

**EMR for the Small Practice:
The Five Critical Steps to Successful EMR Implementation**

Third in a series of five White Papers for Physicians
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July 12, 2007



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In the two prior White Papers in this series, "The EMR Conundrum" and "The Seven Hurdles of Making an EMR Decision," we discussed the vexing problem that physicians in small practices experience when considering a move from paper to an electronic records system. In the first paper, we discussed how our experience with over 4,300 practices nationwide has helped us to understand the "conundrum" doctors face when evaluating EMRs. This difficult decision is underscored by the perceived uncertainty of EMRs, the rumored high cost, technological challenges, and of course, the dreaded fear of change.

In "The Seven Hurdles," we outlined the key issues which are ubiquitous in making the go/no-go EMR decision. We covered the common perceptions and fears associated with EMR adoption, and how these fears have been magnified by individuals who have not been successful with their implementations. The second paper demonstrated how to overcome those fears and perceptions, and how to make the "GO" decision for EMR with confidence.

The next step in the process is often considered the most critical: ensuring you get your implementation right the first time. Implementing an EMR in your office is a journey you should only take once in a lifetime, and one in which you reap the benefits of for many years to come. How to **Get it Right the First Time** is the subject of this White Paper and will detail the critical steps that will ENSURE that even the most technically-challenged, automation-averse practices will get it right! After following this simple plan you will be ready to join the thousands of other practices who have greatly improved their processes, profitability and productivity with EMR.

This paper begins with the premise that you've made the decision to deploy an EMR. The end-result of that process should be three things: 1) You know you need to deploy an EMR; 2) You WANT to deploy an EMR; and 3) You are committed to USING an EMR with all your patients. The next challenge is determining which EMR is the best suited for your practice.

The actual act of choosing an EMR goes far beyond simply looking at the features and functions of a program. Be sure to narrow your potential vendor list to those who are focused on serving practices similar to your size. Narrow them down by "fit", paying special attention to the TCO (total cost of ownership) of the product over at least a three year period. Remember, if you **Get it Right the First Time**, this deployment will be a part of your practice for many years. But up-front costs are not all there is to consider. Initial low costs for licensing (or subscription-based service) are often masked by back-end costs for training, service, never-ending monthly charges, or high annual per-physician maintenance costs. MediNotes can provide a framework for assessing this, upon request.

Once you have narrowed the products down, evaluate each vendor's implementation process. Does the EMR vendor have a plan in place that will help ensure your success? Is there a written plan to follow that takes into account all personnel in the office, not just the physician(s)? Is there a process in place that allows you to ease into the usage of the EMR at a pace that ensures minimal disruption to your practice during the learning curve?

Since implementing the Practice Success Team concept in January 2006, new MediNotes clients have recorded a success rate of nearly 94%, which is unprecedented in the industry! Our success is based on more than just a product that is designed and built to benefit small practices with limited technology budgets; it also involves close attention to processes. Practices, over the years, have often built in many inefficient processes without even realizing it. These inefficiencies (e.g. pulling charts, transcribing notes, making copies, etc) have become "familiar" and are often seen as

“essential” to the practice. Deploying an EMR corrects these inefficiencies and replaces them with streamlined workflow and processes. Evaluating the processes used throughout the office is the first step that must be taken when implementing an EMR, taking any other direction could potentially set the clinic up for failure.

Taking any short cuts to the five critical steps outlined below does not necessarily mean that EMR implementation will fail, but our data and research shows that the odds of success drop dramatically for the broad market if these are not followed. Having been engaged in the EMR industry for 11 years, and having assisted over 4,300 practices with their EMR implementations, we believe that we have developed a model for EMR success. The most essential elements of that model are detailed below as the *Five Critical Steps to EMR Implementation*:

Step 1: Start with a Written Plan

How does your practice work now? Where are the bottlenecks and “profitability leaks”? What are patient and prescription volumes? Are other technology systems already in place? Who will support the EMR project, and who will resist? Are there special considerations, timeframes or processes that need to be addressed? All these (and a couple dozen others) are important questions to consider before you begin an EMR deployment. There is also a great opportunity in gathering these answers to set benchmarks for your practice, essentially creating a before EMR snapshot. You can then revisit these benchmarks six months and a year after implementation to measure just how far you have come, as well as how much money you are saving. Typically, these measures astound practices who have had a successful implementation, especially when they find that the documented savings they have already paid for the initial costs of the EMR.

Having a written plan and practice benchmarks in place prior to implementing an EMR is quite possibly the most important step when you begin automating the clinical side of your practice. Your vendor should help you begin by taking a good look at the entire practice; where is it now, where would you like it to be, and the timeframes to target for achieving them. Written goals will drive the entire practice in ways that just can’t be achieved without them.

