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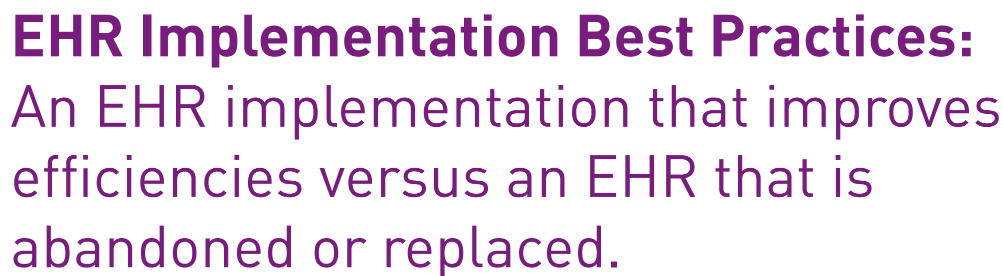

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An increasing percentage of physicians' medical organizations are adopting electronic health record (EHR) solutions to earn federal stimulus dollars, maximize reimbursement, increase efficiency and improve care delivery. Reported statistics of EHR adoption vary widely due to the many definitions of what is an EHR. However, recent efforts by independent organizations such as the Certification Commission for Health Information Technology and the Office of the National Coordinator for Health Information Technology (ONC) have identified standards to define what an EHR should be and how it should be used by healthcare providers.

These efforts to standardize healthcare information technologies plus recent regulatory reforms, are the primary drivers of increased EHR adoption during the past three years. In addition, these efforts have prompted providers to quickly implement EHRs to earn stimulus funding and prevent future reimbursement reductions. (See "HITECH Act Driving Recent EHR Adoption" sidebar for more details.) Providers, however, need to expand their focus beyond simply obtaining these incentives. To realize the full benefits that EHR solutions can deliver, medical organizations must optimize their EHR implementation and usage. Only then will these organizations achieve the improvements they desire, and ultimately realize a positive return on their technology investments.

Implementing an EHR is not a straight-forward process, and a "one-size-fits-all" approach is ineffective, since numerous variables exist in every practice. An optimized implementation will make the difference between an EHR that drives improvements in efficiency and care delivery, versus an EHR that is abandoned or even replaced.

This white paper examines EHR implementation best practices to help medical organizations avoid potential pitfalls. These best practices explore the following areas:

- Securing physician leadership
- Setting realistic expectations
- Documentation consideration and preparation
- Acceptance of evolving staff roles

Success Starts With Leadership

Successful EHR implementation and utilization requires that a practice identify qualified leaders who will be responsible for the collaborative development and execution of a plan.

The transition to an EHR is as much an emotional process as it is a physical one. Users will need to adjust their routines and workflow processes. Physician leadership is vital for the practice to make this transition successfully. Especially important is the impact that physicians have on their peers. Physicians who have positive attitudes will encourage their peers to adopt the technology. The intangible components of making the transition have a direct impact on how the system will be used. Attitude is everything.

Technology Partner Project Leadership

A critical component of success will be determined early by the thoughtful selection of an EHR technology partner. A technology partner will have knowledge and experience gained from implementations at medical organizations of various specialties and sizes. In addition, a successful implementation will be dependent on the ability of a technology partner to implement the best practices within the context of a personalized implementation.

Physician Champions

An ideal scenario is to have a physician champion at every practice undergoing EHR implementation. Physician champions are leaders with deep knowledge of the EHR and the practice. These individuals typically undergo advanced training to strengthen their knowledge of the system and the issues that users may encounter.

The leadership impact of a physician champion is tremendous. Physician champions not only influence the practice's staff to embrace the system's features and functionality, but also influence their physician peers to use and leverage the system's capabilities. Also, the advanced system knowledge possessed by physician champions can help users take advantage of extended capabilities that lead to greater benefits and ROI for the organization.

Improving Documentation

Clinical documentation is the heart of a practice from both billing and patient-care perspectives. Physician leaders are vital during the system configuration and implementation phases to design documentation templates that will fit within existing workflows. Physician leadership is necessary to help structure documentation, decide where it is to be stored and how it is to be accessed.

HITECH Act Driving Recent EHR Adoption

Recent regulatory changes are the primary driver behind EHR adoption during the past three years. Most notable is the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act, which is a component of the American Recovery & Reinvestment Act. Providers are rushing to earn the $44,000 to $63,750 in federal stimulus funding that is available for each physician under the program. Qualifying for the funding requires physicians to demonstrate Meaningful Use of a certified EHR solution by meeting criteria established by the ONC.

In addition to earning the stimulus dollars, providers are adopting EHRs to prevent future reimbursement reductions outlined within the HITECH Act. Starting in 2015, Medicare-eligible professionals who do not successfully demonstrate Meaningful Use will incur a Medicare reimbursement reduction starting at 1%, and increasing each year – to a maximum of 5%.

Pulse customers have already received millions of dollars in incentive payments.

