



From Good to Great: Strategic EHR Optimization Can Get You There

Electronic health records (EHRs) are widely implemented, with 96 percent of hospitals and 87 percent of physician practices already having these solutions in place, according to the Office of the National Coordinator for Health Information Technology (ONC).¹ As a result, the healthcare industry is sitting on the precipice of possibility. To realize the clinical, operational and financial promise associated with EHRs, however, requires more than simply getting these solutions up and running.

Not surprisingly, then, the need to extract more value from EHRs is an issue that is capturing the attention of healthcare leaders. Consider the following: EHRs ranked as the second most pressing priority for the upcoming year, according to the *2017 HIMSS Leadership and Workforce Survey*, which is based on responses from 368 U.S. health IT leaders.² Because rudimentary system implementation is already a fete accompli in the overwhelming majority of organizations, the focus of this attention is most likely centered on EHR optimization.

Indeed, many organizations seem to be looking to build upon the success that they have already achieved with their EHRs, according to Milisa Rizer, MD, CMIO, The Ohio State University Wexner Medical Center, Columbus. “Right now, our physicians really value the EHR. In fact, if I said we were going to take it away, they’d have my head. They like the fact that they have that patient chart no matter where they are, no matter what they are doing,” Rizer said. While such access to information is a clear benefit, physicians are realizing that their EHRs also offer plenty of untapped potential. “EHRs have exponentially increased the amount of data that is available to physicians,” she said. “But we are just at the beginning of trying to figure out how to use this onslaught of data to change and improve clinical care at the bedside – and that’s huge.”



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CMIO
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David Michael, MD, CMIO, Vidant Health, Greenville, NC, also contends that EHRs are poised to figure more prominently in clinical care improvement initiatives moving forward. “The EHR initially was looked at as a means to replace the paper chart. But organizations now are trying to leverage the EHR as a database for quality improvement, safety and population health,” Michael said.

In fact, the need to leverage EHR data to achieve the clinical quality and patient satisfaction improvements required to succeed under emerging value-based care models is prompting organizations to add functionality to existing solutions. According to a survey conducted by Black Book, a Tampa, Fla.-based market research firm, 76 percent of large physician practices reported that they were eager to apply EHR enhancements including functions that could help lead them to success under value-based payment models.³

“Optimizing the EHR technology itself involves implementing elements such as smart forms and other discrete documentation to make sure the technology is working efficiently,” Rizer said. Such optimization efforts often focus on enhancing the technology, itself, by standardizing order sets and templates; minimizing documentation; streamlining billing functions; and adding analytics, decision support and visualization tools.

The big picture

Adding functionality to EHRs, however, is just part of the ideal optimization equation, according to Sarah Shillington, vice president of IT strategy and innovation at Leidos Health, a healthcare IT consulting firm based in Reston, Va. “Simply upgrading the technology and the applications will not result in optimization,” she said. “You’ve got to think holistically.”

To do so, Shillington recommends looking beyond technology enhancements and considering how people, processes and policies figure into the mix. To commence such a strategic initiative, leaders should assess where their organizations stand, compared to where they need to land to reach overall performance improvement goals. “Start by conducting a gap analysis. Through interviews with leaders, managers and users, organizations can identify key problems or key areas that stand out as concerns,” she said. From there, organizations can then “look under the hood” to validate optimization opportunities discovered in the interviews, regardless of what EHR vendor they are working with.

Such assessments often prompt leaders to realize that while it is important to add technology features, it is even more important to ensure that clinicians and other staff members are prepared to make the most of these improvements. “One of the things we have found is that users tend to stay at the same level of use as when we went live,” Rizer pointed out. “So, we try to get information to them about how to best use all of the new tools and features.”



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Michael agrees. “To get the end-user to adopt all the bells and whistles that you have implemented is really difficult. Most of the end-users are very busy clinicians, and so if they have figured out a way to survive the day and use the existing systems, they are not going to slow down to learn a better way. It’s difficult to get physicians and other clinicians to spend an hour to save three,” he noted.

Optimization efforts also need to zero in on improving various processes. “Many organizations just keep upgrading the same system, instead of really redesigning it,” Shillington said. “Instead, they need to listen to where end-users get slowed down with the system and related processes and see what potential ideas they have for improvement.”

These redesign efforts often prompt organizations to focus on workflow processes. To have a positive impact on workflow, leaders should bring together groups of clinicians into focus groups so they can “explore what problems they are trying to solve, what struggles they have –and together agree upon what is the best change in the system to optimize their processes. Another strategy is to shadow clinicians and figure out exactly what it is they are struggling with, Michael offered.

Shillington suggests that organizations convene a clinical information technology committee with the express purpose of making design decisions and developing a communication plan. “This committee can then focus on specific areas and start to optimize for success. The organization can then celebrate these successes and build momentum in a culture of continual improvement,” she said. By “providing regular education on the EHR status, upgrades and evolution and showing end users how important it is to their organization’s strategic vision, to clinician and provider effectiveness and to improved patient care,” the committee can encourage the end-user engagement needed to propel optimization efforts forward, Shillington added.

Common challenges

While taking this strategic approach to optimization is important, it’s also essential to prepare for variety of likely challenges such as:

The need to wrestle with regulatory requirements. “We can do some really fantastic things with our EHR, but we spend a lot of time chasing our tail to meet regulatory requirements,” said John Lee, MD, CMIO at Edward Hospital and Health Services, Naperville, Ill. If organizations did not have to focus on meeting requirements associated with meaningful Use and Joint Commission regulations, much of the optimization work could then focus on areas that truly add value to the care process.

The demand for manpower. “I know what tools we need to use to optimize the EHR. We just don’t have enough people, we don’t have the bandwidth,” Lee said. The problem is a common one, as the majority of health IT employers (61 percent of vendors/consultants and 43 percent of providers) have positions they are looking to fill, according to the *2017 HIMSS Leadership and Workforce Survey*.²



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The need for high-quality data. “The quality of the data “in” impacts the quality of the data “out,” Shillington said. As such, organizations need to adopt standards that will enable them to collect reliable data on the front end. “The results of not having those standards is poor-quality reporting and analytics, as the data on the back end is only as good as the data quality on the front end,” she explained.

The call to tell the whole story. To provide a complete picture, EHRs need to contain both narrative information and discrete data. “Physician notes are almost a piece of literature. By reading them, you can really tell what the story was and what the provider was thinking,” Michael said. “So organizations need to find a way to strike that balance between non-discrete data or the literature that tells the patient story and the elements such as medications and allergies that need to be entered as discrete data points so that they can be leveraged for care-improvement programs.”

While EHRs have already brought a bounty of benefits, healthcare leaders are realizing that the technology’s potential is just being scratched. Taking a strategic approach to optimization while anticipating the many challenges that could potentially stall efforts can help organizations move beyond the initial benefits achieved with EHRs. As such, they can truly leverage their EHRs to bring about the performance improvements that will lead to the improved care and enhanced patient satisfaction that is essential for success under value-based models.

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