Optimizing Your Use of EHR
By Chip Hart, Physician's Computer Company

- *Why does an EHR "fail" in one practice but succeed at another?*
- *What do those successful practices know that the challenged ones do not?*
- *And what can you do about it now, after you've already chosen your EHR (or had it chosen for you)?*

From the day that they showed up in our clients' offices nearly 20 years ago, we've had front row seats during the process of implementation for nearly a dozen different EHRs, including our own. It's a unique perspective that has given us insight into what makes the transition successful - very often, it's not the EHR itself. The real secrets to a successful transition to the EHR world lie in preparation, configuration, and constant re-training and education.

There are two big challenges that confront practices using EHR: productivity and clinical response. Implementing an EHR lowers the productivity of many physicians, often permanently, as they work hard to complete each electronic template according to the new rules. And many EHRs interfere with patient care by driving the clinician down a clinical narrative that may not reflect what actually happened during the exam. Here's what you should do to address these challenges:

Clean up your data.
 If you are switching now, in 6 months, or you switched 5 years ago, it's never too late to clean up your data. And by that, I mean:
- identify children who are no longer active in your practice and flag them appropriately so they are removed from your clinical review
- clean up historical records such as immunization histories or problem lists
- clean, confirm, and capture demographic information, including email addresses, confidential contact information, race, language, and ethnicity.

There are many obvious advantages to having good data in terms of both time and clinical response. And you will need to do this work for ARRA, PCMH, or any other P4P program. An underlying advantage of a clean database, however, is the impact it has on users – as your clinicians get used to ignoring aspects of the EHR because they can't be trusted, that indifference quickly spreads. Your EHR <u>must</u> be your master clinical reference, so treat it that way!

Use your vendor resources for training, configuration, and education.
It's the norm for me to visit a practice using a competitor's EHR and actually introduce them to a feature they didn't know they had! PCC works incredibly hard, with each 6-week release, to document, highlight, and train our clients on the beneficial new features but the information is hard to stick.

Often, and no vendor is immune to this, the clinicians invest only the time necessary to make the EHR "work" and not enough to make it "work for them." In other words, once they jump into the EHR, they rarely take the time to jump back out and see how things can be improved. Our happiest customers, by

far, are the ones who re-evaluate their use of the EHR every 2-3 months (at least). They ask us, again and again, if a necessary change and improvement has been released - and you should do the same with your vendor!

How frustrating and humiliating is it to learn that you have been doing things the hard way for months on end?
- Go to your vendor's WWW page and look for their training opportunities.
- Read your vendor documentation and check for updates.
- Attend your vendor users' conference, log into your vendor support group site.

The most satisfied practices are always the ones who work the hardest to be satisfied.

Revisit your templates.
Nearly every EHR vendor allows you to control and configure your templates and protocols, some more easily than others. Even for those difficult-to-configure systems, you can usually improve the flow and design of the data you capture to not only make the visits faster, but to improve the quality of care as well.
- *Do you have the latest concussion guidelines available at your fingertips?*
- *Are the AAP's Bright Futures elements part of each age-specific well visit?*
- *Have you updated your templates so that you will be able to fulfill PCMH or ARRA requirements?*

Special Words About Tracking Immunizations
One of the Holy Grails of EHR usage, particularly for pediatricians, is the magic "immunization logic" portion. Any time a child is in front of you, how handy is it to press a button and learn exactly what immunizations may be overdue? You'll never miss a shot again!

Unfortunately, the reality of immunization distribution tells a slight different story. PCC applied the immunization HEDIS measures to our clients around the country and after analyzing millions of records, it became clear that the overwhelming majority of children who start their series get all of their shots. The missing immunizations - which represent 20% of your patients or more! - are concentrated among particular patients.

The implication of this information is that those practices who want to improve their immunization rates need to do so proactively. You will need to identify them using your EHR/PM and then recall them to your practice. You'll note that to make this project effective, you need to clean up your database perhaps this is when and how you make that happen.

Not only is getting your overdue children in for their shots good business, it's excellent medicine. You may have noticed a small, but real, change in the anti-vaccination attitudes lately with each new outbreak - those are the families you can pick up!