iHealth Innovative Solutions

Four EHR Change Management mistakes

And how your medical practice can avoid them

Table of contents

Embracing change

The question is no longer if your healthcare practice will make the transition to electronic health records (EHR), but when. Careful planning and effective change management can help keep missteps—and the stress and costs that come with them—to a minimum. This white paper presents strategies for avoiding common problems as you select technology, choose your implementation team, assign responsibilities, and lay out the logistics. Carefully considering these issues up front will help you reduce risk, contain costs, and minimize the overall impact of change on your practice. You'll be able to spend your time and effort in the right places, so that you can get back to caring for patients with a successful EHR implementation that fits your practice.

Making change work in your favor

A major change is on the way for medical practices across the United States, from small one- or two-physician offices to larger practices with dozens of partners and multiple facilities. The change is in the shift from paper to electronic health records (EHR), and it's affecting virtually every practice in the country that has not yet adopted this technology. The driving force behind the change is the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Why it's important to plan

If not managed properly, change can potentially exact an unnecessarily high cost on a medical practice. To be sure, cost is an inevitable consequence of change—the cost of training, the cost of transition associated with new systems, and so on—but those costs can be contained with proper change management. This is why assessment and planning are so critical: understanding what's currently working and not working will ensure that you don't carry forward inefficient or ineffective processes when you implement a major change such as an EHR deployment. For example, if a prescription-related workflow is ineffective when done manually, automating it is not necessarily going to make it any more effective. This paper identifies four typically problematic areas where you can avoid costly mistakes by understanding how to proceed and how to manage change effectively along the way.

What change management really means

While planning is critical to effecting change successfully, there's much more to change management than just creating a project plan for a new IT implementation or simply scheduling a software upgrade. Those kinds of activities are certainly important, but true change management—particularly in the context of a change as sweeping as an EHR implementation—is about successfully addressing every aspect of changing one of the most fundamental ways in which you provide care. It means making sure that you are fully prepared, with the right technology infrastructure in place, the most capable people on your team, leadership accountability clearly assigned, and a well-reasoned logistical plan to take you through the change process. This paper is intended to guide your decisions in all of these areas and to help you do everything possible to keep change from exacting an undue toll on your practice.

What's in it for your practice

Follow the guidance in this paper, and you should be well ahead of the curve for maximizing the ultimate operational, clinical, and administrative benefits that EHR promises—and minimizing any potential disruption that an EHR implementation can bring. If you want to take advantage of ARRA and avoid being penalized for non-participation, change is inevitable. Use the information in this document to manage it successfully.

Figure 1
The role of IT in current medical practices

IT readiness

The role of IT in today s medical practice
1. Providing basic functionality

- Only basic functions (billing, scheduling, office operations) computerized
- IT functions not integrated
- Obsolete, inconsistent hardware
- Completely paper-based patient records
- Few or no clinical operations computerized
- No long-term IT strategy; technology acquired ad hoc in reaction to needs

- Most functions computerized or partially computerized, increasing operational efficiency
- IT systems integrated (for example, billing and scheduling systems work together), improving office productivity
- Some clinical systems in place, such as digital diagnostics, improving patient care
- Possibly a combination of electronic and paper-based processes for patient records
- Strategic planning and purchasing in some areas, but not in others

- All major functions computerized, maximizing efficiency
- IT systems integrated, with protocols in place for ongoing integration of future systems
- Current, consistent systems handling all aspects of practice operations and management
- Widespread use of systems for clinical care, improving speed and accuracy of diagnosis and improving treatment
- Established processes for technology (including software) acquisition and upgrades, increasing efficiency and cost-effectiveness of IT
- Electronic patient records in place with capabilities added as they become available, delivering maximum operational, clinical, and administrative benefits

Mistake #1: Mismatched IT

Avoiding the need-solution disjuncture

One of the main problems to avoid in implementing EHR is choosing software that's not appropriately matched to your needs. Another is choosing the right software—but running it on hardware that's not the best match for the software. The key to avoiding either of these scenarios is to be aware of what does and doesn't work for you, based on both your current use of IT and on what hardware your EHR software requires to perform at its best.

First things first: Where are you in the IT maturity model?

When faced with decisions about EHR technology, a technology baseline for your practice is a good place to start. Understanding how far along you are in your use of IT will help you make technology choices that are in line with your progress and likely to cause less disruption when you change from manual to electronic record keeping. Fortunately, you'll find a wide selection of EHR software available today to meet the specific needs of your practice, regardless of where you are in this spectrum.

