“10 Critical Questions to ask before purchasing an EHR”

What Every Practice Manager Must Know Before Hiring an EHR Supplier!

The right questions will help you discern the likelihood of YOUR success with an EHR.

Let’s agree on some facts:
- Every EHR vendor has learned to put their best foot forward, in a pre-sales environment.
- Every EHR vendor knows how to describe what CAN and SHOULD happen to clients.
- Your practice can’t afford to make a mistake.

You DON’T want to know: CAN this EHR work well?
You DO want to know: DOES this EHR work well, all the time?

If a family member were considering an EHR, I would consider the information below to be required reading. Some questions are tough questions, but in receiving answers, you will clearly understand your level of confidence and/or risk involved partnering to install an EHR with your vendor of choice.

Below are some questions that will help you discern the difference.

1. Are you willing to provide a MINIMUM of 10 (preferably 20+) local references?

   This is really important. Do you ever wonder why most EHR vendors are reluctant to give dozens or hundreds of references for their EHR? Really, think about it. If you were an EHR vendor who was installing lots of these systems and assuring each new client that they’d be a model installation, why not share the good news with all prospective clients?! If your training plan really works, time after time, you’d want everyone to know.

   Strong recommendation: Don’t be put off with “Not our policy.” or “We just give 3 references,” or, “We don’t want to confuse you with too many references.” C’mon. If your product works well, you have nothing to fear.

2. Are you willing to provide the names and contact information for your 3 MOST RECENT EHR installations, each installed within the last 60 days?

   This question should be a requirement, not a request. Everyone knows that a new EHR installation won’t be 100% effective in the first month. Ok, fine. But if you think about it, aren’t those the practices you really want to speak with? Sure, they won’t say, “Everything’s perfect,” not after 30 days. But they SHOULD be able to say, “The vendor has done everything they promised.” They should be able to say, “The training has been good, and the software has
4. worked as promised,” and they should be able to say, “I can see how this EHR is going to be really helpful, once we learn everything.” Bottom line: They should be able to say, “I trust my EHR partner. They’ve done what they said they would do.”

If lots of EHR clients are having significant problems at first, why is that true? Is it software, complexity, training method, lack of training? If clients are satisfied with support they’ve been receiving, and feel they’re heading in the right direction with their EHR, that’s all you need to hear.

But, what if they’re not happy with their choice? You NEED to know that, before you make your choice. Every competent vendor has their “favorite reference sites,” where effective management in that office and years of fine-tuning have produced good results, and where things are running well. It’s perfectly fine to call or visit that kind of practice. Just don’t stop there. A vendor who is thrilling clients will be proud for you to meet “all the neighbors,” not just the sales staff in the “model home.”

Which will you choose?:
   a. EHR Company A – Great at marketing, selling, demonstrating. Gives only 1-3 references.
   b. EHR Company B – Clients are all consistently happy, succeeding, thrilled with product & support.

3. What percent of your clients are actually using eFax today, both inbound and outbound, and is this included in your quotation?

Technology integration is really important in achieving true paperless office efficiency. It is amazing the number of EHR installations where faxes are still printed and scanned. If your EHR vendor considers only EHR and doesn’t consider the rest of your office work flow, you’ll have missed an opportunity to save hours of faxing, printing and scanning time per week, not to mention costs of paper and toner. Anyone can say, “You can do that (eFax) with our software.” That’s been said countless times by EHR software sales staff to practices now using their EHR, happily printing and scanning faxes all day long.

4. What percent of your clients are actually using Dragon Medical, or other voice recognition software, and is this included in your quotation?

The voice is 3 times faster than a good typist. Dragon Medical is fantastic technology, with 99%+ recognition, correctly interpreting virtually 100% of all medical terms in all specialties, being used to save time by hundreds of thousands of physicians today. Ignoring this time saver in planning EHR documentation is like a boat buyer saying, “I can always add a motor later”. Anyone can say, “You can use Dragon Medical with our EHR software.” That’s been said countless times by EHR software sales staff to practices now using their EHR, happily clicking and typing all day long, and late into the night...

5. Excluding EHR installations started within the last 4 months, what percent of your clients have attested for Meaningful Use (MU) & received MU funds?

For many practices, part of the economics of installing an EHR involve the expectation of receiving Meaningful Use funds from Medicare/Medicaid. Specifically, you want to learn what kind of assistance is provided to ensure you actually achieve Meaningful Use. Every good EHR
should have an easy-to-use query tool so you can see Meaningful Use status. In addition, some vendors have a MU Liaison who is proactively tracking each client for MU status and communicating proactively with clients throughout the process of Meaningful Use Attestation. If in fact one vendor is markedly better or worse than another in percentage of clients who actually achieve Meaningful Use, you want to know that, and find out why.

