

Are you getting married?

“Getting an EHR is like getting married. Once you are in one of these systems, you are in it. You’ve got to take the time and make sure you know what you’re doing”

» Jonathan Hager, Internist, Alexander Medical Group

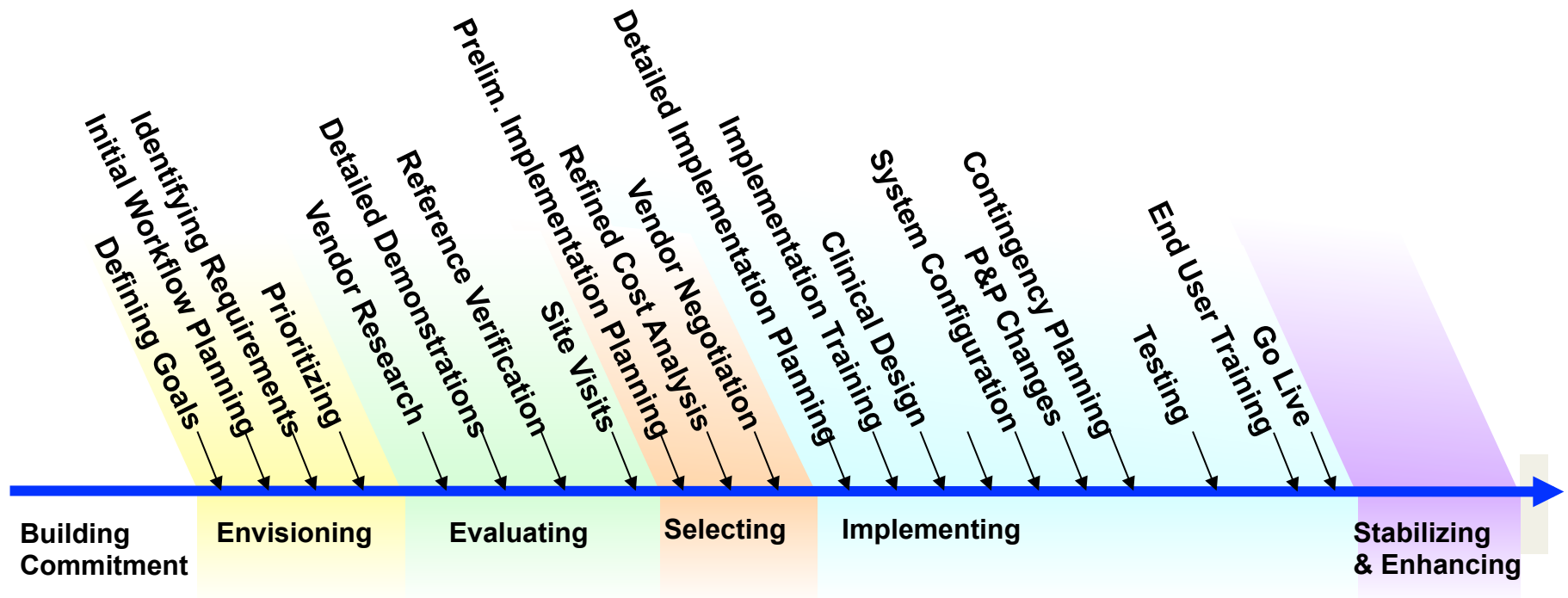
Decision to start looking at EHRs

- **An entire room devoted to missing**
 - Charts
 - Information



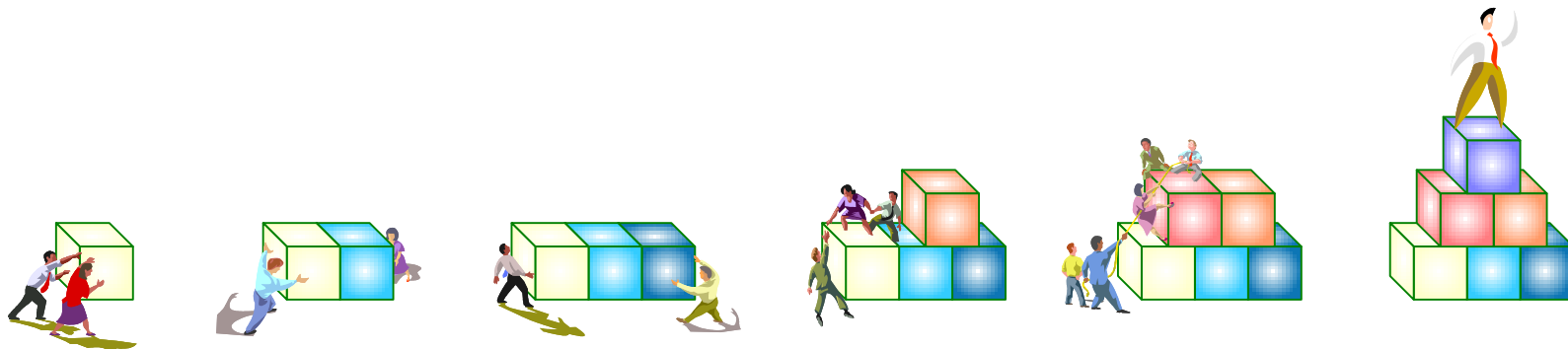
- **Desire for increasing productivity**
- **Improving patient care**

The EHR Adoption Process



The EHR Readiness Continuum

- ❖ Level 1 – Interested but unsure of moving forward (thinking about dating)
- ❖ Level 2 – Evaluating EHR systems (dating)
- ❖ Level 3 – Purchasing an EHR system (engaged)
- ❖ Level 4 – Planning/implementing initial EHR system functions (plan wedding)
- ❖ Level 5 – Completing EHR implementation (married)
- ❖ Level 6 – Fully using EHR capabilities to improve clinical care and outcomes (learning about each others quirks)



Level 1 – Interested But Unsure of Moving Forward

(THINKING ABOUT DATING)

- Challenges

- Cost
- Belief that you need to wait for product certification/technical stability
- Mixed levels of buy-in/support within the practice
- Horror stories/fear
- Little technical skill
- Unsure where to start
- Other competing priorities



- Solutions

