

50 FEATURES TO LOOK FOR IN YOUR NEXT EHR

Your guide to identifying requirements for your selection project

GUIDE HIGHLIGHTS



Core features including billing, compliance and reporting



Patient support including portals and scheduling



E-prescribing, lab integration and many more features





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CORE FEATURES

1. A GOOD UX

All EHR systems should be easy to use so clinicians spend less time inputting data into a clumsy system and more time tending to patients' needs. A good UX will also reduce the likelihood of user error, both improving quality of treatment and encouraging more efficient working practices.

2. SECURE ACCESS BASED ON USER PRIVILEGE

An EHR should be configured to offer varying levels of access depending on the type of practice employee accessing the system. For example, a patient scheduling module may be available to the operational staff, but they may not have access to patients' entire medical information. This helps reduce the likelihood of breaking any privacy and security measures.

3. REMOTE ACCESS

Unfortunately, not all clinician documentation is completed at the time of the patient encounter. This is typically due to strict time constraints for visits and the increasing length of documentation requirements. It is therefore important that clinicians can access their EHR remotely. This feature is particularly helpful when clinicians receive important patient information after the patient leaves the office.

4. MOBILE DEVICE COMPATIBILITY

Related to - but not quite the same as - remote access, this is particularly useful for note-taking on ward rounds and other similar activities. Medical practices are increasingly relying on tablets for note-taking during patient encounters. If your practice does this - or is planning on doing so in the near future - an EHR that works well on mobile devices is absolutely essential. Plenty of cloud-based systems offer native iOS and Android apps with specially designed mobile interfaces if you want to cut down on customization.

5. ENHANCED DATA SECURITY

To ensure data privacy, all information communicated via your EHR should be encrypted - this exceeds HIPAA requirements and provides further protection against accidental misdirects and hackers. Additionally, your EHR should prompt users to change their password regularly, automatically log users out after a period of inactivity, and lock users out after a set number of incorrect password entries.

6. PATIENT INFORMATION AND EDUCATION

Patient education is one of the most useful tasks your EHR can perform. This functionality extends across numerous modules - you can use your e-prescribing module to advise patients on taking medications correctly, or your lab integration module to provide information about each value analyzed, for example. This can save your staff time and is useful for patients who want key information on-hand without having to phone the practice.

7. INTEROPERABILITY

Historically, EHR vendors haven't been all that keen on making their systems easy to integrate with others. However, as the number of EHRs used by providers has grown, and as interoperability has helped practices meet Meaningful Use requirements, interoperability has become an increasingly in-demand feature for medical software. An interoperable EHR will make patient data transfer across multiple providers easier, more efficient and less prone to error.

8. MEANINGFUL USE COMPLIANCE

Meaningful Use is using certified EHR technology to improve the quality, safety, and efficiency of patient care and reduce health disparities. If your practice wants to make the most of available incentives, make sure it complies with the standards laid out by Meaningful Use Stage Three as laid out by CMS.



CHARTING

9. AUTOMATIC CARRYOVER OF DEMOGRAPHIC DATA

A good charting module should automatically carry over demographic information into the charting module so clinicians don't have to input demographic information for the patient on more than one occasion.

10. AUTOMATED CARRYOVER OF VITAL SIGNS HISTORY

It is important for clinicians to review vital sign information to monitor overall health and wellness. The EHR system should carry over previous vital signs including height, weight, blood pressure and heart rate history into a charting module, and this should be easily accessible.

11. AUTOMATED DATA SYNCING

Your EHR charting module should be fully integrated with your other systems. Clinicians should be able to send any orders or results directly from the charting portal. Completed encounter notes should automatically have billing codes assigned to reduce the rate of billing code errors. Some modern EHRs now use AI to assist in intelligent error detection and adaptive data management, keeping data current and accurate with minimal intervention.

12. BUILT-IN NORMATIVE VALUES AND BEST PRACTICE GUIDELINES

In order to ensure best practice, it is important your charting module offers a reference guide for normative values and recommended ranges. This can include information regarding lab values, weight parameters, dosage guidelines, screening recommendations and so forth. When clinicians enter key patient data, there should be an accessible reference point. This improves patient education and assists the clinician in providing the best patient care.

