

FOR THE RECORD



Planning for Success

Implementing an EMR

Taking the time to review
your options can eliminate
future headaches.

The electronic medical record (EMR) is coming to a healthcare facility near you. If your organization does not already have a system in place, someone there is probably studying how quickly it can be implemented. Whether the system is for a physician office practice or a chain of hospitals, the preimplementation stage is critical for a successful outcome.

At Primary Care Associates in Cape Coral, Fla., Dr. Alan Tannenbaum is experiencing EMR success. "I have more time with my patients, and they have expressed increased satisfaction," says Tannenbaum. The increase in satisfaction is due in part to doctors' ability to have more face-to-face contact with patients. "My back isn't turned to write notes by hand," he says, "and I can access my patients' information while I am talking with them."

Tannenbaum spent 18 months on his EMR search before deciding on MediNotes' Charting Plus system. He developed a "wish list" of features, including affordability, easy implementation, and a Windows-based platform.

"I probably looked at 28 to 32 EMR vendors," he explains. "It was easy to eliminate systems because when looking at them simultaneously, it is easy to decide what you like and don't like."

Tannenbaum also developed a ranking grid based on a points system. Technical support, annual updates, graphical user interface, technical service after the sale, installation procedures, and the ability to adapt the software program to his practice earned points for each system. "I did the due diligence because I did not want to make a mistake with this, and knowledge is paramount when choosing a system," he notes. "I did research, read, and visited other offices that implemented EMR systems."

The result of his search had multiple benefits—Tannenbaum no longer does dictation in the office, and, since he had a hardware infrastructure in place, he realized return on his investment in less than three months. According to Tannenbaum, "Patients love it."

Marcia Duncan, RHIA, MHSA, a consultant with the management consulting firm of Cap Gemini Ernst & Young, sug-

gests that the preimplementation phase for the hospital setting also begin with a consensus definition of EMR and attention to the business drivers impacting the system. "Some people think of EMR as an electronic version of the paper chart. The Institute of Medicine (IOM) Study on Improving the Patient Record defines a computer-based patient record differently," she says.

The IOM defines the computer-based patient record as an electronic patient record that resides in a system specifically designed to support users by providing accessibility to complete and accurate data, alerts, reminders, clinical decision-support systems, links to medical knowledge, and other aids.

The Leapfrog Group, a consortium of Fortune 500 companies and other large healthcare purchasers striving for a reduction in the number of preventable medical errors, could inspire another definition of EMR that includes Computerized Physician Order Entry (CPOE), which is not commonly included in the scope of current implementations. Duncan explains, "Some hospitals want to scan a paper chart at discharge, and that may be their first phase of EMR. That is the easiest solution; then, the facility may have phase two and phase three goals."

After a hospital establishes its definition of EMR, Duncan recommends that the impact of key business drivers for implementation be considered. These may include the following:

- Decision support and improved patient safety, quality of service, and patient outcomes using rules
- Alerts, protocols, and pathways
- Timely information
- Single point of access to patient data
- Increased physician use of systems in the ordering, documenting, and editing/signing of transcribed documents online from the unit, clinic, and home
- Return on investment

"People have to ask themselves, 'Why are we doing this?'" notes Duncan. Before a facility considers implementation, she says that clients should consider devoting time to process redesign. "They need to define new processes up-front and think about how they want the system to fit into that process," she explains.

During this preimplementation step, Duncan advises clients to address "touch-

points"—areas in the organization that will be affected by the implementation. As processes are standardized across the organization, Duncan says that this is a good time to take the best system features and improve current processes using the new functionality.

Implementing an EMR system for both a solo practitioner and a large academic hospital requires vision. There is an array of systems available, and as they become more sophisticated and flexible, more pressure is put on the purchaser to know how the system is expected to be used. While there are often standard screens, most systems allow users to add data elements, define new rules, and tailor the system's many options. The trouble is deciding which options and features make sense for your organization.

Scott Riedel, MediNotes' vice president of marketing, suggests that physicians examine their current workflow before evaluating software. "When you implement a system—even in a small practice—it is an opportunity to change workflow and improve productivity," says Riedel. Ensuring that the computers are located by the telephones in exam rooms—so that the physician can access information and provide an immediate response—may provide more efficiency than customizing certain data elements. Having a vision of what the system is going to do also helps maintain the project scope.

Just as hospitals consider integration with other systems, it is also critical in the physician practice. "Interfacing with the practice management system and other software is an important consideration," notes Riedel.

