

# How to Switch EHRs in Five Steps

## Introduction: Why Switch EHRs?

The chances are good you dislike your EHR. A 2014 survey by Medical Economics found that 67 percent of doctors are “dissatisfied by EHR functionality.”<sup>1</sup> The same survey found that nearly 70 percent of physicians say electronic health record (EHR) systems have not been worth it. These are sobering statistics.

But it’s also a huge hassle and headache to switch EHRs, right? Not necessarily, if you do it the right way. Most physicians in private medical practice enjoy two significant benefits when they switch EHRs:

- **Save money.** Many EHRs are unreasonably overpriced, especially for smaller practices. Too much monthly cash flow goes out of the office door and into the pockets of EHR vendors. Switching to a more affordable EHR can save your practice thousands of dollars a year.
- **Get an easy-to-use EHR.** Most EHRs were designed by administrators, not physicians. They suffer from clunky workflows and interfaces, requiring too many clicks to document even the simplest things. As a result, physicians struggle to finish patient charts during the visit, and spend hours completing charts after the office closes. By switching EHRs now, you can enjoy years of greater professional satisfaction with your documentation of patient care.

This white paper teaches you the right way to switch EHRs – so you can save money and get a product you actually enjoy using.

## Step 1: Find the Right EHR for You

If you didn’t purchase the right EHR the first (or second) time, what will you do differently to ensure you end up with the right EHR for your practice?

### Type of practice

This may seem obvious, but start by asking what kind of practice you are. Medical practices come in all kinds of shapes and sizes. Likewise, there is a wide variety of EHR systems in the market, many of them geared for a particular type of practice.

Too many providers purchase EHR systems that were not designed for their type of practice, such as the small primary care practice that purchases whatever EHR the local hospital uses based on the promise of greater integration. This is surely a recipe for dissatisfaction as the needs of a local hospital rarely align with those of a private medical practice.

Start by asking yourself, are you outpatient or inpatient? Are you in primary care or specialty medicine? Are you in a large group or a small/solo practice? Then look for the EHR solutions specially designed to serve your type of practice. This will help you quickly reduce a list of dozens of vendors to just a handful.

### Use EHR surveys and studies

When it comes to EHR usability and satisfaction, who can you believe? Will you believe software vendors, or peers who have real-world experience using EHRs day in and day out?

Surveys and studies provide the best way to measure your likelihood of real-world success with a particular EHR. Popular sources include KLAS Research, Blackbook Rankings, Medscape, and periodic surveys of members by medical associations like the American Association of Family Physicians (AAFP).

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<sup>1</sup> <http://medicaleconomics.modernmedicine.com/medical-economics/content/tags/ehr/physician-outcry-ehr-functionality-cost-will-shake-health-informa?page=full>

Below is a sample ranking from a recent study by a research firm specializing in monitoring and reporting the performance of Healthcare IT vendors based on survey data of users (see Figure 1).

**Figure 1: 2014 Best in KLAS Awards: Ambulatory EMR (1-10 Physicians)(Source: KLASresearch.com, 1/15)**

Vendor/Product	Overall Score	Trend	Konfidence Level
Cerner PowerChart	84.3	+13%	✓✓
<b>Amazing Charts</b>	<b>83.3</b>	<b>+4%</b>	<b>✓✓✓</b>
SRSsoft EHR	81.0	-11%	✓✓
athenahealth athenaClinicals	80.9	-7%	✓✓✓
Greenway PrimeSUITE Chart	79.1	-2%	✓✓✓
Aprima EHR	78.2	-1%	✓✓✓
ADP AdvanceMD EHR	78.0	+3%	✓✓✓
e-MDs Chart	74.0	-13%	✓✓✓
GE Healthcare Centricity Practice Solution EMR	73.8	+1%	✓✓
eClinicalWorks EHR	73.4	-7%	✓✓✓
Henry Schein MicroMD EMR	73.4	+4%	✓✓
NextGen Healthcare EHR	65.1	-3%	✓✓✓
Allscripts Professional EHR	64.7	-6%	✓✓✓
McKesson Practice Partner	48.0	-14%	✓✓

## Try before you buy

How can you avoid the risk of ending up just as unhappy with your new EHR as your current one? Your next EHR purchase needs to be risk free, which can only happen with a free trial of the software in your office. Only by using a full version of the software – not a “demo” version – in your practice, seeing real patients, will you know if an EHR is right for you.