- Education & information on:
 - Current costs as offsets
 - ASP & shared/collaborative alternatives
 - Incremental implementation approaches
- Greater exposure to “success stories” for everyone in the practice
- “How to” guides & information
 - QIOs
 - Medical Associations

Level 2 – Evaluating EHR Systems

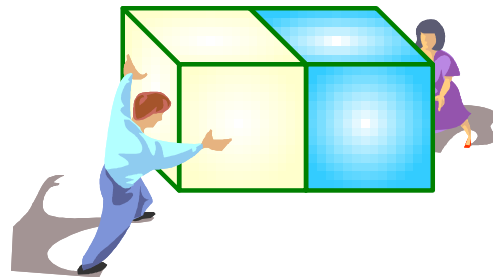
(Dating)

- Challenges

- Disjointed evaluation approaches
- Paralysis
- Decisions before planning
- Single person decisions
- Poor vendor management
- Overlooking integration needs

- Solutions

- Follow a proven, disciplined evaluation process
 - Goals & vision before requirements
 - Requirements before evaluation
 - Evaluation before decision
- Work collaboratively with other practices to share and learn
 - At your current readiness level
 - At levels further along the path
- Use good research already available
- Education & information on integration/interfaces
 - Within the practice
 - With outside entities



Vendor Listings

Healthcare Informatics

www.healthcare-informatics.com

American Academy of Family Physicians

www.aafp.org

HIMSS (Health Information Management and Systems Society)

www.himss.org/ASP/index.asp

Medical Records Institute

www.medrecinst.com

AC Group

www.acgroup.org



Level 3 – Purchasing an EHR System

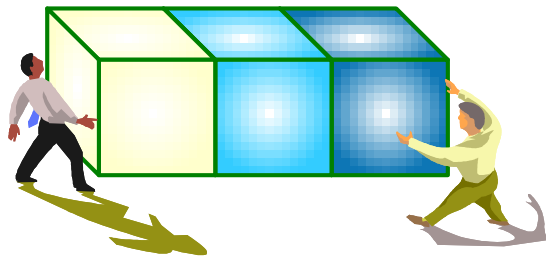
(Engaged)

