What You Need to Know in Replacing an EHR

WHITE PAPER & CASE STUDY

A study and report sponsored by Greenway Health™
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Scope of Work
Greenway Health™ requested Coker Consulting, LLC, d.b.a., Coker Group (“Coker”), to perform an independent in-depth analysis on how its services, solutions and technology are helping medical practices undergo EMR-to-EHR conversions.

As an independent consultant and research analyst, Coker both scrutinizes and evaluates all aspects of the solution/conversion. Specifically, Coker’s focus is on the economic value and outcome of the conversion and the lessons learned. The Coker reviewer completing this independent study was Sue Hertlein, Manager. The analysis was overseen by Jeffery Daigrepont, Senior Vice President.

Statement of Independence
Coker has no financial ties to any outside vendor, nor do we accept inducements for suggesting, recommending, or endorsing any one vendor. It is our desire to remain totally independent and unbiased in our decisions. Our recommendations are solely based on the vendor’s ability to meet the client’s needs and objectives.
What You Need to Know in Replacing an EHR
— A White Paper & Case Study by Coker Group
prepared on behalf of Greenway Health

Executive Summary

This white paper will discuss the emerging trends within the second-generation electronic health record (EHR) buyer market. The paper identifies why organizations are replacing their systems and offers considerations for when and how to replace an existing electronic medical record system, including best practices for evaluating and selecting a trusted EHR partner.

We follow with the real-world transition story of Genesis OB/GYN, PC, in Tucson, AZ. In-depth interviews of staff revealed the challenges faced by the practice after expanding and finding itself on two separate EMRs and two different practice management (PM) systems. The Genesis team explains their decision to choose Greenway Health™ as the right vendor and solution for their practice. After converting all staff to utilizing Greenway’s PrimeSUITE® integrated EHR/PM solution, the practice is now looking back favorably on their successful endeavor of two years ago.

Introduction

We will first discuss the current state of the market as it relates to replacing an existing electronic medical record/electronic health record (EMR/EHR). We all know that an increasingly large percentage of the provider market is using some kind of electronic record system. However, a not-so-well-known (or less-publicized) statistic is the number of unhappy EHR users that is driving a new market, frequently referred to as “EMR or EHR replacement” sales. According to KLAS Enterprises LLC, an independent health information technology research firm, half of EHR systems sold to physician practices today are now EHR system replacements, up from 30% last year.

Coker is starting to see these same trends. About 30% of the projects involving Coker’s IT service line entail replacing an existing unsuccessful EHR system and/or remediating problems between the provider and the vendor. Coker is also seeing a large number of vendors commercially discontinuing EHRs as a result of compliance demands. For some vendors, it’s less expensive to simply discontinue a product and start over (or acquire a new product) versus completely rewriting/modernizing an existing program. Some vendors refer to this as a new release or new version, but in most cases it involves a substantial fee to migrate over to the new version and likely requires new hardware.

To make matters more challenging, many of the first adopters had to uniquely customize/design their system to fit their needs. These conversions may require special programming to remove data since they were installed prior to many current-day standards such as the continuity of care document (CCD).
So Why Do EHRs Fail?

To understand why some EMRs/EHRs fail first involves determining if the solution was ever capable of meeting the requirements of a typical practice. For example, a practice could operate under two tax identification numbers, which typically requires two databases to keep the financials separate. Not all systems can support multiple databases within a single application. A purchaser who discovers this limitation only after the system is in place faces major problems. The outcome can be difficult to accept after the fact, especially if the vendor promised a much different result.