Ask potential EHR vendors if you can have a free trial for a few weeks. If they say no, you might ask, why not?

## Easy data migration process

It should be easy and inexpensive to make the switch to your next EHR. Ask potential vendors if they offer free tools for importing patient demographics and Continuity of Care Documents. Ask your current vendors about your options for exporting data. (See more on this topic in Steps 2-5.)

## Affordable

With the range of choices available today, there is no reason why an EHR system should cost tens of thousands of dollars over a three-year period of time. Yet practices routinely spend a measureable percentage of practice revenue on clinical documentation systems that doctors hate to use.

There are free, low-cost, medium-cost, and high-cost systems. For many practices, the question is where they can get the most value for the money. The table below illustrates the three-year costs for some of the leading EHRs in the ambulatory medicine market.

Figure 2: Sample three-year costs for popular hosted EHRs

Hosted EHR	Total Three-Year Cost
Amazing Charts*	\$13,805
eClinicalworks**	\$16,164
eMDs***	\$21,564

## Step 2: Notify your Current EHR Vendor

Once you've picked a new EHR that meets all or most of the criteria discussed above, you need to notify your current vendor. Hopefully, you haven't signed a long-term contract that locks you into their system.

There is a buzz phrase in the EHR community: "Holding data hostage." In these horror stories, a practice wants to stop using an EHR, and the vendor will not give them access to their patient data. Adding insult to injury, many EHR companies will demand that the practice pay a "data access fee" of thousands of dollars. This is essentially holding your data hostage until you pay a "ransom."

Make sure your data isn't being held hostage. If it is, speak to your lawyer.

## Step 3: Import your patient demographics

If you followed Step 1 successfully, you are switching to an EHR with a free tool that allows you to import patient demographics easily and quickly.

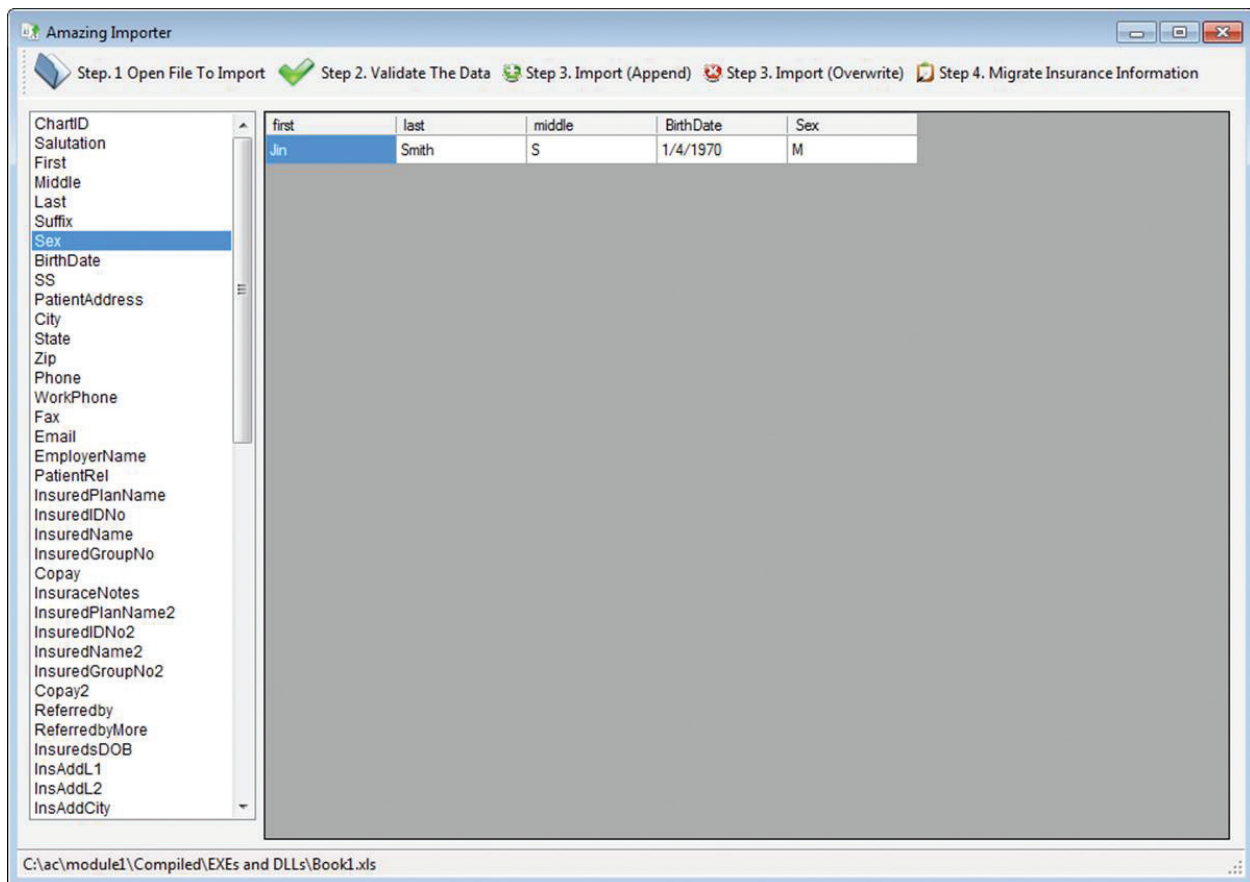
We will use the free Amazing Charts Importer to illustrate an example of how such a utility tool works (see Figure 3). You export your patient data from your current EHR to an Excel spreadsheet (i.e., CSV file) and the Amazing Charts Importer does the rest.

