WINTER 2023

INTELLIGENT AUTOMATION IN HEALTHCARE

WHAT MOTIVATES INVESTMENTS IN THE
NEXT GENERATION OF EHR INTEGRATIONS

A RESEARCH REPORT BY

Laserfiche® + **MGMA**

INTRODUCTION

In an era of evolving technology and limited staffing resources, the question of automating or optimizing workflows to reduce repetitive work within medical practices is a matter of "how" and when."

Healthcare leaders feeling the pressures of a competitive labor market and stagnant reimbursement rates report they are **not prepared to make a switch to a new EHR or practice management (PM) system** in the coming years, but they do find value in the elimination of manual work when they invest in new platforms to save operational costs.

Laserfiche, the leading SaaS provider of enterprise content management and business process automation, partnered with Medical Group Management Association (MGMA), in 2023 to better understand the opportunities and challenges for medical practice leaders in evaluating their platforms for workflow, electronic forms, document and records management and more.

In May 2023, Laserfiche and MGMA surveyed medical practice administrators, physicians, billing and coding leaders and health information technology (HIT) workers for their views on EHR and PM systems, business automation and more to understand:

- **What is their current level of satisfaction with these systems?**
- **What improvements are these healthcare leaders looking for in new platforms?**
- **What are their priorities when looking to invest in new platforms or integrations?**

Few healthcare leaders report they are considering an EHR or PM system switch in the next five years:

5% — YES

60% — NO

25% — UNSURE

10% — N/A

THREE BIG Ws: WHO, WHAT, AND WHERE

To understand the survey respondents' overall satisfaction and willingness to embrace new platforms or integrations, we must start by assessing their current systems:

- More than three-quarters (77%) of respondents reported that Epic is their primary EHR platform, with another 15% on Cerner or Athenahealth, about 8% on CPRS, eCW or Allscripts, and another 4% who responded "other."

- More than eight in 10 (82%) respondents come from large organizations of more than 100 full-time-equivalent physicians.

- Hospitals or university hospitals made up the largest share of respondents by organization type (43%), followed by integrated health/delivery systems (24%) and medical group practices (23%), with the remaining 11% comprised of other academic medical settings, federally qualified health centers (FQHCs), rural health clinics (RHCs) or "other."
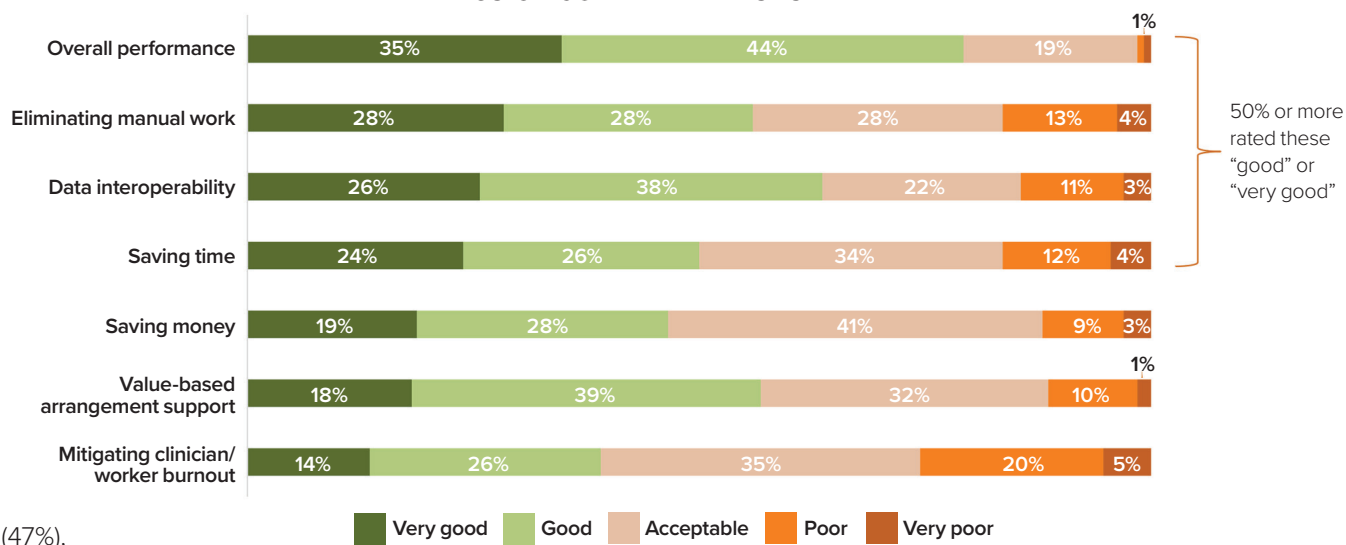
PRIMARY EHR PLATFORM