- Challenges

- Unclear of all you need to buy and when
 - Well thought out plans for EHR system use not in place
 - Incomplete evaluation processes
- Inexperience with vendor contracts & negotiation
- Buying the sales team vs. the support team

- Solutions

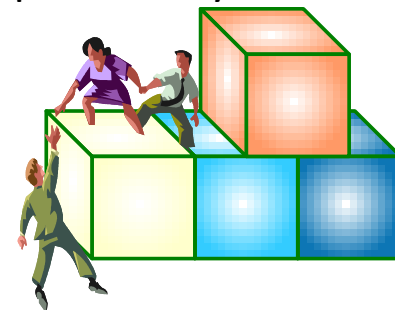
- Plan before your purchase
 - What do you need immediately vs. over time
 - Equipment/devices
 - Integration/interfaces
 - Functionality
 - What can you realistically take on
- Seek advice of those who have gone before you
- Seek knowledgeable legal advice/educate yourselves
 - Warranties
 - Performance standards
- Pay at successful milestones



Level 4 – Planning/Implementing EHR System Functions

(Plan Wedding)

- Challenges
 - Belief that implementation is mostly a vendor responsibility
 - Inexperience with system implementations & project management
 - Belief that a “techie” can implement the system
 - Mixed levels of buy-in/support within the practice
 - Unrealistic timeline expectations for vendor & self
 - Pushing for the “Big Bang” vs. incremental implementation
 - Expecting immediate proficiency and ROI
- Solutions
 - Work through comprehensive implementation planning before signing the contract
 - Involve everyone, hear concerns/hear suggestions
 - Develop & communicate realistic ROI goals
 - Learn from those who have gone before you in setting the timeline
 - Backfill key positions to allow focus on implementation
 - Follow a proven, disciplined implementation process
 - Take small steps before you run



A Comprehensive Work Plan

- A comprehensive work plan includes both vendor and practice tasks, responsibilities and timelines. Tasks include:
 - Work redesign
 - Software, hardware and integration/interface testing
 - Job training
 - System and equipment training
 - Chart conversion
 - Communication (patients and other impacted parties)
 - Facility redesign/change
 - Contingency planning
 - Clinical scheduling needs



Level 5 – Completing EHR Implementation

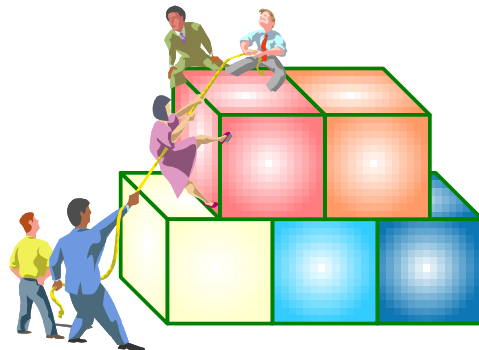
(Wedding)

- Challenges

- “Burnout” from the initial efforts
- Limited proficiency with current functions
- Disenchantment when immediate ROI is not attained

- Solutions

- Set realistic phases & realistic timelines that build confidence and incremental successes
- Continue to backfill key positions
 - Reduced learning curve pressure
 - Additional support for those who need it
- Continue to communicate realistic ROI goals
- Remember where you started & celebrate the successes as you move forward



Level 6 – Fully using EHR Capabilities to Improve Clinical Care and Outcomes

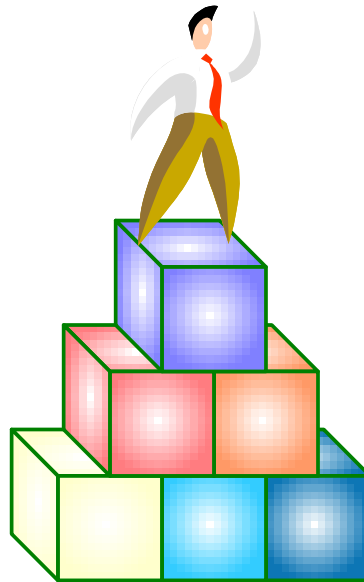
(Learning about each others quirks)