13. CUSTOMIZABLE AND SPECIALTY TEMPLATES

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REPORTING

14. DATA COLLECTION FROM WEARABLES AND MEDICAL DEVICES

Effective data collection from wearables and medical devices can be greatly enhanced by AI. An ideal system will intelligently process incoming data streams, flag anomalies, and deliver actionable insights to help proactively monitor chronic disease or vitals. As the Internet of Things is becoming more prominent in health monitoring, it's worth investing in this functionality now.

15. AI-DRIVEN PREDICTIVE ANALYTICS

Descriptive data offers both a snapshot of the present and a means to aggregate past data to identify key trends. By integrating advanced AI-driven models, this feature not only forecasts patient outcomes with greater accuracy but also continuously learns from new data. These sophisticated simulation techniques can identify trends and project patient risks, ultimately enabling smarter decision-making.

16. CROSS-CONTINUUM ANALYTICS

As value-based reimbursement models gain traction, many organizations are being pressed to look not just at the services they offer, but also at the treatments patients receive across the continuum of care. Collaboration between acute, post-acute, and community care providers will also yield valuable data that can measure the efficacy of population-based health measures.

17. POPULATION HEALTH MANAGEMENT

Dovetailing with cross-continuum analytics, population health management EHR reporting will factor significantly in the collection and analysis of data collected by our healthcare systems. Individuals covered under high-deductible health plans, which delay care as long as possible, have resulted in an impetus to monitor patient health outside of the clinic. This is to avoid potential consequences of reduced reimbursement in value and quality based reimbursement schemes. As such, providers have been forced into the business of population health analytics, for both altruistic reasons of course, but also as a financial measure to reduce readmission due to chronic conditions.



BILLING

18. ELECTRONIC SUBMISSION

It should go without saying, but EHR billing modules should be able to submit all billing processes electronically. The billing module should be able to submit claims to various health insurance payer sources. Additionally, for patients who use cash payment, the system should be able to generate an itemized bill for services rendered.

19. REPORT MANAGEMENT

Billing modules should have the ability to run a report of billing submissions and payments. This report should analyze payments based on insurance carriers, patients, and providers. It should also be able to monitor payments billed and received based on calendar months and analyze trends.

The report management feature may be one of the most useful features in your EHR billing module, providing an opportunity for the practice to analyze trends and understand what percentage they are being reimbursed.

20. CLAIMS REJECTION ANALYSIS

The billing module should be able to run a report of rejected claims. It should identify reasons for rejection (such as incorrect patient information, incomplete clinical information, wrong insurance information, or non-covered services). This information is vital. The practice can then correct errors and resubmit for payment.

21. CO-PAYMENT BUILT INTO SCHEDULING

Many insurance carriers are required to pay a copayment at the time of treatment. When a patient pays their co-payment at the visit, the practice is much more likely to receive this portion of reimbursement, as compared to when it is billed out. If practice receptionists are alerted to collect a co-payment by your billing module, then this revenue will be less likely to be missed.

22. AUTOMATED BILLING CODE TRANSCRIPTION

Many billing errors are a result of human errors such as transcription errors at diagnosis, or incorrect billing codes given to the patient visit. If the diagnosis codes, demographic information, and billing codes are automatically carried over into the billing documentation, then the risk of human error is greatly reduced.

23. ELECTRONIC ELIGIBILITY VERIFICATION

Practices spend a huge amount of time and personnel resources to verifying the eligibility of services. If your billing module offers a way to streamline this process using online eligibility verification, you may find great savings in costs of payroll, and increased revenue by prequalifying patients before services are rendered.

24. ELECTRONIC PAYMENT TRACKING

The system should offer a means of monitoring the status of payment. Good EHR billing modules will show when a bill has been submitted, then show when it has been accepted, when it is being processed and when payment has been sent. This helps the practice by giving an estimation of when services will be reimbursed and makes managing financial resources easier.



