



You Can't Just Flip a Switch: Preparing Your Practice for EMR

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Implementing an electronic medical record (EMR) is gradually but steadily becoming a mainstream activity. Whether done in a small office or a large, multi-specialty organization with a million dollar IT budget, successful implementations share many common characteristics, and there are steps that can be taken to ensure your practice is one celebrating a constructive change down the road:

1. **Who is your Champion?** An implementation effort leading to long-term change with the support of the entire practice requires a “Champion” – someone who has total management support and commitment to the process. This is the person who has the political clout in the office to lead others, is dedicated in their position and won't mind if they experience moments of unpopularity during the project's duration. Additionally, the Champion's accustomed responsibilities may need to be cleared, at least partially, during the product selection and implementation phases of the project. It is unrealistic to expect someone who is busy with a full-time job to “slip in” oversight of an EMR implementation.

The Champion – who is the ultimate project manager for implementation – does not need to be a physician but can be anyone within the organization with the clarity of vision and the dedicated time to oversee the initiative. The main qualification for the Champion is not a specific degree, but an understanding of what the EMR will mean to *their* office setting and an ability to bring others to believe in that potential.

Two successful implementations in the hurricane-stricken area of New Orleans were led by medical assistants, and other offices have worked successfully under the leadership of office managers, mid-level providers and nurses. In the case where the Champion is not a physician, it is still necessary to identify a doctor willing to participate during the initial phases of vendor selection, template evaluation and building, and implementation start-up.

2. **What is your Vision?** A “Vision Statement” or value proposition of *why* your office may want to implement an EMR is an essential factor for success. More than a mechanical marketing tactic, the well-wrought Vision Statement truly captures your practice's personality. It can and should affect every stage of the EMR selection, implementation and use processes.

For example, your Vision Statement can strongly impact what features of an EMR you will want to prioritize (knowing that no one system can fit all office settings) and can



even influence your choice of hardware or office design. At the same time, it is necessary to remain cognizant of pending legislation or changes to the payment structure within the industry to ensure that you buy a product that will work for you now *and* in the future.

If your Vision guides you to take advantage of pay-for-performance programs being instituted in your area, you will need to make sure the EMR can generate reports to qualify your practice. An interest in clinical trials will mean you need a strong “chart searcher” system with codified data. But if your priorities are simply to organize data and streamline some of the practice’s workflow processes, then a low-cost, no-frills EMR might work as well for you as a more expensive, more robust system.

3. ***Can you be honest with yourself?*** Once your practice’s Vision is agreed upon, the Champion can begin active planning. This should occur well before vendor selection, and if it’s done properly, it might be a little uncomfortable for everyone, because the first step in planning is an honest office self-evaluation.

You need to realistically examine how things work in your practice, both clinically and from a business perspective, and assess the impact of an EMR on those functions.

- Generally, what are the workflow processes in the office?
- Why are processes designed as they are?
- Are processes efficient, or can an EMR improve upon them?

Additionally, electronic medical records come in many shapes and sizes, with different feature emphasis or even availability. What features of an EMR does the office consider a priority – and worth paying for? Are you aiming for a paperless office or do you plan to maintain paper charts in some form, and what functionality does the EMR require to help you achieve these goals? Additional questions to consider:

- Can your lab partners provide results electronically, straight into your EMR, or will they still come on paper? If so, how will those results get to the chart?
- Is e-prescribing important to you?
- How often does your practice need to store images?
- Will the physicians be documenting care while with the patient, or will that take place when the exam is finished?

Hardware requirements may differ based on several factors. For example, not every provider can type; some prefer to write by hand or dictate, and both the EMR and hardware need to be able to accommodate for such requirements. In most instances, handwriting recognition will be available on a tablet PC but not a desktop or traditional laptop.

Initiating use of an EMR system is not a change that ends when your system gets turned on for the first time. Using the system will necessitate different support from your staff than they historically were asked to provide, and it is important to prepare for



not only the requirements of the implementation period but also the long-term impact on the practice's business.

- What new tasks will arise through use of the EMR that someone will need to consider part of their daily job, such as template customizations, report writing, and communications with outside practices that are both using and not using an EMR system?
 - Is someone in your office prepared to assume that role? Do you have the skills within your current staff?
4. ***Is everyone prepared for the size of the change?*** In addition to becoming the expert on various products offered by the market and the specific goals of the practice, the Champion needs some understanding of change management and how that will influence the transition to EMR.

The fact is, even good change carries some sense of loss and uncertainty, and it's important to be aware of who is onboard with moving to an EMR among the physicians *and* the staff, and who may be resistant.

The development of a realistic timeline that is shared with all participating staff can be enormously helpful in setting expectations. Often, the rate of change may be a greater influence on success than the overall change itself. The shotgun approach of trying to bring up the system, get everyone live within three months, and move away from previous processes virtually overnight can be overwhelming for anyone. Instead, a steady, modular approach allows for small successes along the way to further build consensus before the complete conversion is finished. People will tolerate the "pains" of implementation if they know there is an end *and* if they experience some of the benefits along the way.

5. ***Don't drive forward by looking in the rearview mirror.*** Change is certainly not easy, and frustrated people often prefer to fall back to what they are comfortable with. EMR implementations can be undermined by staff members who persist in doing it the old way; however, a "no turning back" attitude announced at the beginning of the implementation coupled with sufficient support can often strengthen the office commitment to the new processes. Be prepared to accept feedback during the time of change if a new process is more disruptive than was anticipated. It is possible you may need to make slight course adjustments as the reality of a new idea is put into practice. If you make it clear to the staff that you are open to addressing concerns, they will be open to moving forward.

Also, consider the possible need to provide incentives for change. One office awarded physicians who documented using the EMR with a higher per visit reimbursement as opposed to those who lagged behind. Disincentives may need to come into play for those who resist the switch, even as drastic as asserting that those who cannot support the process may need to change offices.



6. ***Provide lessons before asking people to swim.*** It is critical to make sure the providers and staff have plenty of training and support so they are never embarrassed in front of a patient by not knowing how to provide care using the EMR as a tool. Ensure that everyone has protected time to train and also that the staff make a commitment to participate. One office had staff sign a commitment letter stating they would not schedule vacations or appointments outside the office during training times.

Training options when implementing an EMR run the gamut from vendor trainers in the office, to live web training, to videos. In large offices, it is a good idea to suggest that people train in pairs, with one person going first and then supporting their partner as they train.

7. ***Be sure you know who has your back.*** Who will you call when things go wrong? It's important to realize that the IT support specialist you've worked with previously may no longer have the skills to support your practice. Large offices can possibly afford their own IT specialist, but for smaller offices, this may require another shift from how you've historically worked.

Until now, your small practice may have done its own IT support, but this is unlikely to be effective once the EMR is in place. You will want to partner with a local IT support vendor or work directly with the product vendor you purchased from. These external supports can advise on ordering hardware; setting up networks, computers and printers; directly installing software; and keeping it updated and running smoothly.

Making the resolution to purchase and install an EMR system is one of the biggest decisions your practice will face in the foreseeable future. It will, inherently, be an unsettling time, but with an insightful Champion skilled at evaluation, planning and change management, partnered with successful training and support, you should realize the full benefits of a successful EMR implementation.