



EHR Implementation Success Factors for Practices with 1-5 Physicians

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You know how to take good care of patients, and you've selected an EHR for your practice; now you need to know how to execute a smart EHR implementation process. This effort is costing you considerable capital and time. Considering that the effort requires time away from patients and your family, implementing the EHR had better be worth it.

That's where we can help. HIMSS, a 50-year-old cause-based non-profit, exists exclusively to harness the power of IT and management systems to improve the quality, safety, efficiency, access, and cost-effectiveness of patient care. Based upon thousands of our ambulatory-based members completing implementations across the country, we know the "secret sauce" of a successful EHR implementation. We can help you increase your chances of implementing your EHR in a cost-effective manner.

And, we intend to share this knowledge with you. Here are the **Top 10 EHR implementation success factors for practices with between one and five physicians**. Think of this tool as a way to manage your EHR implementation project. We've laid these implementation steps as a progression – but feel free to adapt them to your reality. As long as you incorporate all the steps along the way, we believe this can help you on your journey towards a successful implementation.

The Top 10 List

1. Communication
2. Leadership
3. Education
4. Goal Setting
5. Culture Change
6. Workflow Redesign
7. Training & System Testing
8. Implement with Enthusiasm!
9. Assessment
10. Celebration

1. Communication

From the beginning to end of your journey, communication is the lynchpin. Tell your team what you're planning and why. Help them understand the intended value of the transition and how they can be participants in the journey. Failure to communicate can lead to rumors flying around the office, which can lead to resistance (fear, uncertainty, and doubt). Here are some foundational aspects of your journey to keep in mind:

- a) Health IT is a tool towards the goal of a new way of running a clinical practice. Implemented well, health IT serves as a key component – but not the only one – in transforming a clinical practice's operations and clinical workflow.
- b) Health IT enables a better culture to emerge. It provides some of the tools you need to improve the quality of the care you can provide to patients while simultaneously growing your business's bottom line.
- c) Meet with your staff on a weekly basis (more frequently, as needed) to discuss and oversee workflow changes, processes, form development, etc. Transparency and open, frequent communication will pay off in the long run.

2. Leadership

Establish your practice's implementation "Champion". This individual must be a physician – either you or one of your partners – with the authority and power to make decisions throughout your practice, hold all staff individually accountable for goals & behavior, redirect the effort when necessary, and serve as the "Chief Cheerleader".

- a) Actively engage and prepare all staff members. Leave no staff member behind in the preparatory discussions.
- b) Engage the member(s) of your staff who are comfortable with IT as additional champions. Discuss your plans in detail with them, update your plans based upon their good ideas, and get their support for the project.
- c) Identify any pessimist(s). Naysayers can often be engaged and become some of the best champions, once they see the value and a contribution they can make to the overall project.
 - i. Positively engage them by asking them questions, listening to their responses, and through your resulting actions, demonstrate that you 'heard' their concerns.
 - ii. Consider giving them a modest role in the effort. If you do, be sure and provide affirmations for their contribution along the way.

3. Education

You must be educated. Many physicians, nurse practitioners, and physician assistants have taken this journey already; learn from your peers using the following techniques:

- a) Visit practices in your area that have implemented your vendor's EHR. Ask them about their experience, and what they wish they could have done differently. This step cannot be emphasized too strongly; it could mean the difference between a successful implementation and a failure, so insist that your vendor share a contact list with you.
- b) Read EHR implementation best practices materials available on the HIMSS [Davies EHR Implementation Award Program](#) and the [HIMSS](#) websites. (See Appendix A for a listing of titles available on these websites.)
- c) Access archived, online [education](#) 24/7. Subscribe to physician-oriented IT [podcasts](#). There are [national](#) face-to-face health IT conferences available, as well as [regional](#) and [virtual](#) ones – take advantage of these learning opportunities.
- d) Question your vendor closely. It's important that you have enough knowledge to distinguish between what is available in the current version of the software you're planning to purchase, and what is being planned in the future.
- e) Practice the philosophy of "caveat emptor" by questioning all vendor claims and promises. Get it all in writing – particularly connectivity and functionality guarantees.
- f) Use your learning to apply to your journey, while simultaneously remembering that there will be tremendous hands-on learning.

