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Why Are So Few Healthcare Providers Using EHR Data Analytics?

A recent MGMA report finds less than a third of doctors utilize all the data analytics tools built into their EHRs.

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Healthcare Organizations Still Lack National Patient Identifier

(<https://ehrintelligence.com/news/healthcare-organizations-still-lack-national-patient-identifier>)

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Source: Thinkstock



By Kate Monica (<mailto:kmonica@xtelligentmedia.com>)

May 03, 2017 - Despite the healthcare industry becoming more data-driven by the day, new research shows many healthcare providers are ignoring opportunities to gain actionable insights by using EHR data analytics tools.

A recent **MGMA STAT** (<http://www.mgma.com/practice-resources/mgma-connection-plus/online-only/2017/april/using-your-medical-practice%E2%80%99s-ehr-data-for-analyticsusing-your-medical-practice%E2%80%99s-ehr-data-for-analy>) report finds only 31 percent of surveyed healthcare providers report using all analytics tools and capabilities offered in their EHRs.

EHRs were initially designed to serve primarily as digital repositories for patient data, eliminating the risks and disorganization inherent to paper records. However, many EHR systems have moved beyond the basics of documentation and are now equipped with **analytics tools** (<https://healthitanalytics.com/features/how-to-choose-the-right-healthcare-big-data-analytics-tools>) that can enable population health management and value-based care.

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But with less than one third of providers using all available EHR data analytics tools and 11 percent of providers not even analyzing their EHR data at all, these capabilities are often being overlooked or underutilized.

While unique organizational challenges likely contribute to the low rate of utilization, there may be some commonalities that are preventing providers from making the most of their health IT tools.

Analytics tools only accessible through additional purchases could contribute to a lack of enthusiasm among providers to glean actionable insights from available health data.

“Even if your practice has the staff with the knowledge and time to create reports, the system often requires an add-on product sold by the vendor or an outside product or service to analyze your data,” said Principal Consultant for MGMA’s Healthcare Consulting Group Derek Kosiorek.

Requiring an extra step could discourage physicians from interpreting the large swaths of information available in their healthcare organization’s system.

Additionally, providers may be disinterested in engaging with their EHRs any more than they already have to.

A recent **exploration into physician burnout**

(<https://ehrintelligence.com/news/ehr-technology-a-key-contributor-to-physician-burnout>)

by 11 healthcare CEOs cited EHRs as a leading cause of physician burnout in the healthcare industry.

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“The spike in reported burnout is directly attributable to loss of control over work, increased performance measurement (quality, cost, patient experience), the increasing complexity of medical care, the implementation of electronic health records (EHRs), and profound inefficiencies in the practice environment, all of which have altered work flows and patient interactions,” wrote the authors.

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Engaging with analytics tools could be an unappealing prospect among physicians already disillusioned and frustrated by perceived inefficiencies in the technology.

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It’s no secret that providers are concerned about EHR use and documentation cutting into time that could be better spent on patient visits and improving the patient-provider relationship.

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ehrintelligence.com/news/new-policy-should-accommodate-physician-ehr-documentation-demands) found EHR documentation activities eat up half of a physician’s workday.

“To allocate equal amounts of their clinically active time to desktop medicine work and to face-to-face ambulatory care visits,” researchers concluded in the study.

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Improving the reputation of EHR technology among physicians may be a requisite first step in increasing the number of providers interested in utilizing EHR analytics tools.

This may be a challenge with stringent federal reporting requirements casting a dark shadow over EHR use in the eyes of many providers.

According to a letter (<https://ehrintelligence.com/news/aafp-recommends-cms-simplify-macra-implementation-requirements>) released by the American Academy of Family Physicians (AAFP), until CMS relaxes strenuous MACRA implementation requirements, EHRs will continue to be perceived as more burdensome than helpful to physicians.

“While many industries face heavy regulatory burdens, it is difficult to imagine any industry that is more regulated than the practice of medicine,” stated AAFP Board Chair Wanda Filer, MD, MBA. “This burden ranges from onerous documentation guidelines to cumbersome prior authorization criteria and the ongoing frustrations associated with electronic medical records.”

While implementing less complex federal reporting requirements could free up time for physicians to focus more attention on patient care, it could also allow providers the opportunity to explore analytics tools and other additional features built into their EHRs.

Whether physicians will grow to appreciate their EHR systems remains to be seen. Positioning the technology as more labor-saving than labor-inducing could be the first step in encouraging physicians to take advantage of all their systems have to offer.

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