

# 3 things to know about making the EHR switch

A practical guide to EHR replacement

presented by

Quantum™

# EHR replacement



## What's new is old again

For several years, physician practices have invested in and have adapted to using electronic health records (EHRs). In the beginning, the switch to an EHR was all about moving from paper to electronic charts. That was a big transition, but the incentive was there—according to the Centers for Medicare & Medicaid Services (CMS), more than \$23.9 billion in Medicare EHR Incentive Program payments have been made between May 2011 and February 2017.

That program was created to encourage the adoption of health technology nationwide. And it worked. EHR use among practices began increasing around 2011 when these Meaningful Use (MU) funds became available.

Today the use of EHRs continues to be critical to participating in CMS Incentive Programs like MACRA. But some practices are discovering that their EHR is not ready to meet the standards of this program, which includes being certified by the Office of the National Coordinator for Health IT (ONC). ONC defines a certified EHR as one that meets the functionality and security requirements set by the Department of Health & Human Services (HHS) to qualify for incentive payments

To remain ONC-certified, EHRs must adopt extensive standards-based interoperability features. Interoperability is defined as the ability for two or more disparate health technologies to communicate with each other and to exchange or share patient information. This clinical information is to be used under a standard set of guidelines to coordinate patient care, ultimately improving patient outcomes. This EHR interoperability is expected by 2019. Both the 2014 and 2015 editions of certified EHR technology (CERT) require extensive standards-based interoperability, and current EHRs must be certified for these editions.

So in some cases what was new is now considered old technology. Certification requirements have some practices re-evaluating their EHR solution. In this white paper we will discuss what to consider when evaluating a new EHR:

1. Why practices switch
2. What practices should be looking for
3. How to successfully make the transition

## Why practices switch

By now most physician practices are using an EHR. According to the ONC, as of 2015, nearly 87% of office-based physicians had adopted an EHR.



**78%**  
adopted a  
certified EHR



**54%**  
adopted a  
“basic EHR”

But many of these practices are not happy with the EHR they are using. According to technology consultant Software Advice, 59% of buyers who contacted them in 2015 were existing users looking to replace their old EHR system, with 24% saying that their EHR was too cumbersome or faulty.

Some of the reasons why practices are looking for a new EHR include:

- Current EHR didn't meet expectations
- EHR doesn't interface well with other systems such as PM software, local Health Information Exchange, or laboratory
- Product is lacking specific functionality
- EHR is too expensive
- Solution was not embraced by office staff
- Product is not user-friendly
- EHR is not compliant with CMS programs such as MACRA
- Desire for a fully integrated system
- Customer support is lacking from vendor
- EHR vendor going out of business

## What practices should be looking for

Switching EHRs can be a big investment in both time and resources, so a practice needs to go in prepared. First, evaluate your current situation and your long-term objectives. Does your current system capture the data you need? How would a new system do so differently?

It is important to do your homework to ease the pain for transitioning to a new system. Request live demonstrations, search publicized ratings, talk to other practitioners... Then compare capabilities.

# What practices should be looking for

If your practice is considering replacement of your current EHR, there are several capabilities that you should evaluate:

1. **Vendor stability**
2. **Ease of use**
3. **Financial impact**
4. **Features and functionality**

## Vendor stability

- Learn how many EHRs are out there, and how many are currently used to attest.
- Talk to an EHR's current clients to confirm the vendor provides consistent product updates and communications.
- Confirm that customer support is strong.
- Verify the vendor's commitment to certify their products for MACRA and that the product meets or will meet all of the current technical and certification requirements for participation in CMS initiatives.
- Look for outside verification of a company's strength. Check for a listing on the Fortune 500, recent investments in the company, or even the organization's financial reports if the vendor is a publicly traded company. You want evidence of reliability and longevity. Will they still be around in 20 years?
- Trust your instincts. If something doesn't seem right, don't move forward.

## Ease of use

- Establish a leadership team to evaluate the solution and include input from physicians, nurses, administrative staff, and technical experts. Invite all staff to review and test the product. Make sure your staff is comfortable with the solution.
- View product demos and videos. Do the screens make sense?
- Visit client offices or ask for references. Observe how the product fits into their workflow and ask questions.
- Ask your sales representative if they will let you test the product, hands-on, during demonstrations.
- Determine if the EHR is intuitive to use. Does it have the features you need? Will long-term use of the EHR significantly impact your productivity?
- Ascertain whether the product is going to force workflow changes that will negatively affect your office.
- Check for accessibility by multiple devices—laptop, desktop, and tablets like the iPad®, along with mobile phones. How significantly does the experience vary between desktop and mobile formats? Does the product offer staff the flexibility to work the way they are most comfortable?

