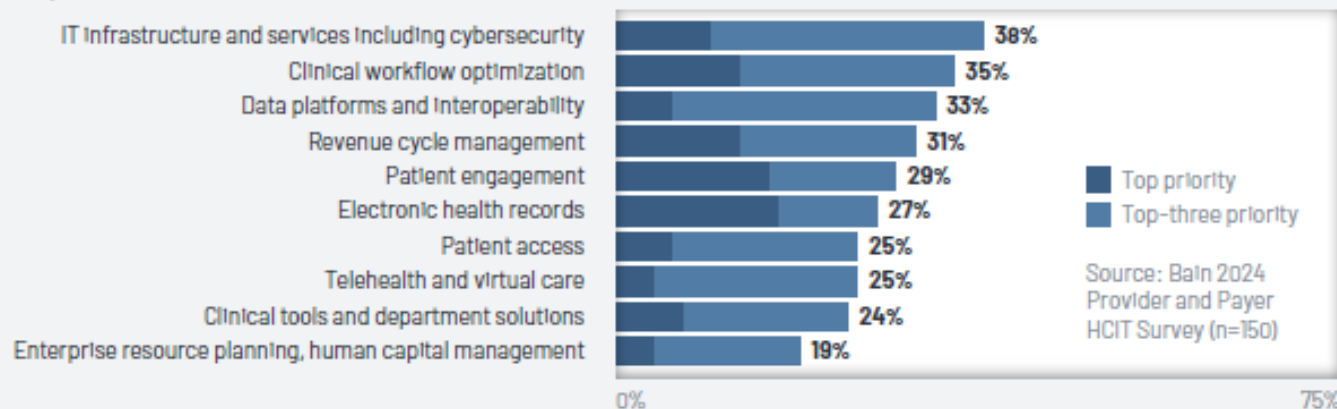
- External threats
- Internal threats
- Server concerns

\$10M+

Average Cost of a Data Security Breach

Figure 4 **IT Infrastructure and Services and Clinical Workflow Optimization Are Providers' Highest Priorities** BAIN & COMPANY KLAS RESEARCH

Percentage of providers citing top-three software and digital technology investment priorities for 2024 (n=150)



Legacy Data Risks



SECURITY

- External threats
- Internal threats
- Server concerns



COMPLIANCE

- Record Retention Laws
- Internal policy
- 21st Century Cures Act



ACCESSIBILITY

- Release of Information
- Clinical access
- Risk of sunset



COST

- Maintenance contracts
- Servers
- IT/User inefficiencies

\$10M+

Average Cost of a Data
Security Breach



USERS WANT IT

- Reduce burden for Clinicians
- Simplify Release of Information



PATIENTS DEMAND IT

- Access to complete patient record
- Better patient experience

32%

Of Patients Report Gaps In Information Exchange



HOSPITALS BENEFIT

- Secure, consolidated data
- Comply with regulations
- Reduce technology cost and burden

The Options



1 Maintain Legacy Systems

2 Convert Legacy Data to EHR

3 Archive Legacy Data to PDF

4 Archive Legacy Data Discretely

- ✓ Security vulnerabilities
- ✓ Multiple system logins
- ✓ Legacy vendor costs

- ✓ High cost and complexity
- ✓ Data mapping issues
- ✓ Go live timing
- ✓ Only a sub-set available

- ✗ Buries data into pages
- ✗ User access/audit issues
- ✗ Not query-able

- ✓ Data access/sort/filter
- ✓ Reporting & analytics
- ✓ Enables for data sharing

- ✗ Does not meet security requirements
- ✗ Does not meet efficiency requirements