LAB INTEGRATION

25. INTEROPERABILITY BETWEEN LABORATORY AND MEDICAL PRACTICE

Depending on your practice, you may be using an onsite laboratory, or outsourcing to a laboratory that is offsite. It is important that your lab integration module can integrate with other systems, and the overseeing physician should be able to send an order for lab work electronically. Additionally, once the lab work has been completed, the results should be easily uploaded and accessed through the same portal.

26. PATIENT PORTAL ACCESS TO RESULTS

Patients expect a relatively quick turnaround in their lab test results. If they are continuously calling the office, this can place a burden on nursing staff. Therefore, it is helpful to have a way for patients to access their laboratory results. Your lab integration module is a good place to start - it should automatically upload results into a patient portal, as well as sending them to the clinician. This will give the patient autonomy in their healthcare as well as providing access to results more quickly.

27. AUTOMATED REPORTING AND ANALYSIS OF RESULTS

Your lab integration module should display all results with a key explaining expected norms for each piece of data that was tested. This way, both clinicians and patients will quickly be able to understand the results. Additionally, if any results are found to be outside normal parameters, the module should display a notification for the provider.

28. AUTOMATED SCREENING AND FOLLOW-UP SCHEDULING

For lab values that are found to be outside normal parameters, the module should offer a suggestion for required follow-up with the physician or specialist. This will help to ensure lab results are being evaluated and addressed. This should also help lead to easier compliance with medical regulations and improved outcomes for patients.

29. MEDICATION MANAGEMENT AND INTERACTION

In the lab integration module, the list of medications should be cross-referenced to analyze for possible interaction or impact on laboratory values. This serves as one more piece of best practice, ensuring medications are up-to-date and appropriate. A notification would alert the overseeing physician of any potential interactions, or identify if there are medications currently prescribed to address laboratory values that are outside normal parameters (e.g the patient had blood glucose tested and their medication list includes insulin).



E-PRESCRIBING

30. ELECTRONIC PRIOR AUTHORIZATION (E-PA)

The complicated process of obtaining prior authorizations contributes to lost productivity among providers and reduces patient compliance. However, e-prescribing modules offer Electronic Prior Authorization, also known as, e-PA, whereby the patient's information and prescription information is automatically sent to the insurance provider for review. This reduces the amount of administrative effort required for manual prior authorizations.

31. AUTOMATED ADVERSE DRUG INTERACTION/EVENT ALERTS

E-prescribing modules can reduce the risk of adverse drug interaction events by documenting prescriptions patients are already taking, and whether a new prescription would interact adversely with them. Drug interaction alerts can also offer information concerning a medication's effectiveness concerning appropriateness for treating the patient's diagnoses, correct dosing information; contraindications and duplicate therapy alerts.

32. MEDICATION DECISION SUPPORT

Medication decision support, like other decision support systems, is effective in enhancing the quality of care by offering information concerning a particular drug therapy's effectiveness in treating a condition. When used in conjunction with an adverse drug interaction/event alerts it can add an extra layer of protection against preventable adverse drug events.

33. FORMULARY CHECKING

Given the high cost of medications, patients often forgo pharmaceutical treatments due to their cost (even with insurance) or purchase the medication at a great financial hardship. Under these circumstances, a provider may benefit from formulary checking functionality in their e-prescribing module. A drug formulary is a list of prescription drugs that offer the greatest value. With this information, providers can select the most affordable options, including available generics. Formulary checking functionality can also provide the necessary prescription coverage information, including possible copays and identify less expensive alternatives.

34. E-PRESCRIBING OF CONTROLLED SUBSTANCES (ECPS)

Depending on your practice's patient demographics, you may need to prescribe controlled substances, such as methadone or OxyContin for addiction treatment or opioid medications for pain relief. ECPS functionality allows you to do so while remaining compliant with all regulations surrounding controlled substances and also reduces the risk of prescription misuse.



PATIENT PORTAL

35. MESSAGING AND COMMUNICATION

Back and forth communication between patients and providers is key to patient education and for handling problems related to confusion regarding care beyond the office. An EHR patient portal should offer an easy-to-use messaging system that can allow communication directly to and from parties involved in patient care. This should be encrypted and comply with all associated

36. REGISTRATION

Workflow at the front end of a practice can suffer when patients are confronted with a cumbersome registration process. Allowing patients to register online can reduce wait times and free up front desk staff to deal with other administrative tasks.

