



# Beyond implementation

**Optimizing EHRs to realize results**



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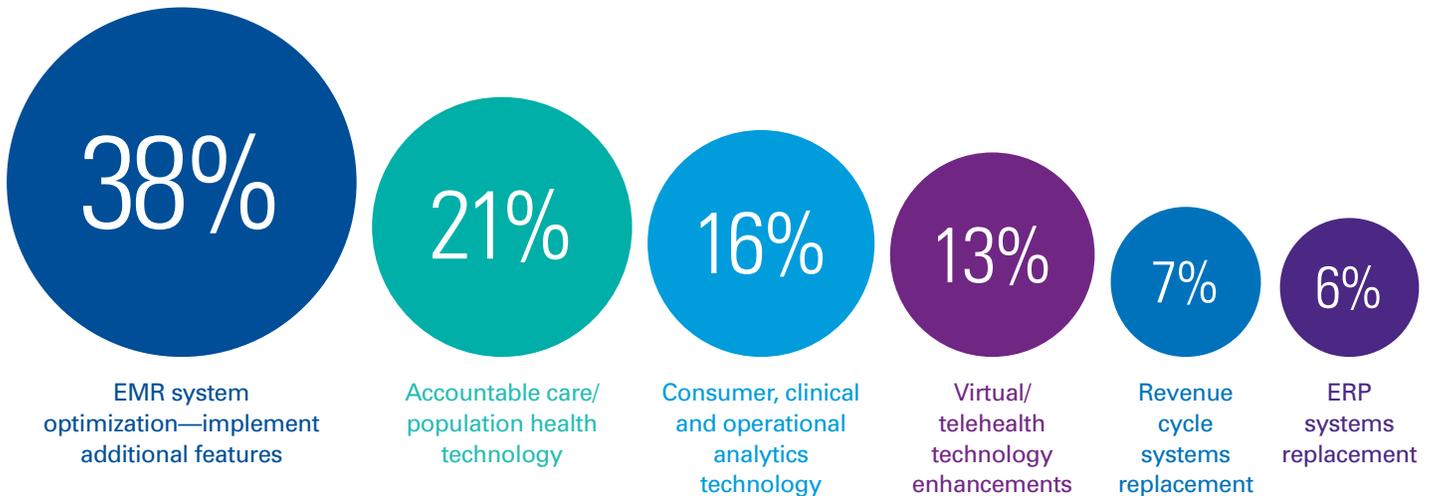
# Optimizing EHRs to realize results

**More than 95 percent of hospitals have implemented electronic health records (EHRs), according to the Office of the National Coordinator of Health IT.<sup>1</sup> The majority of these organizations, however, have not been able to optimize their EHR systems and experience the value that the technology is designed to bring to healthcare.**

Unfortunately, the majority of these EHRs — which represent thousands of resource hours and multi-millions of dollars spent for many healthcare organizations — were implemented as one-time, factory boilerplate-style system installations. The fact that many healthcare organizations are not realizing the results that they expected with their EHRs, however, has prompted many leaders to question this initial approach. Further validating the industry's need for optimization, a 2017 KPMG poll conducted in conjunction with the College of Healthcare Information Management Executives (CHIME)<sup>2</sup> found 38 percent of the 112 CHIME members surveyed ranked electronic medical record (EMR) optimization as their top choice for where they plan the majority of capital investment over the next three years.

With the need to realize the value of healthcare IT investments becoming apparent, healthcare leaders now acknowledge that information systems must be implemented as part of more strategic, long-term initiatives. Not surprisingly, according to the recently conducted KPMG/Harvey Nash survey<sup>3</sup> of 190 healthcare industry CIOs, 80 percent of respondents said they were experiencing a growing strategic role in their organization, compared with 67 percent from all industries. Despite this more strategic role, only half of the respondents said they have a “clear digital business vision and strategy.” Many, however, are heading in this direction, as the survey found that 39 percent of respondents are currently working on a digital business strategy.

**CIOs plan the majority of capital investments over the next three years to be (figures rounded):<sup>2</sup>**



**According to the KPMG/Harvey Nash survey<sup>3</sup> of healthcare CIOs:**

**80** percent of respondents are experiencing a growing strategic role in their organization.

**39** percent are currently working on a digital business strategy.

**1/2** Only half of respondents have a clear digital business vision and strategy.

A close-up, shallow depth-of-field photograph of a microscope's eyepiece and objective lenses. The image shows several silver-colored metal rings and lenses, with some having numerical scales and markings. The background is blurred, focusing attention on the intricate details of the optical instrument.

