Greener EHR Pastures? Three Leading Causes of EHR Replacement

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February 2017 will mark a decade since the Health Information Technology for Economic and Clinical Health (HITECH) Act was signed into law. Designed to stimulate the adoption of electronic health records and promote the meaningful use of health information technology, the HITECH Act ushered in the rapid adoption of EHR systems across the healthcare landscape. For many clinicians, the learning curve of exactly what they needed in an EHR hit high gear between 2009 and 2014.

A Decade of Learning

Clinical teams and their HIT requirements have evolved since the early days of mandated EHR adoption. Technology has also evolved bringing smart mobile devices, patient data sharing, application interoperability and new levels of integration. These advances allow clinicians and their teams to optimize patient encounters, reduce costs and increase patient satisfaction with care delivery.

Beyond the EHR

Beyond the EHR, billing and practice management solutions have evolved as have the ways that these systems and patient databases are managed and where they are stored. Cloud computing and hosting solutions have gained traction in the last decade offering practices more options than ever before in how and where their critical patient management systems will be housed.

This decade of learning is now ushering in an EHR system **re**-evaluation.

EHR Re-evaluation and Replacement is On the Rise

Sparked by a more HIT-savvy user base, replacement EHR projects are on the rise. Technology advances and demands to do more with less are fueling change.

At eMedApps, we meet with clinical and HIT leaders daily, most looking for ways to improve organizational efficiency, improve interoperability and many seeking support migrating to new solutions. One practice replaced their existing NextGen system, only to reverse their decision six months later after discovering that the grass wasn't quite as green as the sales team from the new vendor led them to believe. The clinic's IT department drove the change to the new system without outside input, thinking that the cost would be cheaper than upgrading hardware for their existing system. Once the providers began to use the new system it was clear the well-intentioned IT department had made a mistake. This error in judgement carried a price tag in the hundreds of thousands of dollars including data conversions, retrofitting interfaces, re-training and lost productivity. **Moving to a new EHR needs to be treated as a major endeavor and requires even more due diligence than your first EHR investment.** Groups need to consider what they might be losing as they move to a new system as well as what they may gain.

According to a recent study by market researchers at Software Advice, 2015 marked the first year that EHR replacements outnumbered EHR installs.[i] The number of buyers **replacing** an existing EHR system jumped by 59% over the previous year. We could argue that replacing an EHR system outpaced replacing a paper system because most paper systems have already been replaced. Perhaps the market has reached a tipping point – a point of EHR saturation changing the evaluation game to one of improved functionality, something beyond first-time system adoption. In a nearly-saturated EHR market, why do clinicians and IT teams evaluate alternatives? Here are the three leading reasons our clients are pulling the plug on their EHRs:

1) **The Grass is (Often) Greener:** Attend HIMSS, an EHR vendor's User Group or a standards organization conference and clinical teams are bound to see greener grass. Smarter visit planning, better integration with billing, reduced clicks powered by voice recognition, improved clinical content, and advanced mobile or cloud platform support are all reasons physician practices jumped ship for another EHR in 2015. Technology will continue to evolve and software will capture more information, provide deeper analysis and streamline the clinical workflow. Better or improved functionality is the primary reason for EHR change.

2) **The "Goldilocks" Principle:** Twenty-four percent of EHR users say that their current system is too cumbersome.[ii] Finding just the right EHR fit for your practice is important – and leads many clinicians to search for an upgrade. Systems that are too complex (in fit and function) are a leading driver of re-evaluation. In our experience, once a re-evaluation begins, replacement occurs more than 60% of the time. Twenty-eight percent of buyers are looking for patient tracking capabilities: monitoring assessments, treatment plans, progress notes, etc. EHRs have to step up their game to stay ahead of the rapid migration toward reporting on wearable devices, real-time patient monitoring and 24x7 tracking of patient data.

3) **Mergers and Acquisitions**: In the ever-collapsing and consolidating world of healthcare, M&A activity drives a larger and larger volume of EHR replacement. Which EHR remains standing? Not always the acquire-er's, but sometimes the acquire'ees'. HIT teams are on the lookout for highly optimized, powerful, interoperable and standardized solutions. During a merger, HIT teams must evaluate systems for fit, form and function.

   To gain new providers and expand healthcare offerings hospitals systems will often buy practices and pay for the change to their common EHR. This may get around interoperability issues that EHR vendors have yet to address, however the system that is chosen may not always be the best one for every specialty. With the right tools, this type of rip-and-replace approach to compatibility is unnecessary.

Clinical teams expect more and EHRs must respond or run the risk of being unplugged and replaced. A growing number of practice share-holders use the EHR on a daily basis, so this cornerstone of the healthcare ecosystem has to carry its weight and deliver value, or end up being called "the system we used to have".

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[i] Software Advise. EHR Software Buyer Report – 2015.

[ii] Ibid.