



EHR Implementation Success Factors for Practices with 6-10 Physicians

October 7, 2010

You know how to take good care of patients, and you've selected an EHR for your practice; now you need to know how 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 EHR implementations executed by our members across the country, we know the "secret sauce" of a successful EHR implementation.

And, we intend to share it with you. Here are the **Top 10 EHR implementation success factors for practices with between six and 10 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. Governance
2. Leadership
3. Education
4. Goal Setting
5. Culture Change
6. Workflow Redesign
7. Training & testing
8. Implement with Enthusiasm!
9. Assessment
10. Celebration

1. Governance

From the beginning to end of your journey, governance is the lynchpin. Tell your team what you're planning and why. Set up an "Executive Committee" and an "EHR Oversight Committee" to provide guidance and regular oversight. 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 your practice. Implemented well, health IT serves as a key component – but not the only one – in transforming a practice's operations and clinical workflow.
- b) Health IT enables a better culture to emerge. It provides some of the tools your partners and you need to improve the quality of the care provided to patients while simultaneously growing your business's bottom line.
- c) An "Executive Committee" consists of practice leadership (such as your practice owners or representation of practice ownership, and practice administration) to oversee major business decisions for the practice, including setting business and clinical objectives and monitoring achievement.
- d) Your "EHR Oversight Committee" consists of key staff that are assigned leadership roles for the EHR project, with the responsibility to meet on a weekly basis and as needed to discuss and oversee workflow changes, processes, form development, etc.

2. Leadership

Establish the Executive Leader, often known as the "Champion". This individual must be a physician with the authority and power to make decisions at all levels of your practice, hold all staff individually accountable for goals and behavior, redirect the effort when necessary, and serve as the "Chief Cheerleader".

- a) Actively engage, motivate and prepare all staff members. Leave no staff member behind in the preparatory discussions.
- b) Empower "implementation champions" from all levels in your staff. Seek out and actively engage those who are "early-adopters" and "IT-friendly"; during the implementation, they will powerfully influence their peers' behavior – you want that influence to be positive and constructive.
 - Give these champions clearly-articulated authority to problem-solve, train, and support their peers.
- 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) With your office manager or practice administrator, 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 model practice materials available on the [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 currently available in the current version of the software you’ve purchased, and what is being planned in the future.
- e) Practice the philosophy of “caveat emptor” by questioning all vendor claims & 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) Gather the Champions (Executive and Implementation) and clearly – and in writing – articulate your practices’ goals for the implementation.
- b) Share what each champion has learned from the resources available: site visits to other practices, educational venues, and online materials. Explore how this learning impacts your practice’s implementation journey.
- c) Goals must reflect the opinions and needs of the clinical staff, administrative staff, and – most importantly – your patients. This means you must *ask* them. The Champions cannot presume they 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. Move billing in-house without adding staff
 - iv. Increase the accuracy of coding as evidenced by increased billing
 - v. 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. The vendor needs to be a partner in your practice's implementation. 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. It is important for you to lead the vendor down the path and have them join you with the right technology solution for your practice.
- f) Leverage your "Executive Committee" to become crystal-clear on how much customization your practice can, and will, absorb during the EHR implementation.
 - i. Inevitably, your clinical team (and lead administrative staff) may **all** want specific templates and the ability to customize the package. 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 and documented workflow analysis. Your vendor wants you to succeed; they can help you establish realistic expectations up-front.
 - iii. The Executive Committee's role is to adjudicate customization requests, conduct risk mitigation and analysis to resolve issues during the implementation. Equip them for success with a well-conceived document and evaluation/determination process.
- g) Once finalized, ask all champions 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 your champions’ 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” in the staff room: 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 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, all your champions must accommodate real-time alterations to fit the realities you will inevitably face.
- 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) Assign your champions to various teams – clinical, administrative, etc. Engage in peer-to-peer conversations focused specifically on the needs of those stakeholders. Periodically bring the champions together to share what each is learning from his/her peers; jointly problem-solve so all can play a positive role in culture change.

6. Workflow Redesign

- a) Map out each clinical workflow in the practice by those who drive that particular workflow, i.e., “Day in the life of...” flowcharts

- i. Going into this exercise, the unspoken expectation may be that your practice is about to “pave the cowpaths” or “electrify the paper charts”. While normal, this expectation must be nipped in the bud. There is a powerful transformation that can result, if the practice opens its collective “mind” to the possibilities.
 - ii. The outcomes of the mapping exercise should be a transformation of the workflow. You want to uncover exciting new possibilities; responding “Gee, wouldn’t it be great if. . .?” with “Yes, I think we can if. . .”
- b) One goal of implementing an EHR is to safely identify and streamline new workflow processes. Of course, you must include all required steps, but through an effectively-implemented EHR, you will do so in a more efficient way than conceivable with paper charts.
 - c) Test the new workflow using different clinical and patient encounter scenarios with the staff. This will increase the likelihood that you’ve accounted for all possible required steps.
 - d) Once implemented, conduct time-motion studies to determine if the new workflow is optimal or if there could be improvements made to the number of included steps. Use of an EHR system may 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 visit.

7. Training & Testing

Like the steps leading up to #7, “Training” 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 staff members’ basic computer skills well before implementation.
 - Can they type? Can they demonstrate effective use of a mouse? Can they demonstrate comfort and ease of performing – for example – online transactions? Can they demonstrate comfort and ease of creating & responding to email?
- b) Ask your vendor for other basic computer skills staff should have that will aid their adoption of the EHR.
- c) Insist on – and follow up to ensure it occurs – hands-on basic computer training for those who need it well before the EHR is implemented.
- d) Every staff member has an “implementation job” – Leader, Champion, Learner. Document each role and train all for their role. Publicly post each role and who serves in which capacity.
- e) Train staff before, during, and after the 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.
- iii. Once users start using the system, they'll begin asking a whole new set of questions – this is normal. The appropriate response is to provide intermediate and/or advanced training.
- iv. Look for signs from users 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. Equip your champions to help their colleagues by temporarily lightening their own workloads or expectations or compensating 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 the “Executive Leader” for resistance or open defiance on the part of senior 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) The Physician Champion must lead:
 - 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) Activate the EHR Oversight Committee. Discuss all ideas for improvement, customization and “fix-it” requests, as well as the Committee’s resolution of all the input. Publish the timeline and process the EHR Oversight Committee uses.

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. The type of survey might vary based on size of your practice, but it is important to assess staff satisfaction.
 - 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, form a cross-disciplinary 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.

10. Celebrate Your Success

- a) Bring teams 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](#)