BEFORE YOU CHOOSE AN EHR

50 Questions for a Better EHR Decision

A practical decision workbook for healthcare organizations

Requirements • Workflow • Technology • Data • Security • Cost • Governance • Vendor Freedom • Implementation • Exit

FIRST EDITION - VERSION 1.0

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Purpose of This Guide

An electronic health record decision can reshape clinical work, technology, staffing, finances, data access, vendor relationships, and organizational independence for years. This workbook is designed to improve the quality of that decision by helping leaders ask questions that are easy to miss when attention is focused on features, demonstrations, schedules, and purchase price.

This workbook is not designed to lead an organization toward or away from Epic - or toward or away from any other EHR. Its purpose is to help the organization identify the questions that deserve answers, examine the evidence, understand the tradeoffs, and make the decision that best serves its patients, clinicians, operations, finances, and long-term mission. If Epic is the best choice, the objective is to help the organization enter that relationship with its eyes open and position the implementation for the greatest possible success. The same standard applies to Oracle Health, MEDITECH, VistA-based strategies, other EHRs, or improving the environment already in place.

The questions are intentionally open-ended. This workbook does not supply predetermined answers. A 'yes,' 'no,' or 'we do not know yet' may be the beginning of useful investigation rather than the end. Where an answer exposes uncertainty, dependency, cost, risk, ambiguity, or disagreement, use the follow-up prompts to determine what evidence is needed, who should provide it, and what action should follow.

START HERE

The One-Glance Method

You do not need to study the whole workbook before beginning. Use this simple operating sequence, then turn to the detailed guidance only when you need it.

PEOPLE > TRIAGE > ASSIGN > INVESTIGATE > RECORD > RESOLVE > DECIDE

1. **Identify the right people.**
2. **Scan and triage the 50 questions.**
3. **Assign relevant questions to the people closest to the evidence.**
4. **Investigate consequential unknowns.**
5. **Record evidence, status, owner, and next action.**
6. **Bring unresolved or high-consequence issues together.**
7. **Decide: Proceed / Pause / Redirect / Stop / Reconsider later.**

GO DEEPER WHERE BEING WRONG WOULD MATTER MOST. Consequence, uncertainty, dependency, complexity, and difficulty of reversal should determine how deeply you investigate.

REFERENCE RATHER THAN REPRODUCE. Verify rather than assume. Escalate rather than pretend expertise.

Before You Begin: Prepare the Decision Process

GET THE RIGHT PEOPLE INVOLVED. Look beyond the organizational chart. Include people who perform affected work, possess necessary knowledge, own dependencies, implement or support the result, bear consequences, or may see risks others will miss.

CLARIFY WHO DOES WHAT - AND WHO DECIDES. A RACI model - Responsible, Accountable, Consulted, and Informed - or another responsibility-assignment method may help. The objective is clarity, not bureaucracy.

LET PEOPLE THINK BEFORE THE MEETING. Distribute the workbook or relevant sections in advance. Individual observation should normally precede collective resolution so useful concerns are less likely to disappear under group momentum or hierarchy.

PREPARE INDIVIDUALLY. INVESTIGATE COLLABORATIVELY. DECIDE THROUGH THE ORGANIZATION'S LEGITIMATE GOVERNANCE.

How to Use the Workbook

THE FAST READ | *Read the blue lead-ins first. Return to the supporting text when the question or situation requires it.*

DISTRIBUTE THE WORK. This is normally a team workbook, not a single-person cover-to-cover questionnaire. Match questions to the people closest to the evidence, then bring unresolved or high-consequence findings into collective discussion.

USE EXISTING COMPETENT EVIDENCE. A current risk analysis, SAFER assessment, contract review, interface inventory, recovery exercise, usability study, test result, policy, or other validated artifact may answer one or more questions. Reference it; do not recreate it merely to complete this workbook.

SEPARATE EVIDENCE FROM ASSUMPTION. For each material question, distinguish what is known, promised, demonstrated, contracted, inferred, and merely hoped for. Record a practical status: answered/sufficient, not applicable, unknown/investigate, accepted risk, deferred with owner/review date, or escalated.

KNOW WHEN AN ANSWER IS SUFFICIENT. The available evidence should be adequate for the consequence and uncertainty of the decision; perfection is not the stopping rule. For a consequential N/A, record a brief reason and the role accepting it. Do not use N/A to mean unknown, uninvestigated, inconvenient, or outside one participant's expertise.

PUT MATERIAL PROMISES WHERE THEY CAN BE ENFORCED. When a vendor statement affects the decision, determine whether it belongs in the contract, statement of work, service level, acceptance criteria, or another enforceable document.

PRESERVE MATERIAL DISSENT. Do not force consensus. Preserve the evidence behind disagreement and escalate through legitimate governance. A BOARD-LEVEL QUESTION means potentially consequential enough for governing leadership to consider; it does not mean the board should perform the underlying technical investigation.

