Transforming the EHR

With new tools, EHRs are no longer the cause of burnout. They are becoming the cure.
OVERVIEW

Used by more than 96 percent of acute hospitals and doctors’ offices, electronic health records (EHRs) are a ubiquitous part of healthcare. Yet all too many clinicians regard EHRs as a time-consuming burden that distracts them from patient care. The result is an epidemic of burnout, with 90 percent of physicians saying they wouldn’t even recommend their profession to others.

But attitudes are rapidly changing. Today’s leading healthcare organizations are taking bold steps to enhance the value of their EHR. Backed by improved workflows and multifunction tools, they’re translating the unstructured data captured by EHRs into better outcomes for patients. These healthcare leaders are also investing heavily in new EHR solutions and training for key stakeholders.

In doing so, they’re essentially creating an ecosystem for delivering value-based care, with the EHR as its hub. And they’re reaping the benefits: improved clinician satisfaction, a better patient experience, faster reimbursement and streamlined workflows.

This paper examines how, amid the industry’s seismic shift to value-based care, organizations can transform their EHR into a catalyst for clinical, operational and financial improvement.

A PREMIUM ON CHOICE AND MOBILITY

Many people consider the main function of the EHR as a conduit to compliance, privacy and governance. But in fact, like all healthcare applications, the ultimate purpose is delivering better patient outcomes. In particular, the EHR plays an essential role in the physician-patient relationship—which, in the new healthcare landscape, has a direct and profound impact on the quality of care and driving toward pay for performance.

How, then, can healthcare organizations use the EHR to improve communication, collaboration and trust between clinicians and patients?

For one, it’s important to recognize that no single solution for supporting the EHR works best in all circumstances. For example, many organizations value the time savings of directly integrating speech recognition with the EHR. There are times and certain circumstances, however, that transcription is more effective at capturing vital information.

What’s essential, therefore, is that clinicians can in each instance choose the documentation method best suited to the patient, clinical situation, personal preference or other variables.

Clinicians also need applications for capturing and sharing data on their tablet, smartphone or other mobile device. They should be thoroughly embedded into the EHR, with quick and easy access from anywhere at any time.

These mobile applications are essential, given that healthcare professionals on average take more than 12,000 steps per day, more than double that of a typical American.1 When clinicians can seamlessly move from mobile device to desktop and back again, all with the same experience, downtime becomes more productive. Clinicians end up spending less time in front of a desktop computer and more devoted to patient care.

1https://blog.fitbit.com/what-jobs-do-active-people-have-infographic/
DOCUMENTATION AT THE POINT OF CARE

For EHR documentation to be complete and accurate, it’s vital to capture important details as early as possible. That starts with computer assisted physician documentation (CAPD), which prompts clinicians with information on specific diagnoses at the point of care.

With CAPD, a real-time intelligent virtual advisor analyzes notes as physicians dictate or type them and highlights areas where existing information is not specific enough to capture the severity of illness and level of care provided. Clinicians can then immediately update their notes while the patient encounter is still fresh in their memory. And by having more precise and complete documentation, they receive fewer post-discharge and out-of-context queries from clinical documentation improvement (CDI) and coding teams.

For CAPD to provide the most relief to a clinician, it should be deeply integrated with existing technology. Advice should appear in real-time as part of the clinician’s natural EHR workflow across devices. In radiology, speech and quality guidance tools should be deeply integrated with RIS and PACS to afford radiologists the most time and breathing space to think deeply about cases, consult with colleagues and reconnect with their essential role as caregivers—all without compromising their business and financial obligations.

And yet, the work of capturing more complete patient information up front can’t be borne by technology alone. A clinically-focused approach to CDI, where trained nurses help their clinicians document more accurately at the start of the patient encounter, is proven to increase hospital care quality metrics by three times the national average. This is because organizations that capture information early and accurately are better able to identify and address areas for improvement.

THE ROLE OF COLLABORATION IN VALUE-BASED CARE

In the past, EHRs primarily focused on meeting government mandates. But today’s EHR is significantly augmented by tools that enable fast, accurate and meaningful communication among primary caregivers, their staff and their interdisciplinary colleagues. By making it easy to securely share accurate patient data, these tools improve professional collaboration and, ultimately, outcomes. They reduce healthcare costs, decrease readmission and help prevent legal and regulatory problems down the road.

This new generation of EHR tools also helps ensure that clinicians, and ultimately patients, all have access to the same consistent story. As a result, diagnosis can be more accurately and efficiently translated into treatment.

Perhaps the most visible and popular of these EHR extension tools are in the area of telehealth. Patients become active participants in their own post-release care, privy to their own healthcare information and able to collaborate with their medical team through an EHR-linked, self-service portal—all without adding time and complexity to the clinicians’ duties.

New EHR-centric tools also streamline reporting to internal and external stakeholders, for better collaboration and information sharing. These tools increase confidence in data accuracy and security, vital requirements in a value-based care model.
Most important, today’s tightly integrated EHR affords seamless access to data that had once been locked up in “compliance data silos.” Instead of patching together a mix of point solutions to address disparate requirements, these tools are a seamless end-to-end framework for data capture and storage, documentation, analysis, reporting and coding.

CONCLUSION

Clearly, clinicians spend too much time in front of their keyboards. And no one disputes that EHRs should be more of a strategic asset and less of an administrative burden.

But it’s equally clear that EHRs—and not any one-size-fits-all documentation solutions—can go it alone. Instead, clinicians need the option of choosing among innovative, adaptive and efficient EHR tools, according to their needs and preferences.

Succeeding in this era of value-based care doesn’t mean forcing medical professionals to become more technically literate. It means equipping healthcare organizations with leading-edge digital transcription platforms, speech recognition, real-time CAPD/CDI, mobility, sophisticated analytics and other patient-centered tools that can help them revitalize the EHR as a hub of service delivery.

These tools help ensure that clinicians get due credit for the care they provide, together with supporting financial requirements. Most importantly, they free up clinicians to spend more time doing what they do best and love most about their jobs: spending time with patients and collaborating with colleagues. They pave the way for better decision-making, improved outcomes and a more satisfying patient experience overall.

ABOUT NUANCE

Nuance is uniquely qualified to help healthcare organizations reduce the time clinicians spend on administrative tasks by helping them capture information about the patient encounter at the point of care, improve documentation quality and accuracy, and provide them with mobility and documentation choices so they can free up time to spend with patients.

Nuance healthcare solutions capture and communicate more than 300 million patient stories each year, helping more than 500,000 clinicians in 10,000 healthcare organizations globally.2 Nuance’s award-winning clinical speech recognition, medical transcription, CAPD, CDI, coding, quality and medical imaging solutions provide a more complete and accurate view of patient care, which drives meaningful clinical and financial outcomes. Nuance’s solutions are designed to free clinicians to get back to what they love: taking care of patients and practicing medicine.

For more information, please visit www.nuance.com/healthcare or call 1-877-805-5902.