

WOULD YOU RATHER FIGHT THAN SWITCH?

If you are in the unenviable position of being dissatisfied with your practice's EHR system, transitioning to a new one does not have to be traumatic.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR



When the adoption of electronic health records (EHRs) by medical practices was a cutting-edge decision, the question was which software and/or system to choose. Today, 71% of physicians have already adopted a system, according to the Office of the National Coordinator for Health Information Technology. Now, the question is, if you are

not satisfied with your system, is it worth the time and trouble to switch to something different?

When asked if it is advisable to switch EHR systems if your current product is not living up to your expectations and demands, Donna Lehmann, director of marketing communications at First Insight, says absolutely—but only if you have double-checked your hardware and network configurations against the vendor's specifications and you have sincerely dedicated sufficient time to training your entire staff. First Insight makes MaximEyes, "eye-care only" cloud-based EHR and practice management software.

If you want to avoid facing the prospect of switching systems, Ms. Lehmann says, "It's very important that you select the right server, workstations, and ancillary equipment. Always refer to the vendor's recommended hardware and software lists, and only use the equipment and operating systems that your vendor supports and tests." She adds, "It's always best to use high-quality hardware and exceed the minimum requirements to stay ahead of advancing technology. Remember, focus on your future needs, not just immediate needs."

BEST LAID PLANS

Even the best laid plans can go awry, and that is when practices must find a new system or software, implement it

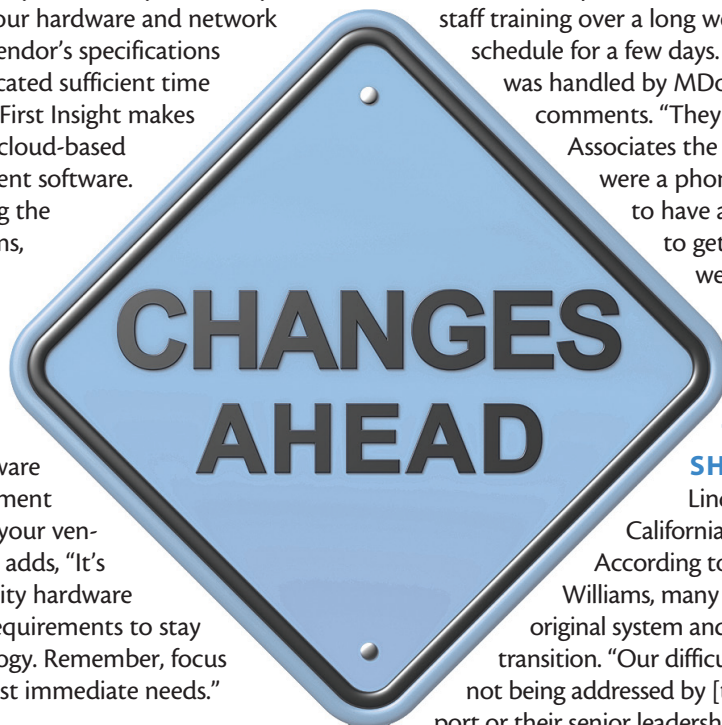
while phasing out the old system, and overcome the inevitable challenges. Vision Associates in Toledo, Ohio, switched its EHR software, and Operations Manager Michelle Treloar says, although there were challenges, it was worth the time and effort. She recalls, "With our previous provider, it was not easy to reach somebody for customer service, and any updates that they needed to do, we would have to go back in and redo all of our templating." Vision Associates is a multisite, multispecialty practice that sees approximately 5,000 patients per month. "We switched to MDOffice EHR software, because it was more user friendly for staff and because of its meaningful use reporting and templating capabilities as well as its excellent customer service," she says.

Ms. Treloar explains that the transition included office staff training over a long weekend and a reduced patient schedule for a few days. "Other than that, everything was handled by MDOffice representatives," she comments. "They had staff on hand at Vision Associates the first week, and after that, they were a phone call away. They allowed us to have a test session to practice and to get to know the system before we went live, and they transferred a lot of our information from our previous EHR system for us."

TOO MANY SHORTCOMINGS

Linda Vision in Monterey Park, California, also made the switch.

According to Executive Director Mel Williams, many shortcomings in both their original system and the vendor inspired the transition. "Our difficulties with the program were not being addressed by [the vendor's] technical support or their senior leadership," he explains. "We felt senior leadership was more concerned about getting new accounts than maintaining current accounts. The program's functionality and ease of use demonstrated by the sales team did not



translate to our real-world experience. Software updates came few and far between, and unfortunately, the updates created more problems than they fixed. Features that worked before did not function properly after the latest software update.” This is just the beginning of a litany of complaints that fueled the practice’s search for a better option.

Some of the challenges of adopting a new system included transferring data and getting the previous vendor to cooperate with the transition. “You will need to function using both systems for some time, so you are not technically leaving your old system,” Mr. Williams notes. “We transferred as much data as we could and simply maintained both systems until we felt comfortable enough to not renew our annual support with our prior vendor.”

WORTH THE EFFORT

Mr. Williams says the transition was ultimately a success and worth the effort. “We were on our old EHR system for 4 years, and it is now almost 4 years since we made the transition,” he remarks. “It was well worth the pain of transitioning to a new system. Not once did we regret making the switch. My only regret was not doing it sooner. Our new vendor is responsive, proactive, and goes above and beyond to make sure the end user is able to utilize its program effectively with no downtime.”

“If you can modify your existing system to suit your needs, I would not switch systems,” Mr. Williams adds. “However, if modifying it is not an option or there are enough unfixable problems in your current system that disrupt the efficiency of the practice, then it may be time to consider a transition to a new system.” ■

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