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Driving Operational Excellence through Investment Realization of EHR Technology

Electronic health records (EHRs) were created with the expected benefits of automating tasks to improve efficiency, efficacy and overall patient health. As is often the case with new technology, however, the demand to quickly install the technology overshadowed the need for parallel process changes, which in turn affected the benefit realization of many system implementations. In order to realize full investment potential, healthcare provider organizations should pause and step back after initial implementation to assess how the technology was expected to perform, how it is actually performing, and how it can better align with healthcare provider needs in order to realize the benefits that motivated the original decision to implement the new system.

Within the last 10 years, healthcare organizations have invested over \$20 billion in electronic health record technology. They focused the design and build on perceived user preferences and initial capabilities, not yet realizing where all the return on investment could be had. Now that workflows have stabilized, providers are turning their focus to refine the technology in order to better match organizational needs. In conjunction with proper governance structure, this continued evaluation process should help sustain and maximize EHR benefits, contributing to long-term organizational success, provider satisfaction, patient benefit and return on investment.

Driving operational excellence through investment realization of EHR technology typically follows two

pathways: (1) operational and clinical workflow optimization, and (2) revenue cycle management (RCM) optimization. Through proper alignment of key resources, personnel, processes and technology enhancements, organizations can drive value to achieve true operational readiness, reducing organizational stressors such as physician burnout and improving quality of care.

Optimizing EHR technology to align with unique workflows can be challenging, especially if the root cause of inefficiencies is not entirely understood. However, by following the seven-step methodology outlined below, healthcare organizations are better positioned to realize improved returns on investment.

1. **Post go-live gap analysis:** Once the technology has been adopted and is comfortably used across the system, organizational leaders should analyze impact by reviewing pre- and post-adoption changes in key performance indicators (KPIs). Critical questions include: Where is the system providing the most benefit? Where is the system hindering more than it is helping? What areas for opportunity related to referral leakage, charge lag, unassigned records, fill rates or other KPIs can be addressed? What level of support is there from both leaders and those using the technology daily? What level of resistance and why? What new technological capabilities are now available?
2. **Workflow redesign:** After understanding how the technology can better match organizational needs, an optimization team should collaborate on how to redesign workflows and processes within the new technology. Examples include areas such as appointment scheduling, test ordering and referral management. Critical questions include: How can we optimize workflows? How can we better address the needs of the organization, its patients and employees?
3. **Build option recommendations:** In order to optimize the workflow, the technology itself must be capable of changing. Organizational optimization teams should work closely with EHR technology administrators to determine how to modify the platform to better fit workflow needs. Critical questions include: Is this build change going to help or hinder current workflows? Will these changes address the needs discussed in the post go-live analysis? How long will it take to build out these recommendations?
4. **Testing and outcomes management:** Before fully deploying changes to the current EHR system, the optimization team needs to see how these changes will look in practice. Critical questions include: What KPIs will be addressed? Did these changes address our needs? If not, how we can go back and modify them? Did any other opportunities for optimization arise?
5. **Policy and procedure development:** Rolling out modifications to a system will require updates to current policies and procedures. Focus areas may include how daily operations will be adjusted, and how roles and responsibilities may be altered.

6. **Training and education:** Any technology or system changes are effective only if staff understand both why the change was made and how to work within the new framework.
7. **Implementation support:** Successful implementation requires full organizational buy-in and support. In order to ensure the best results, the roll-out process should have key personnel available to support needs as they arise.

Operational and Clinical Workflow Optimization

Technology advancements should result in more efficient workflows where employees are working smarter, not harder. Healthcare organizations may sometimes overlook the importance of EHR optimization from a clinical workflow perspective, causing them to miss out on opportunities to benefit from the full spectrum of the EHR's capabilities. In order to identify areas in need of improved clinical workflows, organizations should carefully consider how EHRs are currently impacting clinical processes.

Physician burnout rates are currently around 50% nationwide, hindering patient care, physician health and overall healthcare system success. EHRs that are not optimized to align with clinical workflow needs significantly contribute to burnout symptoms by increasing administrative burden and required physician screen time, thus limiting actual patient interaction. Studies have even shown that certain physicians can spend up to 200% more time facing a computer than facing a patient, in addition to extended evening hours catching up on administrative tasks. In other words, EHRs, if not optimized, can prevent doctors from practicing the very skills that drew them into medicine in the first place and preclude them from operating at the top of their license.

Fortunately, with proper clinical optimization and a focus on changes within current systems, EHRs have the capability to improve, rather than burden, physician processes. Specifically, they can address system-specific clinical needs, improve clinical decision support, decrease physician stressors, reduce volume leakage, and improve patient satisfaction and safety. Optimization opportunities may include speech recognition, task automation, reallocation of administrative tasks, and improved user interfaces. However, each organization will have its own unique workflow needs, and as such there is not a "one size fits all" approach.

Revenue Cycle Management Optimization

A large potential benefit derived from implementing EHRs is a more efficient and accurate RCM function. RCM is a necessary backbone to patient care, without which healthcare providers may struggle to properly capture the revenue needed to maintain operations. Further, technology-backed RCM processes can significantly reduce burdens for providers, payers and patients by helping advance billing processes to be more user-friendly. Specifically, optimized EHR technology is shown to improve net revenue realization, charge capture, revenue forecasting, income statements, cash flow and patient satisfaction.

Revenue cycle functions are most effective and efficient when workflows, governance and technology are all in alignment. What worked ten, or even five, years ago may not be as effective today given changes in the landscape of healthcare and the demands of patients. Areas of improvement may include template optimization, price estimators, platform mergers, or hard stops versus warnings for required fields.

Conclusion

While EHRs are widely used, optimizing them to best fit current needs and abilities can be daunting to many healthcare organizations now that initial growing pains from implementation have stabilized. Nevertheless, EHR technology does not adapt on its own, and failure to realign and optimize workflows will lead to missed potential and lost return on these heavily invested systems. By allocating resources to the optimization effort, including key leadership and following the seven-step process laid out above, provider organizations will better realize all that can be offered from their EHR investment.

FTI Resources and Expertise

FTI Consulting uses proven operational and technical expertise to effectively advise clients on EHR build decision options and workflow redesign, while helping to facilitate the operational and process improvements required to be successful. By focusing on major components of both RCM and clinical workflows, including billing, documentation, patient care, physician health and cost reduction, our team has successfully worked with provider organizations, enabling them to realize better return on their system investments and achieve operational excellence.

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