



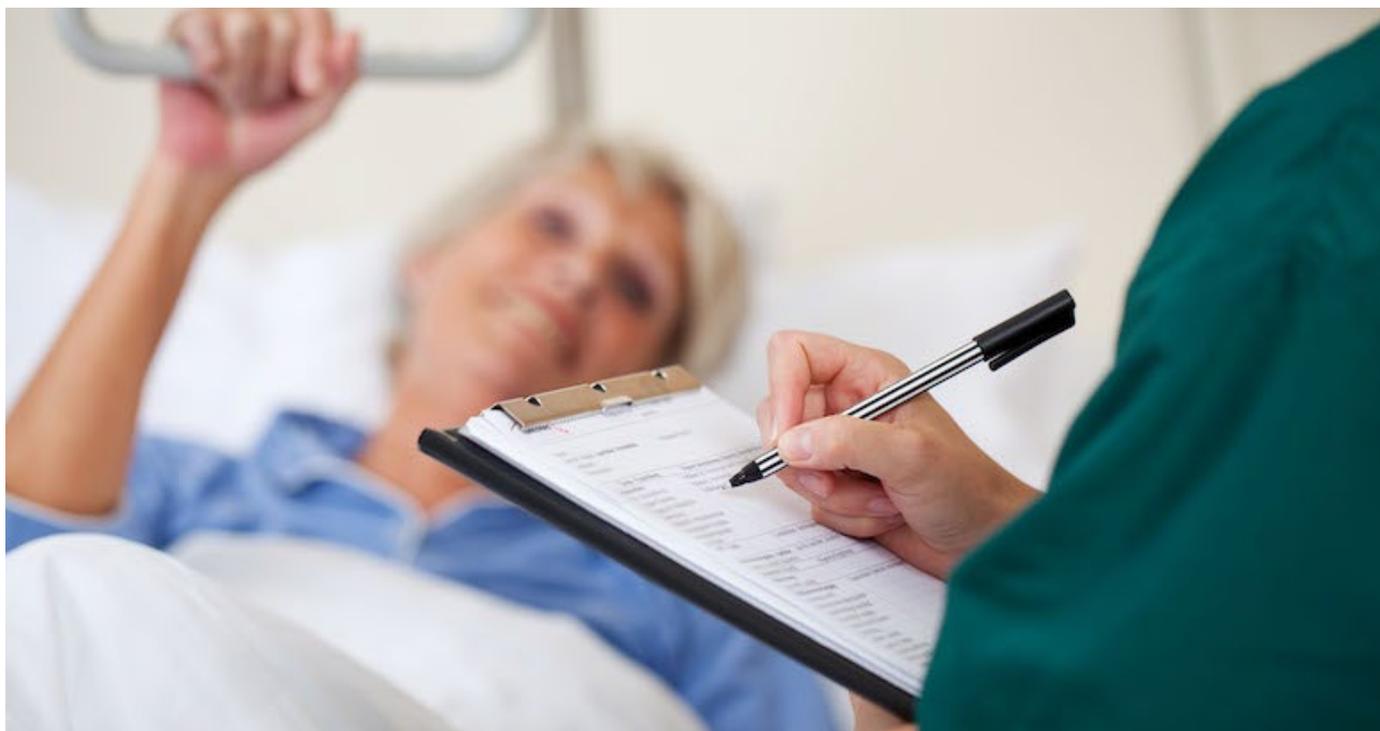
## Can EMRs be Eclipsed by Healthcare Communications Systems?

EMR systems and healthcare communications systems do very different things. However, they're on a collision course necessitated by increasingly adverse clinical burdens driven by EMR data entry.

When EMRs first emerged, the emphasis was on replacing paper records with digital records to improve patient billing. This was to be a significant improvement over old fashioned note taking.

Billions of dollars were spent and hospital IT systems expanded. EMR lobbyists flocked to Washington D.C., and lo, government regulations and requirements surrounding healthcare information proliferated. So did the requirements for EMRs, and the subsequent burdens on clinical workflows.

While the intention of EMRs was good (less paperwork), the reality has turned out far different, as most of us in the industry have known for a while. The increased amount of time physicians and others must now devote to data entry has had detrimental clinical consequences.



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It may seem contradictory, but EMRs are actually adding to medical errors and inefficiencies because they are doing their job too well. EMRs are data receptacles, and they work, which means that now we have an immense amount of data per patient. However, EMRs tend to be clunky - hard to look at and cumbersome to use. This creates two big problems:

- **Inconsistent data** - EMR data is not always dependable or consistent on a patient-by-patient basis due, in part, to poor EMR workflow design making documentation a costly and inefficient endeavor around which organizations struggle to implement consistent process.
- **Data overload** - the lack of user-focused design in most EMRs means that all of this data is there, but actually identifying, understanding, and prioritizing the data points that are relevant and important becomes increasingly difficult.

