



Workflow - The Human Side of EHR Technology

Since electronic health record (EHR) software first emerged on the scene in the 1990's, physicians have been struggling with the balance between its benefits and the disruption it can create to clinical workflow. Practices have traditionally been sensitive to impeding the productivity of physicians, since it can have a direct impact the bottom line. In spite of the many advances in technology which have streamlined workflow, new Meaningful Use requirements have created new workflow challenges. To successfully manage the impact of these requirements, medical practices need to rethink how they embrace change in general, particularly as it relates to clinical workflow.

Just as practices breathe a sigh of relief that they have successfully mastered Stage 1 of Meaningful Use, Stage 2 lies at their doorstep beginning in 2014. In stage 1 of Meaningful Use, it is relatively easy to minimize the workflow impact on physicians. Front desk staff and nurses are able to collect much of the required information such as demographics, smoking status, vital signs etc. Stage 2 of Meaningful Use however, creates new challenges to physician workflow.

For example, the numbers of clinical decision support rules increase to five in Stage 2 (from one in Stage 1). These are system generated "ticklers" that provide assistance to clinicians about things they might otherwise overlook. They often may require a click (or more) to move past during a workflow. Stage 2 states that these rules must occur at "a relevant point in patient care", increasing the likelihood that they will impact physician workflow/productivity.

Another measure that all practices in the EHR incentive program must address in 2014 is the use of a patient portal. This requirement will certainly impact the workflow of many within a practice by opening up a new level of interaction with patients. Patients will have electronic access to a substantial amount of their clinical information creating questions about what they see online. Streamlining the flow of communication from the point when patients call with questions, who will be involved in getting answers and how responses will be provided back, will require a good deal of thought and planning. A similar measure involving patient interactions is secure messaging. This is an electronic bidirectional communication with patients. Both the patient portal and secure messaging measures will require a significant effort to streamline workflows involved.

Accessing patient clinical information from outside organizations is rapidly becoming an integral part of the practice of medicine. Whether it is access to medication information from Surescripts or comprehensive patient information through a health information exchange (HIE), the availability of a wealth of additional patient information is here to stay. Yet as important as this information is to the quality of care, there are significant workflow issues involved. Finding ways to balance the benefits of having a plethora of clinical information available with the efficacy of treating a patient population is a challenge that will require a great deal of discussion within a practice.

An industry wide change that all practices will need to address next year which has the potential for a significant impact on workflow is implementing the 2014 EHR software upgrade. Beginning January 1st, all EHRs must meet new certification criteria which will be reflected in this upgrade. Although it will have all the capabilities required for Stage 2, this version will also be needed to attain Meaningful Use for practices in Stage 1 as well. Because the magnitude of the changes is so significant, CMS has limited the Meaningful Use reporting period for all practices for 2014 only to ninety days.

Accommodating new workflow is the most difficult aspect of adopting an EHR in a medical organization; it's the people part of new technology. Practices have been very innovative when they finally decide to move to an EHR. They form core teams representing the various functional groups within the organization as well as workgroups made up of super users. They have regular project meetings and track their progress along various milestones. During this period they work very closely with their vendors. But once they are live on a system and have met their Meaningful Use objectives, all of this stops, but it should continue. Practices should incorporate these processes and procedures as a permanent, ongoing means to handle new technology changes and refine workflow to achieve even greater efficiencies over time... it would be an investment in enhancing the human side of technology.

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