The best way to achieve this is to start by creating a complete profile of your practice. Doing so will entail a thoughtful detailing of what physicians and staff do on a daily basis. This doesn’t take long, but sets the stage for success, and will ensure you **Get it Right the First Time**. Examples of what you and a plan-oriented vendor should evaluate include:

- Physician and staff current computer skills
- How many patients you see on a daily basis and how much time you are spending with each patient
- The process each provider in the practice uses in preparing notes and charts
- How you use your laboratory and prescription services
- Your referral procedures
- The current hardware and software in your office
- How patients flow through your office
- How you envision your office once the implementation is complete

Every busy medical practice is plagued with certain administrative bottlenecks that have long been accepted as minor inconveniences. By evaluating concerns such as lost charts, illegible records, after hours charting, excessive patient wait times, and lost prescription refill requests, among others, you will be able to better assess what you want your EMR to accomplish.

Once you have done this, it’s fairly intuitive to set goals for the implementation. A key part of that is to set achievable timeframes for your goals. If your expectations are set too high, or are unrealistic, the chances of your implementation failing are much higher. You should be able to use your EMR

vendor's expertise and the knowledge learned in developing the Practice Profile to set solid achievable goals. Make sure that your vendor is aware of what you want to accomplish, and the timeframe in which you are working. It should be their goal to make sure you stay on track and become successful with the software. Once you have made the commitment, your path to success is well lit.

As was learned in the previous white paper in this series, "The Seven Hurdles of Making an EMR Decision," people, by nature, are resistant to change. This, unfortunately, cannot be changed; however, change can be made more palatable. A good process takes the entire staff on a journey of change at a comfortable pace, ensuring that you ***Get it Right the First Time***. In many instances, EMR implementation not only improves how everyone in the office performs their tasks, it actually results in a closer, better-functioning team. This all starts with the practice profile and a written plan that assigns every member of the staff a role.

Step 2: Assign an Implementation Champion in the Practice

Someone has to become the "Champion" of the EMR implementation. This person will be responsible for coordinating all the tasks and activities related to the EMR implementation. Details and "homework" need to be completed, schedules need to be coordinated and benchmarks need to be established to ensure the success of the project. In many cases a physician may seem to be an obvious choice to take on this role, however, this is not always the case. A respected, senior member of the staff often works out to be the most effective option.

Prior to assigning an implementation champion, there are several factors that should be considered. The champion must be detail oriented, be committed to the success of the project, and have strong leadership within the office. At least one member of the staff is likely to be resistant to the change; having an effective champion, who is respected among their peers and has the full support of the physician(s), will go a long way toward turning any such resistance around.

The champion should also be highly available to answer questions from staff. This is the primary reason why physicians are not always the best choice to champion an implementation. Assigning an Office Manager or non-clinical staff person who isn't dealing with the actual practice of medicine might be the most logical choice. An implementation champion must be someone who the physicians will listen to and needs to be available to answer questions from the staff, as well as work with your EMR vendor.

Given the **perceived** technical nature of an EMR, it is easy to assume that the appointed implementation champion needs to have advanced technology skills; however, this is not the case. Strong leadership abilities and attention to details are the key requirements of an implementation champion. EMR software systems for small practices should be designed to help streamline office processes and enhance clinical documentation, not overwhelm and confuse those who don't possess a high level of technical knowledge. The implementation champion should possess the foresight to see the "big picture" and be able to keep the office's vision, established in the written plan, highly visible to the entire staff. In the end, it will be the champion who is most responsible for the success or failure of the project, as well as ensure that the physician(s) reinforce the goals and motivation for successful deployment to the entire staff.

Step 3: Everyone Completes the Training...All of the Training

With a written plan and implementation champion in place, the path to successful EMR deployment is mapped out. What the practice wants to accomplish and the process for achieving it is in place. It is now time for the EMR vendor to take over and effectively train the staff on the program. Effective training is often the step that is most often overlooked. Failed EMR deployments can be rooted in a practice saying "I'm good with software, I can do this on my own," or "We don't need that much training, if your product is so easy to use". Having completed more than 4,300 implementations,

experience has taught us that the great benefits of clinical systems like EMRs are virtually guaranteed if the training process executes on the written plan.

Training should not be expected to happen overnight. In fact, the training process should be set up in phases, so as not to overwhelm any member of the staff and to minimize impact on daily patient schedules. It's important that every member of the staff, whether they will be using the program on a daily basis or not, goes through the entire training process. Doing so gives ownership to everyone in the office, and allows the staff to improve their own job functions, increase their productivity and be unified in the process of patient flow in the practice.