When they decide they want a system, Riedel says that some physicians are more conservative and start software on a laptop, while others more comfortable with technology may choose tablet PCs, touch screens, or wireless devices. He advises potential clients to evaluate how much technology they are planning to implement at once. In this case, he adds, it is not a matter of system integration because MediNotes' products work with any practice management system. From a training perspective, Riedel cautions physicians to ensure that everyone buys in to the amount of technology and

workflow changes that are being introduced at the same time.

The vendor selection and implementation team issues are often less complicated in a smaller organization. While Riedel suggests that physicians gain staff buy-in early in the process, Duncan recommends different team compositions based on the complexity of the implementation.

"If only scanning will be used to implement EMR, HIM frequently leads the effort," Duncan explains. "When a more comprehensive, multisystem approach is planned, a physician or nurse with systems implementation experience frequently leads the initiative. This ensures that clinicians' needs are driving the system requirements."

Team leader is a full-time position in the most effective implementations, and special consideration should be given to choosing a person with a skill set suited for the task. The team leader should have the support of the senior management team, and the project itself should have a sponsor on the executive committee.

The team leader should possess the interpersonal and communication skills necessary to interface effectively within multiple levels of the organization. Results-orientation and the ability to work within timelines, objectives, and budgets will also serve him or her well.

As part of her consulting role, Duncan is often called in to act as a coleader or to assist a team leader. "It is usually better for the client to take a lead role and the consultant to be a colead because when the client is driving the effort, it helps ensure organizational ownership and buy-in of the final EMR design," she notes.

Other team members often include analysts who build and test the system. These are also full-time positions that require specific skills. Subject matter specialists or end-user specialists (needed to provide input about functionality) may include physicians, nurses, pharmacists, unit and clinic support staff, and other clinicians. When multiple applications are being implemented, there is often a team leader and one or more analysts for each application.

Representatives from information systems are needed as experts to assist with the installation of hardware, software, peripherals such as PCs and printers, and networking. Information systems personnel will also work with vendors to define and program inter-

faces and conversions.

Duncan suggests that clinicians involved in patient care delivery provide input in focus groups while the system is being designed and developed. HIM and quality assurance are usually involved in focus groups. When orders and charges are part of the implementation, patient accounting staffers should also be involved in focus groups during implementation, even if department members are already on the project team.

Selecting the team for a complex implementation is critical to the success of the project. No matter the scope of the project, it is important to make the time for the right people to be involved. When part of the record is online and part is still on paper, HIM will need to help determine what is the organization's "official" medical record. This team holds the success of the implementation in its hands.

Hospitals often have to decide whether or not to engage a consulting partner during planning and implementation. Many consulting firms work in this area, and Duncan says Cap Gemini Ernst & Young is often called in to help after a system has been selected. However, she offers several reasons why a consulting partner can add value during the planning process. "In the area of vendor selection, we employ a methodology to ensure the client makes the best selection for the organizational requirements," she says.

In contract negotiation for clients, Duncan says the firm focuses on affecting the contract points most critical to the client. Often, the consultant can add value in planning because of the numerous engagements he or she has experienced.

While most organizations implement EMR only once, consultant organizations are involved in varied implementations, so the cost of their services has to be weighed against the savings generated from their project experience. When considering a consulting partner, hospitals should decide the phase during which they plan to involve the consultancy. If an organization has not undertaken a systemwide implementation and decides to engage the consultant only for implementation, it wants to ensure that the consultant has experience with the selected vendor.

It is also important to speak with references about their implementation experiences and assessment of mem-

bers of the client team being assigned to the hospital. In addition to supplying client team biographies and references, many consultants assign a client manager, who is responsible for the overall satisfaction of the project. For a successful implementation, the hospital project team should feel comfortable working with the consulting team.

Communication is also critical to the success of EMR planning and implementation. The more open the planning, project, and implementation teams are with the process, the more support the system will have when it goes "live." In situations without open, ongoing, honest communication from the source, there is more potential for rumors and guessing—elements that undermine the system before it is installed.

Whether it is through project team newsletters, intranet updates, focus groups, or formal or informal meetings, the team must develop an exchange of ideas and information about how this system will impact others when multiple applications are implemented or phase one of a multiphase project is undertaken. Generally, communication is viewed as an afterthought or a "nice-to-have"—not as a critical step.

When organizations can clearly communicate the vision of the importance of EMR and its benefits to patient care, the uneasiness of users who are less flexible about change will be assuaged.

EMR is a fact of healthcare for providers, whether they are solo practitioners or hospital chains. As buyers such as The Leapfrog Group and states such as Michigan—with its Michigan Electronic Medical Record Initiative—discover technology, the EMR will continue to increase and evolve. The first steps in planning and preimplementation are critical to ensure that the EMR—whether it is used in a physician's office or a 700-bed teaching hospital—fulfills its potential to enhance healthcare while protecting patient privacy.

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