To ignore the problem or to delay taking action to remedy it can have several unintended consequences, including, but not limited to, the following:

- Cost overruns
- Loss of confidence
- Failure to comply with EHR incentives
- Future penalties for not adopting an EHR

So why do these solutions fail to live up to expectations or not perform satisfactorily? There are a myriad of reasons. Coker has consulted extensively with practices struggling with EHR adoption and has found the following to be the primary causes of failure (in no particular order):

1. The system created a prolonged (more than six weeks) threat to the physicians’ productivity
2. The system was defective from the beginning
3. The system did not have specialty-specific content or workflow built into it
4. The trainer was ineffective and unqualified
5. The implementation was flawed and did not consider workflow
6. The practice did not commit the necessary resources to the project
7. The infrastructure, network and hardware were inadequate
8. The vendor misled by overpromising and under-delivering
9. The system was incomplete or was missing critical modules such as portal, e-prescribing, practice management, and so on
10. The vendor discontinued the product and stopped supporting the system
When Should You Replace Your EHR?

So the big question for practices that are dissatisfied with their EHR is this: When is it practical to replace your EHR...and when is it not? Start by asking yourself the following questions about the system:

- **Can the issues be resolved through remediation and/or some type of new approach?**
  More often than not, the failure can be corrected, or some reasonable compromises and workarounds can resolve the issue. The last thing vendors want is for their customers to fail in using their software. Responsible vendors take complaints very seriously and will do what is necessary to correct the issues. Before considering uninstalling the product, first exhaust all efforts to work with the vendor to correct the problems.

- **Can the issues be resolved through development and/or technical improvements?**
  No software is perfect. Most vendor improvements involve input from users who are experiencing issues. A good vendor considers an issue an opportunity to enhance or improve the product. It can take time for the vendor to make needed improvements, but the wait will be worthwhile when you begin to see progress.

- **Is the vendor responsive and concerned about the issues?**
  Vendor responsiveness is one of the more important elements to consider because much of the outcome depends on the vendor’s willingness to take responsibility for ensuring your success with the system. It will be very difficult to remediate the problems if the vendor fails to lead the charge. In that case, an alternative course of action (discussed later) may be needed.

- **Does the practice bear some responsibility for the failure?**
  In fairness to vendors, not all EHR failures are their fault. Some practices aren’t fully prepared to undergo an EHR transformation, whether due to fear of staff job security, inadequate training or other factors. If you feel the practice has not done all it can do, you owe it to yourself to address these internal issues before abandoning your EHR.

- **Has the product (or version) been commercially discontinued?**
  Often the failure is due to the product becoming obsolete or outdated. The practice must keep its software up-to-date as the current version generally incorporates all necessary improvements. The continued use of an outdated version of an EHR is one of the fastest ways to fall behind, experience unwanted threats, or limit the practice’s ability to attest to meaningful use of an EHR. What are your options?
Risk and Rewards of Replacing an EHR

As they say, “it may not be your fault, but it is your problem.” In short, not confronting this head-on could lead to bigger problems and costly delays. For some practices, this situation can become very emotional and difficult to address. It can even cause a blow to provider confidence and an unwillingness to try again. While the thought of replacing the EHR is disappointing and could be overwhelming, the consequences of doing nothing could be much worse.

Here are some risks and rewards to consider:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Risk/Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming obsolete and/or left behind</td>
<td>The market is moving fast and IT dependency is necessary to stay viable. An optimized EHR will be critical to meet the demands of the future.</td>
</tr>
<tr>
<td>Missing out on incentives</td>
<td>Becoming eligible for EHR incentives requires adoption in accordance to the meaningful use guidelines. A properly working (and certified) EHR is essential to compliance.</td>
</tr>
<tr>
<td>Provider productivity threatened</td>
<td>A poorly designed EHR will generally slow providers down, which can become extremely costly.</td>
</tr>
<tr>
<td>Preparing for the future</td>
<td>EHR adoption will become increasingly essential for measuring and reporting on quality and cost under emerging reimbursement models, including accountable care organizations (ACOs) that are designed to improve overall population health while delivering cost-effective, efficient care as part of a sustainable healthcare system.</td>
</tr>
<tr>
<td>Improve job satisfaction</td>
<td>A properly working EHR will dramatically improve job satisfaction and quality of work life.</td>
</tr>
</tbody>
</table>
What to Look for in a Vendor

Not to overly simplify it, but all vendors have track records and indicators that should be reviewed. For example, most vendors typically fall into one of the three categories:

1. Vendors that develop their own software organically on a single source code, one database, single instance
2. Vendors that may operate under one name, but offer several acquired products, including some custom programs
3. Vendors that have been acquired/sold/merged as a means to stay more competitive

It doesn’t take an expert to know that the first category of vendor is less likely to run into major market conflicts to keep its software modern and compliant with regulations. Vendors that operate on a single source code have far less difficulty staying current and/or responding to rapid changes in the market and mandated IT standards.

