

run their own reports regularly so they don't find any surprises when the time comes to submit official reports.

Data requirements extend beyond reporting requirements, though.

EHRs must be able to show physicians and their staff performance metrics that help them provide better care to both individual patients and entire patient populations if they want to succeed under value-based care, says Denette Dresback, MBA, director of data and analytics at St. Luke's, the Boise, Idaho, healthcare system. Dresback and other health IT leaders say such analytic capabilities can either be built into or added onto the EHRs.

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— Gabriel R. Guardarramas, MD

She and others say another capability of these dashboards that allow physicians to see data in ways that are actionable is particularly critical.

Physicians need to see, for instance, how an individual patient is doing against established medical goals so they can identify problems and potential solutions as quickly as possible. For instance, the physician should be able to see whether a patient with high-blood pressure is meeting certain targets established for quality care in his or her case.

Similarly, Dresback and other health IT leaders say physicians must be able to use analytics to study how well groups of patients are doing. For example, analytics tools should allow physicians to identify all their diabetic patients as well as identify which ones need an A1C blood test. The better EHRs

also have the capability for physicians to generate messages to those patients, automatically send those messages, order the lab tests and even schedule them.

Conclusion

Guardarramas, the family physician in New York City, has seen a significant evolution of technology since he first started practicing in 1982.

He acknowledges that the technology has brought many advantages. Like most physicians, Guardarramas voices frustration with some parts of the new IT environment. For instance, he says the EHR is effective but he still struggles with interoperability issues. He says the alerts notifying him to particular patient needs help, but wants to have an easier way to act on them: a button to click that lets him call, text and email the patient, for example.

And he anticipates the time of the future when his system will do that.

“Right now they want us to doctor the computer. I'd rather have the computer come,” he says. “Let the computer work for the doctor. The computer should be there to help us manage the patient.”

Health IT leaders say that technology is critical for physicians today and, for all its faults, does indeed help them be more effective and efficiently manage patients. The technology will improve as physicians move into value-based care models — and expect their technology to do more.

More importantly, health experts say physicians don't have to wait for next-generation technology to reap benefits from their EHRs. They can leverage technology to be more efficient and improve in their jobs.

Physicians can incorporate more or all of the existing EHR functions into their practices, implement software designed to work in conjunction with their EHRs and re-engineer their workflows to better align them and their EHRs. Moreover, experts note, physicians have options in the market if they find that they've taken those steps and still aren't able to find the efficiency and effectiveness they want from their existing systems.

EHR software makers offer many different options and support services to ensure that physicians get a system that works for their needs.

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