# Hindsight is 20/20

**Many of these “out-of-the-box” EHR implementations, which were often fast-tracked in an effort to meet meaningful use requirements, typically restricted providers from realizing a clear return on investments (ROI). In such cases, organizations often shifted to a reactionary mode—patching together teams to resolve issues that arose after going live with their EHRs. However, these organizations didn’t establish an organized plan to move forward. As a result, they often tried to do too much at once—and the attempt to remediate backfired. The length of time to resolve the issues increased and frustrations mounted as clinical, senior management, IT and human resources staff found themselves spinning their wheels.**

Healthcare leaders understand that developing and implementing a post-EHR implementation strategy under the auspices of a change-management model has become a pressing need. When organizations work under a change-management model such as lean – a long-term approach that seeks to achieve small, incremental changes in processes in order to improve efficiency and quality – they can continually leverage technology to create more value. When such an approach is adopted, clinicians and other staff will actually change their processes to optimally align with the technology. This approach also enables organizations to fine-tune their EHRs in response to changing healthcare regulations, new technologies, evolving patient needs and a growing aging population. Without change management, however, the EHR operates in a silo and doesn’t align with the way clinicians practice medicine or with new industry demands, which creates dissatisfaction and underutilized technology.

*When organizations work under a change-management model such as lean...they can continually leverage technology to create more value.*



# Optimization pointers



**As organizations seek to optimize EHRs, they need to recognize that EHRs deliver value when data can be leveraged to drive strategic decisions, improve patient care and control costs. Moreover, value can only be derived when this data can be turned into actionable insights for clinicians and business leaders alike. For example, data analysis might show that elderly diabetic patients are mismanaging their medications – and, thereby, could serve as the impetus for a population health management initiative.**

*The data can be turned into intelligence that drives quality improvements and business outcomes.*

**To discover such valuable insights, optimization teams must configure EHRs to capture and use quality data.** EHRs that collect data in templates that include standardized capture fields are more likely to collect quality data than EHRs that rely primarily on narrative data. This data can then be aggregated and analyzed, making it possible to understand patient care trends and outcomes, improve the overall health of the patient population and control the cost of care. Indeed, the data can be turned into intelligence that drives quality improvements and business outcomes.

**Interoperability of EHRs with other systems is key to value realization of IT investments.** When clinical, financial and operational data are integrated, then organizations are able to more efficiently serve patients – as the shared information can be used to inform caregivers and staff at various patient touchpoints. The integrated data also can provide the big-picture view that makes it possible to improve the delivery of care and services across the entire care continuum.

**When EHRs capture and share quality data, their value is multiplied exponentially** as the data can then be used to support other initiatives such as population health and performance analytics initiatives. The ability to share information can help organizations implement other technologies such as telehealth, mobility and virtual care. These digital technologies extend the reach of the clinician for the benefit of the patient.

# Other considerations

## What are some other strategies for optimizing EHRs?

In addition to capturing and sharing data, leaders should address other issues as they strive to optimize their EHRs such as:



### **User experience.**

To provide a positive user experience, avoid making clinicians click over and over again just to get through a patient visit. If the system provides a patient portal, make it user-friendly for patients. If not, patient frustration with the portal will create a negative patient-engagement experience.



### **Adoption training.**

Provide meaningful training to clinicians as well as administrators, so that they understand how to utilize the system. Also, extend training beyond the nuts and bolts of the system – and addresses the process changes required to optimally leverage the technology.



### **Internal controls.**

Ensure that the system enables users to properly code medical services and understand where revenue emanates from.



### **Mobility.**

In this connected world, configure the system to accommodate mobility. Evaluate how the technology can extend out to the patient's home. Ensure that the system allows patients to make appointments, view their medical records from remote locations and review test results.



### **Infrastructure.**

Organizational infrastructure should be aligned with the technology. To do so, make sure the physical structure and layout of a facility offers what's needed to ensure that patient flow is optimized in conjunction with the EHR's processes.



### **Automation.**

Certain automated functions can make the system more valuable. For example, patients will appreciate the technology if it automatically sends appointment reminders or alerts regarding potential drug-to-drug interactions.

By adopting and maintaining a strategic change-management model and then assembling a team to continually optimize a post-implementation strategy, healthcare organizations can achieve results that stretch far beyond what was realized with the initial deployment. In fact, with such efforts, healthcare organizations can optimize their EHRs to make dramatic and measurable improvements in clinical care, operational efficiency and the bottom line.

## References

1. Office of the National Coordinator for Health IT. Health IT Dashboard. Accessed at: <http://dashboard.healthit.gov/quickstats/quickstats.php>
2. KPMG poll conducted in conjunction with CHIME, January 2017
3. [KPMG/Harvey Nash CIO Survey](#), April 2016



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KPMG's healthcare teams include clinicians who "think like providers" to help empower staff through coaching and embedding best practices. These are supported by operational and financial professionals who can support broader organizational transformation.

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