Combine EHR optimization with implementation: Improve clinical, financial and operational outcomes

The worldwide market for electronic health record (EHR) systems is estimated at nearly $28 billion in 2020. It's expected to reach more than $35 billion by 2028.[1] **Health systems spend a significant amount of money on their EHRs and they expect a lot of them: higher efficiency, greater satisfaction, tailored workflows and staff working at the top of their license.**

The reality is there is great potential for EHRs to provide the type of lift leaders want and need. An optimized EHR can help health systems achieve better clinical and financial outcomes. But most EHRs aren't living up to their potential. That's because out-of-the-box implementations can't offer an experience that's tailored to the unique workflows, processes and preferences of clinicians.

To realize your EHR's potential, a commitment to optimization must be made from the onset during implementation.

Mission-critical technology needs immediate optimization

Over the past decade, health systems have woven EHRs into the fabric of everything they do, be it clinical, financial or operational. During an EHR implementation, health systems focus significant internal and external resources on EHR design, build, testing and training.

Because system leaders rightly view EHRs as mission-critical technology, they often make speed of implementation a top priority. In doing so, they focus on getting the technology installed and promise to phase in optimization over time. But the resources they devote to optimization are often lower than the resources dedicated to implementation by a factor of 10. As a result, optimization processes slow down (or are indefinitely shelved) and workflows suffer. This leads to declining efficiencies, slower processes and diminished satisfaction.
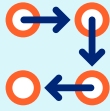
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Marrying EHR implementation and optimization

The key to greater productivity and higher satisfaction with your EHR implementation is taking advantage of this moment in time of organizational change. Dedicate coequal effort and resources into implementing and optimizing the EHR from the onset.

Implementation and optimization should be conjoined efforts. User workflow design needs to be one of the highest priorities of any optimization project.

As you combine EHR implementation and optimization, keep in mind three best practices:

1. Optimize for **workflow, analytics and technology**, and maximize synergies among these areas

2. Look for **automation opportunities** for further optimization

3. Identify **important metrics** and build in tailored reporting and analytics

Two major changes are not better than one

Combining early optimization efforts with implementation is certainly a nontraditional approach — there's bound to be pushback. The upfront costs are higher and the potential for disruption is greater. Some will want a quick end to what may be an arduous implementation process. But optimizing upfront ultimately saves time and money by ensuring you don't duplicate change management efforts.

If you wait until after implementing the EHR to make major optimizations, you'll miss an opportunity. By optimizing from the start, you avoid having to ask clinicians to adopt new workflows shortly after go-live. This approach reduces the need for further change management and lessens the burden on clinicians.

Leaders often find themselves stuck in a Catch-22: maintain the current, inefficient workflows that has led to frustrated clinicians or deploy an optimized workflow following implementation that requires further change management and training. Either way, costly political capital is at stake and implementation leaders are faced with potential backlash.

Better to do optimization upfront, with the right workflows, the right design, the right configuration and the right training.

Get your money's worth upon implementation and well into the future

The industry has learned a lot over the years about how to implement EHR solutions. It used to be a standard recommendation to proactively reduce patient volumes at the time of go-live. Today, implementers recommend methods to help health systems maintain their volumes and their documentation integrity while getting trained on using the new solution.

Another lesson learned is how to ensure effective training. Clinicians — especially physicians — respond best when peers train them. Educating physician trainers takes significant time and requires a material financial investment. But the clinical results are well worth it. When a peer that clinicians know and trust is doing the training, physician satisfaction is higher. And use of the system among clinicians is more comprehensive as well. Optimal workflows and a fully invested physician staff result in efficiency gains and better information flow. Better information enables better care delivery.

Multidisciplinary approach sets the table for long-term success

Maybe the biggest oversight health systems make when approaching an EHR implementation is framing it as an "IT project." Or they put IT in charge of the implementation or optimization. IT is a critical enabler and should be heavily involved, but empowering clinicians within the project is a key to catalyzing better satisfaction and better utilization among clinicians.

We recommend an optimization approach that incorporates people from across the organization to ensure processes and workflows that are enabled through technology. When a health system brings in Optum as part of its implementation and optimization efforts, we provide a multidisciplinary team. This includes technologists, clinical informaticists, operational and change management experts with experience in multiple installations. This ensures a perspective that rarely exists within a single health system. However you decide to structure your optimization, having a team with a wide breadth of experience is critical.

Health systems continuously work to improve the quality of care delivery and business operations. That same discipline should be applied to their EHR investment given the breadth of its impact. Optimization is an endeavor that should never end — and it should begin as soon as possible.

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Learn how Optum Advisory Services can help you determine and reach your organization's goals.

Learn more

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Source:

Grand View Research. Electronic health records market size, share and trends analysis report by type (post-acute, acute), by end-use (ambulatory care, hospitals), by product (web-, client-server-based), by business models, and segment forecasts, 2021–2028. Published April 2021.

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