Tips to a
SUCCESSFUL
Approach to EHR
Implementation

...and pitfalls to avoid

🔍 Abstract

Implementing an EHR solution can be a formidable challenge as many private practices are learning. Without buy-in or proper planning, the process could result in massive productivity losses for physicians and staff, not to mention a reduction of patients seen. In most cases, EHR failure is evidenced by an increase in costs that can far exceed any monetary benefit that could have otherwise been obtained through federal stimulus incentive programs.

BJ Vander Linden, director of implementation services at AdvancedMD, describes some of the pitfalls of EHR implementation and suggests how to create an implementation plan to achieve successful outcomes across all areas of the practice.

📊 Personalize your EHR implementation for greatest success

Achieving a successful EHR implementation requires careful consideration of the medical practice, processes and the right technology. According to the Centers for Disease Control and Prevention (CDC)[1], in 2011, 55% of physicians had adopted an electronic health record (EHR) system. The CDC has also reported that the majority of physicians who adopted an EHR system (85%) were either very satisfied (38%), somewhat satisfied (47%) with their system, while 15% of providers were either very dissatisfied (5%) or somewhat dissatisfied (10%) with their EHR system.

Data represent office-based physicians who reported having adopted electronic health record systems (55% of sample).

The sample includes nonfederal, office-based physicians and excludes radiologists, anesthesiologists, and pathologists. Missing values are excluded.

5%
Very dissatisfied

38%
Very satisfied

10%
Somewhat dissatisfied

47%
Somewhat satisfied

United States, 2011[2]
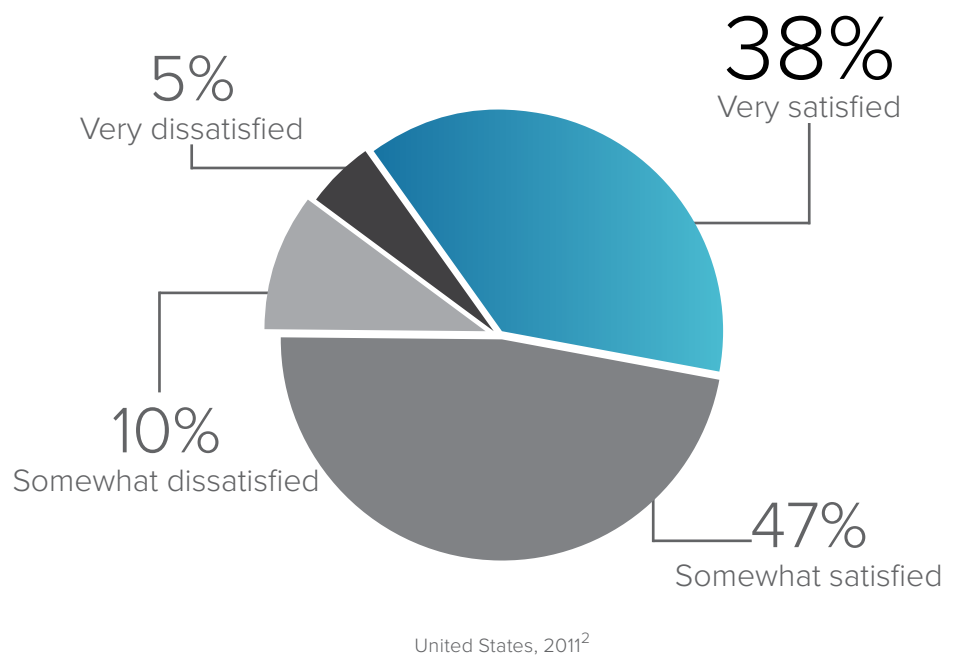
1.   http://www.cdc.gov/nchs/data/databriefs/db98.htm#How
2.   CDC/NCHS, Physician Workflow study, 2011.

Personalize your EHR implementation for greatest success

1. STAY COMMITTED TO YOUR GOAL, BUT FLEXIBLE IN YOUR APPROACH

Pitfall: Trying to force a new EHR system into an existing paper-based workflow will most likely fail. Moreover, trying to replicate an existing EHR system with bad workflow doesn't add value; it just makes bad workflow worse.

