



HIT Think Why the pressure's rising for EMRs to make an impact

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As the country wonders about the next iteration or obliteration of the Affordable Care Act, the 1996 movie Jerry Maguire starring Tom Cruise and Cuba Gooding, Jr., provides all the information needed to prepare for changes in the healthcare marketplace in 2017. Cruise plays sports agent Jerry Maguire who represents Rod Tidwell, a fictional Arizona Cardinals wide receiver played by Gooding.

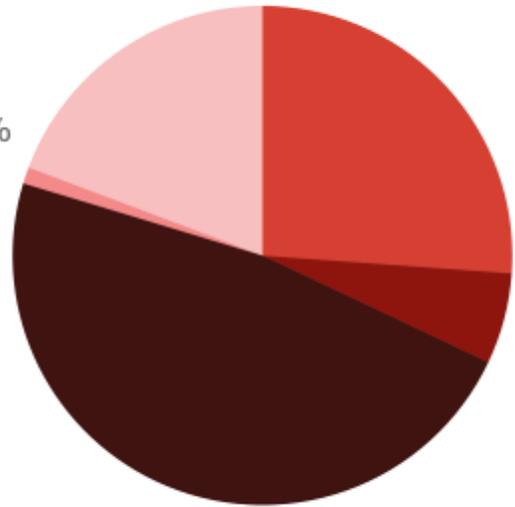
In one poignant scene, Rod chastises Jerry in an effort to motivate him to work harder to secure a more valuable contract for Rod's services to the Cardinals. Through the repetitive mantra "Show me the money, Jerry," Rod makes it clear to his agent that only the monetary value of the contract matters.

After spending more than \$30 billion on incentive payments, many in and outside government wonder what value that investment in electronic medical records (EMR) delivers to patients. Similarly, many hospital boards of directors, provider organization leadership groups and physicians in private practice wonder what type of return on investment they are receiving from implementing these healthcare information technology (HIT) systems.

EHRs dominate docs' time

Physicians time allocation during office hours

- Direct clinical face time with patient, 26%
- Face time with staff, 6%
- EHR and desk work, 48%
- Administrative tasks, 1%
- Other tasks, 19%



Source: American Medical Association

EMRs are expensive to implement and maintain. In addition, there exists no clear evidence that they increase productivity, enhance quality or reduce medical errors. Although studies do show some benefits obtained from the use of EMRs, this evidence is not definitive, and any benefits are not widely reported across the industry.

To understand our struggle to obtain value from EMRs, it is important to "show you the money." The HITECH act motivated organizations to purchase EMRs to obtain incentive payments from the Federal government through the Meaningful Use program.

As deploying an EMR is both an expensive and risky task, provider organizations focused on implementing the EMR in its most basic format, forgoing the process and clinical workflow redesign necessary to effectively leverage the power of EMRs to positively impact patient care. Organizations most feared loss of revenue because of suboptimal coding, so they therefore focused on proper documentation by clinicians to preserve current revenue streams.

In turn, vendor organizations supported these "generic" implementations as they avoided any delays in go-live dates. As accounting rules require software to be installed and functional

before revenue from the sale can be recognized, vendors prefer short implementation project plans so that they can report the revenue to shareholders, and executives and sales staff can secure bonuses based on achieving revenue targets. In summary, most stakeholders were incented to implement quickly, putting off the hard work of workflow redesign—leaving that to another, indeterminate time.

With most organizations having now finished their primary EMR deployment, these same organizations face the necessary version upgrade and the disruption and expense associated with it.

Upgrades, which can last from six months to more than a year, offer providers who never took the time to design new workflows to leverage the power of their EMRs, a second chance to implement the necessary changes. Without investing in the effort to revise workflows, EMRs will not be able to deliver value, a real return on investment and thus “show you the money.”

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