There are several steps that should take place between the time you sign the contract with your vendor and the time the on-site trainer shows up in your office. To maximize productivity and minimize training costs, training CD's should be used to learn the basic features of the product. There should be scheduled on-line courses or web-based training with a remote instructor. There is much more to EMR training than simply learning the features and functions housed within the program. EMRs have the ability to truly revolutionize the way you practice medicine, how information is charted and how patients flow through the office. By taking the time to learn how these processes can be executed within your EMR, as well as the features and functions of the program, will have a significant impact on your success.

Distractions during the on-site training sessions are disruptive to the training process and should be avoided if at all possible. While it is understandable that patients may have emergencies, try and make arrangements ahead of time for them to seek care at an alternate location on days your on-site training is taking place. Once engaged in the training process, you will find that solid focus, without interruptions, will greatly accelerate your staff's learning curve and productivity with the program.

The key to a successful training session is practice. It is not enough to sit through the sessions and learn the program on paper. Dig into the program and practice. Make a "practice exam" on one of your staff members and document it. Practicing in this way can be great fun and a mutual learning experience.

Finally, it is useful to have the EMR trainer return a few weeks after the initial training to "shadow" you and offer advice and answer questions with live patients, if they consent. DO NOT set the EMR aside after the trainer leaves because of a busy day, emergencies or interruptions. Learn to build the usage of your EMR into your workflow; you'll be surprised how fast it becomes second nature. There are several sure-fire ways to phase-in an EMR comfortably over time, eventually including all patients. So many implementations fail because physicians and their staff do not execute what they have learned after the EMR trainer leaves. The skills will come if a practice is diligent about the initial training. But it happens more quickly and naturally with a plan that emphasizes practice, patience and dedication!

Step 4: Set a Comfortable Pace

Again, the most important thing about EMR implementation is to *Get it Right the First Time*. Long term success means a lifetime of benefits after implementation. You can't learn to fly a plane, maintain your own car or perform joint replacements after a couple days of training. Likewise, installing any EMR program and expecting to be up and running, using it for every patient the next day is equally unrealistic. Your implementation champion should constantly make reference to the mutually-agreed written plan and ensure that the goals you have placed are met. A comfortable pace that is laid out in phases, in our experience, is a sure path to success, and eliminates virtually all the risk of "information overload" and staff stress during the process.

The implementation champion will take the lead and enforce the timeline that was set forth in the written plan. Typically what works best is a phased implementation plan. For example, beginning with remote or internet based training will allow users to become familiar with the basics of the program. Once that is completed, the on-site training should be broken out into two different sessions. The initial training session should be viewed as an overall training on the program. Dive in and use the knowledge being supplied by the EMR trainer. They are the expert, everyone in the office should be engaged and use this time to establish new EMR workflows.

The second phase of on-site training is most productive once the providers have used the software and have eased into using it interactively with their patients. The next step is to get really efficient and start using more of the program's powerful features. Having expert trainers on-site when you are using the EMR in actual clinical encounters is invaluable. Not only does having a trainer on-site make the task of EMR implementation seem less daunting, it also provides a limitless source of knowledge in a time of transition. No matter what your technical background, these are the sessions that usually launch providers into highly proficient use of the EMR.

Of course there are bound to be goals that are not met within a stated timeframe due to any number of extenuating circumstances. The objective is to continue to forge ahead and examine why you are not progressing at the rate in which you had hoped. Learn from those instances, set new goals and never get discouraged. The reward in the end makes all the effort worthwhile.

Step 5: Avoid the Seven Deadly Sins

Thomas A. Edison said, "Opportunity is missed by most people because it is dressed in overalls and looks like work." Implementing an EMR is a HUGE opportunity; and will certainly look like work. But almost nothing a small practice can do to improve its operations, productivity and profitability will have as much impact as deploying an EMR. The first steps outlined in this paper are key "To-Dos"; the following are their opposites: Things that you should avoid in the implementation process. Keep this handy when building your implementation champion's checklist so that all you do is not compromised by these Seven Deadly Sins.

1. Not Creating and Following the Written Plan

The written plan is the primary key to EMR success. Once the roadmap is established, it should be used as the principle tool for your implementation. Visit it often; update it as necessary. Treat it as a commitment, not a guideline. Be sure your implementation champion has the authority to make sure it stays on track.

2. Not Purchasing Enough Licenses

Everyone who uses the EMR program should be assigned their own license. Non-physician licenses are generally inexpensive. Not only does licensing all staff members aid HIPAA compliance, it also ensures that every member of the team is responsible for their own work. Assuming licenses are not needed or allowing staff members to share licenses may seem like a good way to save a small amount of cost, but may actually cause interruptions in workflow processes and end up costing you money in the long run.

