

3 benefits of EHR optimization for COOs

Healthcare leaders often frame the electronic health record (EHR) as a clinical or IT system, but for health system chief operating officers (COOs), it functions as the operating system of the organization. Beyond documentation, the EHR governs how work moves through the enterprise and how effectively the organization executes operational strategy.

At its core, the EHR directly affects the areas COOs oversee — patient flow and access, workforce productivity, revenue cycle execution, capital utilization, and operational reliability and risk. EHR optimization is operational optimization. When leaders ensure the EHR is trustworthy, usable, and aligned with operational priorities, COOs can manage proactively rather than react to downstream consequences.

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• PUBLISHED

• **June 2026**

| How COOs are currently experiencing EHRs

Available EHR data doesn't always lead to actionable insight.

Executive leaders often spend significant time validating EHR data rather than acting on it, while departments are relying on conflicting metrics, definitions, or reports. These challenges are significant: McKinsey & Company estimates that administrative costs make up 25% of U.S. healthcare spending, and 30% of that is driven by inefficiencies, many rooted in fragmented workflows and poorly aligned systems.¹ When leaders cannot trust or consistently interpret operational data, decision-making slows, accountability diffuses, and execution stalls — contributing directly to administrative inefficiency. The EHR creates friction and consumes leadership time instead of accelerating performance.

Even when EHR data is readily available, legacy processes often constrain throughput and access. Some common challenges include rigid scheduling templates, unnecessarily blocked capacity, call center bottlenecks that limit patient access, and appointment cancellations that leave available slots unfilled. Poor scheduling optimization reduces visit volume, lowers revenue, lengthens patient wait times, and wastes provider capacity. COOs can only address this avoidable waste by aligning EHR tools with modern operational workflows. One organization that has executed this well is WakeMed Health. By using EHR utilization data to identify and address roadblocks in its scheduling workflows, WakeMed implemented targeted fixes like online scheduling, filling cancellations with waitlisted patients, and a centralized call system. These changes increased visit volumes by 75,000 in one year, reduced wait times by 38 days, and contributed to a 21% increase in revenue over three years.²

Workforce strain is a downstream consequence of EHR design choices.

While clinician burnout is often framed as a clinical leadership issue, the operational and financial impacts frequently land with the COO. Burnout manifests as lost productivity, turnover, and revenue disruption, leaving COOs to absorb the resulting cost pressures, staffing instability, and impacts to throughput. Data from the KLAS Arch Collaborative survey reinforces the connection between EHR experience and workforce stability. Among surveyed clinicians, 60% cited burnout as their top reason for leaving; 35% pointed to poor EHR implementation, training, and overall support; and 34% were dissatisfied with the EHR overall. Notably, clinicians dissatisfied with their EHR were three times more likely to leave than those who were very satisfied.³ EHR usability and optimization are not abstract satisfaction issues — they meaningfully affect labor cost, productivity, and operational continuity. In practice, the EHR's usability affects turnover risk and labor costs, and destabilizes frontline operations.

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Benefit 1: Trusted data prompts faster decision-making

An optimized EHR is a single, real-time source of operational insight.

Leaders across the organization can view the same metrics in real time, supported by standardized data definitions and clear governance, and use dashboards aligned to core COO priorities — access, throughput, labor, cost, and margin — to generate insights quickly enough to act while they still matter. For example, after addressing early mistrust in its EHR data, Emory Healthcare standardized metrics and dashboards across departments, enabling leaders to act on the data with confidence.⁴ For COOs, this means faster decision-making, stronger accountability, and leaders spending more time executing strategy.

Benefit 2: Optimized scheduling and workflows increase throughput and reduce waste

Optimized EHR scheduling enables active capacity management.

Operational teams see demand, cancellations, and staffing changes in real time, allowing them to respond quickly as conditions change. Access becomes an operational metric. Teams reduce wasted appointment slots by addressing rigid scheduling rules and disconnected systems, and actual utilization patterns will drive access strategies.

For COOs, optimized scheduling ensures teams fully utilize existing capacity before adding new resources. As a result, visit volume increases, wait times decrease, and fixed assets — such as exam rooms, staff time, and clinic hours — are used more efficiently without driving up costs.

In a mature EHR environment, workflows make clinicians' lives easier.

Documentation, ordering, and care coordination are streamlined to align with how clinicians deliver care and reduce unnecessary administrative burden. Leaders monitor workflow friction points and productivity indicators in real time and act early to address issues, making EHR optimization a lever for workforce stability rather than a contributor to dissatisfaction. For COOs, this improves labor productivity, reduces turnover risk, and limits reliance on expensive temporary staffing or overtime. Workforce planning becomes more predictable and sustainable.

Benefit 3: Integrated financial and operational insights strengthen performance

Optimized EHRs connect financial and operational data for real-time visibility.

Revenue cycle metrics are visible as processes unfold, enabling teams to identify delays, denials, or breakdowns and intervene before issues escalate. This shorter feedback loop accelerates corrections and protects margins. For example, after moving from manual reporting to EHR-enabled financial dashboards, Oswego Health gained real-time visibility into revenue cycle performance for earlier interventions.⁵ COOs reduce revenue leakage, minimize financial surprises, and make operational decisions with a clear understanding of their financial impact. As a result, COOs identify issues earlier and take greater control over operational performance.

Making EHR optimization work

Optimization requires clear ownership of use, governance, and strategic alignment.

EHR optimization must become an operational mandate, not just an IT initiative. The COO should take clear ownership of how the EHR is used to drive access, throughput, labor productivity, and margin. Success should be measured by improvements in operational performance, not system implementation milestones or feature adoption.

Strong governance is essential to ensure everyone operates the business from the same set of numbers. Organizations need standardized data definitions, shared dashboards, and clear accountability to turn data into action. Without governance, the EHR simply produces reports; with governance, it drives decisions.

Teams must also redesign workflows alongside EHR optimization. Optimizing the EHR without updating scheduling, staffing, documentation, or revenue workflows will hard code inefficiency. Operational workflows should reflect how the organization wants to run, with the EHR configured to support those goals.

Organizations must commit to continuous optimization.

Demand, workforce dynamics, and financial pressures change constantly. COOs who realize sustained value treat EHR optimization as an ongoing management discipline by regularly revisiting priorities and performance.

When these conditions are in place, the EHR becomes a tool for proactive operational control, enabling COOs to manage performance intentionally and stay ahead of declines in capacity, margin, or access.

Need help with your EHR implementation?

Optum consulting has the expertise to optimize your existing EHR or realize the anticipated benefits of a new EHR implementation by mitigating the complexities and costs of the investment. Let our team streamline the process for you.

Get in touch with us at advisory.com/optum-support.

Endnotes

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