4. **Goal Setting**

- a) Now that you've educated yourself on what's actually happening in practices around you, clearly – and in writing – articulate your practice's goals for an EHR implementation. Be realistic about your practice's financial & resource realities.
- b) With your staff, share what you've learned from the resources available: site visits to other practices, educational venues, and online materials. What do they think? Pay attention and incorporate their input into your plans.
- c) Goals must reflect the opinions and needs everyone in your practice – clinicians, office staff, and your patients. This means you must **ask** them. Don't presume that you know what the staff and patients expect or need.
- d) Goals must be specific, measurable, and achievable.
 - i. Example of valid goals:
 - i. Return to pre-implementation patient flow capacity within 90 days
 - ii. Within 120 days, see the same number of patients in a four-day week than were seen in a 4.5 day week pre-implementation
 - iii. Increase the accuracy of coding as evidenced by increased billing
 - iv. Improve the efficiency of office processes as evidenced by a 50% reduction in overtime labor costs

- ii. Examples of poor goals:
 - i. Make everyone happy (not achievable)
 - ii. Make office processes better (not measurable)
 - iii. Have a great implementation (not specific)
- e) Share your draft goals with your vendor. Adapt the goals and/or your implementation agreement based upon the discussion. You've already selected a vendor that you believe in – consider the vendor to be your implementation partner. The specific needs of your practice, such as the workflow requirements, need to be articulated to the vendor for them to understand the way you do business. Developing a trust-based relationship can increase the likelihood of a successful implementation.
- f) Leverage your vendor's experience to become crystal-clear on how much customization your practice can, and will, absorb during the EHR implementation.
 - i. Inevitably, your team will **all** want specific templates and the ability to customize the package. Know that a successful EHR implementation can only absorb so much customization. Before it even begins, clearly articulate what customization can be undertaken in implementation, and what will have to wait until a later phase.
 - ii. In this situation, heavily rely on your vendor's expertise. Your vendor wants you to succeed; they can help you establish realistic expectations up-front.
- g) Once finalized, consider asking your staff to sign the goal statement. This creates a "one-for-all and all-for-one" environment, and demonstrates a declaration of commitment to the journey.
- h) These goals are your roadmap; put them on posterboard and tape them to the walls around your practice – including everyone's signatures. Your patients are actively impacted by your journey; sharing your goals is important.
- i) Establish the implementation timelines – the timelines can be as focused as daily or weekly thresholds. Publicly post the timeline as a large "thermometer": as you achieve a threshold, note it on the thermometer.
- j) Reward your staff for every threshold achieved, and problem-solve with them when a threshold is in danger of slipping. Treats are a great motivator!

5. Culture Change

Post-EHR implementation, your practice will be transformed. Depending upon how well the implementation has been planned and executed, that transformation will be mostly positive or mostly negative. To increase the chances that the transformation will be positive, we want to help equip you for culture change.

- a) Be rigid in your insistence that nimbleness, flexibility, and creativity infuse your implementation process. While you may enter the journey with a defined process, remember that real-time alterations are inevitable.
- b) Accept only one long-term response from your staff: “Yes, I will use the system”. In the spirit of flexibility and nimbleness, you may need to adapt to the situation and create a clearly-stated “phased-in” approach.
 - i. Introducing a new system will require mandatory use by all your staff. Realize you are likely to face resistance at some point in the journey; no one wants to be told what to do, or how to do it. Meet that resistance with humor, empathy, and strength of conviction.
 - ii. Draw a line in the sand – the EHR is the new way of doing business for those who want to work in your practice. There are no work-arounds, nor allowances for “old-timers”.
- c) In your weekly staff meetings, share what you’re learning from each other; jointly problem-solve so all can play a positive role in culture change.

6. Workflow Redesign

- a) Map out your practice’s patient visits, i.e., “This is how we see patients from the beginning to the end of the care encounter.”
 - i. Going into this exercise, the unspoken expectation may be that your practice is about to “pave the cowpaths” or “electrify the paper chart”. While normal, this expectation misses the whole point of adopting an EHR. There is a powerful transformation that can result, if you’re open to it (and, if the other steps are followed).
 - ii. The outcomes of the mapping exercise should be a transformation of your practice’s patient encounter workflow. You want to uncover exciting new possibilities; responding “Gee, wouldn’t it be great if. . .?” with “Yes, I think we can if. . .”
- b) Think about various care encounters you’ve experienced; will this proposed new workflow fit those situations? Such a mental exercise can help increase the likelihood that you’ve accounted for all possible required steps. Clearly and comprehensively document your proposed workflow.
- c) Remember that the use of an EHR system will not necessarily save time; however, the time spent with the patient can be more productive and efficient, with less pending work to do (ideally none) at the conclusion of the patient’s visit.

