An eBook Guide to EHR Replacement

About the author.
A letter from Dr. Gary.

1. In good company! (EHR replacement is popular)
2. Decision: Replace the EHR. Now what?
3. EHR replacement: Do it right!
4. Project manage. Manage change.
5. Select the right EHR solution.
6. Get the right EHR support at the right time.
About the author:

Gary Wietecha, M.D. (aka Dr. Gary) has over 17 years experience in informatics and in deploying EHR systems into large medical groups and coordinating EHR transitions.

He has conducted EHR workflow consulting and system transition work for customers such as DOD, Veterans Affairs, the Social Security Administration, private and public hospitals as well as state and federal healthcare organizations.

Dr. Gary is a full-time professional resource for software development teams that create clinical content for the NextGen Healthcare suite of products. He coordinates clinical review of EHR content, physician review of development specifications, and client and team feedback into enhancements for future releases of products.
A letter from Dr. Gary.

I have tremendous empathy for any practice manager, provider, hospital, or health facility needing to replace their electronic health record (EHR) system. You may be thinking: “Did I make a mistake?” Or maybe you have an old system that can’t deliver today’s compliance.

Would it surprise you to learn that in the first six months of 2012, half of EHR sales were for replacement systems?!

People and organizations replace their EHRs for lots of reasons. Some of them good; some not so good. Statistics on the next page shed more light on why EHR replacement is happening.

However you and your organization got here – “EHR replacement mode” – I think it’s important not to dwell. Instead, move forward. Stay positive and energized about the future of your practice or your facility. You’ll need a good EHR and a strong EHR vendor/partner. But the future really is bright once you’ve got the right tools, technology, attitude, support, and teamwork.

Sincerely,

Gary Wietecha, M.D.
In good company!
(EHR replacement is popular)
You are not alone.

Why is this happening?

Nearly 17,000 physicians shared “why” in the 2013 Black Book Rankings Survey:

- **80%** (EHR) Solution does not meet practice’s needs
- **79%** Practice did not adequately assess needs before selecting original EHR
- **77%** EHR design not suited for the practice specialty or specialties
- **44%** Vendor not responsive to requests and needs
- **20%** EHR does not adequately communicate with other EHRs
- **16%** EHR will not meet newest federal requirements (ICD-10/MU Stage 2)
- **12%** Vendor too focused on meaningful use achievement
- **11%** Other practice software modules not integrating with EHR
- **5%** Setbacks have caused payment delays or disrupted work
- **14%** Other

Nearly **half** of all providers are **dissatisfied** with their EHR.

After publishing their latest EHR replacement survey data, Black Book Rankings dubbed 2013: “Year of EHR Replacement.”
One more chance?

Should you give your current EHR system one more chance? Just ask yourself:

- Could the issues you’re experiencing be corrected with support from your current EHR vendor?
  - Could the issues be resolved if the vendor makes technical improvements?
- Can the vendor make the technical improvements you need in time to meet your deadlines?
- Are you, or is your practice, at least partially responsible for the issues?
- Can you or your practice do something else to resolve the problems without replacing your EHR?
- Are there any other internal issues in your practice that may be causing the problem?
- Is your current EHR vendor stable enough to be in business for the long term?
- Does it feel like your current EHR vendor is phasing you out?
- What penalties apply if you terminate your current EHR contract?
- Can your practice accomplish ICD-10 compliance and Meaningful Use (MU) incentive earnings with your current system?
- Is your current EHR system chronically affecting productivity and workflows inside your practice?
Stick with your current EHR if you think your issues with it can be resolved in a timely manner. Trying to first fix your current EHR is the right thing to do; replacing your current EHR is a major decision.

Take a good look at the way your practice operates. See what can be tweaked or revamped to make the most of what you already have.

If you’re confident the problems that you’re experiencing are because the EHR purchase your practice made the first time was based more on price than function, or some other unresolvable fact that prevents a solid path forward… well then… it’s time to change.

“The time to get a new system is when you have reached the point that it’s more painful to stay with your current EHR than to go through the process of replacing it.”

Ron Sterling, President
Sterling Solutions, Ltd.
Silver Spring, MD
[author: Keys to EMR/EHR Success]
Decision: Replace the EHR. Now what?
No more chances for your old EHR?
Then learn, learn, learn!!!

After all… a double knee replacement? Fairly common. But a double EHR replacement? Absolutely not!

If you’re “green lighting” your EHR replacement project, learn from your mistakes, the mistakes of your vendor, or the product design and functionality flaws in the EHR you’re retiring.

Don’t make the same mistake(s) again. In fact, start by documenting the mistakes you know you’ve made. The more honest you are, the smoother your transition and the better your results.

