7 Ways to Optimize the Use of Your EHR

These steps will improve your performance and efficiency.

BY MARK TERRY

By now everyone in medicine should be aware of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. It was legislation that pushed everyone in healthcare to adopt health information technology (HIT) in some fashion with the goals of improving healthcare efficiency, safety, and cutting healthcare costs. Incentive payments were offered for providers who implemented Electronic Health Record (EHR) systems and used them at some level of "meaningful use." Many providers did so, although there have been some concerns as to whether the adoption has made any improvements to the healthcare system overall or even, in many cases, whether it was worth the upfront costs and learning curve for many physicians.

In late August 2014, the Centers for Medicare & Medicaid Services (CMS) finalized the rule for the meaningful use and EHR incentive programs. This rule was to accommodate providers who were supposed to be at Stage 2 in 2014 but were unable to do so due to technical issues at their vendor. The claim is that it will allow more flexibility for physicians and healthcare providers to meet the deadlines and the incentive goals. It was not met with a lot of enthusiasm. The American Medical Hospital Association (AMHA), for instance, said in a statement, "AMHA appreciates the flexibility offered by CMS today. Unfortunately, this rule offers little relief because CMS did not grant a shorter reporting period for FY 2015, which begins on Oct. 1." Some apparently felt it penalized healthcare providers who had met the original schedule. Additionally, while this rule change applies to hospitals, it does not apply to ambulatory providers such as podiatrists.

At its core, the new ruling states, "In the final rule, providers unable to adopt 2014 technology because of the availability of certified technology have three options. For providers intending to demonstrate Stage 1 meaningful use in 2014, they can use 2011 technology to show they met 2013 first-stage standards; or can use a combination of 2011 and 2014 technology to meet the 2013-14 first-stage standards; or could use 2014 technology to fulfill 2014 first-stage standards."

Moving aside for a moment from Meaningful Use and HITECH, let's ask several more practical questions: Is your EHR a lot like your Microsoft Office software? Can it do a million things that you use only for one thing? Are there things you can do to make the use of your EHR better for your practice?

Most people just learn the basics and don't have any idea how much more they could be doing."—Freels

#1. Explore

In the last five or ten years, EHRs have grown increasingly sophisticated. But they may remind typical users of iPhones—the world's at your fingertips, but all you use it for is receiving texts and playing solitaire.

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7 illustration by Christopher Donoghue

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Oh, and the occasional phone call.

"I think most EHRs have more functionality than most practices are even aware of," says Nicole Freels, DPM, of Lexington Podiatry (Lexington, KY). "Don't be afraid to explore your EHR and find out exactly what everything does. Drop down every menu and look at every feature. Right-click on things to see what shortcut menus come up."

Dr. Freels

Freels also suggests creating a fake patient or patients so you can experiment with the EHR without fear of messing up an actual patient chart. She also suggests reading the help files and watching any training videos or webinars your vendor offers. "There is almost always something you're doing the hard way that you could be doing more efficiently if you used a built-in feature of your EHR. Most people just learn the basics and don't have any idea how much more they could be doing."

#2. Evaluate Your Workflow, Part 1

You've been successfully doing things a certain way, you and your staff are happy with the workflow, and even more importantly, it's successful (not always the case). When deciding what EHR system to invest in, you should take a hard look at how your practice does things and whether the EHR system can adapt to your workflow or you will have to adapt your workflow to the EHR system.

"The EHR should be following your workflow," says Larry Kosova, DPM of the Family Podiatry Center (Naperville, IL). "You should not be following the workflow of the EHR. It's on the EHR vendor to come into your office—you have a certain way of doing things in a certain pattern. It might be different, not better. But if you've been doing it for 15 years and it has been (presumably) successful that way, and now the EHR says you have to do it some other way, it becomes a big problem with the end users." Kosova notes that his system can be customized, which was a major issue for him.

Dr. Kosova

Kosova also notes that when you talk to an EHR salesperson and ask questions, there's a tendency for the person to say, "Sure, we can do anything you want." However, that's not necessarily the case. "When it comes right down to it, they can't, and a lot of times it's the doctor's fault because he or she is not asking the right questions." He suggests that if vendors say their system can do something, have them show it to you, because all too often it can't.

"Have the vendors suggest better ways of doing what you're trying to accomplish."—Kosova

#3. Evaluate Your Workflow, Part 2

Part of the discussion so far has made a certain assumption—that the physician is the one learning the ins and outs of the EHR. The fact is that the physician is the person in the practice using the EHR. Although a good functional knowledge of your own practice's EHR is an important thing, the truth of the matter is that a physician's time is very valuable.

"The thing to consider," says Larry Maurer, DPM, of Washington Foot & Ankle Sports Medicine (Kirkland, WA), "is how much time you are going to take during the day while you're supposed to be treating patients? Think of it from a business perspective. A doctor's earning potential is limited by the number of patients he or she can see. So, if you take two minutes per patient to finish a note or do your own dictation or notation, let's say you saw a patient every 15 minutes and

Dr. Maurer

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An EHR Wish List

Although EHRs do many, many things, they don't do everything. When asked what functionality she would like to see, Freels said, "I don't know of any EHR out there that really lets you track marketing data. You can run reports and export to Excel and manually pull the data together yourself, but you can't click a button in our EHR to pull up a marketing dashboard where you can track KPIs and see the data in pie graphs and charts at your fingertips."

Maurer, as noted earlier, would like to see a photograph of the patient when accessed via mobile (or any access), that would help refresh his memory when looking at patient files.

