The Six Keys to Successful EHR Implementation

Adele Allison, Director of Market Development of EHS, Inc.

The face of U.S. health care is changing. Utilization review and cost reduction has not impacted the spiraling costs of health care, which now represents 16% of the GDP. The future of reimbursement is trending toward incentive payments for reporting quality clinical data, as confirmed by the recent unveiling of the CMS EHR Demonstration project currently being orchestrated in 12 U.S. communities.[1] This can only be achieved through clinic automation and use of an electronic health record (EHR).

Yet even though EHR technology has been available in the market since the late 1990s, its adoption has progressed slowly. In July 2008, a survey in the New England Journal of Medicine found that only 4% of the physician market used an extensive and fully functional EHR, and only 13% had a basic EHR, leaving 83% of the providers using manual paper processes.[2] Studies note that investments in EHR technology would save $77 billion per year, reduce insurance administrative costs by $46 billion, and improve prevention and chronic disease management valued at $81 billion.[3] The simple adoption of ePrescribing would not only save lives, but save $3.91 million per 100,000 patients per year.[4] With so many obvious benefits, it is hard to understand the lack of EHR adoption.

Perhaps lagging adoption amounts to a fear of agony with implementation. Let's face it—implementing clinical technology in a practice must occur on top of everything else staff and physicians do daily. The practice must continue to operate regardless of the demands project management imposes by re-engineering and customizing new workflows. So, how can the practice position for success?

Step 1. EHR implementation begins with product selection.

EHR implementation actually begins with product selection. When a practice decides to go paperless, it has already formulated its reasons or goals for achievement. This is the first step. The practice must outline these specific expectations before beginning product selection. It is important to realize that all goals stem from one of six overarching objectives:

1. Revenue Enhancement – appropriate coding, reduction in supplies, reduction in transcription costs, pay-for-performance, etc.
2. Quality of Care – immediate access to the patient record, legible notes, medical decision support, protocol compliance tracking, patient tracking, etc.
3. Operational Efficiency – elimination of filing, clinic-driven charge capture, reduction in paper workflows, interoperability of data, forms automation, etc.
4. Compliance – E&M coding, online HIPAA tracking for disclosure, preferred methods of communication, security, etc.
5. Risk and Liability – medical audit trails, workflow audit trails, immediate access to documentation, ePrescribing, etc.
6. Reporting and Research – discreet clinical data, ad hoc reporting on clinical and financial data in a single report, drug studies, outcome reporting, etc.

Before beginning the search, a practice must agree on the workflows that will have the most significant impact in achieving these pre-defined goals. The practice should form a cross-disciplinary committee that includes providers, nurses, the office manager, billing staff, and administrative staff. The practice manager must have the power to make decisions related to planning and re-engineering workflows. Scheduled meetings to plan and evaluate short-term and long-term goals to ensure they are being met are crucial. Gatherings should be held

during the selection process and at minimum weekly during the actual implementation process. These meetings can also be used to gain consensus, communicate decisions, and plan for the next steps.

Step 2. Practice culture prep is a must.

One of the most common causes of EHR implementation failure is the fear factor. Negative attitudes, particularly at a leadership level, are the quickest way to poison the well and turn the rest of the staff against the EHR at the onset. Ask yourself: Do you embrace change readily? Is there enough discipline to work through the learning curve? Will you consider new ways to do things? Will you take the time to study processes and improve upon them? Answers to these questions can be obtained by conducting an attitudes and belief survey, either formally or informally. Assess computer skills, financials, IT system inventory, and IT staffing. Create a vision statement. Identify leadership to champion the initiative both officially and casually. Encourage adaptability, flexibility, and provide routine communication as the process progresses.

Step 3. Make sure you understand the cost considerations and expected revenue benefits.

Many comprehensive costs are associated with implementing an EHR, including the following:

- Hardware – Does the vendor offer turnkey, application service provider (ASP), or hosted-turnkey?
  - Initial Investment – e.g. servers, PCs, wireless devices, scanners, printers
  - Ongoing Considerations – e.g. maintenance, upgrades

- Software – Does the vendor pricing include all pricing for the solution you seek?
  - Licenses for operating systems and applications
  - Third party application licenses – e.g. ad hoc report writer, patient portal, automated appointment reminder system
  - EDI costs – e.g. electronic claims, electronic remits, eEligibility, ePrescribing

- Implementation and training – Is this included in the hosting fee or a separate line item?
  - Installing, building, testing, writing interfaces, initial training
  - Costs associated with furnishings, remodeling, temporary space acquisition
  - Ongoing considerations for employee turnover
  - Travel costs – does the vendor offer remote training and/or remote go-live?

- Maintenance
  - Annual fees charged to provide upgrades, support, additional training, and/or other customization
  - Costs of service contracts for hardware

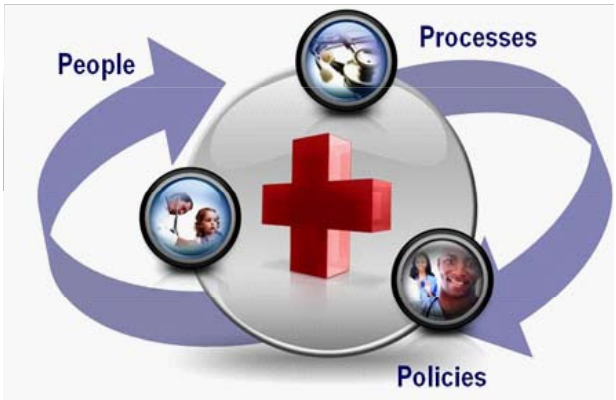
- Support
  - Software
  - Hardware

Many vendors offer analysis tools for assessing expected return on investment. Make sure that the numbers used in these tools are a conservative reflection and easily achieved. The vendor should under-promise and over-deliver.