You should create a list of questions for your potential EHR vendor/partner that include the challenges that your legacy system couldn’t address. Ask about specific functionality that helps a practice execute, report, and get credit for Meaningful Use Stages 1 and 2. And while you’re at it, don’t forget about the transition to ICD-10 codes and pay-for-performance measurements.
Cutting edge Replacements:

- Joints
- Bladder
- Skin
- Bone Marrow
- Kidney
- Lens of the eye
- Liver
- Lung
- Heart
- EHR...huh?
Leaving “EHR replacement remorse” behind.

The first step in EHR replacement is a paradigm shift from where you are with your legacy EHR. Start with a fresh, new positive “can do” attitude about your entire EHR replacement project. And be smart from the start.

Look on the bright side! You’ve already learned from the past, because you asked yourself some critical questions [remember page 6?] and now you’ll ask yourself more critical questions [see page 12].

You’ve made your decision. You’re replacing your EHR. It’s time to move forward with your solution.
Measure twice. Cut once.

Don’t create the same, or worse, EHR-based problems. Ask more questions:

• What are your goals for a new EHR system (and how has your current EHR blocked these goals)?

• How has your current EHR affected the productivity and workflow of your practice? Be specific.

• Have you defined your ideal workflow? What are the gaps preventing your ideal workflow?

• Is your current EHR vendor truly responsive to your needs?

• How much “more helpful” will you need a new EHR vendor to be?

• Do you have an EHR replacement project champion in your practice? Can you appoint one?

• Can you find both a clinical workflow champion and an administrative/billing workflow champion?

• Are your expectations for a new EHR realistic? How can you find out?

• How EHR and IT savvy are you? Really. Should you retain an IT consultant this time?
EHR replacement: Do it right!
It can be complicated. But it’s not rocket science.

There’s no shortage of advice about replacing an EHR system; I’ve given plenty of it. But let’s see what some other folks say. I like the three-part series that appeared recently in EHR Intelligence written by Kyle Murphy, Ph.D. Dr. Murphy offers a nice list of key ingredients for success:

1. Executive sponsorship
2. Clinician buy-in
3. Project management
4. Change management
5. Suitable EHR vendor and solution
6. Data selection and migration
7. Proper training and preparation
8. Realistic expectations*
9. Patience*

*Optional, but very helpful

Let me share what I think are the real takeaways for each of these.
Get executive sponsorship and clinician buy-in.

Search the Internet for more information on the “Five Bs of Executive Buy-in” if you need more details, but just know that the decision maker(s) in your practice expect your EHR replacement project to be based on quantitative proof that replacing the system is the best and right decision. And they also expect the very best process for actually replacing the system. And that starts with getting buy-in throughout a practice, system, or facility.

Figure it out, be prepared, and present the case for EHR replacement with confidence.

Bring your “EHR power user” to any meetings where “go/no-go” decisions about replacing the EHR are likely to be made.

Your vendor should be demonstrating their solution and showing how it improves your current workflow.

From the very beginning... make sure the left hand knows what the right hand is doing:

A surprising number of new EHR implementations either fail or are much tougher than they should be because key decision makers and important users don’t get included in the early stages of the EHR implementation.

That includes “the consideration part” well before any EHR vendor or system evaluations begin.

I like the “Five Bs of Executive Buy-in:”

1. Best Practices
2. Business Case
3. Be Specific
4. Be Assertive
5. Bring an Expert
Project manage.
Manage change.
Manage project management and change management.

Before you get “into the weeds” of project management, consider the Prosci® ADKAR® model5: It’s a simple, action-oriented framework for taking control of change – in this case, changing EHRs.

- Awareness of the need for change
- Desire to participate and support the change
- Knowledge on how to change
- Ability to implement required skills and behaviors
- Reinforcement to sustain change

Project management can be a complicated topic and process. Evaluate what you believe will work best in your practice. Account for the idiosyncrasies you know are simple facts of life inside your practice.

Managing an EHR replacement project should not be done in isolation (and the new EHR vendor you select should be heavily involved in assisting you in the transition... don’t worry... I’m getting to that.)
Select a suitable **EHR vendor.**

When you select a new EHR system, you’re also investing in a new partnership with your EHR vendor. Things to look for include:

- A sustainable EHR vendor that can become a business partner
- A partner with proven technology that will keep you in compliance in 2014 and well beyond

- An EHR partner with demonstrated expertise not only in EHR, workflow, and practice management software functionality, but also with the key healthcare reforms driving your industry (MU, PCMH, ICD-10, ACO, population health management, and more)

- Ask about interoperability. If an EHR vendor you’re considering says “it’s not important,” or, “nobody can do that yet,” keep looking

- Select an EHR vendor with both a system and an approach that you feel will work for your specific workflows and the unique aspects of your practice
Select the right EHR solution.
In a sentence: Find an integrated, single database solution with streamlined workflow and reporting, a simplified infrastructure, and expert support resources.

Many vendors offer modules of a solution and not an integrated, comprehensive solution. Just because you’ve got a small practice, including a solo practice, doesn’t mean you shouldn’t have a complete, integrated solution.

