

Response to ‘Electronic Health Record Implementation Enhances Financial Performance in High Medicaid Nursing Homes’ [Response to Letter]

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Dear editor

We appreciate the thoughtful feedback provided by Wijaya et al¹ in response to our article titled Electronic Health Record Implementation Enhances Financial Performance in High Medicaid Nursing Homes.² We are particularly grateful for their positive comments on our methodological approach. It is encouraging to see that our study has sparked meaningful conversations on the subject of Electronic Health Record (EHR) implementation and its effects on financial performance of healthcare organizations.

The points raised by Wijaya et al¹ regarding the importance of considering non-financial outcomes, such as the quality of patient care and staff satisfaction, are indeed important. Our decision to focus on financial performance was based on the understanding that high-Medicaid nursing homes, which disproportionately serve minorities and the poor,³ are likely to lag in EHR implementation due to financial constraints. A business case for EHR implementation may encourage nursing home administrators to adopt these systems, ultimately improving both financial performance and nursing home quality, while also helping to address disparities in the provision of Long-Term Services and Supports (LTSS). In another study, we examined the relationship between EHR implementation and nursing home quality, and found that it had a favorable impact on overall resident care.⁴ Nevertheless, we acknowledge that a mixed-methods approach could provide a richer understanding of the broader effects of EHR implementation.

We also concur with the suggestion for longitudinal studies to assess the sustainability of EHR-related financial and non-financial benefits. However, a significant challenge in conducting such studies is the current limitation of available data on EHR implementation in nursing homes. To address this, policy makers and regulators should require that such data be systematically collected and made accessible through publicly available datasets. This would enable a better understanding of the long-term impacts of EHR systems on nursing home performance. Additionally, it would allow for a more detailed examination of specific EHR functionalities, such as clinical decision support systems.

We are grateful for the recognition of our work’s contribution to the literature on health informatics and nursing home performance. We will take these constructive comments into account in our future research efforts. Thank you once again for the engagement with our work.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Wijaya A, Trisnanto PY, Zein ER, Alvionita CV. Response to “electronic health record implementation enhances financial performance in high Medicaid nursing homes”. *J Multidiscipl Healthc.* 2024;Volume 17:3663–3664. doi:10.2147/JMDH.S487196
2. Dayama N, Pradhan R, Davlyatov G, Weech-Maldonado R. Electronic health record implementation enhances financial performance in high Medicaid nursing homes. *J Multidiscipl Healthc.* 2024;17:2577–2589. doi:10.2147/JMDH.S457420
3. Mor V, Zinn J, Angelelli J, Teno JM, Miller SC. Driven to tiers: socioeconomic and racial disparities in the quality of nursing home care. *Milbank Quart.* 2004;82(2):227–256. doi:10.1111/j.0887-378X.2004.00309.x
4. Pradhan R, Dayama N, Morris M, Elliott K, Felix H. Enhancing nursing home quality through electronic health record implementation. *Health Informat Managem J.* In press 2024.

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