

Rural facilities share keys to provider EHR adoption and ongoing EHR optimization



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Nearly a decade has passed since the U.S. government introduced the concept of electronic health records (EHRs) meaningful use as a determining factor for Medicare payments to hospitals and providers. And yet, despite the widespread installation of EHR systems, a significant percentage of rural facilities still struggle to attain universal EHR adoption by their physicians and other providers.

Specifically, as of 2016, 86 percent of small rural hospitals and 78 percent of critical access hospitals had achieved stage 2 meaningful use of certified EHR solutions, according to the Office of the National Coordinator for Health Information Technology. This compares to meaningful use by 95 percent of large hospitals.

For rural hospitals and clinics that have attained a high level of provider EHR adoption, as indicated by stage 2 meaningful use, the challenge now may be: “When and how will we realize the return on investment (ROI) that was envisioned — or promised — when we implemented our EHR solution?”

In this article, we present insights gleaned from facilities that have demonstrated leadership in provider EHR adoption. We'll also discuss the tactics used by these organizations to achieve ongoing EHR optimization.

Keys to provider EHR adoption

From our experiences and conversations with the leadership and clinical staff at rural health care facilities, we've identified a number of important contributors to provider EHR adoption:

- Cultivating a strong understanding of how EHR benefits patients, providers and the facility
- A strong C-level commitment to EHR and holding everyone accountable for its success
- Investing time in provider training and, when appropriate, compensating them for their time
- Designating a provider to be the facility's “EHR champion;” this could be the chief medical information officer (CMIO) or, at minimum, a part-time provider informaticist
- IT representation in the executive suite, preferably a chief information officer (CIO)
- An active EHR adoption committee composed of the provider champion (or provider facilitator) and power users from multiple departments

We cannot overstate the importance of the CMIO or provider informaticist for getting other providers on board with EHR usage. At the same time, we recognize that everyone's time is stretched to the limit, especially in rural facilities. In many cases, this person will need to devote a majority of his or her time to clinical duties. However, compensation of at least 20 percent for IT work can help make the role more appealing.

Perspectives from Snoqualmie Valley Hospital

At Snoqualmie Valley Hospital in Washington, the provider EHR champion is Kim Witkop, MD, Chief Medical Officer, whose scope of responsibilities includes information systems. Snoqualmie has had its EHR solution up and running for the past 11 years. Involved with Snoqualmie's EHR system since the beginning, Dr. Witkop cites a number of especially important contributors to provider adoption in her facility.

“The first thing we did was try to craft as much of the system as we could ahead of time, rather than burdening our physicians with trying to envision it themselves. We offered them a basic EHR template, then let them suggest modifications and edits. This way, it was much easier for them to get their heads around it. Going forward, whenever we introduce something new, we make every effort to ensure that it is as complete as possible and that it answers all of their questions.

“One incredibly important thing is to understand that, in introducing something new, the provider or non-provider needs to know how it fits into their workflow. EHR fundamentally changes the way they do things on a daily basis versus using paper records.”

When discussing modifications to the EHR system, she adds, “you need to remember that some things about the product are hard coded and can't be changed by the user organization. We focus on the parts that are customizable, and we don't get hung up on the other things.”

One of the most common barriers to provider adoption is the perception that EHR increases the user's workload. Early on, Snoqualmie addressed this issue through meetings with providers, as well as with nursing representatives. “We asked, what were providers doing that could be delegated to someone else?” explains Dr. Witkop. “We made every effort to keep their workload the same, even though their workflow would be different.”

Perspectives from Burgess Health Center

At Burgess Health Center in Onawa, Iowa, older physicians were among the earliest EHR adopters, according to Kate Garred, RN, Clinical Analyst, and Grady Warner, Director of Information Technology. “They had the mindset of ‘we're going to see what we can do with this,’ compared to other colleagues who dragged their feet for a long time,” says Garred. Once they started seeing the benefits of EHR, the physicians who were using the system became adamant about everyone else using it, because of its potential impact on the continuity of patient care.