37. SCHEDULING

Missed appointments can be detrimental to revenue flows, and scheduling inefficiencies can disrupt workflows. A portal that allows patients to manage appointments and sends automated appointment reminders can ensure intake staff are not overburdened by processing both appointment scheduling and registrations. This leads to fewer missed appointments and less revenue lost. For practices with med spa services, ensure this feature accommodates both traditional medical consultations and aesthetic procedures to allow for the upselling of packages and/or subscriptions.

38. AUTOMATED APPOINTMENT REMINDERS

It's all too easy to forget things from time to time, particularly when appointments with specialists may have been booked months in advance. Make your patients' lives easier - and cut down on wasted clinician time - by using your patient portal to send automated appointment reminders via email or SMS.



PATIENT SCHEDULING

39. ADD/REMOVE/EDIT VISITS

The patient scheduling module should have a one-click system to add, remove or edit a visit. The process of moving an appointment should be easy. There should not be any duplication of entering patient information when a visit is moved. A one-click feature to edit an appointment will reduce the likelihood of human error.

40. CHECK-IN

The receptionist should be able to easily 'check-in' a patient when they arrive for their appointment. There should be an indication of patient check-in viewable to clinicians so that there is no delay in patient care. By having a viewable check-in status, clinicians save time by not having to confer with the receptionist each time a new appointment is scheduled.

41. AUTOMATED REMINDER FOR INSURANCE/PAYER TYPE

The patient scheduling module should include an automated verification for payer source. This may appear when the patient checks in for their visit. The module should provide a prompt for payment confirmation. It should also contain an option for editing payer source from the patient scheduling module, if applicable.

42. COLOR-CODED APPOINTMENT TYPES

Depending on the practice setting, there may be different types of visits, and this should be reflected at a glance by color-coded appointments. For example, a physical therapist may have evaluations coded in green and treatment visits coded in yellow. When the therapist views their calendar for the day, they can then quickly determine what type of visits they will perform.

43. MULTI-PROVIDER SCHEDULING IN ONE PORTAL

A medical practice will likely have several providers within one office. It is important for patient scheduling portals to allow receptionists to schedule all providers using one module. A patient...

may need to change which provider is seen based on availability - this should be easily performed within the same module. The receptionist should not have to switch between screens to change provider.

44. PATIENT SCHEDULING ACCESS

Some practices may benefit from a patient portal that allows for self-scheduling of visits. This can increase patient's involvement in their own medical care. Additionally, it may reduce the work of the front desk.



PRACTICE MANAGEMENT

45. DOCUMENT MANAGEMENT

Medical practices generate a lot of paperwork. Document management functionality allows practices to organize and manage it, providing a central access point for. Clinicians can automatically scan in prescriptions or bills, helping the practice to remain compliant and ready for audit.

46. INVENTORY MANAGEMENT

Distribution of medical devices and medications is a highly controlled process, so it helps to have inventory management functionality that will allow you to distribute prescriptions and supplies and restock when running low, all while remaining compliant.

47. INSURANCE CARD SCANNING

A quick time-saving feature, this allows front desk staff to capture insurance card information quickly and easily and ensures that no errors occur when taking insurance information.

