

# Debunking the 12 Key Myths of EHR Implementation

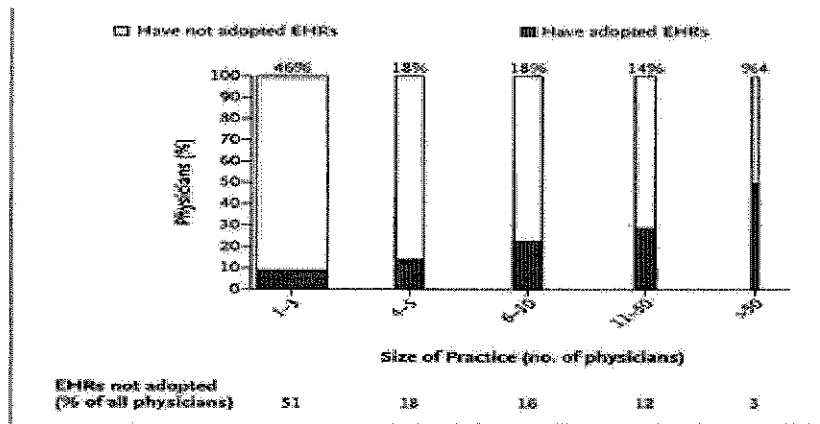
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The fervor and buzz around electronic health records is mounting as federal legislation threatens fines for non-compliance by 2016. Ironically, the EHR adoption rate for medical practices remains relatively low, especially among practices with fewer than 50 physician providers.

The barriers in part are due to an abundance of myths and misinformation that lead to errors along the implementation path and drive runaway costs for EHR projects.

With thousands and even millions of dollars at stake for providers, we debunk 12 common myths that may doom your EHR efforts.



Shaw S and Hirschek C. *Engl J Med* 2010;362:192-195



## Myth #1 – EHR projects are IT projects

Implementing EHR is not a project for the IT department alone. EHRs are an enabling technology that is part of a larger initiative designed to help physicians demonstrate the improved value of the services they deliver by improving clinical quality and economic efficiency. This involves a cross-department effort. Healthcare providers who can successfully and demonstrably supply services of greater value to patients and other consumers of healthcare services will be in a better competitive market position. They can use this improved position to take advantage of government incentives, avoid government penalties, access pay-for-performance programs and gain market share.

**Myth #2 – EHR software is useful out of the box**

EHRs are usable, but not useful “out of the box.” Like all large scale software products, they require some end-user modification and customization. Providers need to pay particular attention to customizing certain visit templates, building useful patient registries and chronic disease management flow sheets, adding evidence-based decision support features and creating custom reports. Furthermore, in order to meet the challenge of building a health information exchange, the EHR must be customized to interface with other systems.

**Myth #3 – EHR vendors will provide all the project management and assistance I need**

EHR vendors may claim to provide “end-to-end” solutions. However, EHR vendors will typically use this term in reference to their specific area of expertise. In reality, there are numerous aspects of an EHR project that fall outside the purview of the vendor.

**Myth #4 – I can manage my own EHR project**

EHR projects are complicated, time consuming and expensive. Unlike Practice Management Systems, EHRs require large software installations. Without an experienced implementation team, the project will likely take longer and become more expensive. Despite great efforts on the part of well-meaning individuals, many providers must contend with 1) insufficient understanding of the entire EHR project requirements, 2) inadequate capabilities and capacity to support this effort, and 3) significant upfront capital investment. As a result, many encounter slow and low adoption rates, and little if any return on investment.

**Myth #5 – All EHR systems are the same**

While on the surface EHRs may appear to have the same capabilities, they tend to function differently. Choosing the wrong one for the wrong reasons may lead to prolonged implementation that increase costs and decrease adoption rates. The most effective systems that provide the greatest opportunity for return on investment have enterprise capabilities. They accommodate multiple specialties, have an integrated practice management system and decent reporting capabilities, while also being easy to use, affordable and readily customizable.