7. Training & System Testing

Like the steps leading up to #7, this step is pivotal to the success of an EHR implementation. It is an easy item to short-change, yet absolutely fundamental to a successful outcome.

- a) Assess you and your staff's basic computer skills well before implementation.
 - Can you all type? Can you all demonstrate effective use of a mouse? Are you and your staff comfortable and at-ease when performing – for example – online transactions? Can you and your staff easily create and respond to email?
- b) Ask your vendor for other needed basic computer skills to aid your practice's adoption of the EHR.
- c) Well before the EHR is implemented, insist on – and follow up to ensure it occurs – hands-on basic computer training for those who need it.
- d) Train staff before, during, and after the EHR implementation.
 - i. Provide ample and repetitive training opportunities. Be flexible in training times and dates. Be prepared to temporarily reduce staff's workload to ensure they receive the training they need.
 - ii. Require all staff to train on the system prior to using it.
- e) While the vendor is on-site, test the installed system for functionality and usability to ensure it meets your expectations of enhancing the patient visit and improved workflow. This includes testing for meaningful use system requirements and reporting capabilities.
- f) Again, while the vendor is on-site, test for compatibility with your patient accounting system and other office systems, as appropriate.
- g) Once your team starts using the system, you will all begin asking a whole new set of questions – this is normal. The appropriate response is to provide intermediate and/or advanced training.
- h) Look for signs from your team that “they got it” (a good sign) or, conversely, signs that “they've had it” (not necessarily a good sign). Address as appropriate.

8. Implement with Enthusiasm!

- a) Consider buying T-shirts for all staff to wear, place helium balloons around the practice, and other signs of hopeful anticipation.
- b) Prepare communications for all patients:
 - i. A poster/sign on the door welcoming them to the implementation;
 - ii. Written information upon their arrival at / departure from the practice that explains how the implementation impacts their care encounter;
 - iii. Verbal “scripts” the staff can use in preparation for patients' questions and observations

- c) Rapidly respond to negativity or resistance with education, transparency, and support.
- d) Set Expectations - Expect the best and prepare for the worst.
 - i. Request from your vendor and any consultants (and ensure you receive) written quotes ahead-of-time for overtime, additional training over-and-above anticipated levels, longer-than-predicted needs for hands-on support, unforeseen complications, repairs to damaged hardware, hands-on basic computer training, and network crashes.
 - ii. Temporarily lighten your staff's workloads or expectations; or, compensate them for their extra time that is focused on the implementation.
 - iii. Expect a temporary decrease in billing as the new system is learned. Closely monitor this, as the new workflow should actually leverage the Evaluation & Management (E&M) coding from the EHR software, leading to more accurate coding, and increased revenue. Establishing "physician report cards" to compare manual billing with automated billing can help bridge the gap between and avoid long-term gaps or inefficiencies in the new billing process.
- e) Budget for buying lunch, treats, and other motivators for your staff. And, do it!
- f) Prepare for resistance or open defiance on the part of staff. This must be addressed expeditiously and diplomatically. Remember, the only acceptable response long-term from all staff is "Yes, I will use the system."
- g) Consider reducing the pressure on administrative and clinical staff as they learn a new workflow by temporarily reducing the quantity of patients your practice sees.
- h) Be the Leader:
 - i. Positive and encouraging;
 - ii. Demonstrating a non-stop, can-do attitude;
 - iii. Empathetic to obstacles but keeping staff focused on the goals;
 - iv. Absolutely no demonstration of his/her own negative thinking or behavior;
 - v. Demonstrating nimbleness, flexibility, humor, and creativity in solving problems;
 - vi. Zero tolerance for open rebellion; and,
 - vii. Enthusiastic support for every small threshold.
- i) Discuss all ideas for improvement, customization and "fix-it" requests, as well as resolution of all the input with your staff and vendor partner.

9. Assessment

Congratulations! You've survived the implementation – we sincerely hope it's been worth the effort, thus far. Next, let's take some time to assess your practice's experience and the value of the system.