Platform	Percentage
Epic	77%
Cerner	11%
Athena	4%
CPRS	3%
ECW	3%
Allscripts	2%
Other	4%

* For a recent EHR market share report reflective of the full hospital space, read the May KLAS Research report.

RATING CURRENT PLATFORM PERFORMANCE: A MIXED BAG

Almost four-fifths (79%) of surveyed healthcare professionals gave their current EHR system a "very good" or "good" rating on overall performance, though no single attribute of their EHR system rated as highly as that broad assessment:

- Data interoperability (64%) and value-based arrangement support (57%) were the top two specific ratings for "very good"/"good" performance behind the overall performance rating.

- When rated for ability to eliminate manual work, the "very good"/"good" rating falls by more than 20 percentage points to 56%.

- "Very good"/"good" ratings were even lower for attributes such as "saving time" (50%), saving money (47%), and mitigating clinician/worker burnout (40%).
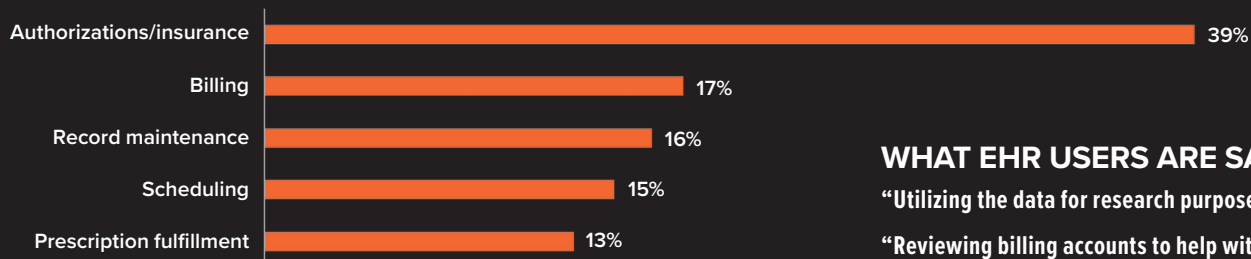
RATINGS OF CURRENT EHR SYSTEM

Attribute	Very good	Good	Acceptable	Poor	Very poor
Overall performance	35%	44%	19%		1%
Eliminating manual work	28%	28%	28%	13%	4%
Data interoperability	26%	38%	22%	11%	3%
Saving time	24%	26%	34%	12%	4%
Saving money	19%	28%	41%	9%	3%
Value-based arrangement support	18%	39%	32%	10%	1%
Mitigating clinician/worker burnout	14%	26%	35%	20%	5%

50% or more rated these "good" or "very good"

WHAT ARE THE BIGGEST HEADACHES?

PROBABILITY OF RANKING EACH EHR PROCESS AS CUMBERSOME

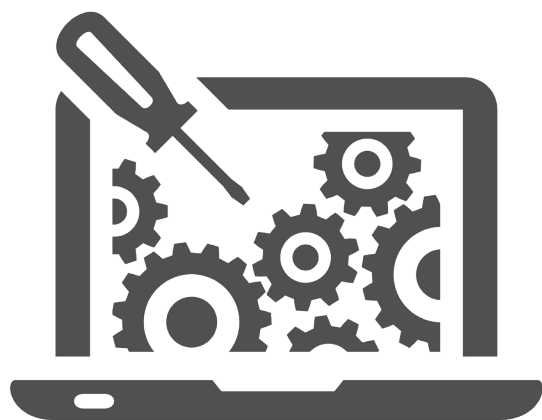| Process	Percentage
Authorizations/insurance	39%
Billing	17%
Record maintenance	16%
Scheduling	15%
Prescription fulfillment	13%

Respondents were asked to rank the most cumbersome processes in their EHR or PM systems from 1 (as the most cumbersome), 2 (second most cumbersome), and so on. At left are the probabilities (or estimates) of the top priorities.

