



10 Recommendations Prior to Implementation of an Electronic Health Record

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You have made the decision to use an Electronic Health Record (EHR). This decision goes beyond the physical act of opening a paper chart and writing your note or logging on a computer to type a note. Writing a note is just one function that is captured within an EHR. All the processes of your practice will be transformed by using the functionality within an EHR. With that in mind, you can understand the amount of change that will take place to migrate each of your work processes into an electronic process. It is sometimes as easy as answering a “yes” or “no” question. And sometimes, it is as complex as having to research each insurance carrier’s expectations. Outlined below are the top items that will assist you in laying a foundation for making that migration smooth and seamless with your current paper processes. Additionally, there may be items that are specific to your practice.

1. Know your needs, know your medical practice

How many people do you see per day, per week, and per year? How many of those people are scheduling for a medical problem or just a well visit? How many diabetics do you care for? How many people with pneumonia do you see? How many of the people from 45 to 65 have met all their wellness criteria? How many have received a Prostate screening, colon cancer screening, or a mammogram? What specialty do you refer to the most? What problems get referred to you the most? Software is merely a tool to do a job. You are the only one who can answer the question of what you want the tool to do.

2. Define the tool with the top most important practice goals

Do you wish to provide a larger breadth of teaching materials? Do you need to partner with more GI specialists due to the number of GI disease diagnoses made? This is how you define your tool. What exactly are your goals with implementing an EHR? Many times goals are metrics set forth by public health administrations, insurance companies and federal mandates to be compliant with social insurances. Get a list from your payers (managed care organizations) and state funded insurance programs. Many times, if you can supply them the metrics of the standard of care, the reimbursement rates increase. You may have practice goals you wish to meet. This would be the time to define and design measurements for your own practice goals.

3. Lawyers and contracts

In this economically prudent time for medical practices, many have joined together for purposes of leveraging a better competing force. The contract will need to be revised if there is no verbiage outlining the power of changing to an EHR. This may be viewed as a

difficult task to get accomplished. This is actually the first step to communicating that the electronic world is coming. Whoever started the idea of making the transformation to an EHR can use this as the first business of communication. Get the contracts revised and signed. Also, Relative Value Units (RVUs) may be a contractual obligation which has monetary rewards attached. How is this going to be handled during the implementation learning curve period? A suggestion: Suspend the RVU requirement for the implementation period of up to 6 months and use the previous 6 months for any metric attached to monetary rewards. Another suggestion: If the practice is fiscally sound, provide a monetary incentive to be off of the paper chart and 100% electronic documentation in six months.

4. Build decision infrastructure

There are many decisions which have to be made and without leadership or decision makers in place from minute one, chaos will follow. Chaos translates into money, time and frustration. What type of infrastructure is needed depends on the size of the organization and the communication model. Effective models are: the single point model, the committee model, and the layered model.

The single point model is effective for small practices. This should be filled by one person. Because some decisions of how the software should work will be based on medical knowledge, this could be a physician or nurse practitioner that has some technical savvy. Consideration of the time that the project would take should be accounted. This person's schedule should be modified to allow proper time to make decisions. The advantage of this model is the communication is single pointed and the decisions can be returned at an expedited rate. The disadvantage is there is not an alternative point of view on the topic. An example of the question that a medical person may need to answer could be something as follows: What do you want to do with abnormal lipid panels, send letters, and follow-up appointments? Do not underestimate the time and amount of decisions that will need to be made.

The committee model is effective for medium sized projects of around 100 physicians. The team should consist of a person who knows the operations and workflows of the clinics, a nurse manager that can represent the nursing interest, and the technical people. The committee should have a regularly scheduled meeting in which they can decide on outstanding topics with input from several points of view. The advantage of this model is that there are several views which lead to decisions. The disadvantage is even simple "yes or no" answers must wait for the committee meeting and decision. However, a meeting can be scheduled weekly to make decisions and have discussions.

The layered model is for very large organizations where there are leaders for different regions or clinics. Committees are formed to address different aspects of electronic changes. There would be a committee for operational decisions, such as; scheduling workflows or scanning workflows. Additionally, there would be a committee for clinical decisions. There would be a committee for change control or sign off on testing. Leaders voice opinions of the region on the committee which are formed to address the different aspects of the decision making. The advantage of this model is that all regions of the business have a say in the configuration of the software. Also, there will be various experiences from each of the clinics and that experience can be leveraged when more complex configurations or workflows are needed to solve a problem. The disadvantage is that this is a slow process of receiving an answer of a decision on an issue.

5. Find a Project Manager

Project Managers provide leadership, issue tracking, issue resolution, and coordinate all the goals and scope of the project. They are a talented lot whose value can not be underestimated. Assign a project manager with the skills to lead an EHR installation.

