



# COMMON PROBLEMS WITH EMR OPTIMIZATION IN EMPLOYED PROVIDER NETWORKS

BY: DR. TERRY McWILLIAMS

Numerous employed provider networks express dissatisfaction with their current ambulatory EMR platform. Complaints include aspects of both the clinical and practice management functionalities – particularly the revenue cycle portion. Not surprisingly, networks with informatics concerns also experience issues elsewhere that mirror insufficient resourcing within elements of the network management infrastructure.

Root causes of the issues will vary according to individual network circumstances and require investigation just like those undertaken in other areas, such as patient safety. Interventions can then be undertaken to address the identified root causes and rectify their undesired outcomes.

The following represent some of the commonly encountered root causes of undesirable ambulatory informatics outcomes that can also be anticipated and addressed when planning an EMR conversion:

## UNDERESTIMATING CHANGE MANAGEMENT REQUIREMENTS

Regardless of the starting point, building and implementing a new EMR platform represents a significant organizational change. Change management has various definitions but encompasses the processes that guide how organizations “prepare, equip and support individuals to successfully adopt change in order to drive organizational success and outcomes.” Effective change management aligns project management goals, objectives, and timelines with actual translation to the individuals involved with and executing the changes. Some organizations (and vendors) do this well and others do not. As the old cliché goes, organizations that do not do this well risk losing things in translation – and suffer suboptimal outcomes.

## OVERLAYING THE NEW EMR ON INCONSISTENT OR DYSFUNCTIONAL OPERATIONAL PROCESSES

Some organizations depend on a new EMR platform to correct what is ailing the network. This approach very rarely works. Most commonly, this approach creates even greater dysfunction and worse outcomes. Networks characterized as a collection of individual practices functioning under disparate operational processes (networks HSG characterizes within the Operational Chaos phase) are at particularly high risk of experiencing painful results – with each practice experiencing varying degrees and types of pain.

An ideal approach is to standardize business and clinical operations across practices to permit a uniform transition to the new EMR’s capabilities. This process obviously takes much time and effort and is often overlooked in the EMR transition process. Using this approach achieves more favorable results – or at least affords a more reliable identification and a greater understanding of potential pitfalls that might lie ahead and how they can be mitigated during the transition.

## RELYING ON EMR VENDOR “BEST PRACTICES”

EMR vendors have determined their own set of “best practices” which guide their build and implementation processes. The vendor’s expertise is indispensable during the build, implementation, and optimization phases – but must be balanced by the realities of the network and its internal and external requirements and expectations. Some vendor “best practices” may not fit or be practical for certain network circumstances and must be critically vetted prior to adoption. Failure to complete the vetting process may result in unintended, yet significant adverse circumstances.

## DEVOTING INSUFFICIENT RESOURCES

This area spans a gamut of potential maladies. Firstly, employed provider networks tend to be relatively leanly staffed – and all are required for effective daily operations. Committing adequate numbers of staff to the design, build, and implementation phases of the project is a challenge. Augmentation with outside resources can lead to a mismatch of EMR expertise with network function and experience – a problem that tends to be more prominent with employed networks than with hospitals. This situation can lead to a greater tendency to incorporate vendor “best practices” over a more individualized approach with an attendant inability to anticipate local problems. Secondly, even if resources were able to be adequately dedicated to the defined build and implementation phases, that level of dedicated resources cannot continue to be practically sustained through the optimization and execution phases. This concern applies equally from the level of the IT department to the network to the individual practice. This issue also tends to be more prominent for employed networks than with associated hospitals as point of care assistance is spread over multiple separate practices in separate locations – in contradistinction to the concentrated, more highly staffed hospital setting. The most prevalent gap occurs with elbow-to-elbow support for all user roles and leads to inefficient or ineffective use of the platform, an inability to expeditiously address identified issues as they arise, and mounting frustrations at all levels. Finally, IT resources tend to be concentrated within hospital’s management infrastructure while lacking dedicated direct resources for the network and its ambulatory platform in most organizations. Dedicated IT resources are necessary to permit progressive network maturation and forward progress.

## UNDERESTIMATING INNATE DIFFERENCES BETWEEN OFFICE AND HOSPITAL IMPLEMENTATIONS

While the episodic care rendered in the acute hospital setting does utilize information gleaned during prior encounters, the reliance on longitudinal patient information is critical in the office setting. This difference is often not fully appreciated and accounted for during discussions about and decisions made regarding data migration. Important information is often scattered over years of entries and individual data points. Organizations must adopt a methodical approach to the data migration issue and avoid strict blanketed time frames or sectional approaches. While “old data” may represent a challenge to convert to the “new system” critical thinking and melding various methods may need to be considered.

## DEVELOPING AN EMR OPTIMIZATION STRATEGY

Identifying and addressing root causes of suboptimal informatics outcomes takes combined IT and practice operations expertise that might need to be augmented by outside resources. HSG can provide expertise to help drill down to identify the root causes of issues networks are experiencing and develop intervention plans to address the ills. Contact Dr. Terry McWilliams to get started.

<sup>†</sup> What is Change Management? <https://www.prosci.com/resources/articles/what-is-change-management>





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