WHAT EHR USERS ARE SAYING — OTHER CUMBERSOME PROCESSES:

"Utilizing the data for research purposes. Each registry or data mine is manual and incomplete." — A hospital administrator

"Reviewing billing accounts to help with patient questions." — An administrator at an integrated system

WHAT WOULD EHR USERS FIX?

DID YOU KNOW?

MORE THAN TWO-THIRDS OF RESPONDENTS REPORTED THEY DID NOT KNOW HOW MANY CLOUD-BASED PLATFORMS WERE INTEGRATED INTO THEIR EHR OR PM SYSTEMS.

When asked what one thing they would improve in their EHR system, more than one-third (37%) of surveyed healthcare professionals noted a desire for a better user interface (UI) that was more user friendly and/or resulted in fewer clicks.

- Despite "data interoperability" being the most highly rated individual attribute of respondents' current systems, the desire for integration or compatibility with other systems was the next biggest desired improvement, noted by nearly one of every five (19%) respondents.

- Reporting capabilities and improvements to how users access their data rounded out the top three responses at 18%.

DESIRED IMPROVEMENTS IN EHR SYSTEM

Improvement	Percentage
Better UI/Fewer clicks/More user friendly	37%
Integration with other systems/Compatibility	19%
Reporting capabilities/Accessing data	18%
Automation	3%
Better training	3%
Better updates	1%
Customization	1%
Other	9%
Don't know/Nothing	3%
Not applicable/Don't use	8%
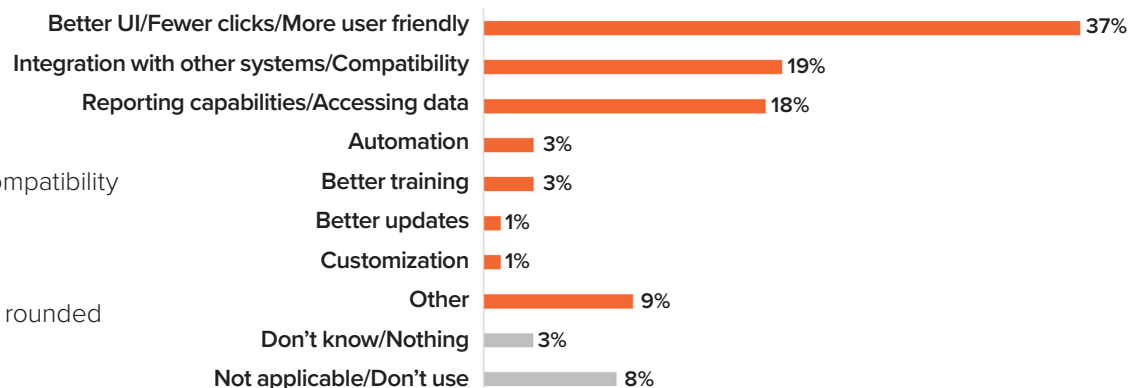
WHERE ARE THE LONG-RANGE AUTOMATION PRIORITIES?

Healthcare leaders were asked to rank their top priorities for automating and/or optimizing their platforms in the next five years, with 1 as their top priority, 2 as their second priority, and so on.
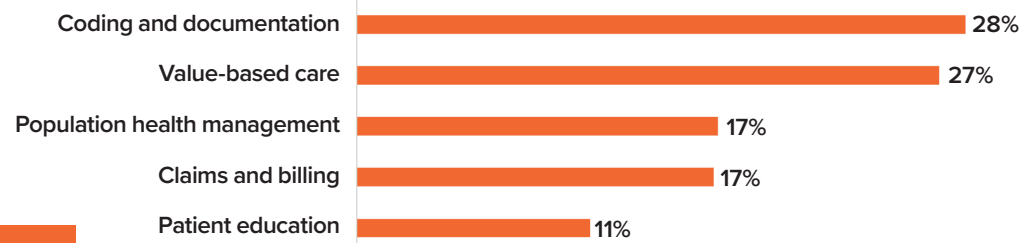
Factors related to the revenue cycle — including coding and documentation (28%) and value-based care (27%) — had the highest probability of being ranked as a top automation/optimization priority, ahead of population health management and claims and billing (each at 17%) and patient education (11%).