Those seeking to achieve meaningful use and ARRA federal incentive payments must adhere to a set of standards that include workflow documentation processes. Certified EHR systems help satisfy these requirements as they have received a more robust, integrated inspection than non certified systems. Such EHR systems are designed to follow proper workflow that is both safe for patients and productive for users.

In contrast, bad workflow is synonymous with extra work and creates an opportunity for error. The key is removing wasted effort and opportunities for error or failure by leveraging the technology for routine functions and using your trained staff for

the thinking. For example, if you require four layers of approval on a chart, where one or two is sufficient, you are just perpetuating wasted effort. Bad workflow is trying to implement what was done with the paper trail and trying to force it into the electronic form.

To implement a successful EHR, users must not be married to former, familiar ways of doing things on paper. Most of the time this perpetuates bad workflow. That is one of the top reasons for why the government is pushing so hard to convert practices to electronic – because physicians demonstrate meaningful use by following best practices of healthcare as managed by and within the EHR.

It is important to step back and take a fresh approach that aligns well with 'big picture' goals. Try to focus on improving bad or cumbersome processes and make sure you have chosen an EHR solution that can optimize productivity and results across the entire practice, not necessarily for just one role. If you take this holistic, integrated approach to medical practice optimization, you will succeed not only financially, but also in improving the patient experience and staff job satisfaction.

2. DON'T SHORT-CHANGE YOUR TRAINING OPPORTUNITIES

Pitfall: EHR is a paradigm shift and initially can be disruptive. Underestimating the training requirements and time commitment by all parties to achieve basic proficiency can create chaos, productivity drags, and unhappy physicians and staff.

Plan out your implementation schedule. This may require modifying work schedules slightly or potentially investing in additional hours for your staff. You need to understand the required tasks and timeline. It is important to allocate time for training and learning the new system, both the application and changes to your workflow. Do not expect to be able to spend a few hours or one weekend learning a new system and workflow. It just simply does not work this way. Identify an expert or

EHR champion within your practice – someone who can help others adopt the new system. This champion can become an internal resource and advocate helping you improve overall success. Sustainability is key! It is not just about implementing (design and training), it's about adopting and actually using the solution over time. The expert can help you do this and creates employee engagement.

3. DON'T UNDERESTIMATE THE IMPACT TO YOUR WORKFLOW

Pitfall: Moving to an EHR platform is more than just obtaining incentive dollars. There can be significant benefits to your patients and staff; however, don't underestimate the impact or changes necessary to your patient workflow.

Engage your resources in the practice. Agree on your objectives, your approach, and expected outcome. And be realistic! Understand it is important to address your entire workflow in this implementation. There are opportunities throughout your practice to see wins. While important, it is not just about the patient encounter in the exam room. Include your nurses and medical assistants. The implementation of an EHR impacts everyone in your practice!

4. TO PILOT OR NOT TO PILOT

Pitfall: Implementing an EHR can impact all areas in your practice. It is important to test the new workflows and the use of an EHR application before you fully adopt it in your practice. This applies to a solo-provider practice or a ten-doc, three-location practice.

It is important to role play your newly or redesigned workflows before the normal workday or on a weekend. Perform parallel processes if migrating from paper, meaning carry the paper chart with you and use the EHR application as you ramp up over the first week or so. This will allow you to ensure you have designed the electronic chart appropriately. It also provides you access to historical information without negatively impacting the patient experience. In a multiple-physician practice, allow one physician to pilot the workflow and EHR application first. This physician can then work through any challenges without impacting the entire office and help successfully onboard other physicians.

5. OPTIMIZING THE EHR

Pitfall: There is not a single best way to use an EHR system. There is probably not one EHR that fits any one practice's complete needs.

Identify what is most important to your practice and realize it is not just the physicians who can benefit. Integrated EHR allows you to capture charges in real time that pass automatically to your billing solution — seamlessly and effortlessly. This allows your back office to become more productive, eliminates lost superbills, and increases your ability to get paid more quickly. No two physicians use an EHR the same way. Some find it more productive to document and code real time in the application, where others use transcription services to document in the EHR (post patient visit). This typically depends on expected patient volumes, physician demographics, or simply how they want to operate as a physician.