Kosova likes that some EHRs have messaging systems built in, which becomes sort of like inter-office texting. "I can send a message and someone on their computer can get a pop-up to go check an X-ray, or whatever. I don't think it's very popular, but I like it." •

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you see 30 patients per day. That's 60 minutes or four patients you're not seeing during that day. So, when I do that math, I realize that if I saw four more patients per day, I could afford to hire a person to do my dictation."

Some of this comes down to evaluating what everyone is doing in the practice. Is their time being spent on the best things and most efficient ways to run your practice? Screwing around with an EHR may or may not be the best say to spend your time. Of course, that's a personal evaluation as well. Efficiency isn't necessarily the most important goal—for some, it's better quality patient care, or more time with patients. Maybe you just like having a tablet computer with you and can access the patient's medical history right there and then while entering the new information. It's a personal decision, but one that benefits from you taking a hard look at what you're doing and why.

#4. Sync Your System

In some ways this goes back to #1 and understanding what your system does. Does it integrate into other systems in your practice, like scheduling and billing? With "a lot of the EHRs," says Kosova, "the front-end part is actually very good, but the back end, say the billing and practice management part, is actually very poor. A doctor sees something at a convention, buys it, then his biller can't use it, and he spent thousands of dollars on something that's sort of archaic, but he likes the Notes part of it."

Increasingly, EHRs have all these components, or at least some of them, but you must evaluate whether you and everyone else in your practice need to relearn every aspect of your workflow. Knowing that your EHR syncs with your subsystems is important.

It's also more important than ever now that ICD-10 appears to actually have met its final deadline. Many vendors are in the process of updating ICD-10 for existing system updates, while newer products are building it in. "Talk to your EHR vendors to make sure they're ready for ICD-10," says Kosova.

#5. Automate

All three physicians interviewed for this article recommend some form of automation, macros or templates. Maurer points out that early in his practice he literally built templates in Microsoft Word and taught his medical assistants how to use them. "EMRs have gotten more sophisticated, whether it's point-and-click or templates with things to choose and they're able to follow my exam. When there's a template, I use it. It allows me to see the patient and talk to the patient. You can work the language into the discussion with the patient."

Kosova notes that some systems allow the user to create macros while others don't. "Clicking on one thing instead of five different things is a great way to optimize your EHR, but not all systems allow you to do it, and not everyone knows what I'm talking about." Kosova, who is very tech-savvy, also utilizes voice recognition software. He notes it's not for everyone, but he finds it very efficient.

Freels also suggests thinking about ways to use technology to improve your business processes. "There's always room for improvement in any practice. Evaluate the methods you use to accomplish a specific task and try to come up with a way to automate that task with technology. Do this for as many tasks as you can."

She provides an example, indicating that her patients have many different types of consent forms they need to sign. Previously, those signed forms were then scanned into the EHR and the paper forms were shredded. "Instead," Freels says, "we recently purchased several digital signature pads and created fillable PDF versions of these consent forms. This saves us on paper, ink, wear-and-tear on the scanners, time spent scanning, etc."

#6. Ask The Vendor

Modern software is, to say the least, overstuffed. Microsoft Word is used by most people in a very simple way, but for the most part it can do almost everything one could possibly want out of a word processing program. The same goes for most Microsoft Office products, and many modern software applications. Figuring out how to actually do what you want it to do, however, is the tricky part.

But since you spent a lot of money on the system, if there's something you think you want done, you should call up the vendor and ask. Particularly, if you happen to think a particular way of doing something is inefficient or has too many steps, ask the vendor. Kosova says, "Actually have the EHR vendors into your office and talk about what you're doing. Have the vendors suggest better ways of doing what you're trying to accomplish. Vendors tend to listen to what the doctors ask and upgrade as a result. They don't always broadcast the changes they make, and if a doctor doesn't ask, they may never know."

Also, regularly ask the EHR vendor what new features are out, what the upgrades do, and if there are any new techniques.

"Access outside the office would be fantastic." —Maurer

#7. Going Mobile

As surely everyone has noticed, the digital world is now mobile—laptops, smartphones, tablets, and, oddly enough, watches. Although it hasn't occurred across the board yet, many EHRs are designed to be accessed via mobile devices. "Access outside the office would be fantastic," says Maurer. "When a patient calls you after hours with a post-op complication or something, being able to access their records from a phone or tablet or even

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to see who they are with a photograph would be spectacular from a mobile standpoint."

Kosova agrees. "Some EHRs have programs that are phone-friendly or tablet-friendly. Ask the vendor if they have mobile access and if they don't, ask them when they will have it. It's huge now. Everything is on a tablet now and patients expect it."

Although this advice applies to your entire EHR, it's even more of a concern with mobile access: pay attention to security. Freels says, "Obviously, the biggest concern with having access to everyone's medical records on a device that can be more easily lost or stolen is security. The data itself isn't ever likely to be stored on the mobile device, but it's still important to make sure that unauthorized persons can't use the device to gain access to patient information. For this reason, it's important that a secure passcode is required to unlock the device before use, and that either the device or just the app can be remotely wiped in the event that it's lost or stolen." She notes that this is now required when using a Microsoft Exchange email account on your mobile device, so it's already an accepted business practice.

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The HITECH Act was supposed to make things better and help physicians be more efficient and cost-effective. It's an enviable goal, but often there's a learning curve to technology that is far from efficient and cost-effective. Taking steps to learn your system better and evaluate how it's being used is vital to helping achieve those goals. **PM**

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