Supporting EHR with the right infrastructure

According to a recent report, one of the top 10 contributing factors that impact EHR implementation is an unreliable technology infrastructure—one in which "slow response, unreliable wireless and reoccurring outages leave a terrible aftertaste of EHR."1 The problem isn't with the EHR software; it's the environment in which it's running. To help determine whether your current infrastructure will adequately support your EHR software, or whether a hardware refresh is in order, ask these questions:

- Do you have a sufficient number of workstations and laptops available to accommodate the number of healthcare providers that will be using the software?

- What about mobile devices like tablet PCs and handheld PCs? Without these, physicians will miss opportunities to get real-time access to patient records at the point of care.

- How old is your current hardware? Does it have the latest security available to protect the confidentiality of patient records? Is it still reliable enough to keep your EHR system up and running at all times?

- Are the different technology components of your infrastructure well-integrated? This will affect whether information is transmitted in a timely way and whether communications go smoothly.

- Are you dealing with multiple products and vendors and all the different contracts and terms that go with that? A major change, such as an EHR implementation, can present a good opportunity to standardize and simplify.

- Will you be able to integrate the EHR software into your existing technology infrastructure?

- Do you have the networking technology in place to connect locations within your practice, and to connect to affiliates or other offices with whom you need to share records?

These are excellent questions to go over with any IT professional you're working with on your EHR plans, whether a trusted consultant, certified solutions provider, software vendor, or hardware manufacturer that can also offer implementation services. Addressing issues like those before you roll out an EHR solution will help you manage the change better and minimize its disruptive effects.

Mistake #2: Misplaced resources

Choosing the most effective team to manage change

It may sound like an obvious point, but a medical practice is not an IT organization. This can make it particularly challenging to manage major changes that involve IT systems, especially if a practice attempts to do so by relying primarily on internal resources. While it may be tempting to economize by assigning members of the office staff to oversee the shift to EHR, it may cost much more in the long run to place this responsibility on people with minimal expertise.

What it takes to manage an EHR implementation-and where to find it

Managing a major IT change requires two things: technology expertise and dedicated resources. The problem with trying to manage an EHR implementation internally is that more often than not staff members simply don't have the specialized expertise required to successfully shepherd a practice through the complexities. Not only that, they don't have the time. Staff members who are already likely overextended from just handling the full-time responsibilities already assigned to them can't be expected to take on the additional responsibility of managing the transition from manual to electronic record keeping—and succeed.

What's needed are expertise, time, and commitment that are more likely to come from outside the practice. The EHR vendor can be an important source of help. In fact, the importance of the vendor being committed to providing support 24/7 during implementation cannot be underestimated. The vendor should be proactive, responsive, and available to provide onsite assistance, especially in the first stages of implementation.

In addition, if a hardware refresh is a key part of the implementation, the hardware vendor is a natural choice to help guide a technology transition. This is especially true if you make a decision to standardize hardware as a means of simplifying your IT infrastructure. Major hardware vendors generally have a services offering or services group that's dedicated to working with organizations to effect change.

How office staff can play a key role

Office staff can play critical roles in managing non-technical aspects of the change. At least one study suggests having an internal "superuser" with a special interest in the project.[2] That person should be responsible for communicating with vendor support teams to facilitate resolution of any issues that may come up in implementation.

In addition, if this super-user is a strong leader, he or she may also be suited to playing an even larger role by coordinating with the vendor on a regularly scheduled basis. This is more than a trouble-shooting role; it involves keeping everyone in the practice apprised of progress; and generally being a reassuring presence within the practice during what may be a stressful time. If this is too much to ask of someone who already has other full-time responsibilities, consider reassigning some duties to others temporarily. Or look at engaging a trusted outside resource—an IT services provider you've relied on the past, with whom the staff is familiar—to fulfill this requirement.

Mistake #3: Missed accountability

Placing responsibility where it belongs

During an EHR implementation, it's impossible to overstate the importance of clearly defining everyone's role in the process and establishing clear points of accountability all along the way. From practice leadership, to clinical staff, to office staff, everyone needs to understand his or her—and everyone else's—roles and responsibilities in the project's success. The whole team must execute properly and efficiently to carry out those responsibilities in the proper way and at the right time. Otherwise, an already challenging and potentially disruptive process may be rendered even more difficult.

