

3 lessons that determine EHR adoption success

Many organizations still design EHR programs around specific milestones, trusting strong configuration and a dependable vendor to carry the transition across the finish line. That logic works on paper. In practice, programs that perform best take a broader view of what drives success once the system enters daily clinical use. Their success depends on how well staff members understand new workflows, how effectively operational teams prepare the environment around those workflows, and how clearly leaders set expectations for performance.

As organizations navigate EHR transitions, these dynamics surface in familiar ways. Readiness efforts place sustained pressure on operational teams. Champions take on influence roles without formal authority. Frontline staff navigate the tension between standardized workflows and personal efficiency. These challenges don't signal execution failure but rather reflect how large-scale clinical change unfolds. Leaders who anticipate these adoption pressures can design programs that absorb disruption and support teams through the transition.

• AUTHORS
 • **Fanta Cherif**
 • *Research consultant,*
 • *Life sciences,*
 • *pharmacy, and*
 • *diagnostics research*
 • **Emily Schmidt**
 • *Senior writer and editor*
 • PUBLISHED
 • **April 2026**

Lesson 1: Measure what people can do, not just what has been built

In many programs, technical readiness looks complete on paper, yet the frontline still enters go-live with uneven confidence. Organizations create that gap when they track completion and assume capability will follow. Technical gates verify the build and configuration, while behavioral gates test whether teams can deliver care safely and efficiently once real conditions replace the classroom.

Programs focused on behavioral readiness monitored indicators such as:



Role-based competency demonstrations that confirm staff can complete core tasks, not just attend training.



Scenario-based rehearsals that mirror full patient journeys and test cross-team handoffs.



A short issue-to-decision cycle during practice sessions to reinforce quick troubleshooting and reduce uncertainty.

These signals predict day-one performance and first-week performance far better than interface counts or build status alone. Teams that enter go-live having practiced full workflows, clarified handoffs, and set up essential tools stabilize faster and with fewer surprises. A behavioral readiness lens gives leaders a clearer, more reliable read on whether teams are truly prepared to deliver care in the new system.

Lesson 2: Center the owners of adoption — operations, champions, and translators

Adoption doesn't happen by mandate. It succeeds when operational decisions align, peer influence reinforces change, and workflows make sense in daily practice. In most organizations, three groups of people are central to making that happen.

Operational leaders

Operational leaders determine whether training, practice, and process change can occur at all, making them foundational to successful implementation. The most effective operational leaders focus on a few practical responsibilities:

- Building coverage plans early so clinicians and staff can attend training and rehearsal without compromising patient care
- Finalizing rosters and mapping roles to ensure every user knows their security access, training pathway, and practice expectations
- Aligning daily operations with readiness milestones (e.g., adjusting clinic templates, temporarily reducing volumes, confirming downtime procedures)
- Setting weekly expectations and communicating trade-offs so teams understand what will change during the run up to go live

Clinician champions

Clinical champions often determine whether adoption gains traction at the specialty level. Their credibility and steady presence help translate change from concept to practice, making new workflows feel workable rather than imposed. By staying visible and grounded in day-to-day care delivery, champions reduce variation, shorten learning curves, and give clinicians the confidence to adapt. Over time, that consistency helps teams internalize new ways of working rather than treating them as temporary adjustments.

Informatics translators

Informatics translators help make the system usable in practice, not just correct in design. By staying close to clinical workflows, they turn build decisions into guidance teams can actually apply. Their presence reduces confusion during preparation and go-live, builds confidence in the technology, and helps clinicians understand how new workflows fit into their daily work. When translators remain visible and engaged, adoption tends to move faster because teams have complete clarity around how the system should function.

Lesson 3: Standardize for stability and personalize for performance

During an EHR launch, teams should maintain stable, reliable workflows across the organization and give individuals enough flexibility to work efficiently. Programs that perform well do not frame this as a trade-off. Instead, they make deliberate choices about where consistency matters most and where room for individual adaptation supports better day-to-day performance.

The table below shows how high-performing organizations translate that balance into concrete design choices.

Area	Standardize (Organization level)	Personalize (User level)	Rationale	Key signals
Order sets and clinical content	Core order sets, naming conventions, evidence-based defaults	Favorites, quick orders	Consistency in care and safety plus individual efficiency	Ticket patterns, USL completion
Documentation structure	Required fields, SmartForm layouts, problem list rules	SmartPhrases, note templates	Data quality and workflow efficiency	Documentation errors
In basket and routing	Routing rules, pools, escalation thresholds	Filters, quick actions, notifications (within rules)	Reliable handoffs and reduced noise	Resolution times, escalations
Workflow sequences	End-to-end flows and required checks	Safe shortcuts and preferences	Predictability and speed	Scenario pass rates
Reporting and analytics	Standard dashboards and metric definitions	Personal filters and views	Consistency and insight	Use of standard reports

For leaders guiding EHR adoption

Organizations that execute EHR transitions well do not assume a strong build will carry adoption on its own. They should focus deliberately on the conditions that help people succeed, from how teams practice and prepare to how clearly expectations are set once the system goes live. When those conditions are in place, go-lives tend to stabilize faster and adoption holds over time, not because the technology is flawless, but because the organization is ready to use it well.

Need help with your EHR transition?

Optum consulting has the expertise you need to optimize your existing EHR investments and help mitigate the potential complexities and inefficiencies that can happen during a system implementation. Let our team streamline the process for you.

Get in touch at: advisory.com/optum-support.



655 New York Avenue NW, Washington DC 20001 | advisory.com

This document does not constitute professional legal advice. Advisory Board does not endorse any companies, organizations, or their products as identified or mentioned herein. Advisory Board strongly recommends consulting legal counsel before implementing any practices contained in this document or making any decisions regarding suppliers and providers.

© 2026 Advisory Board • All rights reserved.