\*Amazing Charts license for one clinician, plus annual maintenance, plus Amazing Charts in the Cloud for five seats.

\*\*<http://www.eclinicalworks.com/products-pricing.htm>

\*\*\*Cost projection includes EHR and PM solution, based on phone call with eMDs sales on 5/21/2013.

Figure 3 – Amazing Charts Importer for Patient Demographics



## Step 4: Import Continuity of Care Documents

Once you have patient demographics established in your new EHR system, you can tackle “structured clinical data” at its most basic level. Continuity of Care Documents (CCDs) / Continuity of Care Records (CCRs) specify the encoding, structure, and semantics of a patient summary clinical document for exchange between EHR systems.

The CCD/CCR patient summary contains a core data set of the most relevant administrative, demographic, and clinical information about a patient’s healthcare, covering one or more healthcare encounters. This summary usually includes the patient’s problem list, medications, and allergies.

Every EHR handles CCD/CCR differently. For example, Amazing Charts can import a CCD as an item, essentially adding a viewable report to the patient’s chart. To be clear, this does not parse out all of the discrete data elements contained within a CCD and add them to the different sections of the patient’s chart.

Exporting and importing a CCD/CCR is doable for some major EHR systems, but not all. Check with your vendor.

## CASE STUDY: GENERAL SURGEON IN TEXAS SWITCHES EHRs

Dr. Geraldo Carcamo switched from athenahealth to Amazing Charts. He was unhappy with the costs, limited customization, and poor workflow of athenahealth. “Every night I was in the office until 9 pm, finishing open charts,” he said.

He continued: “By switching to Amazing Charts, I’m able to see more patients in a day, and I’m not in the office late at night anymore. I’m able to get home after the last patient is assisted.”

## Step 5: Convert medical records

But what about the patient information in your old EHR system that goes beyond the CCD/CCR? What can we do about your actual notes and other structured data?

In order to make a complete transfer of patient data from your current EHR to your new EHR, you have four very different choices:

- **Manual Transcription** – Manual data transfer by a medical transcription service. This can be costly, but it means practices can have all their existing patient and clinical data in a structured format in their new EHR system on day one.
- **Data Extraction and Conversion** – Several third-party companies, such as [Ellkay](#), can electronically extract and convert patient data from one EHR system to another. This is a costly choice, but it means practices can have all their existing patient and clinical data in a structured format in their new EHR system on day one.
- **Scan Patient Records** – Scanning old charts into a new EHR system can be a cost-effective choice. With Amazing Charts, for example, you can scan your old patient charts into the patient’s Imported Items section by using a scanner with a Twain Driver.
- **EHR Archive** – Your least expensive and lowest-risk option is to simply archive your entire legacy EHR data set for reference on an “as needed” basis. This satisfies all data retention requirements.

What works best for you depends entirely on your goals and how much money you’re willing to spend.

## Conclusion

As you’ve learned, switching EHRs doesn’t have to be difficult or expensive. The rewards of lower costs and a higher degree of usability can make it more than worthwhile to explore this option.

We can help you switch EHRs. If you have any questions, or wish to learn more, please reach out and contact us. Phone 866-382-5932, option 2, or email [sales@amazingcharts.com](mailto:sales@amazingcharts.com).

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