> "Successful clinical integration of quality and accountable care models requires interoperability with other organizations"
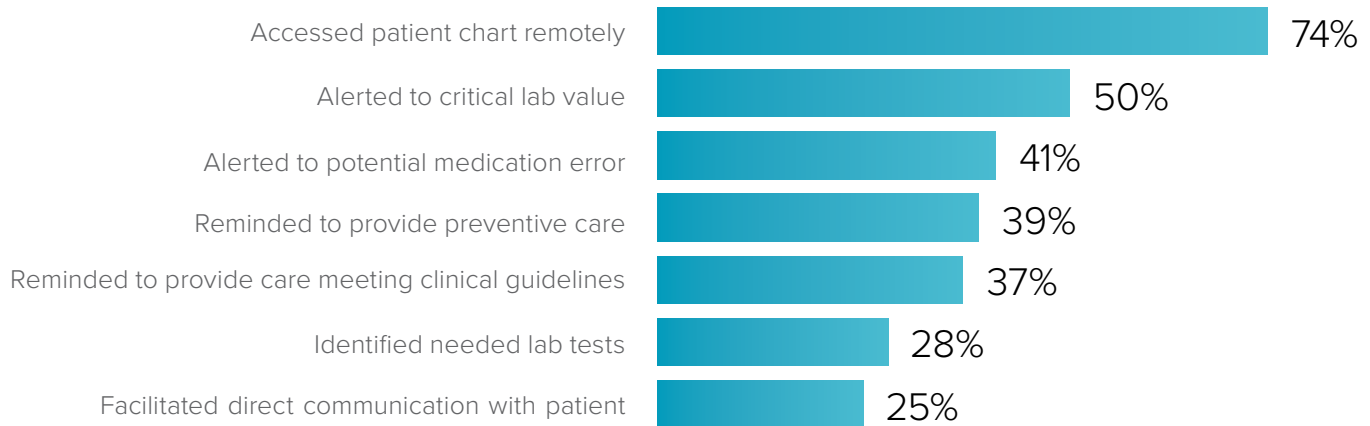
› Summary

While the implementation will require a good deal of effort, it will pay off handsomely in the long run. Below are some of the benefits that physicians reported to the CDC.

- A majority of adopters reported having accessed a patient's chart remotely (74%) and having been alerted to critical lab values (50%) by using their EHR system.

- A majority also reported that using their EHR system had resulted in enhanced overall patient care (74%)

PERCENTAGE OF PHYSICIANS WHOSE ELECTRONIC HEALTH RECORDS PROVIDED SELECTED BENEFITS:

Physician workflow

Accessed patient chart remotely	74%
Alerted to critical lab value	50%
Alerted to potential medication error	41%
Reminded to provide preventive care	39%
Reminded to provide care meeting clinical guidelines	37%
Identified needed lab tests	28%
Facilitated direct communication with patient	25%

Patient-related outcomes

Enhanced overall patient care	74%
Ordered more on-pormulary medications	41%
Ordered fewer tests due to lab results availability	29%

United States, 2011[3]

EHR Software Revolution

In the previous chart, 74% of physicians report remote access is most important in a successful EHR implementation. Cloud EHR software from AdvancedMD transforms your practice with paperless automation so you can create better patient outcomes (and improved revenue performance!). You stay in control with customizable eNotes, electronic prescribing, and an online Patient Portal.

The user experience and satisfaction improve giving you near-immediate ROI. Your data is accessible on the iPad or a laptop, which makes life on the go much more productive. With AdvancedMD EHR software you can stay connected to patient records, lab results and health histories from anywhere. AdvancedMD EHR software is on par with hospitals and large clinics that a smaller practice can afford.

Physicians with EHR systems whose systems or scope of work did not include a specified capability responded not applicable. These responses are included in the denominator for percentages.

Data represent office-based physicians who reported having adopted EHR systems (55% of sample).

The sample includes nonfederal, office-based physicians and excludes radiologists, anesthesiologists, and pathologists. CMS is making available up to $27 billion in EHR incentive payments, or as much as $44,000 (through Medicare) or $63,750 (through Medicaid) per eligible health care professional.4 So a thoughtful EHR approach will achieve a more successful practice that will enhance the patient experience, improve treatment and result in a solvent physician practice.

3. CDC/NCHS, Physician Workflow study, 2011.
4. http://www.healthit.gov/providers-professionals/ehr-incentives-certification

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