Leadership support

The leaders of a medical practice may not be responsible for the hands-on work of planning meetings, scheduling training, or coordinating with vendors—but they are responsible for the ultimate success or failure of an EHR implementation, by virtue of their ability to lead the practice through the process. As one industry observer has put it, "C-suite leaders can provide perspective to make the transition easier."3 By demonstrating commitment to, enthusiasm for, and confidence in the project, practice leaders can get the entire group behind the effort; by not doing so, they can derail it entirely. Another industry journal points out that the call for top management support has practically become a cliché—but then goes on to recount the story of one implementation that it says would have never gotten off the ground without that leadership.4

Perhaps the most important thing practice leadership can provide during profound change is their presence. The entire practice needs to be able to see that executive leadership is on board and wholly committed to success. It's even been specifically suggested that practice leaders make a special point of being highly visible and engaged during the first two (often difficult) weeks of actual implementation,5 when the system has gone live and users are most at risk for resistance and frustration as they become familiar with new ways of doing things.

Leaders must also fully appreciate the impact of change at a time like this, and the need to manage it effectively. They need not be responsible at a tactical level for change management, but they do need to understand its importance in the success of the implementation.

Clear roles and responsibilities

The consequences of one hand not knowing what the other hand is doing may be truly dire when it comes to implementing EHR systems. The process involves such sweeping change that all points of accountability must be fully defined and made apparent to everyone who will be affected by that change—which is to say, everyone in the practice. This is so important that at least one EHR readiness assessment tool uses it as one of the major criteria for determining whether an organization is prepared to move ahead with EHR. According to the **EHR Starter Assessment Tool** developed by the Community Clinics Initiative, as cited by the HHS Agency for Health Research and Quality (AHRQ), an organization is "highly prepared" to move forward only when roles and responsibilities are assigned and clear.6 Roles and responsibilities apply to everything from determining the areas for which the practice will be responsible (as distinct from those for which vendors or services providers will be responsible), to deciding who within a practice will be accountable for specific activities such as project management, training, testing, and vendor coordination. Once the system is up and running, the practice will need to further assign responsibility for tasks ranging from meeting documentation requirements, to reporting on compliance, to conducting quality review. (**The American Health Information Management Association has compiled a good inventory** of post-implementation EHR responsibilities.7)

Checkpoints and milestones

Once everyone understands their roles and responsibilities and the practice is moving ahead with a plan for implementing an EHR system, it's important to include checkpoints and milestones along the way so everyone stays accountable during the process. Checkpoints can be as simple as regularly scheduled team meetings or conference calls. Major milestones might include completing the system design, testing the software, providing training, going live, and delivering ongoing maintenance and support.

Mistake #4: Mismanaged logistics

Planning for every eventuality

"It's complicated."

"These things take time."

"Planning is everything."

They may sound like cliches, but if you take them to heart when you plan an EHR implementation, you're more likely to have the best possible result. Avoid bumps on the road to major change by keeping these points in mind while you map out the logistics.

"It's complicated."

As a nursing executive recently pointed out, "Implementing an EHR is not like installing a piece of software on your home computer. It is not the type of system that can be quickly loaded on a PC and used the next day. It requires multiple phases of testing, tweaking, adjusting."[8] This fact places paramount importance on front-end planning. Given the complexity of the undertaking and the profound change that it's going to create in a medical practice, a well-executed roadmap to success is essential.

The project plan for an EHR implementation should cover every important activity and major milestone. It should make it easy to communicate and collaborate. These are just a handful of the specific activities that must be included:

- Develop an implementation timeline.
- Document required tasks.
- Assign responsibility for specific activities.
- Clearly delineate vendor responsibilities and practice responsibilities.
- Identify potential downtime risks and how to work around them.
- Determine how to proceed if something doesn't go according to plan.

Expect to update the plan frequently to reflect the inevitable changes that will occur as the project unfolds.

"These things take time."

Understandably, staff will be eager to get through the EHR implementation and back into a normal daily routine as soon as possible. But rushing something this important can make things more complicated. You need enough time: time to plan, time to implement, time to train, and time to practice. It's important not to try to do everything at once and to proceed in a step-by-step fashion.

Part of easing into the new way of doing things is accepting the fact that there will be a certain amount of downtime associated with the process—whether during installation, because of training, or for any of a number of other reasons. You can't change that, but you can control and minimize it by planning appropriately. There's no reason you should have to close the office for a protracted period, but you may need to negotiate this with your vendor up front. For example, if you want to schedule vendor-provided training outside of patient hours to minimize office downtime, make sure the vendor is aware of that at the outset.