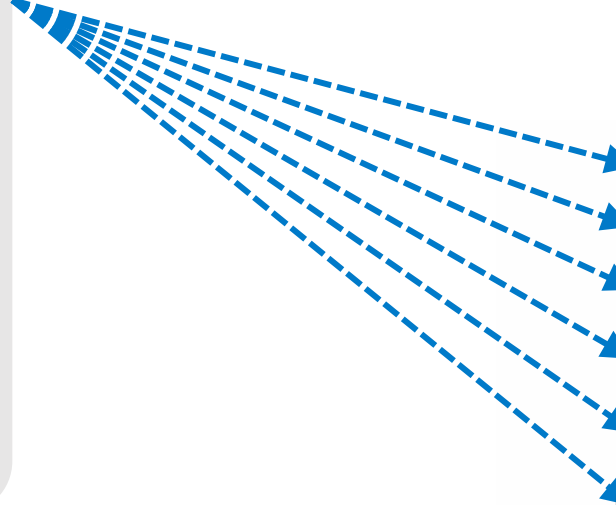
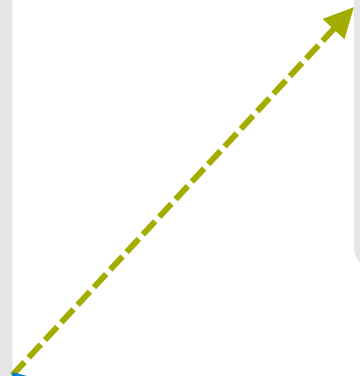
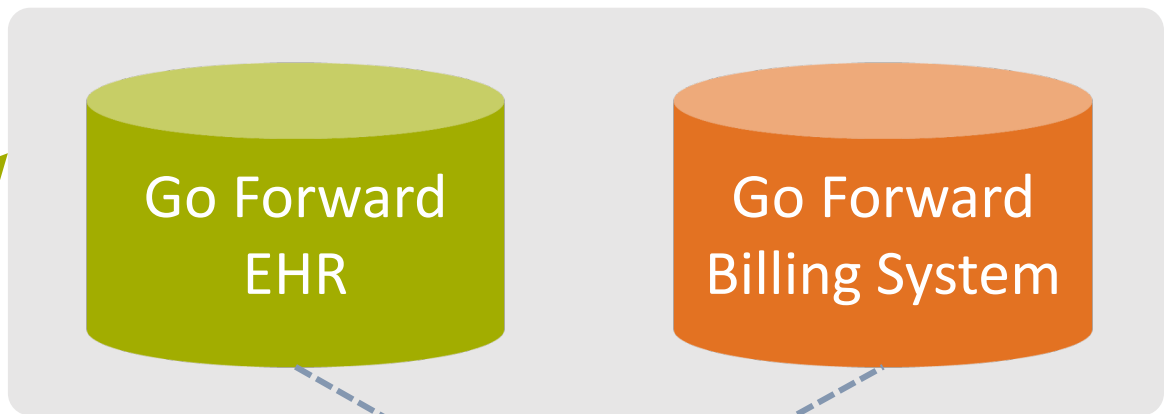
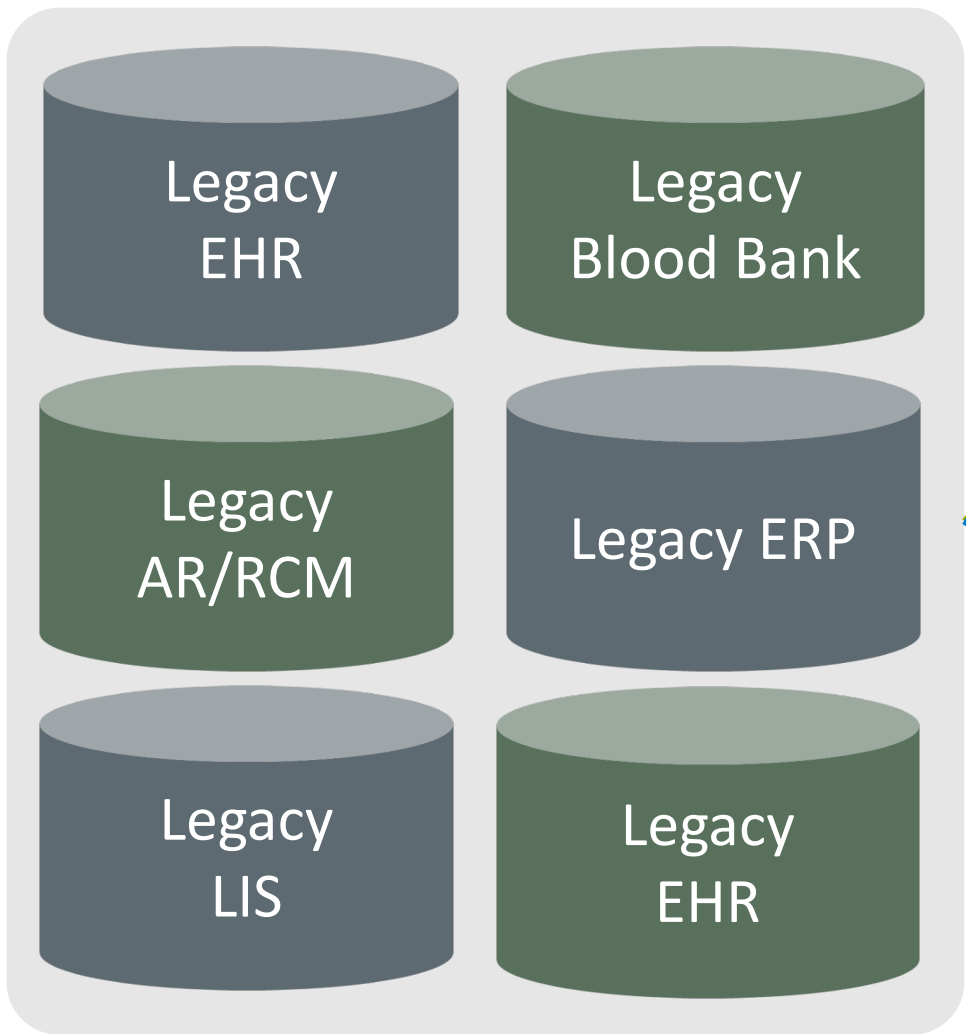
- ✗ Does not meet compliance requirements
- ✗ Does not meet efficiency requirements

