



## FINDING ROI THROUGH EHR OPTIMIZATION





[As seen in Managed Healthcare Executive.](#)

By the end of 2015, it is estimated that healthcare providers will spend over \$6.05 billion annually on their electronic health record (EHR) systems in the United States.

Health providers have been working to receive their stimulus funding as defined in the American Recovery and Reinvestment Act (ARRA) by implementing technologies that support the delivery of care.

The Office of the National Coordinator has calculated that it has spent close to \$24 billion on Medicare and Medicaid incentive programs to drive adoption of the electronic health records.

Many promises have been made by EHR vendors about the potential for clinical transformation with more efficient data capture and transmission, and the integration of multiple technologies to support all aspects of clinical and financial operations in the healthcare setting.

However, the daunting question behind the colossal investment to go live with an EHR investment is, "Now that our system is live, what is our calculated return on investment?" Faced with this question, many health organizations are finding that while some clinical and financial processes are more efficient, going live with an EHR system does not necessarily translate to immediate cost savings (by way of decreased length of stay, re-admissions). Nor does an EHR ensure an improvement in the delivery of care, or clinical outcomes.

In a recent report from Deloitte Healthcare, it was reported that:

- More than six out of 10 physicians state that EHR has not improved diagnosis accuracy or treatment planning.
- Twenty-six percent reported decreased productivity and more than one half (54%) were not happy with their EHRs.
- Only 23% said that EHRs made them more efficient.

Many healthcare leaders are finding that the starting place for EHR optimization is to connect the dots between the data that is being stored within their EHR systems and their clinical, operational, and financial outcomes. There are multiple strategies that can be employed to get the process underway, and most organizations are focusing first on developing a KPI dashboard that allows for organizational leadership to understand the trending of key metrics.

From there, forming interdepartmental project teams focused on improving key metrics or process areas will be important to further drive results.

Additionally, another area for EHR optimization may come in the arena of clinical decision support. Reviewing content that is pre-built in the EHR system, such as check lists, order sets, plan of care,



and medication error alerts, shows immediate improved outcomes if they are implemented with the guidance of clinical champions.

For example, at Cedars-Sinai Medical Center, implementation on alert triggers based on 180 recommendations produced by the “Choosing Wisely” initiative has resulted in an average of 300 diagnostic tests or treatments alerts that clinicians can either choose to accept or reject.

The organization has shared that it expects a yearly savings of \$3 million in tests and procedures. Their studies have also concluded that the increased alerts have [not led to alert fatigue](#) and will lead to improved clinical outcomes.

It is important not to write off EHR systems as a sunk investment or simply as a cost of doing business in healthcare. There are many encouraging shifts in healthcare, from episodic care to connecting the care continuum to the focus on value-based purchasing. While many opportunities exist in healthcare to improve clinical and financial outcomes, EHR optimization may present itself as the “low hanging fruit” since the data and systems are readily available and can translate to immediate improvements. Also, by engaging clinicians who use the EHR on a daily basis, healthcare leaders may find that they have some great ideas on how to further optimize the clinical content within the EHR.