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Shopping for a New EHR: How to Pick a Winner

Not All EHRs Are Made the Same

The passage of the HITECH Act in 2009 touched off a technology gold rush in healthcare, spurred by billions of dollars in government incentives. Overnight, hundreds of EHR vendors were born, promising prospects that that they would free providers from the drudgeries of paper, give them more time with patients and increase revenue by capturing codes to the highest specificity.

Very few vendors made good on these promises. Instead, providers were stuck with cumbersome, faulty systems that slowed workflows, instead of speeding them up. Support was often contracted out to third parties with painfully little understanding of the dynamics of healthcare, much less the actual software. The situation grew even more frustrating as Meaningful Use and other reporting requirements grew more onerous. Suddenly, providers found themselves spending more time with their EHRs than with their patients.

Many are fed up. Technology comparison site Software Advice reports the number of EHR buyers seeking to replace an existing EHR has shot by up by 59 percent since 2014[1]. Nobody wants to go back to the days of deciphering illegible handwriting or the inability to access patient records after business hours. What they do want is a different EHR—one that works the way their practices work, instead of the other way around.

This white paper is a roadmap to help you find the EHR that is ideal for the way your practice works. It highlights the top traits a modern EHR should – and shouldn't – have, so you can distinguish between a weak performer and a true difference-maker.

First, let's take a closer look at what motivates providers to shop for a new EHR.

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Where Some EHRs Fall Short

In the hurry to get to market (and billions of dollars in government incentives), many vendors patched together modules from different third parties to create their EHRs. In theory, anyway. Unfortunately, it is painfully apparent that instead of a true EHR solution, these "FrankenEHRs," which weren't designed by physicians, cause even more problems. Sound familiar? Read on for more well-known signs of an EHR based on limited if any clinician input.

Intuition. A common complaint is "things just aren't where they should be." The sequence of tasks is out of order. It takes way too many clicks to get to the right field or screen. The same or similar information has to be typed in over and over. Also, where are the intuitive prompts? The few that show up are rarely relevant to clinical workflow, taking even more time to override.

Interoperability. In today's collaborative healthcare environment, there are numerous systems and sources EHRs need to communicate with. Yet too many EHRs balk at even simple interactions with e-prescribing companies, labs, immunization registries, and billing and practice management systems. While it's true a lack of standard communication protocols is an industry-wide challenge, some vendors use that as a crutch to explain away their shortcomings instead of helping to solve the interoperability problems.

Non-compliant. Rebellion is a positive in many instances, but not for EHRs. Not when the Department of Health and Human Services' Office of Civil Rights is stepping up HIPAA security audits[2] . Providers who are non-compliant face fines and other headaches, while a data breach will permanently damage your practice's reputation. If your EHR vendor can't prove strong, HIPAA-compliant security policies are in place, it's definitely time to find a new one. The same goes for Meaningful Use requirements, where compliance was previously incentivized with five figure sums. Now it's enforced with financial penalties. Beware the EHR vendor who can't provide evidence that users successfully attest for Meaningful Use.

Juggler's fatigue. Providers are experiencing real fatigue with having to manage multiple vendors and solutions. A narrow-use EHR that only houses patient charts is just one more system a practice must manage. What providers really want is an EHR that can also integrate billing and other revenue cycle management functions.

Since many potential replacement vendors claim their solutions don't come with any of the baggage cited above, let's look at how to identify the EHRs that do stand out.

Top Signs of a Standout EHR

Designed by physicians. This is the closest thing to a guarantee that an EHR is intuitive to a practice's needs and workflow. Just about every aspect of the EHR should be able to be customized to a specialty, practice, and workflow tasks – through customizable documentation formats, dashboards, clinical reminders and rules, and much more. Redundancies should be eliminated through extensive pre-population of default data, avoiding excessive keying in of information. Prompts should appear at opportune times, helping to drive both patient safety and medical coding to the highest specificity within your workflow.

How can you tell if a vendor has a user-friendly system? They should have customer testimonials demonstrating a quick learning curve. Also, a new provider joining the practice, for example, shouldn't need more than three weeks to get fully comfortable with the system on a full patient appointment schedule. A solid EHR will also have positive KLAS ratings and commentary from key industry influencers on record, as well as other independent third-party industry acknowledgement from major players like SureScripts and Black Book.