- ✗ Does not meet security / privacy requirements
- ✗ Does not meet accessibility requirements

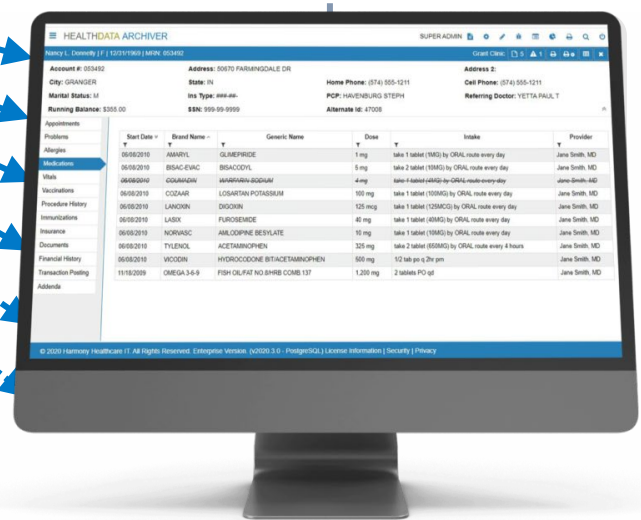
- ✓ Meets security / privacy requirements
- ✓ Meets compliance requirements
- ✓ Meets accessibility requirements
- ✓ Meets efficiency requirements

Legacy Data Management Strategies

The Solution: Active Archive



Single Sign-On



Active Archive



Eric E. Willow
 Male, 70 y.o., 1/22/1949
 MRN: 201776
Needs Interpreter: Danish
 Code: Prior (no ACP docs)

Search

Allergies (7)

ADMITTED: 5/24/2011
 No active principal problem

Height: 1.727 m >365 days
 Last Wt: 78.9 kg >7 days
 BMI: —

NONE

ACTIVE MEDS
 None

- Chart Review
- History
- Allergies
- Problem List
- Demographics
- Harmony HDA**

Problem List

Search for problem

Show: Past Problems View Drug-Disease Interactions

Diagnosis	Hospital	Principal	Priority	Diagnosed
Non-Hospital (Problems not being addressed during this admission)				
Essential hypertension	<input type="checkbox"/>		Unprioritized	△ × ↕
Gastroesophageal reflux disease	<input type="checkbox"/>		Unprioritized	△ × ↕
Hypothyroidism	<input type="checkbox"/>		Unprioritized	△ × ↕
Pneumonia, organism unspecified(486)	<input type="checkbox"/>		Unprioritized	△ × ↕
Multidisciplinary				
PAIN - ADULT				↕
INFECTION - ADULT				↕
SAFETY ADULT - FALL				↕
DISCHARGE PLANNING				↕

Mark as Reviewed Never Reviewed

Close

History

Medical History

History	Date	Comments
Essential hypertension	1985	Diagnosed age 54. Initially treated with sodium restriction, diet, exercise. Diuretics started ~1988, taken sporadically since that time. Patient admits to poor compliance with med regimen. No history to suggest end organ damage or coronary artery disease. Cardiovascular risk factors include 20 pk yr hx of smoking and hypercholesterolemia.
Cluster headache	1988	Cluster headaches for approximately 5 yr period, occurring 2-3 X yearly. None since 1993.
GERD (gastroesophageal reflux disease)	1988	GERD, diagnosed by EGD. Symptoms well controlled with intermittent use of H2 blockers.

