



Nicholas E. Davies Award of Excellence

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Journey to the EHR: The Five “Rights” to Building the Business Case

Analogous to the five rights of medication administration—the right medicine, to the right patient, at the right time, using the right dose, with the right method of administration—building the business case for the EHR requires similar elements. First, having the “right” leadership; second, having the “right” vision and key (business) objectives; third, having the “right” buy-in; fourth, having the “right” workflow redesign and necessary training; and fifth, having the tenacity, flexibility and ongoing commitment to achieve new objectives, and leveraging this technology for maximum efficiencies.

Right #1- “Leadership”

This is the key, number one ingredient to success. No leadership, no success. It is truly that plain and simple. The decision to invest in a new way of doing business, a new way of practicing medicine, must have the vision and support of leadership to harness the strength and resources required to begin the journey to an EHR, see it through, and garner the benefits.

Right #2 – “Vision and Objectives”

“I can teach anybody how to get what they want out of life. The problem is, I can’t get anyone to tell me what they want.” – Mark Twain

“If you don’t know where you are going, any path will get you there.” As with any endeavor, having the vision of “why” to implement and setting the primary objectives of the EHR will not only see the project through, but it will ultimately justify the investment, by providing the benefit, or value, that has resulted due to the investment.

Right #3 – “Buy-In”

“Nothing stops an organization faster than people who believe that the way you worked yesterday is the best way to work tomorrow” – Jon Madonna

“Build it and they will come.” The shift in doing “business as usual,” the change in culture, and the way medicine is practiced, will not automatically transition seamlessly with the new EHR system. Hand in hand with leadership, buy-in must be achieved at the clinical and business level. If not, “build it and they will come” will ultimately be “build it and they will creatively develop workarounds.” The old adage, “Why fix it if it’s not broken?” is a roadblock that needs to be overcome with vision beyond strict dollars and cents. Analogies to gaining provider buy-in to implement an EHR often include “herding cats,” “capturing butterflies,” and making it successfully through the painful stages of surgery and tedious road to recovery. The fear of failure needs to be replaced with gaining clinical, operational, and financial efficiencies.

Right #4 – “Workflow Redesign and Training”

The goal to becoming digital with the implementation of an EHR is not to “electrify paper.” If the same workflow is maintained with the EHR as it currently exists with paper, then the true power and value of an EHR will not be gained. Often times in the industry, the saying “Don’t pave the cow paths” is used as an analogy, essentially pointing out that how it’s always been done does not make it a smooth and efficient path. Once these new processes are implemented, training, followed by ongoing training, is essential to developing the new comfort zone for users to integrate this new way of doing business and practicing medicine into their everyday routine.

Right #5 – “Tenacity, Flexibility, and Ongoing Commitment”

The implementation journey is truly never ending. Objectives will be achieved; however, the most successful systems realize that this is a process of relentless discovery. As objectives are achieved, new benefits are realized, and new goals are set, leading to additional efficiencies. This process will not be a smooth and flawless matter of “connect the dots,” and will require the ability to absorb a few punches, duck to avoid a few others, and get up and keep going even after the wind has been knocked out of you.

About HIMSS Davies Award of Excellence

The HIMSS Nicholas E. Davies Award of Excellence recognizes excellence in the implementation and use of health information technology, specifically electronic health records (EHRs), for healthcare organizations, private practices, public health systems, and community health organizations. Created by CPRI-HOST in 1994, the first three recipients of the Davies Organizational Award were recognized in 1995. In 2002, CPRI-HOST merged with HIMSS, and now, HIMSS manages the award program. The Award honors Dr. Nicholas E. Davies, an Atlanta-based practicing physician, president-elect of the American College of Physicians, and a member of the Institute of Medicine Committee on Improving the Patient Record, who died in 1991 in a plane crash. Visit www.himss.org/davies for more information, including educational resources.