

Third Annual Conference: Many Faces of Community Health

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The Electronic Health Record

Why has EHR implementation been too difficult for too many community clinics?

The EHR might be criticized as the problem: too complex to install and operate reliably; too expensive in total and relative to payoffs; too many flawed products that are difficult to compare; and poor vendor support before and after implementation. Yes, these problems exist but they are not the heart of the problem.

There are, in fact, many solid EHR vendors and systems that can be readily identified and have dramatically improved patient care and operational performance.

But too few clinics were fully ready, willing and able to carry off a successful transition to the EHR. There is, ironically, solid evidence that a well-managed implementation of an *inferior* EHR product will produce *better results* than a weak implementation of a *premium* EHR product.

If we can't simply blame the quality of the EHR or the vendor for the problems that have been seen, then what is the problem? Experience so far demonstrates that poor results, in many cases *low-level failures*, can be traced back to unacknowledged or unaddressed internal gaps and shortfalls within the client organization.

Let's be more optimistic. Positive elements that should be present to increase the odds of achieving successful implementation of an EHR are:

- Committed and knowledgeable leadership,
- Cohesive and decisive implementation team,
- Experienced technical support staff,
- Well-structured decision-making processes,
- Effective internal communications,
- Positive recognition and reward systems,
- Well-designed transition schedules,
- Realistic and careful financial forecasting

But there's more. Beyond strengthening internal systems and correcting shortfalls prior to implementation, the real payoff of an EHR comes from making the bigger leap into redesigning workflows and care processes. The logic and power of an EHR can be instrumental in fostering and structuring a successful internal redesign process.

The top priority among clinics planning to acquire or which have already implemented an EHR should be to achieve an essential redesign of care processes and workflows:

- Improve quality of care and streamline clinical processes
- Improve workflows, job structures and production rates
- Improve documentation, performance reporting and control systems

Rethinking how a clinic has to function in order to survive and prosper under future conditions is what the transition to the EHR should be about.