Given the added burden of documentation, and the increasing concern about whether all that data is being properly applied to help patients, it is not surprising that we're reading articles about the awfulness of EMR systems and how they're contributing to physician burnout. At least one physician has returned to old fashioned note taking, which resulted in "more efficient physician-patient interactions, and quicker visitations...". **MD Magazine: Why Are EMRs So Terrible?**



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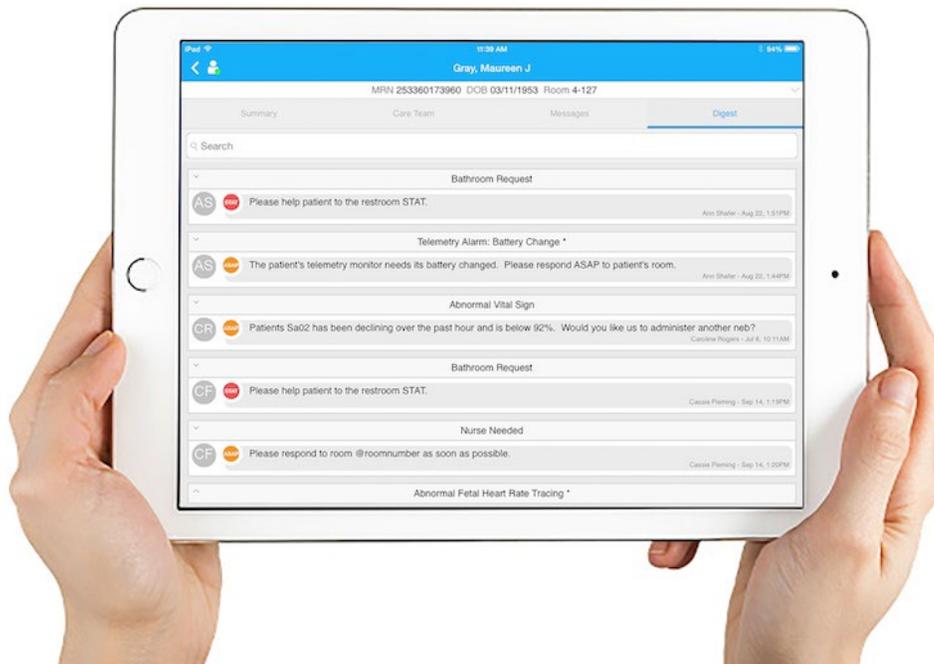
## What Happened?

EMR systems were designed to record and retain care team notes...that's all.

When EMR systems first emerged, communicating the information in those notes was an afterthought, at best. At that time, cloud platforms and mobile phones, huge improvements in communications, were not ubiquitous in clinical settings. So the EMR system architectures were designed accordingly – for data input and storage. Period. Today, they are missing key communications functionality and user interface design components that are necessary to enable clinicians to identify, understand, and share relevant data at the right time with the appropriate care team members.

EMRs require lots of data entry, and add steps to clinical workflows. For example, if a nurse responds to a patient call, the nurse inputs data into the EMR system after the call has been answered. Multiple actions must follow to get that information to everyone on the patient's care team.

However, today's single-resource healthcare communications platform not only communicates the nurse call information, it marks the level of urgency. By categorizing the new information as, for example, STAT, ASAP, AYC, or FYI, it lets the patient's care team know how to prioritize and/or escalate the information...instantly.





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### Key Differences

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The main differences between EMR systems and today's healthcare communications systems are that the former is built to enable the input and storage of large amounts of data, while the latter aims to enable efficient communication and collaboration related to that data. With a healthcare communication platform the communication, itself, is the data entry. The record is created automatically, logged and time stamped, with contextual awareness for the recipient(s) on the care team. So, you can see how together these two systems can create a powerful tool.

While it's not likely that healthcare communication platforms will replace EMRs, current EMR system providers are scrambling to retrofit their platforms with at least some communications functionality. This is proving to be an uphill battle, because the original architectures were not designed for communications. Here are the major differences between the two systems:

#### **EMR Systems**

- EMRs don't connect busy care teams; they just make them busier.
- EMRs don't improve workflows; they disrupt them.
- EMRs do not improve patient outcomes; they only record them.
- EMRs slow interoperability.

#### **Healthcare Communications Platforms**

- HCPs connect individuals and teams instantly.
- HCPs streamline workflows by reducing disruptions for data entry, human error.
- HCPs improve patient outcomes by facilitating fast, accurate communications between the patient and the care team.
- HCPs provide improved interoperability.

Today, the average 500-bed hospital loses \$4 million each year due to inefficient communications.

Busy care teams work 'on the fly', and are often tasked with accomplishing more with fewer resources. They need tools to enhance patient-centric care team communication, minimize interruptions, and provide simple context and backup.

New healthcare communications solutions can complement an EMR to provide clinicians with the patient context they desire, while streamlining their clinical workflows and making their lives easier.

Healthcare communication platforms allow clinicians to practice at the top of their license, and give the quality of care they know they can give. Together, these are powerful factors in reducing medical costs and errors while improving overall patient experience.