Small group and one-on-one training played a pivotal role in getting everyone on board prior to the EHR system go-live. “In addition, we meet with our physicians periodically throughout the year regarding updates and changes to the software,” explains Garred.

EHR buy-in among Burgess providers really took off when they saw how order sets could be customized, with their input, to save them time on documentation. Physicians perform many procedures the same way every time, which allows much of the documentation to be pre-populated in the templates. This means they need to enter only a handful of patient-specific details — a process that takes just a few minutes.

“Overall, the ability to customize the EHR system on our own and to involve physicians in the process has been tremendous,” says Warner. “Without that, we would be dependent on whatever the vendor gave us or had the time to build for us. The flexibility of the system has been great, and it gets better year after year. Kate can take care of many simple customization requests in a matter of minutes.”

Keys to EHR optimization

Someone once said “EHR is a journey, not a destination.” Many rural health care providers devote a lot of time and resources to implementation and provider adoption, but aren’t as dedicated to optimizing the use of their EHR system. The need for optimization is driven by a number of factors, including new regulations, evolving patient care and documentation best practices, system updates and emerging technologies.

Many of the keys to provider EHR adoption also apply to EHR optimization, just in a different form. Perhaps most importantly, members of your EHR adoption committee should continue to meet, but now as an EHR governance or steering committee. We’ve observed that it can be tough for staff in smaller facilities to carve out time for committee meetings, but letting down your guard can come with significant consequences.

For example, a vendor update to the system may result in new screens, navigation or options. If users aren’t prepared for these changes, their workflow may be negatively affected — and this can affect patient care. Ideally, the CMIO or provider informaticist is aware of coming changes and collaborates with the EHR committee to make sure user training takes place ahead of the update.

Perspectives from Burgess Health Center

EHR optimization takes various forms at Burgess Health Center. Among the most critical: the availability of Kate Garred to providers if they need assistance or have questions. Being a registered nurse and an EHR specialist, Garred brings both the clinical and IT viewpoint to the support she delivers (also making her a de facto provider EHR champion).

According to Garred and her colleague, Grady Warner, Burgess is continually striving to derive maximum usefulness and ROI from its EHR system. Examples of recent and upcoming initiatives include:

- Making the EHR available to providers outside the facility, anywhere they have an internet connection, coupled with 24/7 IT phone support
- Just completed, a yearlong project to improve EHR usage in the emergency room
- Educating all users about what needs to be documented in the EHR, with the goal of making patient data more accessible while eliminating “busy work”
- Expanding EHR capabilities to all patient care areas; the two remaining departments are the infusion center and surgery
- Extending electronic ordering capabilities to nursing staff
- Currently under consideration and being evaluated: speech recognition technology that would enhance workflow

Burgess Health Center is definitely seeing the fruits of all this effort. “Medical Records (HIM department) is getting more complete and timely data, which helps with billing. Chasing down records and lost records have become less of a problem,” says Warner. “We’re really starting to see the full benefit of having everything electronic, and we look to keep improving.”

Perspectives from Snoqualmie Valley Hospital

Like her peers at Burgess, Dr. Kim Witkop stresses the importance of ongoing EHR optimization at Snoqualmie Valley Hospital.

“There’s a lot of work going on with optimization. Right now we’re really focused on workflow — how do we maximize workflow efficiency and still get all the details documented? Part of that is questioning how much detail we need to capture. EHR gives us the bandwidth to capture a lot more detail than we could with paper. We’re doing assessments to figure out the right amount. The short answer is that not every piece of information that can be captured should be captured.”

Along with that is avoiding “double work,” says Dr. Witkop. “If information is entered in one place, it shouldn’t have to be entered in another place.”

Other areas of focus include:

- Making sure data is entered into the EHR so it’s easy to extract for reporting and for data mining and analysis
- Interacting with the EHR in a way that keeps Snoqualmie off the radar of the Office of the Inspector General (OIG) and other government agencies
- Deepening patient engagement with the EHR and adding functionality such as online appointment requests

Dr. Witkop appreciates having an EHR solution that allows for considerable customization, giving Snoqualmie the opportunity to make incremental improvements. “The list of ways we can optimize our EHR is long and broad.”

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