Surgical History

Procedure	Laterality	Date	Comment	Source
PR APPENDECTOMY		1965		
PR TONSILLECTOMY & ADENOIDECTOMY		Age 12		

Family History

Problem	Relation	Age of Onset	Comments
Heart attack	Father (Deceased at age 74)		Died age 74 of MI
Stroke	Mother (Deceased at age 88)		Died age 88 of CVA

Employment History

No employment history on file.

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ACTIVE MEDS
 None

Willow, Eric E

Chart Review | History | Allergies | Problem List | Demographics | **Harmony HDA**

HealthData Archiver

HealthData Archiver

HEALTHDATA ARCHIVER ATTENDING INPATIENT

Eric E. Willow | M | 01/22/1949 | MRN: 201776 Grant Clinic - Ambulatory

Account #: 201776 **Address:** 50670 FARMINGDALE DR **Address 2:**
City: NASHVILLE **State:** TN **Home Phone:** (574) 555-1211 **Cell Phone:** (574) 555-1211
Marital Status: M **Ins Type:** BBA **PCP:** HAVENBURG STEPH **Referring Doctor:** SMITH PAUL R
Running Balance: \$50.00 **SSN:** ### ## #789 **Alternate Id:**

Start Date	Brand Name	Generic Name	Dose	Intake	Provider
10/01/2017	CHLORTHALIDONE	THALITONE	25 mg	take 1 tablet (25MG) by ORAL route every day	Dr. Murphy
10/01/2017	RIOMET	METFORMIN	500 mg	take 1 tablet (500MG) by ORAL route 2 times daily	Dr. Murphy
10/01/2017	XANAX	ALPRAZOLAM	0.5 mg	take 1 tablet (0.5MG) by ORAL route 3 times daily	Dr. Murphy
06/08/2010	COZAAR	LOSARTAN POTASSIUM	100 mg	take 1 tablet (100MG) by ORAL route every day	Jane Smith, MD
06/08/2010	LANOXIN	DIGOXIN	125 mcg	take 1 tablet (125MCG) by ORAL route every day	Jane Smith, MD
06/08/2010	LASIX	FUROSEMIDE	40 mg	take 1 tablet (40MG) by ORAL route every day	Jane Smith, MD
06/08/2010	NORVASC	AMLODIPINE BESYLATE	10 mg	take 1 tablet (10MG) by ORAL route every day	Jane Smith, MD

Appointments | Problems | Insurance | Procedure History | Vaccinations | Allergies | Immunizations | **Medications** | Safety | Vitals | Scanned Documents | Financial History | Transaction Postings

Legacy Record Indicator

- Story Board
- Print Group
- Navigation Pane



1  Consolidate Systems

4  Enhance Efficiency

2  Decrease Cost

5  Ensure Compliance

3  Increase Security

6  Simplify Reporting

Benefits of an Active Archive

Getting Started with an Active Archive



“The goal of our data migration extends beyond modernizing our data infrastructure. By building a secure foundation to take advantage of new innovations in AI, we’re able to streamline our clinical providers’ workflow and advance the way we deliver patient care.”
 SVP of Clinical Operations - Large IDN



COMPLIANCE



SECURITY



ACCESSIBILITY



Acknowledge Problem

- Inventory Applications
- Prioritize Applications
- Assemble a Team
- Select a Vendor
- Begin Project

Acknowledge Problem



- Acknowledge Problem
- Inventory Applications**
- Prioritize Applications
- Assemble a Team
- Select a Vendor
- Begin Project

Inventory Systems

- Clinical
- Inpatient
- Outpatient
- Ancillary
- Financial
- Administrative

Document Details

- System details
- Information stored
- Data location
- Time frame
- SMEs

Handout: Legacy Inventory Template



- Acknowledge Problem
- Inventory Applications
- Prioritize Applications**
- Assemble a Team
- Select a Vendor
- Begin Project





- Acknowledge Problem
- Inventory Applications
- Prioritize Applications
- Assemble a Team**
- Select a Vendor
- Begin Project

-  Dedicated Program Manager
-  Executive-Level Champion
-  Other Key Stakeholders