The second requirement is to simply examine the vendor’s track record for meeting (or exceeding) client satisfaction. Every vendor will have some dissatisfied customers, but patterns generally tend not to lie. As they say, it’s easy to predict the future by simply looking to the past.

For a case study of one EHR replacement experience, read the following story of Genesis OB/GYN, developed from interviews we conducted on-site.
An EHR Replacement Case Study: 
Genesis OB/GYN

Introduction

Genesis OB/GYN is the largest obstetrics and gynecological practice in Tucson, AZ. The practice has 11 locations with 28 physicians and 14 mid-levels serving the surrounding communities. Genesis offers full OB/GYN services to its patients, including reproductive and preventative care.

The practice has increased its number of providers by over 27% since 2008 by acquiring additional practices. With this expansion, Genesis OB/GYN inherited a variety of practice management and electronic health record systems. It was a tremendous challenge for the management entity to administer two EHRs and two PM systems. The decision was made in late 2009 that Genesis needed a modern, integrated system with a single database.

The Challenges

John Cole joined Genesis as the CEO in early 2009 with a focus to grow the practice, advance patient care and improve the practice’s automation. John continued to expand the practice by acquiring additional practices into the Genesis organization. With a mixed array of systems, John was faced with the decision of what road to take to improve his organization’s IT situation and ensure that its providers would meet EHR meaningful use criteria under the Centers for Medicare & Medicaid Services’ (CMS) program and receive the program’s financial incentives to support the practice’s EHR initiatives.

The four systems (PM and EHR) that Genesis was using caused many challenges to the practice, including poor reporting capability, instability, lack of system features, and more. According to Becky
Little, Director of Operations, two major challenges were the instability of one of the systems as response time was slow and the system had frequent downtime, and the lack of sophisticated applications to meet Genesis’ automation needs. Also, since different locations had different applications, the management office had to toggle between each system, which was time-consuming.

**The Road to a New System: Why Greenway Health?**

Becky and John knew the only solution to their IT challenges was to move to a single database; one vendor with a fully integrated EHR/PM. As a result, they began their quest to find a new vendor that would meet their needs — a vendor with a robust integrated application.

Becky narrowed their search to six vendors, which was still quite a few to analyze. Four key members from Genesis served on the initial Selection Committee to evaluate the six vendors with the goal to choose a finalist and then perform an extensive due diligence on that vendor’s ability to perform and deliver the products and services required to meet their needs. John was familiar with Greenway® and knew that their EHR was one of the best in the market. He also knew that their .NET® platform was state-of-the-art; however, John wanted to review all options before a final decision was made.

According to Becky, since Genesis was already automated with every provider using one of their EHRs, they were looking for more — a system that could meet their needs today, meaningful use requirements of tomorrow, and take them far into the future. Greenway offered a fully integrated EHR/PM, a lot of “bells and whistles” in the charting application, excellent filtering capabilities, and dashboard customization at the user level.

These items — combined with Greenway’s willingness to work closely with the practice for customized requirements and extra support during their go-live — made Greenway the right choice for Genesis. Additionally, the price was right and they knew Greenway was committed to helping them succeed in their conversion.

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1 This particular system was an ASP model, meaning that Genesis was connected remotely via phone lines to the vendor’s server. The vendor could not maintain acceptable levels of performance in keeping the servers up and running efficiently.

2 .NET is a software framework developed by Microsoft

“We chose Greenway as the price was right, but more importantly, they were big enough to support our large practice but small enough to give us personal care.”