6. Communication Plan

Creating clear communication objectives should be one of the first tasks of the project manager and the decision makers. Communication is one of the essential ingredients of a successful project: Communication that the business is moving to an EHR; communication of the assigned decision makers; and communication plans of how decisions will be forwarded to the technical team, to the end users, and how the minutes of meetings will be maintained. Using a web based site such as “SharePoint,” or a network drive accessible by everyone can house this information and ease communication processes. Schedule a kickoff meeting with an orientation regarding the communication plan and tour of the network drive folder structure or SharePoint site, so everyone knows how to save key project documents and where to find information concerning the project.

7. Understand the software process

Medical people meet software people. Technical people meet medical people. There must be an understanding of each other’s language. Many technical people involved in EHR’s were medical people in different professions – from respiratory, nurses, lab, or pharmacists. There are basic steps of software which should be understood by the medical people who will be involved in the implementation. Understanding the software process gives non-technical people the ability to communicate effectively with the technical people. When you talk effectively to technical people, they understand your needs. In turn, they can translate your business needs into functionality within the software, which meets (or exceeds) your needs. The software process is broken into phases. Those phases are: **Requirements, Specifications, Design, Build, Testing, and Maintenance**. In some of these phases, you will participate.

- **Requirements** basically mean what is required of the system. What do you need this software to do? State your requirements as precisely as you can. For example, the statement of “I need to see the patient’s allergies” may sound very precise to a provider. The person who is developing or configuring the software with multiple screens may not find that precise enough. Where and when do you want to see the patient allergies? “I want to see the patient allergies on the top of the screen on all screens at all times” This statement is much more exact.
- **Specifications** are more for the technical individuals. This phase is where they figure out where the allergies are being placed in the system from a database or other technical perspective, and how to retrieve this information and display it. Specifications are written from the requirements. They should be clear enough for the design team to design to create and the language used should be easy for the providers and nurses to understand.

The specification phase is where you – the providers – will get some additional questions from the developers. Please be patient and answer all questions with

enthusiasm. This is where the specifications are written from the requirements. Questions will inevitably arise as the technical people read the requirements. Even a specific statement like “I want to see the patient allergies on the top of the screen on all screens at all times” may be vague to a developer if there are many patient items showing on top of the screen. The developer will ask “do you want to allergies in the top right, top center, top left?”

- **Design** is the next phase where the technical solution of what is required is created. This is an important phase for the technical people. Designing how to technically place the allergies on the screen would be ascertained. Should all allergies be placed in a database table which could be called upon to display when chosen from a drop down list? Should the user be able to type them in and then be stored to that patient? This is also an important phase for providers. It is the design phase which may or may not grant the ability to do something in the future. For example, if the design is to have the user type in the allergies and then get stored against the patient, what would be the consequence of the user not typing in any allergies or misspelling an allergy? If, at a later date, you wanted to report on the allergies to penicillin and the user was typing them in, and a report developer asked for all the possible values, how do you know? Design becomes important for you – the provider. If initially there was discussion on reports, this would impact the way the software was designed. We don’t need a report right now, but will need a report on patient allergies, this would cause a more accurate way of storing, and choosing allergies. Suffice it to say, design does impact providers, perhaps not right now, but some time in the future.
- **Build** is the next phase. Providers have nothing to do with this phase. The technical people take the requirements, specifications, and design information to create the software accordingly.
- **Testing** – During this phase, everyone gets involved. It is the most important phase for the entire organization. Testing is applicable for all clinical staff that will be using the software. Testing the software ensures that it does what it needs to do. It takes every requirement and confirms that the software meets those requirements. There are many types of testing: Unit testing; system testing; and integration testing. Basically, all testing is done to ensure the system works as you designed it to work.
- **Maintenance** is discussed in topic ten.

8. Define Scope of the project

What do you want the requirements to be? There are many documents that come into medical practices from outside sources. If you want to maintain a paper record for those paper documents, then paper chart maintenance is “in scope.” If you do not want a hard copy, then those papers coming into your office will need to be scanned into your medical chart – which means scanning is in scope for the project. All those boundaries and solutions for all workflows of the office must have a solution and definition within the project scope. Lab results will come into the EHR via an interface. The lab result interface would then be within the scope. Lab orders would need to be decided – do you want the order to go to the lab as well? The topic of scope can get very vast.

9. Reporting Tool

The power of the electronic world is the reporting capabilities. If the build is done with reporting in mind – you have the ability to discover powerful information about the health of your patient population and the ability to drive changes as you access the data. However, reporting is often not considered during the phases of requirement, specifications, and build, so capturing the information that you want reported gets left out. Consider some key factors in which you would like to have a report at the beginning of the project. This will ensure that the technical people will build in those factors and you can run reports which you find most useful.

10. Training, Support and Optimizations – Maintenance Phase

After the EHR is up and running, the process does not end. The process of making changes as the physicians and nurses submit requests is on-going. Updating the version, making new reports, and participating in new practices will need people to support the software. Initially, training all the users does not end. New employees will need training; changes to the software will need a training process to keep people current. General maintenance is on-going and should be considered from the beginning.

If you would like more information about implementing Electronic Health Records or Epic solutions provided by VCS, please contact us at 610.444.1233 or vcs@getvitalized.com. Additional information about the services and solutions offered by VCS can be found at our website, www.getvitalized.com.