

Electronic Health Record (EHR) Replacement: Plan for Success

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EHR Replacement: Plan for Success

More than two years have passed since the *Black Book*TM Survey declared 2013 “the year of EHR replacement.”¹ But while many practices undoubtedly felt the need to switch up their systems back in 2013, there is ample evidence that the feeling persists for many ambulatory clinics in 2015. Software Advice, for example, found that 59% more existing EHR users are looking to switch than in 2014.² If your practice is contemplating a switch, you’re definitely not alone.

The prospect of improving a system that is such a vital component of your workflow can be exciting! But it’s also a little daunting. You’ll want to be sure you’re not swapping one set of EHR problems for a new set. Preparation is key.

Thoroughly Analyze the Status Quo

If your EHR is causing headaches every day, you may feel eager to take immediate action. But an EHR switch is a significant decision for a practice of any size. It may involve an outlay of funds for technology. It will certainly involve reduced productivity while everyone learns the new system and adapts to workflow changes. Given these costs, it makes sense to invest the time required – usually anywhere from several weeks to several months – to complete a detailed analysis of your current set-up before beginning the search for a new one.

Here are some best practices for evaluating your current EHR system:

Rule out causes besides the technology itself. Clinician feedback is often very straightforward: e.g., “too many clicks” or “clunky templates.” But these issues could be inherent to the EHR or symptoms of a badly executed implementation. Before committing to a new system, see if more training could help, or if customization could fix problems with templates, at least temporarily. Even if other issues mean you’ll have to switch, small fixes may buy time for a careful review of alternatives. And if training and support were the main reasons your current implementation fell short, you’ll know that for next time.

Engage the entire team. While EHRs at their foundation are clinical tools, they also support other functions like billing, data analysis, communication, tracking, and patient engagement. Often, shortcomings that initially impact staff eventually create more work for providers as well, such as when billing information doesn’t pass reliably to the front office, or lab results aren’t updating automatically. Spend time with each department to see how they use the EHR and note any frustrations or inefficient workarounds that undercut productivity.

Create a shared note-taking space. Make it easier for your entire practice to contribute their feedback on the strengths and weaknesses of your current EHR and their wish-lists for a replacement. Applications like Google Keep, Microsoft OneNote, and Evernote make it possible for multiple users to share their feedback in one place that everyone can access and where people can add notes about problems with the system immediately as they occur.

¹“Black Book Survey Declares 2013 the ‘Year of EHR Replacement’” Doug Brown, *Black Book Rankings*, 2013.

²“EHR Software Buyerview 2015” Gaby Loria, *Software Advice*, June 12, 2015.

Make note of what you like. In addition to problems, you'll want to identify the positive features of your current EHR that you wouldn't want to do without. For example, perhaps your system includes a particular dictionary your physicians value, automated government forms, or tools you have come to depend on for reporting Physicians Quality Reporting System (PQRS) or Meaningful Use. You'll need to have an idea of how important these features are to your practice, in case they're not available in other systems you're considering and can't affordably be recreated with custom programming.

Think About Future Needs

Many practices that were once happy with their EHRs became dissatisfied when the systems failed to keep up with their changing needs. Meaningful Use Stage 2, for example, has prompted many practices to consider a switch for improved functionality³. Other practices didn't realize how important things like their patient portal's functionality or the ability to reliably exchange information with third parties like labs and imaging centers would become when they selected their first system.

There's no foolproof way to know if an EHR vendor you're considering will be ready with new functionality the moment you need it. But you can lower the risk that your system will fail to keep up with you by considering new initiatives that are part of your strategic planning for the next two to five years.

For example, perhaps telemedicine, a chronic care management program, or a patient-centered medical home are on your to-do list. You'll want to be sure any replacement EHR you consider is able to support these initiatives, or that the vendor at least has the necessary tools in development.

An Opportunity for Infrastructure Change

Replacing your EHR opens the door to several infrastructure changes you may have wanted to explore.

For example, if you're self-hosting and would like to capture some of the security and space advantages of the Cloud, your EHR transition provides the perfect opportunity for that move. You'll also potentially reduce costs, since Cloud-based EHRs are typically billed on a subscription basis, with no dedicated hardware to invest in.