Roles to Include

- IT
- HIM
- Clinical
- Rev Cycle
- Compliance
- Legal



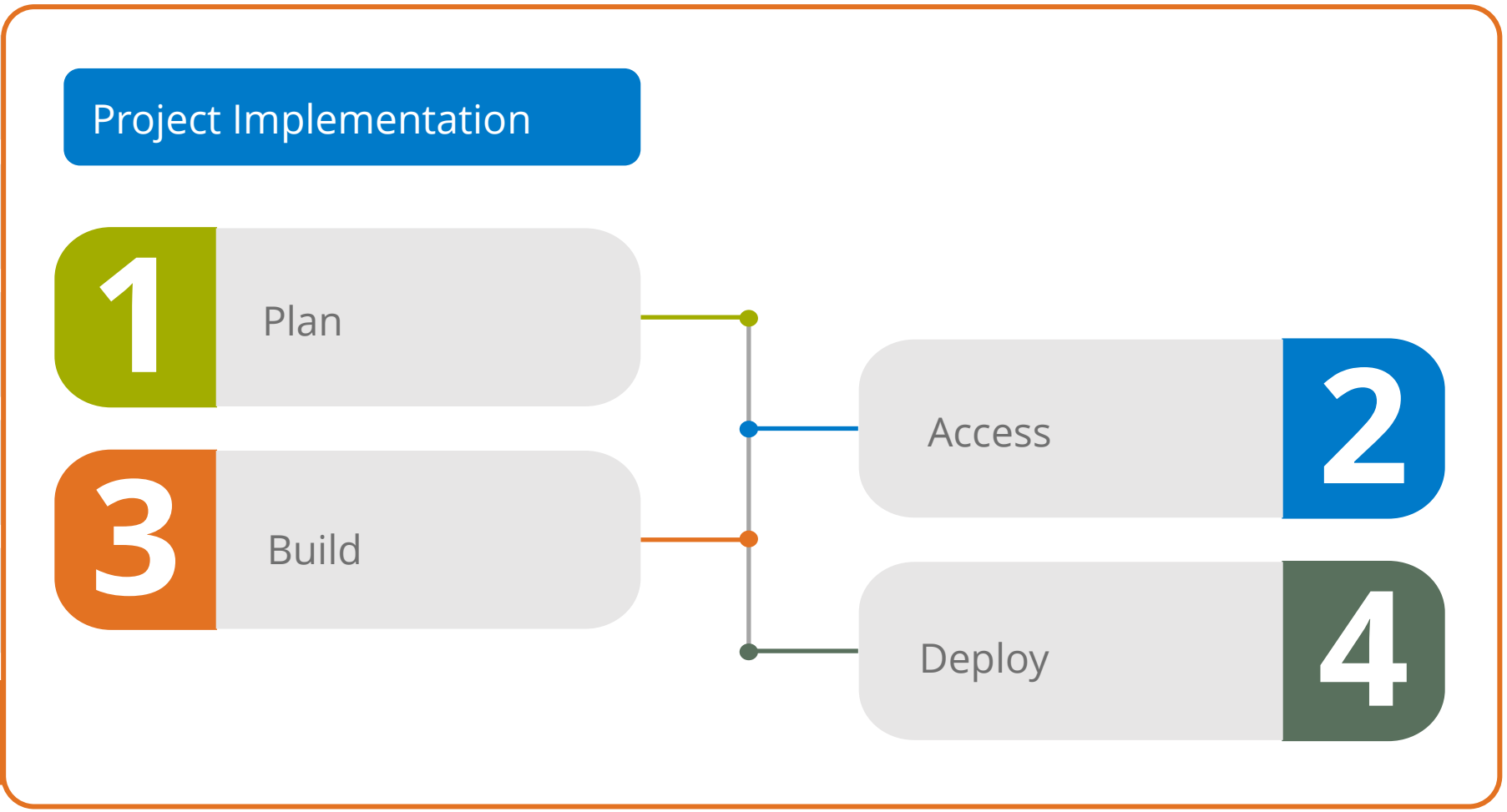
- Acknowledge Problem
- Inventory Applications
- Prioritize Applications
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- Select a Vendor**
- Begin Project



Handout: "10 Questions to Ask Your Vendor"



- Acknowledge Problem
- Inventory Applications
- Prioritize Applications
- Assemble a Team
- Select a Vendor
- Begin Project**

