

10 Signs your EHR is stuck in the past – and one sign it isn't



It's 8:47 p.m. on a Tuesday. You're still finishing notes from patient visits that ended hours ago. Your staff left at 5:30, but they'll be back tomorrow to make the same phone calls, chase the same prior authorizations, and manually verify the same insurance information.

If this feels familiar, you're not alone. But it may not be inevitable. Your EHR software could be the reason work keeps spilling into nights and weekends.

Legacy systems were built for documentation—not care delivery. In the process, they've turned clinicians into data entry clerks and revenue teams into claims chasers. The technology meant to improve care is now getting in its way.

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- 1

After-Hours Documentation Is Your New Normal
When evenings and weekends are spent finishing notes, your clinical notes process is broken. If "pajama time" is routine, your EHR isn't working for you—you're working for it.
- 2

Burnout Is Driving Talent Away
When staff leave because of "administrative burden," or job postings highlight "streamlined workflows," the issue isn't culture or training. It's technology that forces people to manage systems instead of care.
- 3

The "Click Burden" Feels Unbearable
If clinicians count clicks to complete basic tasks, or groan at "just one more screen," your EHR has become an obstacle course. Every unnecessary click steals time from patients.
- 4

Revenue Is Leaking Through Denied Claims
When denial codes are memorized, and days in accounts receivable raise concern, revenue is being lost to preventable errors. Legacy revenue cycle management software can't catch coding gaps or missing authorizations before claims are submitted.
- 5

Prior Authorizations Consume Your Day
If staff spend hours on hold, tracking requests in spreadsheets, and chasing down clinical documentation to support medical necessity, prior authorization automation is missing. Your system should be doing this—without human follow-up.
- 6

Data Lives in Silos
When clinical, billing, and patient engagement systems don't connect, no one has the full picture. Fragmentation slows workflows, introduces errors, and disrupts care coordination.
- 7

Insurance Verification Is a Time Sink
If coverage is still verified by phone and eligibility issues surface after the visit, your practice is paying for work that technology should handle in real time.
- 8

Pre-Visit Prep Eats Hours of Your Week
When clinicians arrive early to review charts manually, the system has failed. Key patient insights and patient summaries should surface automatically—before the visit begins.
- 9

Manual Processes Breed Errors
Double-checking entries, reconciling screens, and catching "missed" details signal a system problem, not a training issue. Manual workflows increase error and exposure.
- 10

Patient Face-Time Feels Rushed
If schedules are full but face time feels scarce, something is stealing minutes. When that something is documentation and navigation, the EHR software is the culprit.

The ONE sign your practice isn't stuck in the past

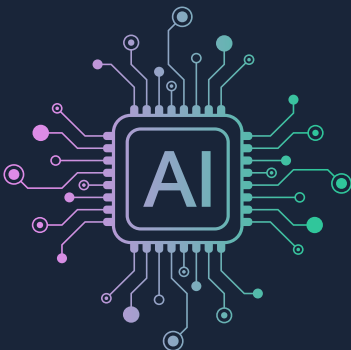
You're leveraging a unified, intelligent, and genuinely helpful platform. Instead of forcing clinicians to navigate fragmented systems, agentic AI anticipates needs, surfaces insights, and automates administrative tasks before they become burdens.

Prior authorizations start the moment orders are placed. Insurance verification happens in real-time. Clinical summaries appear instantly. And when the visit ends, the note is already drafted.

Ready to move beyond legacy limitations?

If your current system forces you to work harder instead of smarter, it might be time to ask: Is your EHR stuck in the past? And, are you ready for what's next?

Novare™ by Greenway Health® reimagines what's possible when technology shoulders the administrative load to restore time, focus, and the human connection at the core of medicine. With ambient note-taking, instant patient summaries, automated prior authorizations, and real-time benefit checks, Novare boosts productivity by up to 30% and unlocks \$1M in potential collections for growing practices.*



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