**Myth #6 – EHR systems can communicate with one another**

EHRs seldom communicate with one another — at least until the mechanism to do so is built. In fact, even EHR systems from the same vendor rarely communicate with one another if they are of a different build or on a different database.

**Myth #7 – EHR projects do not provide acceptable return on investment**

Contrary to common beliefs, EHRs can provide payback in as little as 18 months with significant return on investment. In some cases, EHRs have resulted in recurring ROI as high as 124%. In order to maximize its success, providers must establish some type

of provider organization that can govern the project, streamline the decision making process, and centralize select shared functions.

**Myth #8 – I can wait to implement my EHR**

There are several reasons why you should not wait.

1. EHR projects are extremely complicated and require extensive time and resources. Expect to marshal even more time and resources when establishing a HIE. Providers must plan beyond the technical aspects of the process and factor those elements into the timeline.
2. The government has legislated EHR use by the end of 2015. Until then, the federal government is providing financial incentives through American Recovery and Reinvestment Act under the title: Health Information Technology for Economic and Clinical Health and funding for meaningful EHR use. These incentives are time limited and front loaded.
3. If the carrot is not enough, the government also carries a big stick. When incentives run out in 2015, progressively increasing penalty fees begin if the provider's EHR is not fully operational by end of 2016.

**Myth #9 – The budget for the project is equal to the quote I received from the EHR vendor**

There are numerous aspects of an EHR project that fall outside the purview of an EHR vendor. Providers will have expenses associated with networking, hosting, customization, training, deployment, chart retirement, support and maintenance. Failing to recognize the complete set of costs at the outset of the project may quickly lead to frustration.

**Myth #10 – My practice can remain isolated from other practices in the community**

The time of the isolated practice is over. Physicians and practices must exchange patient information and participate in care coordination in order to contribute to a safer, more effective, and more efficient patient care environment. Additionally, in order to be able to decrease cost, take advantage of economies of scale, establish market advantage and create new or enhance old streams of revenue, providers must form some type of provider organization in their community.

**Myth #11: Productivity in my practice will decrease to intolerable levels during implementation of an EHR.**

One of the top barriers to EHR adoption is the fear of dramatic impact on physician productivity. While this can occur, it does not have to. A well-managed project can result in less than 5% loss of productivity with providers returning to 100% of pre-EHR productivity within four months of beginning EHR training.

**Myth #12: I can't begin to implement until I know the exact definition of meaningful use.**

Providers no longer have to wait for a definition. Meaningful use (Stage 1) is described in the final rule issued July 13, 2010, and while CMS may issue some minor revisions, they are expected to only to further clarify the final rule (as relates to Stage 1). Now the focus is on ensuring that an appropriate provider community exists with a governance structure to help physicians implement EHR technology in a way that provides significant ROI, fosters HIE and meaningful use, and helps physicians collect and report needed data.

**Keys to EHR Success**

- Make it a Team Effort. Providers cannot go it alone for both clinical and economic reasons. They must collaborate as business persons and as clinicians to create and deliver greater value to patients and other healthcare consumers
- Be in control. Know the myths, and understand what you can do to avoid becoming ensnared by these fallacies. Consider the way EHRs align with your strategic plans and what you expect to gain from them. Plan ahead.
- Limit investment appropriately but do not skimp. An EHR initiative requires a substantial investment. Runaway costs are common without the proper due diligence. This is not an area to cut corners.
- Learn the best practices/ There are provider organizations that have succeeded in implementing EHRs. Search them out to learn from their mistakes and successes.

*For more details regarding how to avoid the common pitfalls of EHR implementation, watch the following pre-recorded webinars from Ms. Waltko and Dr. Sprowl:*

*Part I : <https://www1.gotomeeting.com/register/805140696>*

*Part II : <https://www1.gotomeeting.com/register/297403248>*

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