

EHR Progress: Reaching the Tipping Point?

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There are many forecasts about how long it will take for EHRs to be the norm across healthcare. There is talk of a tipping point where penetration and momentum are great enough to move the rest of the industry. But just when will EHRs truly be mainstream technologies, and what are the stages for advancing to the tipping point?

EHR Implementations to Date

A recent AHA survey of more than 1,500 hospitals found that large teaching facilities in urban centers are still the frontrunners in EHR technology adoption. However, smaller and stand-alone facilities are gaining ground.¹ The survey describes a spectrum of IT use, and readers can certainly benefit from understanding where their organization falls on the spectrum.

“Health IT, Piece by Piece” describes a more sophisticated staging model developed by HIMSS Analytics. The model takes an application-specific approach, with stage 1 being the implementation of stand-alone clinical departmental systems such as laboratory and radiology. To reach stage 2, a hospital must have a clinical data repository with a controlled medical vocabulary and a clinical decision support system. Staging systems are useful to guide your organization’s effort because, regardless of the speed, very few EHRs take shape through a big bang.

Electronic medication administration will soon gain greater attention as the Certification Commission for Healthcare Information Technology focuses the first version of inpatient certification criteria on this functionality. In “Taking the Measure of Inpatient EHRs” Jane Metzger, Emily Welebob, Mark Del Beccaro, and Cindy Spurr describe this initial focus and detail the processes supported by essential components of the electronic medication administration record. This is an important development.

Realizing the Benefits

Of course, stages of technology implementation do not necessarily equate to benefits realization. In “Selling Physicians on EHRs” Richard Baron describes the EHR’s impact on his patients and practice. An important message for HIM professionals is to help physicians see EHRs as tools, not static files. Dr. Baron’s improved mammography screening is exactly the type of quality improvement project that EHRs will enable.

The road from HIM to e-HIM® is also accomplished in stages. As Rose Dunn points out in “Benchmarking Imaging,” scanning is an approach to providing online access to patient documentation that is not in digital form.

In “Pilot Debrief” Kevin Fergusson and colleagues report on the early lessons of the Doctor’s Office Quality–Information Technology (DOQ-IT) project. Research confirms that the most effective way to help medical practices transition to EHRs is to first help them identify processes that are not working well before EHRs are implemented.

The speed of EHR adoption depends on money, leadership, the organizational culture, incentives, and the availability of skilled people to manage projects and train others. Organizations are gaining experience in managing large-scale change. It’s not about moving through the stages quickly, it’s about getting each change well-anchored in the culture.

Note

1. American Hospital Association. “Continued Progress: Hospital Use of Information Technology.” February 2007. Available online at www.aha.org/aha/content/2007/pdf/070227-continuedprogress.pdf.

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