3. Not Taking Enough Training

Effective and fully individualized on-site training at standard vendor rates is going to give you the skills you need to be successful with your EMR in the shortest possible time. By not following through with the training plan set forth by your EMR vendor, you're potentially setting yourself up for failure. Your vendor coordinates dozens of EMR deployments every month. Engaging in the full training will help ensure your practice will **Get it Right the First Time**. If your vendor does not insist on training, trouble is imminent. Be sure the vendor you choose wants a long-term relationship with you, not just a product sale.

4. Not Engaging the Entire Staff

As we have learned, resistance to change is part of human nature. Implementing an EMR is difficult enough without added stress, pushback or negativity. Make sure the entire staff sees the big picture and supports your chosen implementation champion. This will help get everyone excited about the journey they are about to undertake and, ultimately, make everyone's job easier!

5. Not Using Vendor Training Tools and Resources Prior to On-site Training

Without question, EMRs are comprehensive tools, and learning the basics of the program prior to on-site training can be a significant advantage. Take advantage of the resources offered by the EMR vendor and engage in internet or other forms of training before the trainer arrives on-site. This will ensure your on-site training sessions are most productive.

6. Not Being Ready When the On-site Trainer Shows Up

Before your scheduled on-site trainer shows up, review the checklist with the implementation champion. Has the CD and web training been completed? Has each staff member practiced with the program? Do the office computers meet all the specifications laid out by the vendor? Has the software been properly installed? Once the trainer arrives on-site, it's an incredible waste of time and a lost patient day if these things haven't been completed. These tasks are relatively simple and your vendor should be working with your implementation champion and providing checklists in advance to be sure they are completed before the trainer shows up. Ensure that each workstation is set up and is ready to function as it would when you "go-live" with the software. As the Boy Scouts say, "Be Prepared."

7. Don't Rush or Take Shortcuts

Circumstances conspire in many cases to impact your plan. Over the timeframe the implementation takes place, it's not uncommon for practices to feel they want to move faster or take short cuts. Be disciplined. Ask for help if you need it, but don't abandon the plan. You'll be very glad you didn't, staying focused will lead to success.

Implementing an EMR is one of the most challenging undertakings a practice will embark upon. This is not because it is difficult; it is because the processes and familiar "activities" in the office are being altered. Implementing an EMR will require changing many aspects of the practice; including how patients are handled from the minute they walk in the door until the minute they exit. It is impossible to implement an EMR and NOT change several processes in a practice. Often times, these changes expose inefficient process and/or job roles that can be reduced or eliminated all together.

The entire staff needs to be consumed with a vision of a practice that is free of paper and administrative glitches that have become commonplace. Once an EMR is fully implemented, the benefits and advantages of the system are so dramatic that most physicians utilizing an EMR would never conceive returning to the old paper-based system.

Achieving full EMR implementation takes commitment, by the entire staff. Once you have overcome the "Conundrum" and decided that it's time to move to an EMR, tackled the "Seven Hurdles" of deciding if EMR deployment time has arrived for your practice, and you understand the "Five Critical Steps," of successful deployment, only one challenge remains. Making sure the changes brought about by deploying an EMR are embraced by everyone, and ensure they are permanent.

The fourth white paper in this series, entitled "EMR Implementation Excellence: The Change Management Process," details how our over 4,300 nationwide client sites have dealt with the issue of

“change” and found great success with their EMR. As we have mentioned before, installing an EMR involves far more than just learning the features and functions of a software program. In many ways, the decisions you make about your EMR installation and training are more important than the product itself. Installing an EMR will change your practice in every conceivable way. Workflow is changed, how clinical data is gathered, is changed, the way patient data is retrieved, updated and stored is changed. Your ability to document and charge fully for services provided to each patient will also change. Even the way in which tests are ordered, prescriptions are written, patient inquiries are received, and the way referrals and patient instructions are given, will be forever changed. The fourth paper in this series deals with the subject of Change Management and how fears and perceptions can be transformed into a positive vision that will energize your implementation and strengthen every aspect of your practice.

This series of white papers is intended to assist physicians as they journey from the world of paper records into the realm of electronic medical records. This journey is not an easy one, especially for those with limited budgets and scarce technological resources. With over a decade of experience in the EMR industry, MediNotes Corporation has developed a set of “Best Practices” that have developed over time, and are continuing to evolve. The fifth, and final, paper in this series, “EMR for Small Practices: How to Get it Right the First Time,” details these approaches and notions and brings them into a cohesive and cost-effective process that will not only enhance your EMR decision, but minimize your risks as well.

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About MediNotes Corporation

MediNotes Corporation is a leader in electronic medical record solutions for primary care and specialty medical practices and currently serves more than 4,300 installed sites and more than 18,500 users nationwide. The company's dedicated employees are driven to create technology solutions that are delivered with the highest level of value and integrity. More information about **MediNotes e** Electronic Medical Records is available at www.medinotes.com. For more information about this paper or other white papers in the series, contact jcallahan@medinotes.com