48. MANAGERIAL AND FINANCIAL REPORTING

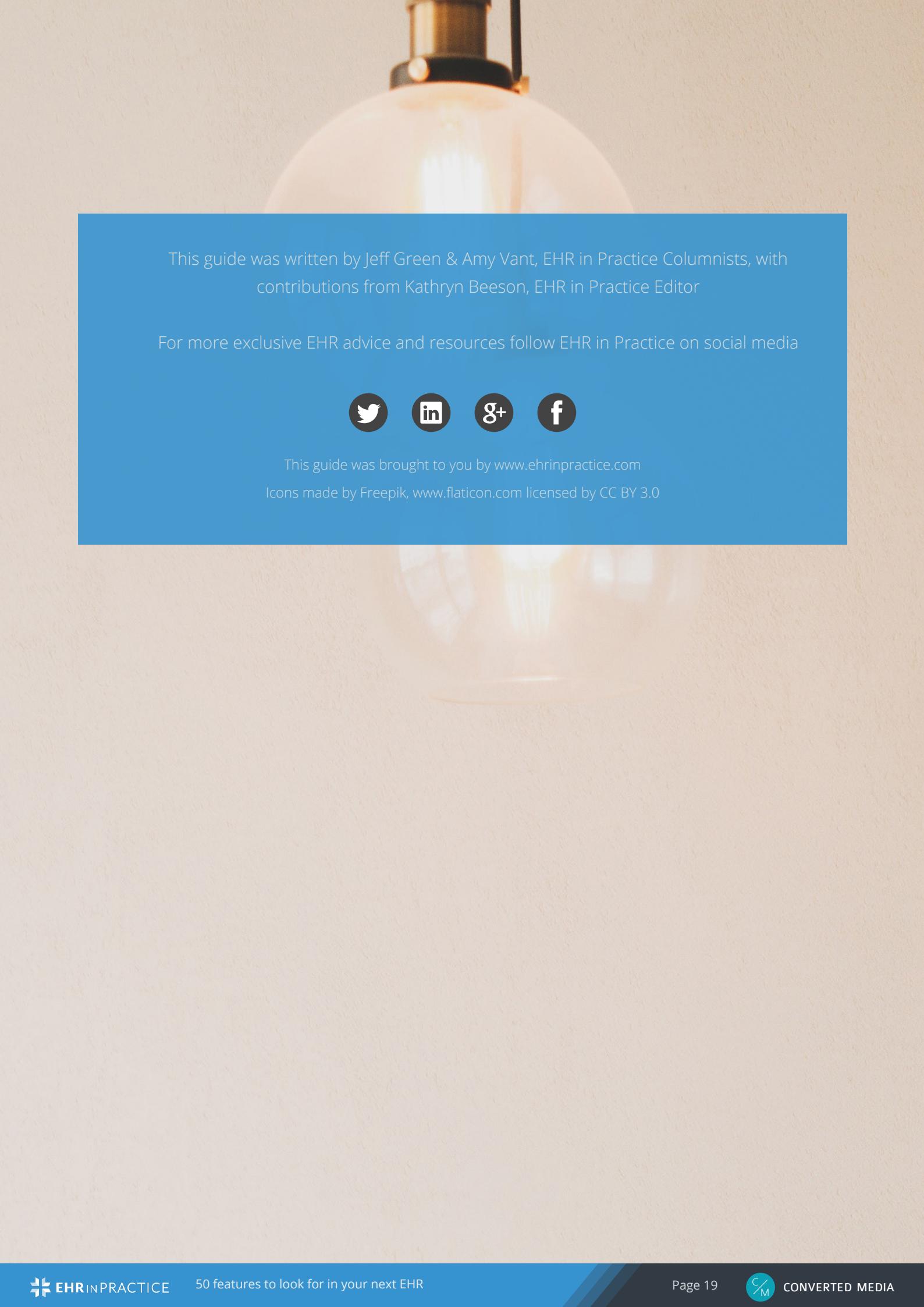
This allows you to track and evaluate how your practice is performing across a number of metrics, including missed/canceled appointments, new patients, denial analysis, revenue cycles and referring provider-patient count, among others. You can use this information to make adjustments in your practice's workflows to improve both patient care and your bottom line.

49. CLAIMS MANAGEMENT

Before insurance claims are submitted, they should be scrubbed and edited to ensure that they meet national insurance claim standards. Claims management functionality in your practice management solution helps you do this with minimal error, and also allows you to check claims status in real-time. Look for one which is HIPAA-compliant, as these are pre-approved by insurers and help to speed up reimbursements.

50. MEDICAL SCHEDULING

Nothing is more important to the smooth running of your practice than ensuring your staff rota is correct and everyone knows when their shifts are. Automated scheduling saves practice managers a significant amount of time by drawing up staff rotas instantaneously, and being able to adjust automatically to cover PTO requests and sickness.



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