An integrated solution lets you work with, share, and report administrative and clinical data because both data categories reside on the same database. And that’s only the beginning.

EHR systems need to integrate with other ambulatory and/or inpatient systems; Meaningful Use Stage 2 requires new levels of EHR interoperability. You’ll use your new EHR to become more interoperable with other practitioners, hospitals, and systems.
Take the pain out of data selection and migration…

For example, at NextGen Healthcare, we bring a wealth of specific resources, support, systems, and proven processes to EHR replacement implementations. Becoming more of an EHR partner instead of an EHR vendor is all about giving support where it’s needed.

Is this the hard part? Depends on your viewpoint.

If you’ve selected the right EHR vendor and supporting EHR system that's ICD-10 compliant, ready for MU Stage 2 reporting and attestation, and with built-in SNOMED-CT interoperability, well, your data selection and migration process might not be as painful as you think!
Right EHR support at the right time.
Implementation and upgrade support when you need it.

Physician Consulting Services – our NextGen Healthcare team of physicians have the real-world experience you want in using healthcare information technology. They are experts on best practice clinical workflows and can help providers transition to more efficient workflows.

Technical Consulting Services – this NextGen Healthcare department comprises another team of super users and technically savvy professionals who know everything you need to know about your data conversion, what data to select to convert, and how to accomplish the task; they can build custom add-ons and ensure your new system is running optimally to meet your specific practice’s needs.

Client Care Services – This is the primary client support platform for NextGen Healthcare clients. All of them. Not just large clients. Our clients have access to our US-based service desk and client support professionals through extended hours each day and on weekends as needed.

NextGen RCM Services – Unparalleled, technology-driven revenue-improvement services that create efficient and effective business operations.
Provide proper training and preparation.

Don’t create the same, or worse, EHR-based problems. Ask more questions:

You’ve gotten executive buy-in. Your clinicians and physicians are on the same page with your EHR replacement project. You’ve selected a great new system and vendor partner. Everybody in your office is pumped. You figure they’re eager for training.

Uh… well… not exactly.

There’s a good chance the rest of your staff isn’t as prepared as you think. Or as eager as you’d hoped, for training.

Practice, practice, practice.

We’ve seen it hundreds of times. Without proper training and preparation before your EHR replacement “go-live”… you’ll be right back in “EHR hell.”

Learn from the past; we’ve never seen too much preparation and training.

You have better implementation. A better go-live. And better results. All better.
Select NextGen Healthcare as your EHR replacement implementation partner.

1. We employ a proven best practices implementation methodology where you choose your pace
2. We offer numerous training methods including on-site, web, and training centers – as well as continuing education
3. We provide 24/7 support and a U.S.-based support team
4. Our solutions are interoperable with other hospital systems, major practice management systems, labs, radiology, diagnostic equipment, and more
5. We maintain current certifications and help ensure clients remain compliant
6. Our new 8 Series EHR is proven and ONC HIT Certified* as a complete EHR, with a fully integrated practice management solution and a broad array of additional integrated solutions
8. Our clients have received hundreds of millions in MU incentives (over $380M as of April, 2013)
9. We’re a proven, long-term business and clinical workflow partner
10. Our Revenue Cycle Management services help our clients maximize revenues, reduce claim errors, and speed payments
11. We’re a leader in PCMH, ACO, and population health management clients
“Meaningful use incentives created an artificial market for dozens of immature EHR products. The high performance vendors emerging as viable past 2015 are those dedicating responsive teams to address customers’ current demands.”

Doug Brown  
Managing Partner  
Black Book Rankings
About the Author

An Open Letter

Chapter 6

Chapter 2

Chapter 4

Chapter 1

Chapter 3

Chapter 5

Copyright © 2016 QSI Management, LLC. All Rights Reserved. NextGen is a registered trademark of QSI Management, LLC, an affiliate of NextGen Healthcare Information Systems, LLC. All other names and marks are the property of their respective owners.

*NextGen Ambulatory EHR version 5.8.2 is 2014 Edition compliant and has been certified by ICSA Labs in accordance with applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent any endorsement by the U.S. Department of Health and Human Services. ONC CHPL Number: 140204R01. Read more about our certifications at https://nextgen.com/Certifications

NextGen Healthcare Solutions.

We provide HIT solutions, including an award-winning, integrated EHR and Practice Management system along with Revenue Cycle Management (RCM) expertise, to approximately +85,000 providers, physicians, specialists, and dentists spanning in excess of +4,400 group practices and more than 250 hospitals across the country. Our providers have attested for hundreds of millions of dollars in Meaningful Use incentive revenue.

To learn more about our proven solutions, including special EHR replacement options, contact us at Results@nextgen.com or Call 855.510.6398.

1 KLAS® EHR Replacement Survey
2 Black Book Rankings Survey
3 "EHR Intelligence" – Dr. Kyle Murphy
4 Five Bs for Executive Buy-In
5 ADKAR Model