PROBABILITY OF RANKING BUSINESS OPERATION AREA AS BEING A TOP PRIORITY FOR AUTOMATION/OPTIMIZATION IN NEXT FIVE YEARS

Business Operation Area	Percentage
Coding and documentation	28%
Value-based care	27%
Population health management	17%
Claims and billing	17%
Patient education	11%

WHAT EHR USERS ARE SAYING: MAKING ROOM FOR AI

"Ambient artificial intelligence assistance with capturing and writing H&P, PE, and MDM." — A hospital physician

"Reporting and AI integration." — An administrator at an integrated system

WHAT WILL MAKE THE DIFFERENCE WHEN INVESTING IN NEW EHR INTEGRATIONS?

Respondents were asked to rank the most important factors when investing in new EHR integrations, from 1 as the most important, 2 as the second most important, and so on. **The elimination of manual work (26%) had the highest probability (or estimate) of being a top priority**, ahead of:

- Mitigating clinician/worker burnout (21%)
- Saving time (20%)
- Data interoperability (13%)
- Financial saving (11%)
- Value-based arrangement support (10%)

PROBABILITY OF RANKING FACTORS AS BEING IMPORTANT FOR INVESTING IN NEW EHR INTEGRATIONS

Factor	Percentage
Eliminating manual work	26%
Mitigate clinician/worker burnout	21%
Time savings	20%
Data interoperability	13%
Financial savings	11%
Value-based arrangement support	10%
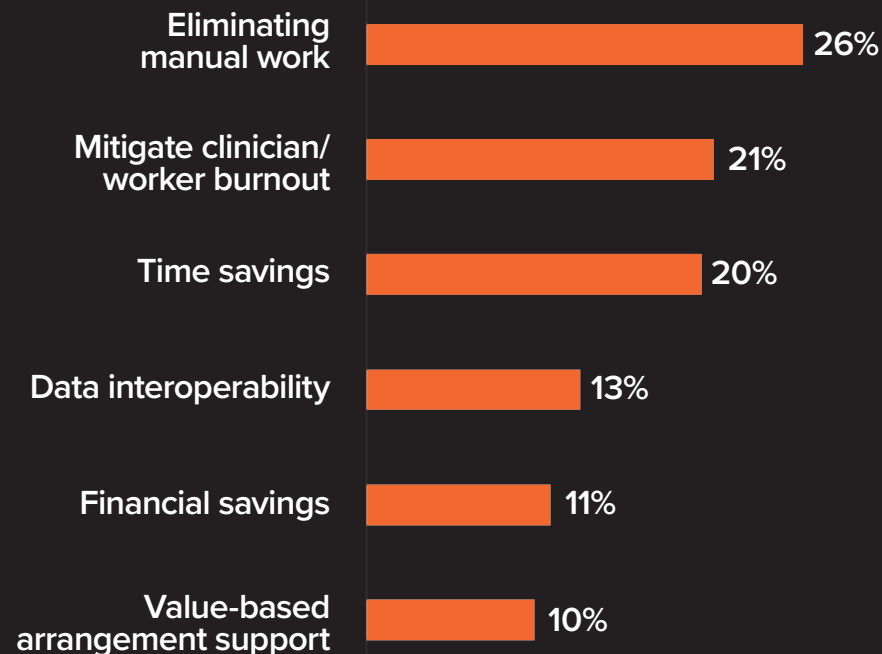
Laserfiche **MGMA**

INTELLIGENT AUTOMATION IN ACTION:
LASERFICHE IN PARTNERSHIP WITH SOUTHEAST KANSAS EDUCATION SERVICE CENTER – GREENBUSH

Southeast Kansas Education Service Center - Greenbush isn't a medical group or health system, but it still plays a unique role in care delivery in its region. For more than 40 years, Greenbush has provided cost efficiencies and savings through support of school districts across the state of Kansas.

Part of that work includes a team that handles Medicaid billing in the state for those with individualized education plans (IEPs) as part of special education programs. For school districts where those patients are students, Greenbush essentially acts as a biller for the districts that have providers entering the services provided.

That means getting parent notifications, consents, authorizations and other time-consuming work to take the burden off the providers, and then manage all that data. "Part of the work that we do requires us to keep long-term records," says Marlene Willis, project manager and coordinator of Medicaid billing for Greenbush — up to six years from the date of service, for various compliance purposes.