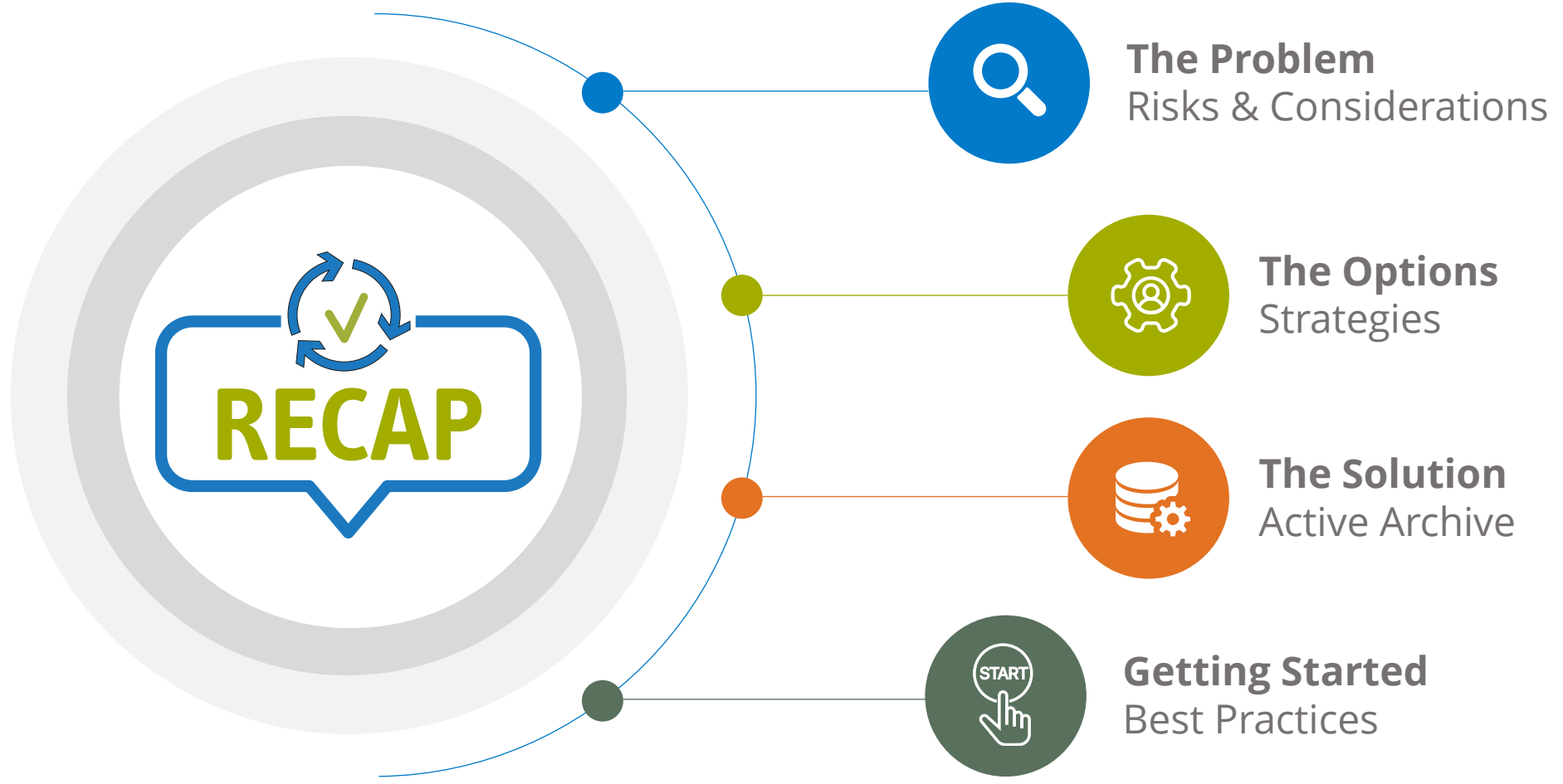


Plan for Future



- Acknowledge Problem
- Inventory Applications
- Prioritize Applications
- Assemble a Team
- Select a Vendor
- Begin Project**





What We Covered

CONFIDENTIAL

About Harmony Healthcare IT

HEALTHDATA PLATFORM

HEALTHDATA ARCHIVER



Rationalization

Extraction

Migration

Conversion

Abstraction

Retention

Integration

Destruction



Secure, Award-Winning,
Integrated Data Lifecycle Solutions



Questions?



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Harmony Healthcare IT

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**To keep informed of future
webinars and events:**



@harmonyhealthcareIT