Similarly, many practices are looking to integrate their billing and practice management systems with their EHRs⁴. Integration of these systems can greatly improve billing efficiency, reduce errors, and even eliminate some embezzlement opportunities.

Moving to an integrated solution will require additional planning and decision-making. You'll need to consider both complete solutions from one EHR/PMS vendor as well as EHRs that integrate with other vendors' practice management platforms. That means you'll want to think through your PMS requirements, too, and consider how your new PMS will integrate with other desirable technologies like check-in stations and estimation tools.

³One recent study by the AAFP on reasons physicians switch EHRs was summarized in "[Why Physicians Switch EHRs – and What Happens Afterward](#)", *AMA Wire*, May 6, 2015.

⁴The 2014 [Black Book™](#) study, for example, found that 82% of physicians hoped to have an integrated system for billing, EHR, and practice management in place by 2016. "Electronic Health Records, Ambulatory Practice Management Software Solutions, and Outsourced Revenue Cycle Management Services", May, 2014.

Establish Requirements

Once you've gathered everyone's input, thought through your future needs, and considered any infrastructure goals, you'll need to sort and rank the information to identify what's essential, important, and nice-to-have. Identifying deal-breakers, in particular, can help you narrow your consideration set.

Budget should, of course, also be considered – not just for the system's basics, but for conversion, customization, and add-ons.

To obtain concise, specific responses from your initial list of vendors, consider creating a vendor RFI (request for information) or RFP (request for proposal). These standardized request letters allow you to capture the same information from all the vendors you're considering in a consistent format, for easier comparison.

If you find that there's so much information readily available online about the vendors you're interested in that a formal RFI/RFP process is excessive, it's still a good idea to create a "requirements document" for distribution to vendors, and to use with your team to consistently compare the features and plans of all the systems you're considering.

Develop a List of Candidates

Once you know what your priorities are, the next step is to create a list of candidate systems. This can be challenging because there are so many systems to consider. But it's useful to cast a wide net at first and then eliminate candidates as you find out more about their strengths and weaknesses.

Most practices will find it useful to consult resources that are dedicated to their specialty – or simply ask colleagues. Besides being more likely to fit your workflow needs, an EHR vendor that is popular in your specialty may also be more inclined to invest in types of add-ons your practice will need in the future. Specialty societies, colleagues, independent surveys, and consultants are all good sources of recommendations of EHRs to consider.

Narrowing the Field

Your initial list of possible options will likely be quite long. That's usually a good thing – you don't want to overlook a promising prospect – but it's unreasonable to assemble your entire team for lengthy demonstrations of dozens of systems. You'll need to narrow the field to a manageable subset of candidates that seem well matched before engaging vendor representatives for a live demonstration.

Vendors' own websites and marketing materials are a useful starting point. Some EHR websites have introductory demos, detailed specs, FAQs, and contact information so you can ask basic questions that aren't answered in published material. This can help you further refine your list before identifying the most promising systems for a comprehensive demo by a rep.

Live demos give you an opportunity to ask questions and see more features of your replacement candidates than online demos or videos allow for. Be sure you've got your list of requirements and questions in hand, so that you can be fully prepared and informed.

Once you've narrowed your options to just a few systems that you've seen live, try to see the system in action at an actual practice. If you're evaluating a newer EHR with fewer customers, or if you're hoping to see the system in place in a less common specialty, this might be harder to accomplish. But it's always a good idea to ask your rep for a local customer referral. If that's not possible, at least try to speak with some actual customers about their experiences. You may also be able to connect with peers who are willing to share their experiences via online social networks like LinkedIn and Sermo (for physicians).

Besides features and functionality, assess the financial stability and market commitment of your top contenders. Some practices have been left high and dry by EHR vendors that have exited the market, outlasted their funding, or failed to obtain the certification required for Meaningful Use. If your prospective vendor has already demonstrated financial success or is backed by an entity with a long-term interest in the healthcare sector, they may be less likely to unexpectedly exit or stop supporting your software.

Get Expert Input on Contracts

Your EHR contract defines your vendor's obligations to your practice - and your obligations to the vendor. It's a critically important document, and you need to be sure that it is acceptable from both a business and legal perspective.