The previous data platform that Greenbush used for decades had its drawbacks, though: "It was cumbersome, it took a lot of time, energy and effort," Willis says about entering key demographic data. "We found it was taking time away from production time," as batch-uploaded documents need a complex indexing system to make the records searchable by patient/student name. **This led the organization to seek out Laserfiche for a new solution for digitizing information — and making all that patient data accessible and searchable — so that districts could have all they needed when it was time to bill.**

With Laserfiche, much of that burden is alleviated with the ability to see not just bulk uploads but also the split of information into singular student data records. Implementation of the Laserfiche solution started in July 2022, and Greenbush worked to pilot this new workflow with district clients through January 2023. By summer 2023, it was clear they wanted to start the school year using the Laserfiche solution with as many clients possible.

Greenbush's team pointed to pricing structure, customer service support and navigating the complex rules for Medicaid billing as the reasons they sought out and continue with Laserfiche. Over time, Greenbush replaced the time and potential for errors from hand-keying data on remittance advice with optical character recognition (OCR) that could quickly move data into an invoicing portal.

From a management perspective, it now takes less time for Greenbush to know what billing volumes look like and which clients need the most help, whether in the form of quality assurance, searchability and viewability. **"A lot of the return on investment is just the time savings," Willis says. "These folks are highly educated and need to be doing other parts of their job. … Anything that we can do to automate it with integrity is going to be better for everyone in the long run — and it has been so far."**

Since adding Laserfiche in the realm of Medicaid billing, Greenbush is bringing other departments on board with the Laserfiche solution. **"What I enjoy most is the light that goes on in [employees'] eyes and their faces when they suddenly have that 'a-ha!' moment"** when they realize that the days of countless spreadsheets are over, or that push notifications from the Laserfiche solution will help ensure follow-up on outstanding tasks, Willis said, who characterized the ability to alleviate time stress on frontline staff and data entry staff through Laserfiche's automation as "just gravy."

CONCLUSION

The business of healthcare and its future are tied directly to the ability to manage and make decisions based on data to support high-quality patient care. As the amount of data generated in healthcare grows about 47% a year,[1] the need to manage the growing volumes of records in a secure, compliant fashion is unmistakable.

While the trend of consolidation, mergers and acquisitions might prompt some healthcare providers to migrate to new systems, this report shows that most medical practices are seeking solutions to work within their existing health IT frameworks to create operational efficiencies that save time and free up workers to invest elsewhere in patient care and customer service.

EHR integrations that eliminate manual work, mitigate the factors that cause and worsen healthcare worker burnout, and save time in areas such as coding and documentation, value-based care, claims and billing and population health management will be welcome additions to an ecosystem of hospitals, health systems and medical practices that continue to seek new areas to innovate in the post-pandemic world.

1. Eastwood B. "How to Navigate Structured and Unstructured Data as a Healthcare Organization." *HealthTech*. May 8, 2023. https://t.ly/cjvLd

METHODOLOGY AND DEMOGRAPHICS

Laserfiche and MGMA worked to field online surveys related to EHR and PM systems and business automation, conducted in May 2023. A list of physicians, administrators and other healthcare professionals were invited to take the survey via email invitation and two subsequent reminders. Participating respondents were incentivized with entry into a sweepstakes to win one of two $100 gift cards. In total, the survey yielded 137 completed responses and took about 12 minutes to complete.

RESPONDENT DEMOGRAPHICS

ROLE IN ORGANIZATION	Total
Administrator/Nonclinical leader	70%
Physician	4%
Nurse or Advanced Practice Practitioner	3%
Billing, Coding or Finance worker	11%
Health Information Technology worker	1%
Other	12%

TYPE OF ORGANIZATION	Total
Medical Group Practice	23%
Hospital or University Hospital	43%
Other Academic Medical Setting	6%
Integrated Health System or Integrated Delivery System	24%
Federally Qualified Health Center	3%
Rural Health Clinic	1%
Management Services Organization	0%
Freestanding Ambulatory Surgery Center	0%
Other	1%

NUMBER OF FTE PHYSICIANS	
1 to 14	5%
15 to 50	6%
51 to 100	7%
More than 100	82%