John Cole, CEO
Converting from One Vendor’s System to Another

Although the review of six vendors to determine one single vendor of choice seemed like a daunting task, the next phase was actually the greatest challenge — converting all four of their systems to the Greenway PrimeSUITE® solution. Genesis OB/GYN chose to defy the standards for converting from one system to another. The management team at Genesis decided to convert all of the old systems (EHR and PM) at the same time and to do the cut-over for every provider in all locations at the same time.

Understandably, the Greenway Implementation Team recommended against this decision, but Genesis believed it would be easier for their physicians and staff to get it all over at once. As Director of Operations, Becky led the project to complete the due diligence analysis of each location, identify what was needed and gain a thorough understanding of the Greenway system. This was a major undertaking!

To handle the anticipated challenges of learning a new system, some of the offices reduced their patient appointments by 20% for two weeks, while others reduced appointments by 50% for the first two weeks. The staff interviewed during this analysis stated that the conversion was much easier than they thought it would be and gave credit to the outstanding training given by the Greenway staff. The general consensus was that switching to Greenway was well worth the time and effort it took; they are much happier with the new system.

Results

One question typically asked for any type of technology project is “Did you achieve a return on investment (ROI)?” When we asked John (the CEO) that question, his response was: “That wasn’t one of my goals. We needed more efficiency and I knew that taking the practice from two practice management systems and two EHR systems to a much more robust, single-database, fully integrated EHR/PM wouldn’t necessarily result in an ROI.”

Some of the old systems at Genesis were inexpensive and had been in place for quite a few years; however, they did not deliver the IT content required. John also said they needed less downtime and better system security; both of these goals have been achieved with Greenway.

While observing some of the clinicians at Genesis, it was obvious that they knew the system well and had no trouble navigating through the application. Some of the medical assistants said that PrimeSUITE was much easier to use than the previous EMR and required fewer screens.

Dr. Gayle Dean was one of the physicians who transitioned to Greenway’s PrimeSUITE from a previous EMR at Genesis. Dr. Dean finds PrimeSUITE easy to use and she qualified for a Medicaid EHR incentive by fulfilling the Meaningful Use requirements in 2011. She is pleased with the coding and the quality of the facesheet within the system. Dr. Dean believes that PrimeSUITE improves patient care as it
encourages physicians to ask questions they may not have asked previously. She also said the patient’s care history is very easy to review and accessing records is easy and quick within the system.

The Genesis implementation team was extremely successful with their implementation and the staff was all amazed at the minimal amount of disruption it caused. Genesis OB/GYN was extremely pleased with the quality of training, onsite support and quality of the system delivered by Greenway. In addition to the all-at-once go-live, each practice location has its own set of procedures and protocols, and Greenway staff was able to handle these challenges with no problem.

The practice continues to customize Greenway and is very happy to have made the conversion two years ago.

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**About Coker Group**

Coker Group conducted the onsite post-conversion assessment and interviews contained in this paper at the request of Greenway Health. Coker offers a wide variety of healthcare management consulting services for practices, hospitals, health systems and other healthcare providers. The firm is headquartered in Atlanta, with offices in Dallas and Philadelphia. Thousands of the country’s healthcare organizations, as well as local provider businesses, have trusted Coker Group with their success, and the firm has always given clients the results they needed to achieve that success. [www.cokergroup.com](http://www.cokergroup.com)

**About Greenway Health**

Greenway Health™ delivers the clinical, financial and administrative solutions healthcare providers need to effectively manage the delivery of quality care and improve health outcomes for patient populations. For over 35 years, Greenway has offered smarter solutions that help providers succeed in an evolving value-based healthcare system. Greenway’s clinically driven revenue cycle management services and comprehensive suite of interoperable solutions improve financial performance and automate clinical and administrative workflows, so medical providers can spend time on patients instead of paperwork. For more information, visit [www.greenwayhealth.com](http://www.greenwayhealth.com) or call (866) 242-3805. Follow Greenway on [Facebook](http://facebook.com), [Twitter](http://twitter.com) and [LinkedIn](http://linkedin.com)

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