To avoid misunderstandings or "gotchas," consider having both your attorney and a healthcare business expert review your contract. Some areas to examine closely include data ownership (you'll want to be sure you own all your data), the vendor's support/up-time commitment, HIPAA compliance, cancellation terms, and pricing/price increase language.

Many EHR vendors have standard contracts that you can take a look at early in the process - even before you've determined your finalists. This can be helpful because you can ask about terms that appear unacceptable to your practice and determine if the vendor would be willing to negotiate them before getting too far along in the evaluation process.

Plan for a Smooth Implementation

For the successful implementation of a new EHR, planning is half the battle. Before moving forward, think through and discuss (with your internal team and your vendor team) key considerations and questions, such as:

Data extraction/import – Must your current data be exported in a particular format? Will your staff or IT consultants be able to handle this - or will you need help from your current vendor or third-party consultants? How long will this process take? Can it be broken into stages by provider? Are paper backups needed/advisable?

Hardware considerations – Will new equipment be needed, such as upgraded PCs, monitors, servers, or peripherals, like fax? Will existing medical devices work with the new system?

Integration needs – What is required to integrate your EHR and practice management system? Will this happen at the same time as your EHR is implemented or at a later stage?

Resetting connections – What information will be needed to establish or reestablish connections with labs, pharmacies, hospitals, and other practices? Remember to plan for alerting others who connect with your practice of possible downtime.

Internal controls – How will internal security work with your new system? How are access controls set? What do you need to do to keep all data – exported and imported – secure during the roll-out?

Workflow changes – Will any of the new features of the system, integration with PMS, or changes to hardware or add-on devices require changes to workflow?

System customizations, add-ons – Will a staged roll-out be necessary? If so, work with your team and your vendor to establish priorities and a calendar.

Meaningful Use – What tools are available for your MU-stage needs? How will you be sure not to lose the data you need for the full year's reporting if you convert mid-stream?

Patient portals – Assuming your patients' health portal, payment portal, or both will be changing with your EHR swap, what new information will patients need? Will your website need updating to provide access? You may need a communication plan and materials to help patients transition to the new system.

Build Your Support Network

If implementation problems prevented you from getting the best from your prior EHR, you can minimize the risk of repeating that problem by establishing a network that can help you right from the start.

Naturally, the network will start at the vendor, with your designated account manager and/or support team. (Get this firmed up before you sign your contract.) But you can supplement that support with resources such as user communities online, connections with other users through conferences and social networks, local practices who use your EHR, and local developers or other tech people your practice can establish relationships with for ongoing help.

Schedule Ongoing Training

Inadequate training is a common reason for EHR failure or dissatisfaction. An easy way to address this is to plan for ongoing training at the outset. For example, a second wave of training is often extremely valuable about six months after initial implementation. By that time, everyone will have learned how to accomplish the basics, but will want to know how to do things faster or how to customize.

Consider Naming Leaders

Depending upon the size of your practice, you may find it useful to designate an EHR team lead – or perhaps one for the back office and one for the front. This can provide a channel for sharing best practices, shortcuts and tips. Additionally, it can make gathering and managing feedback and problems more efficient.

Your leader(s) can also help evaluate how well your vendor and your practice are doing versus your implementation goals. Plus, if you already have a tech-savvy person in your office who is everyone's go-to for EHR questions and advice, creating a leadership role (or roles) will allow you to acknowledge their contributions.

Patience Pays Off

Choosing the right EHR and implementing it effectively requires a lot of effort, planning, and teamwork, but it's an investment that can be repaid over and over again with improved workflow, higher physician productivity, and less stress for everyone. The right system can even enable your practice to analyze your patient base and offer new services to meet their needs.

Perhaps best of all, all the time and effort you invest in advance planning can help your practice deploy a system that will not only meet your needs now, but will also grow with you many years into the future.

About the Author

Laurie Morgan, of Capko & Morgan, is a medical practice management consultant, speaker, and author. Her consulting work focuses on helping practices generate and capture more revenue, optimize their workflows, and use technology to improve profitability.

Laurie is a frequent contributor to healthcare publications and blogs such as *Repertoire*, *PracticeLink*, and *Physicians Practice*. She is also the creator of the popular "ManagementRx" series of practice management ebooks.

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