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EHR Systems: From Record to Plan

For the medical community, overwhelming amounts of information that needs to be processed has been one of the challenges exacerbated by the COVID-19 pandemic. An expert suggests that this challenge can be turned into an opportunity to overhaul the electronic health records (EHRs) system.

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In an opinion piece for Harvard Business Review, Dr John Glaser, VP Population Health at Cerner, highlights the need to redesign EHRs based on new value-based care business models and disease prevention.

Dr Glaser writes that despite widespread adoption of EHRs and large amounts of information available to healthcare professionals, there are still "problems of knowing what data is important and what is the right treatment and prevention plan for each patient." Pointing out to the need of transforming the EHR system, he stresses that changes should be fundamental and the emphasis must shift from an EHR being an individual medical record to a plan for health.

He suggests several essential elements of a "plan-centric" EHR.

- A pool of various health plans, which are to be applied depending on patient circumstances and preferences.
- The ability to combine the multiple health issues in a lean patient's master plan.
- Collaboration support for various care team members to access both the master plan and their own to-do list and assign tasks to one another.
- Universal technical accessibility of the plan across settings, places and systems.
- Real-time support of decision-making and work processes with timely reminders, information updates and recommendations.
- Analytic tools on both individual and population levels for the system to self-adjust based on the accumulated data.

Further on, Dr Glaser expands on the need to transition from transaction-oriented to intelligence-oriented EHR design. He argues that in today's environment, transaction support is not enough and the EHR should be reimagined "not as a document but as a system that supports the generation and tracking of multiple documents, events, and processes." This would ensure accordance of care with evidence, identification of optimal treatment options and performance control. It is noted that some of these features have already been present in ERHs, but "the old fee-for-service business model has not rewarded their refinement and extensive use."

While healthcare is gradually transitioning to a new value-based care model, this change is slow and it is difficult to identify an ideal moment for a system redesign. As an example for healthcare to follow, Dr Glaser refers to banking that managed to smoothly surround legacy systems with new technologies. In the case of healthcare the latter might include: population health management, health information exchanges, patient-health-management applications, or big data analytics systems.

Source: Harvard Business Review

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