Turn Frustrated EHR Users into Champions
(Even Providers!!)

For many, the mention of implementing an EHR within a medical practice results in user frustrations before they have even seen it, much less used it! Fortunately, turning frustrated, unhappy users, including the providers, into EHR champions is not as daunting as it seems.

You Just Have To Know Where to Start

and Who To Ask For Help!

Let me introduce myself,
Lynn Bolin, CMPE

Let me be where you start and the one to ask for help!

- 20 years of healthcare experience, performing such roles as medical assistant, phlebotomist, instructor, program director, billing and coding, office coordinator, area physician practice manager and consultant.
- Managed implementation, optimization and utilization projects for Electronic Health Records (EHR) within eight different EHR software platforms, for 75 medical providers in 38 physician practices from 10 different healthcare systems.
- Director of EHR/Practice Manager/Consultant, with Alta Partners, LLC in Westlake, OH. Alta Partners provides physician billing, practice management, clinical integration, and physician practice consulting services. Our clients are located throughout Ohio and in Michigan, Indiana, Kentucky, Florida, Tennessee, and Missouri.

2013 – The year of EHR Dissatisfaction

- **23%** of physician practices were trading systems or ditching them all together
- **80%** said EHR does not meet practices' individual needs
- **79%** said the practices needs were not assessed before choosing the EHR
- **77%** said EHR design was ill-fitted for specialty needs
- Resource: 2013 Black Book Client Experience Survey

With tight budgets, cramped time frames, frustrated staff, and a pressing need to keep business moving as usual, under-going an EHR replacement is a serious undertaking with far-reaching effects.

Are there other options?

YES

"WHY?" – Repercussions of a Frustrated User

- Serious negative EHR opinions can breed negativity and slow productivity
- The EHR system is not fully utilized and therefore fails to meet expectations that will result in loss of revenue and income
- Substitute application workarounds like sharing login and passwords result in risk management and compliance issues
- Inaccurate or incomplete chart documentation fails to summarize the actual services provided and support the billing and coding levels
- Discrete data documented in non-discrete fields result in the inability to report accurately for Meaningful Use, PQRS, CQM, etc…..
- Variances of chart documentation structure makes it difficult to provide continuity of care between the patient care team

"HOW?" – To Develop an EHR Champion

1. **Dedicate expert resources to focus on user frustrations and EMPOWER them to implement change**

   - Keep in mind this is **NOT** an IT Project – the focus is on the work flows, utilization and clinical documentation to best meet user preferences in charting a patient encounter
   - Internal resources with detailed knowledge of practice operations and EHR customization
   - Outsourced consultant with the required expertise in how practices operate and EHR process

"HOW?" – To Develop an EHR Champion

2. Conduct an EHR utilization and optimization assessment

- Provides a platform for user input in assessing the EHR's design specific to the users workflow
  - **Survey** – target questions towards EHR specific frustrations, needs and functionality
  - **Observation** – one-on-one shadow of the provider and staff, office work flows, patient flow from check in to check out, etc…
  - **Group Meetings** – open forum for discussion as a group
- Complete deadlines on time
- Track results / Progress report / Financial impact

Sample – Optimization and Utilization Assessment Results

EHR concerns from a variety of user Optimization and Utilization Assessments:

- Would like less "clicks"
- We have no dedicated IT support person for our practice
- Why can't templates be made the way I want them
- I can't change anything myself, I have to ask someone to do it for me
- No one ever told me I could do it that way
- Would like monofilament exam more accessible. Currently have to go into physical/neurologic/sensory/monofilament, and then a photo of a foot shows up that you have to click 10 separate spots…THEN, you have to answer YES or NO to every spot if the patient feels it or not! The provider apparently gets NO credit when the nurses do it. Then said something about 8 more clicks and slide

“HOW?” – To Develop an EHR Champion

3. **Define change management structure based on the users optimization and utilization assessment results**

   - Recognize the big picture utilizing assessment results
   - Break out quick-fix opportunities
   - Create a list of action steps
   - Prioritize
   - Communicate

"HOW?" – To Develop an EHR Champion

4. Cultivate user participation

- All EHR users, especially the providers, are **absolutely** linked to the success of this process
- Encourage users to participate in training efforts, specifically the utilization of system technology for a specific area of documentation, such as patient registration, appointment scheduling and patient chart documentation
- In many cases training efforts for provider documentation processes were communicated via "doctor to doctor"
- Fellow EHR users are more likely to respond to a valued peer versus an IT representative

EHR Optimization

A never ending process!

