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Clinical optimization: Liberating the data from EHRs

Providers still struggle to put clinical data to use.

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When then-President George W. Bush called for "computerizing health records" in 2004, only one in 10 U.S. hospitals had an electronic health record. Ten years later, thanks in large part to the HITECH Act, the EHR adoption rate had risen to 95 percent. Yet despite the near tenfold increase in adoption rates, the original goals of EHR implementation – "to avoid medical errors, reduce cost and improve care" – remain stubbornly out of reach.

How did this happen? A recent study published in Health Affairs suggested that by rewarding minimal information-sharing between providers rather than ensuring data integration, government incentives put the cart before the horse.

"Progress is focused on moving information between hospitals," the study's authors concluded, "and not on ensuring usability of information in clinical decisions."

The goal: contextual, intuitive data

Kathy Nieder, a family medicine physician and EHR physician liaison with Baptist Health Kentucky, encounters siloed, unusable data on a near-daily basis.

"Healthcare is still in the 20th century where data is concerned – nothing is searchable; no data is discrete; I can't easily communicate with other physicians in other institutions," Nieder said. "Imagine getting a 600-page scanned PDF file of a patient's previous care when all you need to know is when his or her last colonoscopy was or if he or she ever had a pneumonia shot."

Although Nieder spends half her working day helping colleagues use the system's EHR more efficiently, even she struggles to get the right data at the right time. "On a day-to-day basis, my clinical optimization goal is for the *major* source of my interaction with systems – the EHR – to be an intuitive tool that doesn't require the majority of my time and attention."

Nieder's goals for clinical optimization are seconded by Ash Goel, MD, the system CIO at Bronson Healthcare in southwest Michigan. "We define clinical optimization as an ongoing process of improving any and all technology tools that clinicians use to manage care and the work that they do, day in and day out," he said.

This is especially important to a fast-growing provider like Bronson, which now comprises 70 ambulatory locations, four acute care locations and an academic affiliation with a medical school. Every time the system acquires a new practice or tool, opportunities for improving clinical workflows and better end-to-end care arise.

But that doesn't mean that Goel subscribes to a "more is better" approach to data. In fact, at the recent HIMSS Global Conference & Exhibition, he met with executives from his EHR vendor and pleaded with them to *reduce* the amount of information they present to clinicians.

"We have so much data that we put in front of clinicians that it is underutilized, or the important stuff gets missed because it's so overwhelming," Goel said. "How can we optimize what we present to clinicians so that the most important data is automatically highlighted, more context-aware and sent to the right people in the appropriate context?"

People, processes and technology

Clinical optimization typically falls on the shoulders of existing IT staff. "We have a large IT department who takes on the direct responsibility of getting systems to talk to each other," said Nieder. "We just implemented Epic a little over two years ago, so now it is working on getting all the peripherals that are part of the Internet of Health Things to work with Epic."

But technology changes and enhancements are just one component of optimization. To fully leverage the EHR and the data within, optimization requires a broader approach that also seeks to make an organization's people and process as effective and efficient as possible.

"Optimization requires close collaboration across an organization," said Donna Morrow, RN, clinical service line director, at Leidos. "A strong governance structure is essential, and the effort should include stakeholders from various areas of the organization such as clinicians, IT, finance, billing, patient access, operational management and the business office."

Taking a holistic, strategic and collaborative approach to optimization can help organizations move beyond the initial benefits achieved with the EHR and start realizing improvements in adoption, physician satisfaction, workflow efficiency and care coordination. "Ultimately," Morrow stressed, "that is what creates real clinical value and improves patient care."

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