## Financial impact

- Determine the cost to abandon your current solution. This can include any office downtime during implementation, as well as additional hardware or software costs. Depending on your contract, you may have an early termination fee; and there may be costs to have patient data exported or to allow you to continue to access the old charts.
  - Office downtime usually occurs during implementation, while the staff trains on the new solution. This could just mean a reduced patient schedule for a few days, or closing up the office for up to a week. Plan ahead to minimize a drop in productivity.
  - Additional hardware or software costs are less likely if you choose a web-based product or Software as a Service (SaaS) model where there is no software to download or hardware to install.
- Consider a cloud-based solution, which offers a number of advantages including rapid deployment, minimal hardware costs, and easy access via any internet-connected device.
- Evaluate the impact that switching has on your participation in the CMS EHR Incentive Program – certification, etc. With a new solution are you more likely to collect money you are not currently eligible for?
- Determine if you need to reduce patient volume, hire additional staff to help with the transition, or hire an independent contractor to handle the heavy lifting while you stay focused on patient care.

## Features and functionality

- Ask vendors to demonstrate the features and functionality included in the product. Know what could be incurred with additional changes or time to install by asking current users. For example, an interface to your laboratory may be available from day one, or you may have to wait for an interface to be built.
- Consider what other services you need besides EHR functions. Do you need practice management functionalities or e-prescribing? Look for an EHR that can integrate with other systems, including the ones you already have. Pay special attention to billing systems so that the cash flow of the organization is not affected negatively.
- Determine how the data transfer will be managed. Typically, transitioning between the two systems is done in increments. Establish a plan for how to manage the merging or addition of patient records. If the EHR system being replaced can export data in a consumable format and the organization has sufficient expertise to handle the task, the migration can remain an in-house activity. If not, then a third party should be brought in. Allow adequate time and budget for this scenario.
- Know the complete picture when it comes to integration. You want to be able to integrate with your existing patient scheduling and medical billing software, but the CMS EHR incentive program requires interoperability with your lab vendor, imaging companies, other EHR system, and public registries. Will the EHR be able to meet all of those requirements?

## Features and functionality

- Allow for connections to new care models. Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), Health Information Exchanges, and evolving care coordination models will require technology that enables connectivity between multiple systems, whether in a physician office or hospital. Look for a vendor that has the ability to make those connections and enable care coordination in your community.
  - Don't forget the training! Find out if there are any additional costs for training and support. Know that adjusting to a new workflow takes time and may require extra staff hours. Ensure that your staff is comfortable with the new workflow, new interface, and new technical requirements before asking too much of them. Ensure that EHR experts are on hand to answer questions or give an extra lesson where needed.
  - Clear your administrative backlogs before going live. This will give billing, scheduling, and coding staff a clean slate.
  - Know your purchasing model. Pay attention to whether you are purchasing or leasing the system from the vendor and consider any differences in cost.
  - Request a full demonstration. Run a few sample cases to see how the system works. Make sure that the interface has a clean design and has easy navigation.
  - Evaluate security. Is there a strong and proven security system? Systems should be kept secure with reliable antivirus software and a strong password.
  - Understand the transition and how you will be accessing your existing data. Will it be available in the new system (requires the previous vendor to export the data and the new vendor to import it), or will you need to access two systems for a period of time? Most EHRs allow records to be scanned in, but manual interaction will be needed as well.
  - Ask about software updates and how they happen. If the system is cloud-based they will push to you automatically. Otherwise, you'll need watch for any changes needed.
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# How to successfully make the transition

You've evaluated the options and have made the decision to move forward and replace your EHR. There are a few tips that can help you transition:

- Get consensus from the key players in your office about which solution you select.
- Understand the contract before you sign. Know what is included and what will cost extra.
- Have all required hardware and software in place before your implementation. If you have questions about the requirements, ask the vendor.
- Identify one or more EHR super users in your office. These will be the people who will quickly learn as much as they possibly can about the EHR and help the rest of your office to embrace the solution.
- Make sure everyone in the office is adequately trained.
- Be upfront with patients. Let them know when they come in that you are implementing a new system and it may take a few extra minutes.
- Ask your vendor for an implementation timeline. Be sure everyone in your office is familiar with the timeline and meets the milestones to keep you on schedule.

During the EHR adoption process, it is easy to focus on the more immediate gains and lose sight of healthcare information technology's far-reaching impact. Healthcare is changing, with value being rewarded over of volume. EHR technology can support providers in their efforts to make quality improvements, and with incentives available to them, now is the perfect time to find the right technology to meet those goals.

## Additional resources:

- [Quantum.com](#)
- [Webinars](#)
- [Case studies](#)
- [Blog](#)



## References:

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5. William Bateman, "[Planning for an EHR implementation can save money and stress](#)", Diederich Healthcare, March 4, 2016