- Incentive and penalty programs emerge and change routinely, sometimes daily, requiring constant review and modifications to keep up
- Continued optimization and utilization efforts regarding EHR and system technologies are a must for providers to continue to qualify for the incentives and avoid penalties!
- Integrate EHR optimization and utilization into your staff / provider / practice management routines
  - Standing EHR assessment meetings (participants and frequency based on organizational needs)
  - Implement forum for reporting EHR needs and improvement suggestions accessible to all users
  - Communicate progress, resolutions and road blocks to all users (frequency based on organizational needs)

Case Study – Internal Medicine Practice Utilizing Pro EHR

Optimization and utilization assessment results:

- Need better templates, but has no time to work on these between patients
- Would like educational resources specific to specialty available at their convenience
- "Demands" less clicks for EHR chart documentation in all areas
- Wanted to discuss options to point & click and typing. Questioning ability to dictate and transcribe in EHR
- Chart documentation for a patient being seen for a 3 month follow up averaged 22 minutes per patient (established patient with no new issues)

Case Study – Internal Medicine Practice Utilizing Pro EHR

Quick-fix resolutions:

- Built "Auto Replace Text" to be used throughout chart documentation (30 minutes)
- Built "Super Panels" for most commonly used lab orders – (15 minutes)
- Built Dr. A specific "ROS" and "Physical Exam" templates – (2 hours)
- Enrolled provider and staff in "Allscripts Client Connect" which offered a networking opportunity with other Pro EHR users and educational resources – (10 minutes)
- Paired commonly used treatment plans with diagnosis in short lists (varies)
  - example:
    - Assessment / Plan > My Short List > Diagnosis > **Diabetes** >
      - Pairing diagnosis with common treatment plan such as lab orders, procedure orders, patient education, medications and patient instructions the number of "clicks" is reduced significantly

Case Study – Internal Medicine Practice Utilizing Pro EHR

Long term resolutions:

- Revised patient scheduling structure
- Modified patient flow from check in to check out
- Optimized medical assistant's EHR permissions and grants, work flow and expectations
- Implemented third party transcription program that allowed provider to dictate directly into discrete data fields within Pro EHR as a substitution for point & click or typing (substitution was **not** allowed in all discrete data fields)

Progress report and tracking results:

- Chart documentation on a 3 month follow up patient appointment 2 ½ days after customizations were performed averaged18 minutes per patient. That is a 4 minute improvement per patient!

Case Study – Internal Medicine Practice Utilizing Pro EHR

Productivity and financial impact:

- 4 minutes per patient X average of 20 patients seen in a day = 80 minutes
- 80 minutes per day = 4 additional patients per day (20 minute appointments)
- 4 additional patients per day X $70.61 (Ohio Medicare allowable for 99213) X 235 days per year = **$66,373.40 in net revenue (CASH)**
- Accurate billing and coding levels supported by complete patient chart documentation
- Improved patient access
- Decreased patient wait time
- Improved patient satisfaction scores
- Improved provider and staff satisfaction scores
- 1.3 hours per day to utilize on other organizational needs

Summary

1. EHR adoption is critical to a successful and sustainable medical practice
2. Identify EHR user frustrations impacted by the design, workflow, and documentation processes
3. Enlist ALL users in the process Commit
4. Communicate
5. Complete
6. Continue

Discussion / Questions / Comments?

Please contact me for further information

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