

EMR READINESS: THE R-FACTOR

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SURELY YOU’VE HEARD THE ELECTRONIC MEDICAL RECORD (EMR) “WAR STORIES” OF MESSY, PAINFUL IMPLEMENTATIONS, UNEXPECTED COSTS, AND MARGINAL OUTCOMES. Despite these early growing pains, credible studies demonstrate that EMR adoption by office-based providers is on the rise. According to results from the National Ambulatory Medical Care Survey (NAMCS), from 2007 to 2008 usage of EMRs increased by nearly 19%. Moreover, preliminary data for 2009 show the increase continuing, with 44% of physicians reporting using an EMR.

Moreover, given the incentives and mandates promoted by the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, providers will ultimately be compelled to select and implement EMR systems. However, there is still a recognizable gap in the ability and

capacity of providers and vendors to ensure a successful implementation process. Consequently, a new buzz word has surfaced in the industry: readiness. Lack of readiness is widely recognized as a core factor in EMR delays and failures. This white paper, the second in a series of three, will address how to assess your organization’s “R-Factor,” or its readiness for success, and provide direction on how to improve your state of readiness for EMR implementation.

WHAT IS THE R-FACTOR?

An organization’s readiness cannot be quantified by a simple checklist.

Readiness is about the cultural attributes necessary for success — a business climate that promotes continuous improvement, relies on data to make decisions, and embraces the virtues of practicing and understanding systems theory. In many respects, this culture will be emboldened by successful deployment of EMR — strong clinical systems drive continuous quality improvement, inform the system of care, and provide valuable, real-time information about the effectiveness of your practice. Readiness is a marathon, not a sprint, and the benefits of a sound approach will resonate for years to come.

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The R-Factor is the aggregation of the elements we have identified below — aspects of planning for implementation that influence your critical thinking. These are themes, not absolutes, a collection of universally applicable concepts that will enhance your effort and experience at every stage of your EMR journey, not just during the selection process.

IMPLEMENTATION IS A FULL-TIME JOB

Identifying the right resources to successfully implement an EMR system is critical. Generally speaking, any system implementation requires resources on both the client's part and the vendor's. On the client side, a practice should consider, at a minimum, roles such as a physician champion, a project manager, a technical lead, and possibly a business analyst (sometimes referred to as an EMR specialist).

A **physician champion** is critical because physicians are most significantly impacted by deployment, and because much of what has to change

that are necessary to meet key project milestones and deliverables.

Technical resources are also critical to ensure that the appropriate infrastructure and network backbone are in place. A **technical lead** helps determine where the application is hosted, how it is secured, and how the organization will plan for operational and data redundancy and business continuity in case of a catastrophic event. Finally, the **EMR specialist** is someone with the requisite experience and exposure to become a super-user and provide application-level expertise and training for the rest of the organization.

These roles can be filled by existing employees, new staff hired directly for the project, or short-term consultants. Regardless of how your organization decides to staff and resource the implementation, your long-term goal should be to build sustainable, scalable EMR domain expertise within your employed staff.

The vendor also plays a critical role in the EMR project. The vendor should deliver a detailed, cus-

data values. Because of the distinctive application of clinical information and values — plus the need to aggregate and analyze these data — a **clinical consultant** is also vital.

CHANGE IS THE ONLY CONSTANT

It is commonly accepted that successful EMR implementation is 80 percent change management and only 20 percent technical — a lot of time and energy is spent redesigning work flows and dealing with participants' resistance to change. Therefore, the *process* you design is important. Doug Bissonnette, senior project leader for St. Joseph Hospital's SJ Physician Services in Nashua, N.H., brought an interesting, instructive background to his role as the project leader for his group's EMR implementation. Bissonnette, who previously worked as a chemical engineer, came from the highly regulated world of biotechnology and pharmaceuticals.

In Bissonnette's former world, project management was king, and a thorough planning process, complete with monitoring, accountability, and a viable feedback loop, was typical. Enter the healthcare twilight zone of private practice, and Bissonnette found the methodologies, processes, and approaches that were commonplace to him to be variably applied or nonexistent. His timing was good; within months of joining SJ, Dr. Stewart Blackwood, the group's EMR project physician champion, determined that the incumbent EMR would not pass muster for the planned 20-site organization.

This gave Bissonnette and his colleagues a chance to start anew, working through a system selection to secure a new product. After selection, Bissonnette went to work, beginning by communicating a strong project charter. The project charter, is in essence, one's vision for the project. And in Bissonnette's case, he required all significant stakeholders

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within the practice requires physician buy-in. A physician champion also serves as an advocate, prepared to rally the troops and navigate the implementation process through troubled waters.

A **project manager** for EMR implementation is a necessity. The project manager serves as the point person who interacts with the vendor, drives the development of project governance and a comprehensive work plan, and shepherds the resources

tom statement of work, and provide its own project management and consulting resources. To that end, a key component in system selection is partnering with a vendor that has verifiable resources and capacity to staff your implementation.

It is important to note that adherence to "meaningful use" requirements within the HITECH Act will force practices to move from the static storage of documents with locked imbedded values to capturing discrete

to reach consensus and execute the charter. Bissonnette felt that signing the charter was a real litmus test — it put everyone’s “skin in the game.” He proceeded to put a strong governance structure in place to handle implementation and change management. SJ utilized an IT strategic planning team — a sort of steering committee — and empowered three work groups: an operating team, a technical team, and an interface team. The work groups carried out the activities of implementation, regularly reporting back to the strategic planning team to ensure effective communication and continuous stakeholder buy-in.