Setting Realistic Expectations

Transitioning to an EHR can be a daunting process with a myriad of issues to consider, ranging from system evaluations and budgeting, to making decisions about numerous operational variables. It is important to set expectations early in the process to ensure a successful transition. This includes encouraging everyone within the practice to maintain their focus on long-term goals, rather than get bogged down in the challenges that will be encountered along the way – and there are always challenges to resolve. Most importantly, all clinicians should expect to devote time to critical steps that will impact system selection, implementation, training and usage.

Physician and Nurse Involvement in System Selection

Physicians and nurses need to be deeply involved in the system selection process, since they will be the main users of the EHR. During evaluations, clinicians need to not only determine which systems have the functionality they desire, but also need to rank systems based on their flexibility to accommodate the workflow and practice patterns of individual providers. Features that are important to nurses may not be important to physicians – and vice versa.

How the system handles clinical documentation is typically the most critical function that clinicians evaluate, and there are key questions that clinicians need to ask. Will the system accommodate how they want to document encounters? Is documentation and other information presented in a useful manner? Do changes to documentation templates need to be made by the technology partner, or can the practice make the changes itself? The answers to these questions will help clinicians quickly narrow the field of potential systems to consider.

Obtaining clinician buy-in is perhaps the most important element of getting clinicians involved in the process. Many failed EHR adoptions result from clinician perceptions that they had little input in the selection process, and that they are forced to use the system. This potential pitfall can be avoided by having clinicians involved throughout the process.

Cost Considerations

There are numerous components that constitute an EHR's total cost of ownership, making it easy to overlook a vital element that can negatively impact implementation or adoption. In fact, a fair number of EHR implementations are abandoned because budgets were severely exceeded. In fact, one study shows that the average cost of EHR implementation is 25% more than initial technology partner estimates,[1] so it is important to ask the right questions in advance.

Starting with the purchase price of the system itself, it is wise to be wary of the lowest-cost solution, since that low price could be the result of missing features or services that will be needed at a later date.

Cost components to consider when budgeting for an EHR include:

- Software licensing (outright purchase, leasing and/or monthly subscription fees)
- Hardware expenses, depending on the age or capabilities of current equipment
- Implementation
- Configuration and customization
- Training
- Support and maintenance
- Potential lost productivity that impacts revenue during implementation, training and initial use of system

Most medical organizations budget for initial training, but fail to anticipate the cost of ad-hoc training for new staff. When evaluating systems, it is important to determine if the technology partner offers free online role-based training programs. Well-designed programs target a user's specific needs in the initial implementation as well as refresher training as EHR utilization increases. These programs offer maximum flexibility and enable the medical organization to enhance its knowledge without incurring additional costs.

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Training

Busy schedules make it difficult for clinicians to devote a time when they can give their undivided attention to system training. However, adequate training is necessary to ensure successful system adoption and long-term usage. Merely engaging in training between patient visits or calls will not provide desired results. Clinicians who devote specific times to training will realize a greater command of the system during initial use, and will develop thoughtful questions for trainers to answer.

Many medical organizations underestimate the time that is required for adequate training. A recent National Center for Health Statistics survey reported that 53% of medical organizations either severely or mildly under-allocated time for training.[2] Another study estimates that 134 hours of training per physician, on average, is needed to prepare a physician for EHR use during clinical encounters.[3]

Initial System Use

As with all new systems, there will be a learning curve until users become proficient with the system. Setting this expectation early in the process will help avoid frustrations resulting from potential reduced efficiency during the learning process.

Establishing processes to answer users' questions and resolve system issues will help avoid frustrations and unnecessary productivity losses. This process may include having the technology partner onsite during initial system use or assigning a staff member as a "super-user" to handle questions.

Maintaining Perspective

When encountering problems, it is easy to forget the value and benefits that the EHR solution will provide in the long term. Physicians may get discouraged during the initial days of inputting data into the system – especially those who are accustomed to quickly dictating their clinical information following patient encounters. It is important to point out the value of capturing discreet data elements, as opposed to lengthy, uncategorized documentation. Upon reviewing structured data during patient visits, physicians will begin to see the value of how the EHR will save them time in the long run.

The path to fully using all of the EHR's capabilities will take time, and benefits will gradually be realized as users increase their usage of the system. Remember, partial system usage will only result in partial benefits realized.

Considering Documentation Options

EHRs provide medical organizations with numerous options to configure how data is input and presented. Initially, all of these options can seem overwhelming. Accordingly, medical organizations should begin their configuration decisions by evaluating their existing documentation practices to determine where the system can enhance how data is input, how documentation is presented, and how the information will be used.

Avoid Duplicating Paper-Based Documentation Presentations

The initial inclination of physicians is to have the EHR presentation duplicate paper-based documentation. After all, clinicians have a long history of practicing medicine based on how information is presented in paper-based patient records. Taking this approach, however, limits many of the benefits that EHRs can provide.

