

## Health Information Compliance Alert

### EHRs: Avoid A Snap-Decision: Weigh The Pros & Cons Of Switching EHRs

**Learn the warning signs that tell you the problem isn't really the system.**

Thinking about changing to a new electronic health record (EHR) system? You're not alone. But before you take the big plunge, make sure you're not switching for the wrong reasons.

Nearly 60 percent of providers are looking to replace at least a piece of their EHR, says **Heather Haugen, PhD**, Managing Director of **The Breakaway Group**, as well as Track Director of Health Information Technology at the **University of Colorado** and Academic Chair for the **Colorado Health Information Management Systems Society**.

#### Switch for the Right Reasons

There are plenty of reasons why providers are considering switching EHRs, one big driver being mergers and acquisitions, Haugen notes. For instance, you may need to consolidate multiple EHRs if you simply have too many.

"Another big driver is vendors going away," such as the **McKesson** Horizon application, Haugen adds. You should consider the longevity of the vendor — this is a valid reason for changing EHRs.

**What's more:** As part of your longer-term strategy, you need to consider whether your vendor is going to make development investments like for mobile capabilities, Haugen says. You may think about changing EHRs if your vendor isn't investing in the solutions for the future, even if the EHR meets your current needs. And keep in mind that the longer you stay with a vendor, the harder it will be to switch.

Additionally, make sure that your vendor is staying ahead of the regulatory curve, advises **Jacob Buckley-Fortin**, CEO of the Boston-headquartered software company **eHana**. Your vendor should be up-to-date on Meaningful Use and ICD-10, for instance. And the vendor should be prepared for the DSM-5, Health Information Exchanges, various quality reporting, and so much more.

Another good reason to switch is if your current EHR doesn't meet your needs in terms of data strategy or functionality, Haugen suggests. If you're missing core functionality, you may come to the conclusion that it's time to switch.

If you're constantly having reimbursement challenges, and you can honestly say that it's the software's problem and not your staff's, then you may have a valid reason to replace your EHR, according to Buckley-Fortin. In addition to having trouble earning money, you should also think about whether you have to spend too much money just to get your EHR system to work properly. Are you paying one-time licensing fees, recurring hosting fees, costs associated with system configuration, charges for custom reports, and/or third-party integrations and license fees?

#### A New EHR Won't Fix All Your Problems

The more common reason for changing EHRs is that providers just aren't using the system well, "and we think there's something wrong with the EHR so we'll get a new one that's better," Haugen says. But a new EHR won't solve all the accountability, leadership, and process-related problems in an organization.

**Hidden trap:** "Sometimes we overestimate how well we're using our current system, when it turns out we maybe haven't adopted all the processes and workflow optimization" that the EHR has to offer, Haugen points out. And accompanying factors like physician resistance and poor education/training aren't good reasons to switch EHRs.

**Caveat:** That doesn't mean you should ignore your staff's dissatisfaction with the EHR. You should certainly consider whether your staff is happy and satisfied with the system. In fact, one of the most commonly voiced problems leading to EHR replacement is system usability, Buckley-Fortin states.

"We really believe as leaders that the new system will be welcomed; we think everyone will love the new system," Haugen notes. "At first, most users are intrigued, but the day you take a system away is the day they loved it the most. Even if it wasn't great, they knew it and learned their own workarounds."

Don't underestimate how challenging change is for people. This is a big barrier to EHR adoption in the long-term. And don't make the mistake of thinking that adoption of a new EHR system is the finishing line. Haugen likes to use the analogy that "going live" is the wedding, but the real long-term implementation is the marriage, and then EHR replacement is the divorce.

**Consider this:** You're going have to tell your staff that you've put all this time, money, and effort into this existing solution, but now we're going to change it all, Buckley-Fortin says. "That's a really difficult conversation to have."

### **Play the EHR Vendor 'Dating Game'**

If you do decide to switch and "divorce" your current EHR, you need to put some effort into your EHR "dating." And part of the dating process is understanding that data conversion can be a big problem.

**Beware:** Organizations that switch EHRs need to understand that all the data in the old system doesn't typically transfer over to the new system very well, Haugen warns. "Vendors have different perspectives on what data to keep," so you need to make sure that you're carrying over all the data that you need, in terms of treatment, relevant patient history, and regulatory data-retention requirements.

And when you're shopping around, identify what you really want and need. For instance, identify what you want in your vendor, the feature "must-haves" for the EHR system, and your realistic budget, Buckley-Fortin recommends.

Also, cost is certainly a big factor when it comes to EHR systems, especially for small and mid-size providers. Some small rural providers are fine with free EHRs like **Patient Fusion**, however. "Small providers may find this works really well for them," Haugen says. Although Haugen has seen some free apps that "are pretty strong," she hasn't seen organizations that are happy with a free solution in the long-term.

**Prediction:** Although these EHRs are free right now, the vendors may start to charge for them in the future, Haugen adds. Also, free systems can have some limitations, with getting data out of the systems being a struggle, so this is a tradeoff. And these vendors need to build into the EHRs the ability to share data safely for future demands for interoperability, so you need to ask the vendor about the ability to exchange data.

**Bottom line:** If you're thinking about changing EHRs, clearly identify your needs and make sure that the system can meet your needs. Above all, don't take EHR replacement lightly.