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Attention CIOs: It's Time to Fix EHRs

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There's a long history of physician dissatisfaction with clinical information systems, which can be heard most recently in the American Medical Association's (AMA) #FixEHR campaign. These frustrations stem from the fact that most EHRs grew out of the computer system that runs a hospital's inner workings (i.e. billing, pharmacy, lab, scheduling, and admissions), and that physicians' needs were often an afterthought.

The result is many hospitals are mired in the muck of physician resistance to inpatient EHRs—systems that have left doctors less productive, less efficient and more frustrated. The impediments to physician workflow created by typical EHRs demand attention now from those on the front lines of IT, in particular hospital CIOs. Here are three common issues with current EHR systems that hospital IT executives should be sensitive to:

Physicians are Burdened by Unfamiliar Workflows and Constant Distractions:

Hospital EHRs impose unfamiliar workflows on physicians—workflows dictated by processes that exist deep inside the hospital, not by what physicians know about treating patients and have been doing for years (supported effectively with traditional paper charts, by the way). The paper world completely (and appropriately) insulated physicians from these hospital operational processes, since exposing them does nothing to help improve patient care. What's more, EHR technology can create new distractions. For example, in computerized physician order entry (CPOE) systems, many physicians experience alert fatigue because many alerts are unnecessary and/or irrelevant, and typically fail to take into account the physician's specialty and/or a particular patient's situation. When physician users of CPOE become jaded and routinely tune out alerts, they may miss the



occasional important one—defeating the purpose of having alerts, and to a large degree CPOE, in the first place.

Physicians' Time is Wasted with Extensive Training and Lengthy Documentation:

The industry standard for physicians to become fully proficient using a hospital's EHR system is 9-12 months. This is because typical EHR implementations not only involve educating physicians to execute their workflows using a computer, but also forces them to adopt new workflows. They also require extensive classroom training, which takes them away from patients on the floor. In addition, hospital computer systems encourage physicians to dump large amounts of clinical information into their notes, which provides little value for the next clinician reading it (this is very different from the paper world where physicians are careful editors and typically include only the most relevant results in their notes). For these reasons and others, physicians are spending less time with their patients.

Complex Interfaces Force Physicians to Focus on the Computer Rather than the Patient:

In addition to digging through lengthy notes, physicians find that getting all the information they need about a particular patient is cumbersome in most hospital EHRs because the data may live in multiple systems/modules. The systems are structured in a process-centric way rather than a patient-centric way, resulting in physicians spending more time clicking around to find what they need rather than focusing on the patient interaction.

For the sake of physicians' time and improving patient care, hospital CIOs need to put physicians' needs at the forefront of IT initiatives; optimizing EHR systems is a logical starting point. After all, physicians are by far the most expensive and limited resource in the healthcare system; IT leaders are in a unique position to help them do and be their best. ■■