EHRs have the ability to present information in more efficient ways than paper-based records. These can include highlighting abnormal values so clinicians can quickly see them, providing drill-down capabilities for additional detail and structuring information so that it can be quickly reviewed. In contrast, paper-based records can overload clinicians with unnecessary details, preventing them from focusing on the information that matters most. Transitioning to an EHR is an opportunity for clinicians to restructure documentation in ways that will increase efficiency and care delivery.

Anticipate Meaningful Use Requirements

A new consideration impacting EHR adoption and configuration is the data reporting requirements for organizations to meet Meaningful Use measurement thresholds. To comply with the requirements, organizations may need to start recording data elements that they haven't in the past.

For example, Meaningful Use qualification requires documenting a patient's vital signs during an encounter, such as height, weight, blood pressure, smoking status and body mass index. While this may be routine for some medical organizations, others may not be accustomed to collecting this information. Therefore, it is important for medical organizations to carefully review Meaningful Use requirements during the configuration of documentation capabilities, workflow evaluation and staff training.

Evolving Staff Roles

Maximizing EHR usage and benefits requires staff throughout the practice to evolve their roles. Transitioning to an EHR is an opportunity to automate many tasks and reduce workloads so the practice can focus more on quality care delivery.

Clinical Staff Workflow

Physicians will need to work closely with the nursing staff to develop routines in how documentation is input and when. Engaging nurses to fully adopt the EHR system can greatly improve physician efficiency. Many medical organizations leverage their nurses to record patient histories within the EHR before the physician meets with the patient. This is an opportunity for nurses to record vital signs and to verify medications and treatments in advance of the physician meeting with the patient. Engaging the patient while documenting the encounter enables the nurse to capture data elements and present them in a dashboard view for the physician to see results and information in an organized way, thereby streamlining the patient visit and resulting care assessment.

Other workflow enhancements should also be addressed during implementation to create efficiencies for the clinical staff. For example, physicians will need to develop processes to place prescription, lab, radiology and other orders for patients. Some physicians prefer to place the orders themselves in the EHR, while others prefer to assign a task to a nurse to place the order. Deciding the processes in advance of implementation will help prevent confusion once the EHR is live.

These changes may appear to be subtle, however, they will change daily workflow and the overall impact will enable the healthcare provider to deliver patient care in a more efficient and accurate manner.

Office & Other Staff

Medical organizations should anticipate EHR usage having an impact on non-clinicians as well. The most notable impact will be experienced by transcriptionists. As the need for transcriptionists decrease, practices often take the opportunity to either evolve the roles of transcriptionists to take on other tasks in the office, or eliminate the costs associated with transcription.

Also, many medical organizations devote a non-clinician to become an EHR "super-user" to help resolve system issues and be the point person for troubleshooting. Establishing a single person, such as the super-user, to interact with the technology partner when they have issues that need to be resolved saves time and helps to avoid confusion and duplicated efforts.

Remember – An EHR Does Not Prevent Staff Interaction

Not every aspect of practicing medicine must be performed through the EHR. Sometimes it is best to simply interact with someone within the practice to accomplish a task or resolve an issue. Personal relationships will remain a cornerstone of practicing medicine – even with a state-of-the-art EHR.

Leverage Best Practices to Maximize EHR Benefits

Selecting and implementing an EHR can be a daunting and complex endeavor. Medical organizations that follow the best practices outlined in this white paper can avoid many of the potential pitfalls that others have encountered.

As every practice is unique, unexpected challenges are likely to arise. Preparation and flexibility are the keys to resolving these issues. The medical organizations that properly set expectations and engage their physicians to lead the transition are setting themselves on the right path to realize the numerous benefits that EHRs can deliver.

Endnotes

1 "Research Finds Low Electronic Health Record Adoption Rates for Physician Groups." Agency for Healthcare Research and Quality. Sept. 14, 2005.

2 "Electronic Medical Record/Electronic Health Record Systems of Office-Based Physicians: United States, 2009 and Preliminary 2010 State Estimates." National Center for Health Statistics. December 2010.

3 Fleming N, et al. "The Financial and Nonfinancial Costs of Implementing Electronic Health Records in Primary Care Practices." Health Affairs. Published online April 4, 2011.

About the Author

Dr. Goering joined Pulse in March 2011 as Chief Medical Officer in charge of Implementation. She is a native Kansan, born and raised in Scott City. Following graduation from the University of Kansas in 1991 with a BA in Human Biology, she began medical school in 1992 at the University of Kansas School of Medicine in Kansas City. Following medical school, Dr. Tana completed her three year Family Practice residency at the Wesley Family Practice Residency Program in Wichita. She then joined Hillside Medical Office, a group of 8 family physicians, to begin private practice, caring for the family from newborns to the elderly, including low risk obstetric care.

Dr. Goering is licensed by the Kansas State Board of Healing Arts, and Board Certified by the American Board of Family Practice. She serves on various committees at Wesley Medical Center, and is a clinical instructor with the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita. She is a member of the medical staff at Wesley Medical Center, Via Christi St. Francis and Via Christi St. Joseph.

Personal accomplishments include having a research project article published in Family Practice Management, February 2001, and being named Wichita Business Journal 40 under 40 Class of 2001.

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