6. **Excluding EHR installations started in the last 4 months, how many providers in your client base are NOT currently live and reference-able with EHR? Please elaborate - What has gone “wrong” in each case?**

If you want to assess your own chances of failure, insist on answers both to “How many” and “Why.” EHRs do not install themselves. EHRs sold without a comprehensive plan for training that actually works a VERY high percentage of the time have to be considered at significant risk for failure in your office.

7. **Please describe your recommended training plan in detail, including how many days of on-site and off-site training are included?**

Here’s the issue: **Any EHR CAN work well. But with most EHR vendors, the percentage of practices who ACTUALLY use an EHR well tends to be pretty low. Why?** Frequently, the difference between POSSIBILITY and REALITY involves overcoming issues with **human nature**. That is the reason practices need training and support. That is the reason you want to check actual, recent references. There is only one way to learn the complete truth: You must speak with references. If your vendor is not willing to permit this, you should be thinking very carefully.

**Some training principles from experience:**

a. A combination of training methods is frequently a good idea. No one method is perfect.

b. A block of training prior to go-live is typically pretty inefficient. Why? Inexperienced staff members don’t know what questions to ask until actual experience brings those questions to light. Training is typically much more effective after some hands-on experience.

c. Videos: Only rarely do people learn effectively by watching, whether it’s a demonstration, or web-training video. While short videos can be helpful, issues that render videos almost universally ineffective include partial attendance (“Susie was supposed to be here”), wandering attention during video (phone calls, checking emails), and the inability for a video to assess learning & retention before moving to the next video. Most video class attendees describe becoming lost at some point, with many giving up long before the end of each video, let alone an entire video series.

d. Most people learn best by hands-on doing, under guidance of a trainer.

8. **If training “Plan A” doesn’t work, what is your recommended training “Plan B”? If needed, what is the cost for a day of on-site training in our office, and how frequently have you provided on-site training when an office is struggling?**

In asking these questions, the goal is to come to an understanding of “Plan B”. What happens if you’re one of those offices who need more help? Every EHR vendor would agree that the single most fool-proof method for training is one-on-one training live in your office. The trainer can
assess what you don’t know, see what procedures are being handled inefficiently, and specifically help you learn the things you need to learn.

Why don’t all vendors recommend more in-office training? Ask them. None will say, “on-site training doesn’t work.” Most will say, “Cost.” OK, fair enough, but no cost is as significant as the cost sunk into an EHR that ends up being scrapped or never used effectively. Find out in advance what would be the cost (time, travel, expenses) and availability of on-site training if “Plan A” doesn’t work.

9. Describe the process of initial EHR file setup, customizing EHR workflow for our providers, and ongoing project management. (If multiple providers, how can EHR use vary by provider and who customizes templates and workflow?)

Successful use of EHR requires leadership, determination, perseverance, knowledge of what-to-do-next, and dedication to continually allocate time for staff training. Many offices struggle with the process, and at some point get way-laid on the road to full-feature use. Independent physician offices are busy places. It is important to know how the process will work, including understanding if the vendor is providing a dedicated person to oversee your installation as an outside “Project Manager.”

10. Will you dedicate a Project Manager for our practice? If so, please tell us who that will be, and what is their background? Of the references you provided, which ones have shared this same person?

Companies don’t provide support. People provide support, inside of a structure established by their EHR company. The variation in experience level of “EHR Project Managers” is significant. Chances are, you’ll find failed installations more frequently related to ineffective project managers than any other single reason. Most practices need experienced guidance, direction and oversight. Most vendors will be willing to tell you who they’ll assign to you, so long as you can tell them approximately when you’ll be installing. If you won’t have a specific person looking over your shoulders with proactive interest, your likelihood of failure might be significantly higher. You want to succeed with your EHR. People will play a significant role - and you should know who they are.

Additional important questions: The questions above are outside of the typical, also important questions that center around ONC certification, product features, specialty-specific features and templates, customizability, integrations (patient portal, lab, eRx, & immunization registries), and a host of other common EHR topics. We figure that you already know about all those. Above are the questions that are intended to help you go beyond the “norm”, turn risk into peace-of-mind, and greatly enhance your probability of EHR success.

For more information or advice in choosing or implementing your EHR, feel free to contact us:
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Select the right partner!

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