MEANINGFUL USE

The American healthcare industry is on the precipice of a sea change in information-exchange. Adherence to meaningful use will launch us into a brave new world of standards-based communications. The HITECH Act’s direct stimulus payments and other available funding are a serious inducement to transform our healthcare marketplace into an interoperable information ecosystem. A shift to standards-based communications will place a premium on “digital IQ” — the people you hire, the talent you engage, the systems you acquire, the partnerships you secure, and the vendors and technologies you choose.

This paradigm shift requires 360-degree awareness, and a keen sense of the law of unintended consequences. It is no longer acceptable to purchase technology solutions that do not fit into a larger road map. The keyword is “open” — open systems, open platforms, open access to information sharing and data exchange.

Additionally, you need to ensure that your purchases will be meaningful-use compliant for their lifetime — regardless of any future changes to certification, reporting standards,

measures, etc. Therefore, any contractual agreement you enter with a vendor should include a signed commitment ensuring that the technology will never create an obstacle between your organization and a continuous state of meaningful use. Also, you should contemplate real-time integration of all systems in your practice, including any diagnostic devices that you use — as values from your entire spectrum of practice will ultimately need to reside in your clinical system, available for enterprise reporting.

Finally, any systems implemented should be completely scalable and interoperable. Interoperability is de-

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finied by the Healthcare Information and Management Systems Society as the ability of health information systems to work together within and across organizational boundaries to advance the effective delivery of healthcare for individuals and communities. As an industry, healthcare is still very much stuck on addressing the first component — namely intraoperability within organizations. However, simply integrating technology at the enterprise level will not be enough — we need to have a truly plug-and-play health ecosystem.

EVERYONE IS A DESIGNER

Ultimately, achievement of meaningful use will be predicated by an organization’s mastery of business process and work flow redesign. The major IT paradigm in medical practices has been deployment of practice management (PM) systems. PM implementations largely revolve around improving financial outcomes, and the processes related to installation were (and are) somewhat cookie-cutter. On the other

hand, EMR deployment initiates a major change in all of your office work processes. Implementation is a journey that requires a fresh look at virtually everything you do within your practice. So, while the technology has become more stable, reliable, and replicable, the new heavy lifting is redesigning your work flow in a way that integrates synergistically with the EMR.

The core activity of every successful implementation will undoubtedly be the thorough analysis of key work flow areas in a practice setting. We call these “activities of daily operations” — the cross-functional business

processes and logistics that involve multiple resources that include registering an arriving patient, managing an episode of care, ordering a test, incorporating a result in the medical record, and communicating to the patient and other stakeholders.

From a readiness perspective, this redesign work will drive your organization’s training agenda and curriculum, data and chart migration strategies, and privacy and security considerations. Moreover, an organization’s decision about how to deploy staff, hire new staff, or engage consultants can have long-term implications. A total cost of ownership analysis will scope the resources needed, both during the fixed-duration implementation process, as well as the daily operations.

One of the tangential benefits of completing a thorough total cost of ownership process is that you may identify planning elements that you didn’t contemplate. One example is technology infrastructure — do you have the right network and communications architecture and sufficient

bandwidth at all locations to ensure a stable operating environment? If you cannot access the EMR, you likely can't practice, so an assessment of the technology infrastructure is critical.

YOUR VENDOR AS YOUR PARTNER?

In light of the dramatically changing health information technology landscape, a practice will find it valuable to consider its vendor's contributions. What can the vendor bring to the implementation process? In a meaningful use world, with such a vast investment in the growth in penetration rates for EMR and health information exchange (HIE) adoption, the government has a compelling interest in facilitating that adoption. The healthcare industry is on a forced march to standards adoption and common transaction protocols.

All together, increased regulatory oversight requires vendors that are skilled at implementing the latest regulations, committed to product excellence, and hopefully influential relative to rule-making. In addition to being your EMR supplier, your vendor must be your advocate. It's not enough to install — you need your vendor's help achieving and sustaining meaningful use.

KEY CONCLUSIONS

Considering the force of the government initiative to transform our healthcare system from paper-based to electronic, EMR adoption is inevitable. If you have not yet adopted an EMR, you need to begin the process

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immediately. Starting in 2011, providers deemed to be meaningful users of EMR systems will be eligible to receive handsome incentive payments. Physicians who choose not to implement an EMR will not only forego incentive payments, but starting in 2015, they will be penalized by way of decreased Medicare and Medicaid payments.

Beginning the planning process is a solid first step in moving down the adoption path. Based on collected wisdom, we've identified some best-practice lessons learned from the field:

1 IMPLEMENTATION SUCCESS IS REALLY ABOUT ADOPTING THE RIGHT CULTURE. Care should be given to who leads the project, and how you engage the various stakeholders in your organization.

2 CHANGE MANAGEMENT IS A CRITICAL CONCEPT TO MASTER AND COMMUNICATE TO ALL INVOLVED. Sometimes the best way to arrive at difficult decisions is to decide how you will decide, not what you decide. This, of course, requires a bal-

ancing act. For example, you need the physicians' support and want to offer flexibility in how they use the system, while recognizing that no well-functioning system allows for an unlimited number of "one-offs" or alternative processes. Sound change-management practices are essential to the success of the EMR implementation. Even if EMR components are phased in over time, buy-in can be achieved successfully only if there is a clearly stated EMR vision and it aligns with the clinical vision of the practice.

3 YOUR VENDOR NEEDS TO PLAY A POWERFUL ROLE. We can't emphasize enough the importance of a strong vendor-practice partnership, especially in light of the transformative activities about to play out over the next decade in U.S. healthcare. In a large-scale change, such as an EMR implementation, all stakeholders need to fully understand the project's vision and their individual role before they can adopt a change-management strategy. ■

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