Step 4. Develop a final statement of work/project plan that works for your individual practice.

Many clinics focus on the hardware and software that is acquired to achieve an EHR and put much less emphasis on the operational elements needed to support the EHR. This is a significant mistake. Hardware and software cannot meet the intended benefits without people willing to embrace them, policies that outline how the system will be used in your practice, and processes that improve upon existing workflows. The project plan must encompass all of these aspects.

Managing training and security by staff-defined roles allows the practice to certify a staff member to perform the requirements and responsibilities associated to their role. Role identification also streamlines the management of security within the EHR. Project managers will understand access and demand for services; measure capacity for all providers and staff; measure demand for all services; and define staff roles, responsibilities, and security accordingly.



Role identification also facilitates an automated way to monitor required courses for formalized training for each identified role in the practice. This tool should allow the project manager to track and monitor the training progress of each staff member or "student." It should allow review of training times, ability to schedule/enroll students, and review feedback from the trainer and student. Live training should be managed remotely through computer-based training (CBT) capabilities or a virtual classroom with a live instructor to save costs on travel, facilitate training in areas of the software with a domain expert, and assist with proficiency testing of the end user. This ensures a successful EHR adoption. CBT should also include prerecorded sessions for reviewing upcoming enhancements, after hours training, and supplementing live training. Finally, each user should be required to attend software training associated to their role and pass a certification exam. Through examination, the practice will be able to measure and validate end users' preparedness to use the EHR as intended in their workflows.

The practice may re-engineer the positions for new roles in the clinic to support process improvement. If automation eliminates an existing workflow such as manual charge entry, transform the role to follow up on delinquent orders flagged through an automatic EHR audit process. Establish policies that create directives for action with the new EHR, such as service delivery guidelines or quality improvement studies. Policies avoid miscommunication and facilitate the fast and fair resolution of issues. If you do not have practice policies and procedures, now is a great time to develop some.

At a minimum, the project plan should include the following:

- IS/Network Configuration Plans
- Conversion Assessment
- Interface Documentation
- Custom Programming Requirements
- Workflow Documentation
- Policies & Procedures Recommendations

- Functional Gaps
- Preliminary Training Plans:
    - Software Liaison Training
        - Administrative Table Builds/Audits
        - Policies & Procedures Establishment
        - End user training design
    - End user Training
        - Customized by functional workflow
        - Validated with testing and user certification
- Final Project Management Plan & Budget
- Client Project Scope of Work (PSOW) sign off with the PSOW becoming the Baseline Implementation Plan
- Development & Conversion work requirements
- Dress Rehearsal
- Go Live:
    - Client testing of converted data, enhancements, interfaces
    - On Site support
    - Lessons Learned/Beneficial Use Documentation
    - Transition to Technical Support management
- Transition to Support:
    - Help Desk & Support Options
    - Deployment of Patches & Upgrades
    - Performance monitoring
    - Ongoing Training of New Releases
    - Growth Assistance

The project plan must work in conjunction with the individual practice needs to address process concerns. Re-engineering for improvement may mean changing the way staff has "always done it." Test the new workflow, address the learning curve, and make sure it works in your unique practice.

Step 5. Implement EHR for patient-centered care.

The practice should review and plan needed care for individuals and populations that provides individual and population-based feedback and establishes population management. This objective is the heart of positioning for reimbursement in a pay-for-performance world and moving the practice from reactive to proactive patient care. Federal programs such as PQRI and the CMS EHR demonstration and commercial insurance programs are moving reimbursement into the pay-for-performance realm. And if this is not enough incentive, an EHR should

allow for static and customizable population management for quality of care and patient safety.

Identify patient populations within these programs such as CAD, Diabetes, CHF, and preventive services. Make sure the EHR can track required core measures and produce automated reminders to staff and patients at the point-of-care and from a management console. The practice should strive for standardized documentation and care protocols, where possible. Use the EHR to improve patient safety through use of ePrescribing to reduce errors, master problems lists, integrate lab systems, and automate clinical workflows to provide evidence-based care.

The EHR should embed evidence-based guidelines and utilize best practices, providing decision rules for most common diagnosis. The EHR company should maintain current guidelines, including drug databases that promote drug management and interaction alerts, as well as "order sets" for preventive tests and immunizations.

Step 6. Measure and celebrate your success.

Implementing an EHR will be far less daunting and far more successful if done through evolution instead of revolution. Make sure the practice has a long-term vision and strategy. Practices will typically realize an investment return after the first year. Measuring success can be a tricky road to navigate. If adequate goal-setting was done in the beginning, hindsight review of goal achievement is possible.

Debrief and regroup for the next achievement in technology automation. Make sure you bring your sense of humor and patience to the process. Above all, plan to celebrate your success as a practice!

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About the Author

Adele Allison, the author of this article, is the Director of Market Development of EHS, Inc. EHS, Inc. was founded in 1995, EHS develops practice management and CCHIT Certified electronic health record solutions for healthcare organizations of all sizes. With a commitment to allow our customers to actualize better financial and operational results and better clinical outcomes for patients, EHS sets itself apart in the market. The company is headquartered in Birmingham, Alabama. EHS has shown a steady growth pattern since its founding, maintaining its privately held company status in order to maintain the financial flexibility to serve the people that matter the most: our clients. For more information, visit www.ehsmed.com, or call 888.879.7302.

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