Speaking of training, don't skimp on time for training, no matter how tempting it may be to do so. Make sure that users get enough of the right kind of training before you go live with the system. Be sure to allow plenty of time for practice before going live, too. All of this will dramatically reduce the potential for errors once the system is in place.

"Planning is everything."

Planning shouldn't stop with implementation. It needs to take a practice far beyond the initial dramatic changes associated with deployment and into the world of changing needs and evolving technology. You'll require ongoing technology support and training to be successful over the long term. Make sure your planning includes a thorough post-implementation follow-up process to address that.

The four key areas of EHR change

Failing to adequately plan for and manage change on the scale of an EHR implementation can send the cost of change soaring. Effective change management starts at the beginning, with a thorough analysis of existing processes, to provide clarity up front about what works and what doesn't. This enables informed choices when considering updates to the hardware infrastructure or changes to record-keeping processes. Wisely investing this time up front will help minimize office downtime and implementation costs later.

Given the scope and complexity of an EHR deployment, you'll need more than a standard IT project plan to ensure a successful rollout. Your project plan should cover every important activity and major milestone. Give yourself the time to analyze, implement, train, and practice—and then take it step by step. Think through the entire process, articulate your needs to your vendor and build in a thorough follow-up phase to make sure everything is running smoothly.

The four key areas of change management to help your practice ensure a smoother transition are:

- *Assessment:* Careful assessment of existing processes and infrastructure is essential to putting your practice in a strong position to support a new EHR system.

- *Resources:* Managing resources well ensures you'll build a capable team with a strong leader and responsive vendor.

- *Accountability:* Clearly assigned roles and responsibilities provide accountability throughout the project and build commitment at every level.

- *Logistics:* A well-thought-out plan can minimize the risk of missteps in an inherently complicated, time-intensive process

EHR implementation has the potential to be an arduous, drawn-out and expensive process—but it doesn't have to be. With careful planning and effective change management, your team can make a streamlined transition that will ultimately benefit both your practice and your patients, from back-office operations to quality of care.

About iHealth for healthcare

Why iHealth for healthcare

Healthcare organizations depend on iHealth Innovative Solutions for industry-leading technologies and services. iHealth brings to the healthcare landscape a history of innovation; end-to-end, tailored solutions based on best-in-class technology; and rock-solid IT that delivers the high reliability, security, and manageability that healthcare environments demand.

Why iHealth for EHR change management

iHealth Hardware Services Specialists are available to provide a variety of expert services that will help provide a smooth EHR implementation. These services include:

- IT Checkup: onsite assessment of IT assets, workflows, and software requirements, along with recommended next steps

- EHR hardware system setup, which means installation and configuration of server and network, as well as setup of anti-virus, data backup, UPS, and network access points

- Installation and configuration of devices to be used with the EHR system, such as PCs, notebooks, scanners, and printers, including data migration from legacy PCs

Additionally to support EHR adoption, iHealth has developed the iHealth EHReady program, which provides an end-to-end solution of hardware, software, and IT services to help guide hospital-affiliated physicians through EHR implementation. The program covers everything including assessments, network and device installation, training, and financing. It's designed to deliver EHR solutions that may help healthcare professionals meet the meaningful use objectives established by CMS and HHS for the federal EHR incentive program.

For more information

To read more about iHealth Innovative Solutions, please visit http://www.ihealthis.com

1 "Top 10 EHR Failure Contributing Factors," Healthcare IT Insider, February 5, 2010.

2 "Best Practices in EMR Implementation: A Systematic Review," K. Keshavjee, Centre for Evaluation of Medicines and McMaster University, Hamilton, Ontario, Canada, and others.

3 "CFOs should be engaged with an EHR initiative," Healthcare Financial Management, April 2010.

4 "A Successful EMR Relaunch," Group Practice Journal, the American Medical Group Association, January 2010.

5 "Smoothing EHR Implementation," Health IT Update, nextgov.com, October 2010.

6 "How do I conduct a readiness assessment?" AHRQ National Resource Center, healthit. ahrq.gov.

7 "Core Data Sets for the Physician Practice Electronic Health Records," library.ahima.org.

8 "EHR Implementation: Are You Ready?" Healthcare Financial Management Association, May 18, 2010.

iHealth Innovative Solutions

www.ihealthis.com