EHRs, Meaningful Use
and Speed to Success

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Why would the government essentially bribe clinicians to adopt new EHR technologies? Quite simply, because most EHRs that meet the meaningful use standards will move the practice backward, at least for the two years of initial use when every patient is effectively a 'new patient'. Throughout this protracted start-up curve, physicians will likely spend more time to earn the same fees (if not less), see fewer patients, spend more time working on keyboards than engaging with patients, and collect loads of data destined to help the government drive down its costs. Even after the start-up period, most EHR solutions will continue to be a drag on the success of the practice.

Are there any EHR solutions that can move your practice forward rather than backward? The simple answer is yes, however there are very few such systems, often only one in any clinical specialty. Systems that can move you forward rather than backward must be built from the ground up differently in order to drive practice success.

Are these success-driving solutions found just among the web-based apps? Surprisingly, most new web-based systems have essentially put the required data-entry fields for meaningful use into browsers but fall far short in delivering the practice-boosting results you need. They have concentrated on a new software delivery method but have not addressed the fundamental changes being driven by health care reform. Certainly web-based (SaaS) solutions can be implemented quicker in some cases as there is no software to install. However, these systems often have the very same limited ability to tailor operations to meet the 'uniques' of your practice. Their so-called quick implementation typically means you will have to change your practice to work the way the system does rather than enjoy a solution tailored to work the way you do. Further, web-based systems rarely include full instrument data integration, a key factor in speeding up a practice and likely a required capability in the more advanced stages of meaningful use.

While the goals of health care reform are laudable – drive down costs while improving care, outcomes, quality and safety – the hard reality is that most EHR solutions add to the burdens of clinicians who are already struggling in a 'do more for less' world. In eye care, there is even a double whammy as threats of margin erosion offset benefits previously enjoyed in the optical retail model.

With the increasing deployment of EHR systems, it is now said tongue in cheek that in America we do data entry in only two places: offshore and in doctors' offices. In traditionally low-tech supermarkets, for example, the checkout clerks who long ago moved to laser scanning are now being replaced by self-serve checkouts and, soon, by RFID chips that eliminate every checkout step but one: please pay. And with Near Field Communications, even that manual task may soon disappear.

Some who read these assertions may question their validity but let's look at some facts. Before the announcement of the stimulus monies, less than 20% of primary care physicians had any form of EHR solution and less than 4% of those had a system that came marginally close to the requirements for meaningful use. Why? Are these clinicians luddites? Hardly! As hospital executives will tell you, any failure to upgrade perfectly good diagnostic technologies with the latest advanced solutions can trigger a rapid exodus of key clinical staff. No, physicians have resisted EHRs because they are very smart people – they saw little value in new software technologies that reduced patient throughput and increased their workloads, especially at a time when they had already increased their hours just to stay on par with declining reimbursements.

So how can you discern the differences between a system that drives you forward and those that may take you backward? Are there corresponding indicators that can help you spot one versus the other, yin versus yang? Just by aligning your evaluation to the "**speed to success**" of your practice, rather than more obvious but less important factors, you can distinguish between the alternatives.

Yin **Much like a bad poker player, there are several notable 'tells' that quickly sort out otherwise look-alike solutions.**

Data-entry screens. Are there fill-in-the-blank fields and, even worse, screens with lots of these fields? This is the sure-fire tipoff to a data-entry approach, the approach that slows down practice success.

Droplist boxes. Are there lots of drop-down menus (i.e. you click on a field and a list of choices appears from which you must click to select your content choice)? This is the second clear indicator of a data-entry approach and one that, if you are not careful, can easily result in a success-killing percentage of erroneously chosen entries.

Limited or no instrument integration. Are diagnostic instruments fully integrated? Are data and images automatically populated into the EHR and can you readily annotate and draw on an integrated series of current and past images and data? There is little question that seamlessly integrated diagnostic instrumentation is a hallmark for meaningful use EHR technologies. We can expect a future where such information must be shared across referrals and even with payers.

Yang **Breakthrough EHR solutions pass these tests and more. They provide approaches and techniques that *accelerate* practice success rather than slowing you down. The best of these systems also embed capabilities that help you transcend simply running your practice and move you to running your practice *better*.**

Content-driven dynamic EHRs. The forefront 'tell' of a speed-to-success solution is content-driven dynamic EHRs – EHRs screens that morph based on information and actions. Dynamic EHRs self-tailor action-by-action and field-by-field to dramatically reduce your work and streamline activities in the

exam and throughout the practice. It's easy to check this out in a demo – as you enter data (or as it comes over automatically from prior activities) does it automatically tailor all the subsequent steps?

Adaptive workflows. Another must-have for running your practice better is detailed and flexible workflows that go beyond just integrating between pre-test and the exam room to now encompass every aspect of the practice, from the front office to dispensing to the back office.

Embedded optimization. The latest advance in moving a practice forward is embedded optimization. This approach transparently and seamlessly combines analytics with workflow to drive consistent best practices – optimizing all practice activities at the point of action. The top academic medical centers are already rapidly exploiting such advanced healthcare informatics today. And now, some select practice-based EHR technologies are also embedding these breakthrough capabilities in a way that drives optimized results with minimal additional effort.

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Clinical Decision Support. Possibly the greatest coming challenge for new EHRs technologies, all struggling for supremacy in the health care reform world, will be Clinical Decision Support. Systems that cover multiple disciplines will find increasing pressure to narrow the focus, if only to stay abreast of specialty content, best-practice protocols and best-outcome measures. Breakthrough EHR solutions, built from the ground up differently, are capable of driving not only low-level CDS (such as the stage 1 meaningful use requirement around structured data) but also the more advanced types which involve predictive analyses (what are best practices exactly?) smart records and algorithms for multi-step clinical workflows.

If the government is bribing you to move up to advanced EHR capabilities, shouldn't you at least pick a solution that drives you forward, rather than one that could drive you backward? **The acid test is simple: which system drives speed to success?**

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