Performance Pre-HITECH ACT. There is something to be said for longevity—especially in a crowded market. It's also almost impossible for a truly intuitive solution to spring from a vendor with a relatively short track record. It takes time and substantial user feedback to shape a user-friendly EHR that speaks to the real-world needs of your practice. Look for a vendor with a long record of providing EHR technology, even before the days when the government paid for it. One telltale sign of such a solution is an impressive customer retention rate—it should be at least 90 percent.
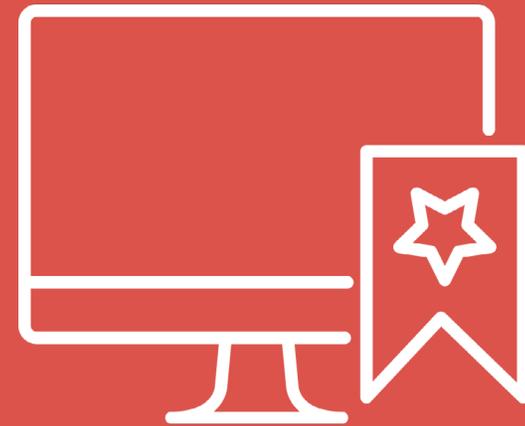
"The number one reason I would recommend eMDs is because you can customize the EHR to fit YOUR workflow. You don't have to change your workflow to fit the EHR."

Christi Hudiburg, CEO
Orlando Heart Specialists

Interoperability. We are entering an unprecedented collaborative era in healthcare, from ACO care delivery models to Big Health Data projects with numerous stakeholders. Today, healthcare organizations of all sizes must be able to exchange electronic data. Look for an EHR with proven and successful interfaces with major e-prescribing companies, diagnostic labs, HIEs and other healthcare entities. An effective EHR today must have the ability to export and import data with other disparate systems, both internally and externally.

Compliance. First things first: patient privacy. A solid EHR has security in place that actually goes beyond HIPAA compliance to assure patients' health records are safe and can't be hacked. As for Meaningful Use compliance, look into how long it took a vendor to gain ONC certification with each stage. Was it dragged out or did it happen fairly rapidly? Does the EHR vendor have attestation references? ICD-10 readiness should be verified, too. Confirm how the EHR translates patient histories with ICD-9 codes. For integrated billing, also determine if ICD-10 codes align with CPT and HCPCS billing codes.

Customized Integrated Functions. Look for a vendor who can provide as many functionalities and solutions as possible, simplifying what can be a complex process of managing multiple vendors and systems. By contrast, a single core solution seamlessly integrates billing, practice management, population health management and revenue cycle management, all from one vendor. Of course, providers should have the option of purchasing only the functions they'll actually use.

Also, while few EHR vendors can offer integrated revenue cycle management, if they do, it should include automated claims scrubbing, patient eligibility, denial management and contract compliance. These are highly valuable tools in an era of increased payor complexity.

Conclusion

Although the benefits of EHRs are not yet fully realized, physician-designed EHRs do exist that visibly improve patient safety and care. Next-generation systems provide integrated functionality in revenue cycle management, billing and more — all in one solution maintained and managed by one vendor.

These systems should work the way your physicians and practice staff work , fine-tuned over many years in response to thoughtful user engagement and feedback. If your EHR doesn't work that way, it's time to find one that does—and to put it to work for you.

About eMDs

Since 1996, physician practices of all specialties and sizes have relied on eMDs to take them into the modern digital era without sacrificing their joy in the timeless practice of medicine. Our health information technology (HIT) experts, including physicians, are actively involved with and provide leadership for our EHR, Practice Management and Revenue Cycle Management solutions. In turn, these leaders are supported by world-class support and professional services team, many who hail directly from the healthcare profession.

eMDs solutions are protected with strong security measures that are HITrust-certified and HIPAA-compliant. eMDs supports a broad spectrum of individual data standards that facilitate the exchange of data between disparate systems. Additionally, eMDs has taken an active role in interoperability standards development with executive participation in broad variety of advocacy and standards group such as CCHIT, EHRA, ASTM, and HL7.

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