Below are tips from physician practices on how they were able to improve the use of their EHR systems.

Solo Physician Practices

- Ask vendors to provide web-based training with desktop sharing capabilities. This will allow each staff member to train at their own workstation with a familiar computer. This will also allow for training flexibility and limited disruption of the clinic's operations.
- Staff training should be focused on EHR functions applicable to the staff's job function.
- Designate a staff champion that will stay up to date with the system; budget for him/her to attend the yearly user conferences provided by the vendor.
- A good consultant with IT experience as well as healthcare experience can provide advice, templates, and strategies.
- Explore the use of tablets or other handheld devices instead of a laptop.
- Consider having remote access to your EHR for additional flexibility.
- If transitioning from paper charts:
  - Stage the data migration.
  - Be selective about what staff should re-entered and what should be scanned.
  - Be consistent about what scanned files are named and in which folder or category these files are kept within the EHR system.
  - For example, scan the paper charts of established patients a week prior to a patient visit.
- Physician and staff should test the system and create the basic template and modifications prior to the live implementation date.

2 to 9 Physician Practices

- Process or clinic workflow changes
  - Ask patients to bring their prescription bottles to their appointment. Enter the information in to the EHR system along with the patient's smoking status and relevant medical, surgical, and family histories. This will help initiate the electronic prescribing process.
  - Consider allowing nursing staff to begin checking patients out and printing visit summaries. This change will allow the patient to ask questions to a clinical staff member before they leave.
  - Have patients fill out a new medical history sheet. Key in the up-to-date data from the new sheet, rather than trying to key in old data.

- o Kiosks can enable patients to quickly and immediately check-in upon arrival and update any needed health information without waiting for direction from the staff.
  - o Make use of the new space that is available after the paper charts are transported to an off-site location. Consider turning the space into additional exam rooms, which may result in improved access to patients and increased provider revenue.
- EHR organization, modification, customization
  - o Attach laboratory and radiology reports to the corresponding order in the EHR so the records can be more easily located in the future.
  - o Link best practice alerts to orders. This will allow clinic staff and providers to easily click on the order and prescribe the appropriate tests and/or treatments.
  - o Invest in and implement automated components for tasks like checking patient eligibility and generating patient statements to help safe time.
  - o Incorporate a claims rules engine into the EHR to prevent the most prevalent causes for claim denials. Rules and warnings can be incorporated into this engine that will help staff review and correct unclean claims before they are submitted. By implementing this system, additional revenues can be gained, and coding burdens will be shifted away from the providers.
  - o If the EHR allows the staff to create templates, everyone should resist the temptation to immediately start creating their own templates. Custom templates may prevent certain required fields from populating or may prevent the flow of information in the system. First, become accustomed to using the EHR to document how the clinic provides patient care. Then, develop templates based on that reality. This will save time and money.
  - o When something isn't working correctly in your EHR, try to fix it on the spot. If that is not possible, make a note of it and return to fix the problem as soon as you can. Tolerating inefficiency or system dysfunction fosters development of bad habits. If allowed, these bad habits will become the new standard, decreasing your efficiency of EHR use and delaying returns on investment.

10 to 50 Physician Practices
- Process or clinic workflow changes
  - o Phase in EHR adoption if the practice has more than one clinic location.
  - o Be sure patients are informed of any changes or modifications to their patient portal prior to a system upgrade.
  - o Consider having staff sign up as patients to test and give feedback on the parts of the EHR system with which patients will interact.
- EHR organization, modification, customization
  - o Be selective in the functionalities and customizations.
  - o Ensure a good backup database
  - o No EHR will be a perfect fit. Therefore, look for and know the weakness of EHR systems before buying
  - o Consider providing multiple platforms for providers to enter information including, computers, laptops, tablets.

50+ Physician Practices

- Process or clinic workflow changes
  - Phase in EHR adoption if the practice has multiple locations.
  - Use nurse care managers and a team-based approach toward care to emphasize coordination of care across every setting.
  - Consider building a clinical quality department to support offices with EMR usage. This department should also continuously look at data to determine how to improve quality.
  - Make patients a part of the process. Ensure that your patients know about the EMR transition, what glitches in the system might occur, and how the new process will benefit them.
- EHR organization, modification, customization
  - Use an incorporated EHR/PM system to increase coding efficiency.
- Technology issues
  - Wireless access points should be in place to ensure robust coverage without areas of signal dropout.
  - Computers should not be operated in an administrative mode. This mode makes computers much more susceptible to viruses and unintentional downloads.

Case Studies

- EHRA – Cases by EHR Vendor
- LeadingAge – Lessons learned from EHR Case Studies
- EHR in Practice – How to turn around an EHR disaster: three case studies