- Challenges

- Lagging proficiency with system and tools
- Clinician/Physician Champion time constraints
- Financial incentives not aligned with effort

- Solutions

- Continue to seek information & advice of those who have gone before you
 - Who
 - Same specialty
 - Same vendor product
 - How
 - QIOs
 - Medical Associations
 - User groups
- Continue to take it in small steps
- Continue to reflect back on where you started and how far you have come



Lessons learned

- Do it now!
 - Hardware a bargain!
 - Software increasingly more robust and expensive
 - Many fantastic EMRs available
- One patient at a time

Lessons Learned

- Workflow more important than nifty features
- Use available resources
- Get help from knowledgeable friends

Executive Sponsorship

- **A Champion is Imperative**
 - ✓ **Endorse the project**
 - ✓ **Understand the process**
 - ✓ **Ensure necessary funding**
 - ✓ **Commit personnel to the project**
 - ✓ **Be a team leader**

Resource Allocation

- **Build Your Implementation Team**
 - *Champion - MVP*
 - *Vendor's Implementation Specialist*
 - *Key Users*
- ✓ The team should include representation from all pertinent departments.
- ✓ Individual skills may be different but should complement each other.
- ✓ Teach employees to work as a team.

Current Status Review

- **Complete an assessment of the project**
 - ✓ Existing interfaces
 - ✓ Reporting tools
 - ✓ Manual processes
 - ✓ Forms and documents
 - ✓ Organizational structure
 - ✓ Policies and procedures

Change Management

- **Successfully implementing an EMR means changing attitude and behavior by:**
 - ✓ Ensuring staff cooperation
 - ✓ Embracing the necessary changes
 - ✓ Explaining the following...

Change Management

- **Explaining...**
 - communication workflow changes
 - the business reasons for change
 - the cost and risks of *not* implementing an EMR
 - the positive and potentially negative impact of an EMR
 - **Goals and Objectives**
 - ✓ Quality
 - ✓ ROI
 - ✓ The time factor

Included Methodologies

- **Measurement**
 - ✓ **Develop measurement tools**
 - ✓ Pt volume, pt satisfaction, wait times, charges, receipts
 - ✓ **Beginning and ending measurements**
- **Training**
 - ✓ **Workflow**
 - ✓ **System**
 - ✓ **Policies and procedures**

Included Methodologies

- **Celebrate and recognize the success of the implementation**
 - ✓ **Recognize accomplishments**
 - ✓ **Reward employees**

How Do You Get There?

- **Recognize that change is inevitable**
- **Reduce staff/physician resistance**
- **Communicate why it is necessary**
- **Involve staff**
- **Training is Your Friend**

How Do You REALLY Do This?

- All at once
- Mandatory
- Create templates
- Create Superbill
- Training
- Training
- Training

Overall

- **Long hard road**
- **Would not go back to paper**
- **Staff happier, more efficient**
- **Clinicians – more efficient (not more productive)**
- **More satisfied patients**
- **Better, safer medical practice**
- **Well positioned for quality reporting, data mobility, P4P**

Planning for Success

- The key contributing factors to EHR adoption failure reported were:
 - Lack of planning – unclear vision, goals and approach, not aligned with vendor incentives, schedules, other practice priorities and other resource responsibilities.
 - Incomplete, unclear and/or changing requirements.
 - Lack of executive support and commitment.
 - Lack of resources dedicated to the project (staff, time, money, end-user involvement, project management and IT support)
 - Unrealistic expectations for what can be accomplished and how quickly it can occur.

Planning for Success

- Other contributing factors to EHR adoption failure are:
 - Believing the vendor will assume responsibility for all tasks
 - Hoping the vendor/system will fix your operational and personnel problems
 - Fear of change
 - Fear of technology

QUESTIONS?