INVESTIGATE RED FLAGS; DO NOT PREJUDGE THEM. A red flag is a reason to investigate, not a finding of wrongdoing. Distinguish laws and regulations from contractual obligations, adopted frameworks, guidance, and industry practices; determine what actually applies.

IF YOU ARE ALREADY UNDERWAY, START WHERE REVERSAL IS HARDEST. Do not mechanically restart at Question 1. Start with irreversible or near-term commitments, high-consequence unknowns, unsupported assumptions, and unsatisfied decision gates, then work backward to questions that can still change the outcome.

SCALE THE RIGOR TO THE CONSEQUENCE. A small practice and a multi-hospital system may need very different evidence depth for the same underlying question.

Four Tests for Every Material Question

Neutrality - Can the evidence support Epic, another EHR, improving or retaining the current environment, or another legitimate conclusion without the question steering the reader?

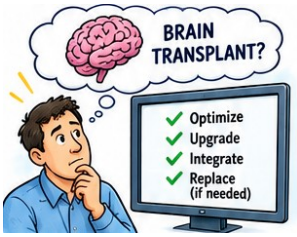
Understandability - Would several qualified readers understand substantially the same question and know what information it requests?

QUESTION 2. What evidence shows that replacing the current EHR is better than improving it?

BOARD-LEVEL QUESTION

WHY THIS MATTERS

Replacement is not the only form of modernization. Configuration, workflow redesign, interfaces, infrastructure, training, staffing, or selective replacement may address some problems at far lower disruption.



FOLLOW THE ANSWER

- Which deficiencies are inherent to the product versus local configuration or workflow?
- What would an optimization program cost and accomplish?
- Which capabilities truly cannot be added or improved?
- What sunk investments, interfaces, reports, and expertise would be discarded?
- Compare a credible improve-current-state option against replacement using the same criteria.

RED FLAG / REASON TO INVESTIGATE

No serious improve-current-state alternative has been costed or evaluated.

MEMORY ANCHOR | Replacement is not the only form of modernization.

WORKBOOK NOTES

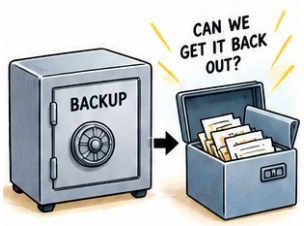
Current answer / evidence	
Status / owner / next action	
Decision impact / escalation	

QUESTION 25. What is the ransomware and cyber-recovery strategy for the EHR ecosystem?

BOARD-LEVEL QUESTION

WHY THIS MATTERS

Availability of clinical information is a patient-care issue as well as a security issue. Recovery depends on more than backups.



FOLLOW THE ANSWER

- What is backed up, how often, and where?
- Are backups isolated or otherwise protected from the same attack?
- What are recovery time and recovery point objectives?
- When was restoration last executed and tested against a realistic recovery objective, rather than merely confirming that backup jobs completed?
- Where is the step-by-step recovery procedure documented, who can declare and lead recovery, and what must happen during the early response, the first day, and an extended outage? The exact time horizons are planning prompts, not universal regulatory requirements.
- How is a clean recovery environment established, how is restored information verified, and how are downtime records and transactions reconciled before normal operation resumes?
- What evidence exists from exercises, actual incidents, the vendor, or comparable organizations about achievable recovery effort, sequencing, downtime, and patient-care operations?
- Which dependent systems must recover in what order?
- How will clinical operations function during extended recovery?

RED FLAG / REASON TO INVESTIGATE

The organization knows that backups run but has not demonstrated restoration of a realistic environment.

MEMORY ANCHOR | A successful backup job is not the same thing as demonstrated recovery.

WORKBOOK NOTES

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QUESTION 35. Which costs can the vendor change after we become dependent on the platform?

BOARD-LEVEL QUESTION

WHY THIS MATTERS

Pricing leverage can change after implementation. Future modules, interfaces, storage, APIs, training, consultants, and user growth may be difficult to avoid.

FOLLOW THE ANSWER

- Which prices are fixed, capped, indexed, or discretionary?
- What triggers new fees?
- What happens after the initial contract term?
- Can pricing change after acquisition/merger or volume growth?
- Are commonly needed future capabilities priced now?
- What audit rights exist for usage-based charges?

RED FLAG / REASON TO INVESTIGATE

A strategically necessary future service has no pricing protection.

WORKBOOK NOTES

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Ready to Ask Better Questions?

This preview contains selected pages from Before You Choose an EHR:
50 Questions for a Better EHR Decision.

The complete 59-page workbook examines nine interconnected areas of an EHR decision, with follow-the-answer prompts, red flags, and structured space for evidence, ownership, next actions, and decision impact.

The objective is not certainty.
It is a decision whose evidence, tradeoffs, and remaining uncertainty are visible.

Get the complete workbook

DanielJDick.com/ehr-workbook

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