- a) Conduct satisfaction surveys. Depending upon the size of your practice this could be very informal, or more structured.
 - i. Survey everyone (clinicians, staff, and patients) 30, 60, and 90 days post go-live
 - ii. Measure progress towards improved outcomes of care
 - iii. Measure the impact to the bottom line
- b) Act upon the results
 - i. Using the survey results, work with your team to analyze findings
 - ii. Stage the findings include near-term and longer-term expectations
- c) Set new goals and objectives from the new functionality, new workflow, and new ability of the system
- d) Continue to evolve the system, based on the demands of your practice, your patients, payers, and regulatory bodies.
 - i. Continue to plan for annual system upgrades and additional training as appropriate.
 - ii. Consider joining your vendor's user group, as available. Oftentimes, this can be a powerful source of valuable information.

10. Celebrate Your Success

- a) Bring your team together whenever you reach a threshold and have a mini-celebration (again, treats are almost always a welcome addition).
 - i. Celebrate the small successes – have some fun.
 - ii. Share your news with your patients – let them know what you can now do to improve their care and/or their experience with your practice.
- b) Once the system is “live”, you're ready for the stage of your journey – EHR optimization. It is possible to improve the quality of your patients' experience and to increase your practice's bottom line. Continue to look for ways to increase efficiencies, realizing that go-live is only the beginning, and that implementation is ongoing.

Appendix A

EHR Implementation & Related Resources Available from HIMSS

Meaningful Use:

- [Quality Reporting FAQs](#)
- [Improving Outcomes with CDS \(Clinical Decision Support\)](#)
- [Transforming Care at Banner Health through the EMR](#)
- [Leveraging Health IT to Achieve Ambulatory Quality](#)
- [Ambulatory Eligible Providers – Medicaid EHR Incentive Program](#)
- [Meaningful Use Objectives and Associated Measures for Pediatricians – Medicaid Program](#)
- [Final ARRA-related Regulations Pertaining to Meaningful Use Objectives and Associated Measures for Eligible Providers – Medicare Program](#)

Acquisition & Implementation:

- [The Rapid Acquisition Decision](#)
- [Rapid Implementation of an Electronic Health Record in an Enterprise Setting](#)
- [Health IT Contracts and Contract Negotiations](#)
- [EHR Implementation in Ambulatory Care](#)
- [Workflow Redesign in Support in the Use of IT in Healthcare](#)
- [Change Management for an Effective EMR Implementation](#)
- [Project Management Toolkit](#)
- [Organizational Improvement](#)
- [Using Charting Tools and Methodologies](#)
- [Tips on Team Dynamics and Facilitating Meetings](#)
- [Tools, Tips, & Case Studies for Stimulating Innovation and Creativity](#)
- [Changed Physician Behavior to Improve Charge Capture](#)
- [A Desire for Change: Strong Leadership Required in the EMR-EHR Revolution](#)
- [Myth Busters: Overcoming Barriers to HIT Adoption](#)
- [Community Health Organizations: Underserved Populations Receiving Optimal Care through Health IT Systems \(case studies in EHR implementation\)](#)
- [Davies Ambulatory Care Award Recipient Manuscripts \(case studies in EHR implementation\)](#)
- [The EMR Adoption Model](#)
- [Top 10 Physician HIT Engagement Strategies](#)
- [Mitigating Medical Identity Theft Using Voluntary Universal Healthcare Identifiers](#)
- [The Legal Health Record in the Age of e-Discovery](#)

Return on Investment:

- [Return on Investment ROI: Investment Efficiency](#)
- [Exploring the EMR Cost-Benefit Analysis: Managing ROI into Reality](#)
- [The Value of EHRs in Solo or Small Practices](#)
- [Understanding the Fundamental Strategy to Gaining Return on Investment for Your EHR System](#)
- [Benefits Realization Program: Measuring Value, Defining ROI, and Total Cost of Ownership](#)
- [Davies Ambulatory Care: Case Studies of EHR Benefits](#)

Usability of Systems:

- [Defining and Testing EMR Usability](#)
- [Clinicians, Health IT, and Usability](#)
- [Elements of Usability: EHR Visual Design](#)
- [The Role of Usability and Adoption in the EHR Overview and UI Productivity](#)