



A Roadmap for EMR Adoption

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2008- 2009 EMR Adoption Model Trends

		2008 Final	2009 Q2
Stage 7	Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing/mining	0.3%	0.3%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.5%	1.0%
Stage 5	Closed loop medication administration	2.5%	4.5%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	2.5%	3.6%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	35.7%	38.4%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, CDSS inference engine, may have Document Imaging	31.5%	31.4%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	11.5%	7.2%
Stage 0	All Three Ancillaries Not Installed	15.6%	13.4%

Thanks to the following contributors

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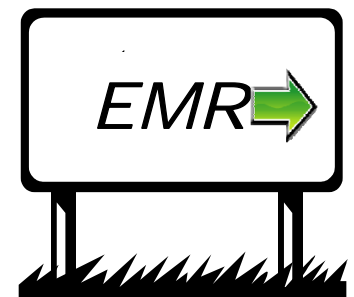
A Roadmap For EMR Adoption

1. Build a vision, consensus and strategic plan at the executive/board level for a business initiative to transform care delivery.
2. Build a governance structure to facilitate decision-making, prioritization, management, and accountability that includes a comprehensive user-focused change management plan (i.e., teaching people how to deal with change).
3. Build the IT infrastructure to support an EMR, including a disaster recovery/business continuity plan.
4. Measure business processes to be impacted and expected to improve to provide ROI for investment.
5. Make supplier/consulting decisions.
6. Implement the technologies in the right order.
7. Keep measuring, managing change, achieving adoption of technology in day-to-day work.



1. Build Vision, Engage Executives

1. Build vision, consensus and strategic plan at the executive/board level for a business initiative to transform care delivery.
 - Leadership needs to understand the extent to which “business as usual just left the building.”
 - There’s nothing as transformative in an HCO as this, and it requires courage, leadership, patience and steadfastness. And money for multiple years.
 - Establish benefits to be achieved and accountability for realization.
 - CEO and leadership team owns it. “Launch and leave” is NOT sponsorship.
 - Now’s the time to identify the clinician (especially physician) champions. Don’t pick nerds.
 - Identify required roles (CMIO, CNIO).





2. Build a Governance Structure

2. Build a governance structure to facilitate decision-making, prioritization, management, and accountability that includes a comprehensive user-focused change management plan.
 - Take the mandate from the executive team and board and translate it into a functioning governance structure.
 - Get a functional steering committee established.
 - It's much more than technology; there has to be a comprehensive plan (and budget) to deal with the people side of the project.
 - “You have to teach people how to deal with change and adopt dramatic shifts in the clinical environments.” The plan includes inclusion and cultivation of the medical staff and unions, communications, training, process mapping and redesign, and workforce planning.





3. Build an IT Infrastructure

3. Build the IT infrastructure to support an EMR, including a disaster recovery/business continuity plan.
 - An “IT infrastructure” is more than computers, peripherals and networks. It includes applications that provide support for the business, interconnectivity with suppliers and business partners, and a services/support organization to make it work.
 - Disaster recovery plan responsibility of CIO and IS staff; business continuity plan responsibility of business units.
 - You’ll also need an operational infrastructure to support ongoing optimization efforts of both the applications and workflow processes, as well as alerts and decision support.
 - Include an ongoing training infrastructure, particularly as the system changes, training continues.





4. Measure Business Processes

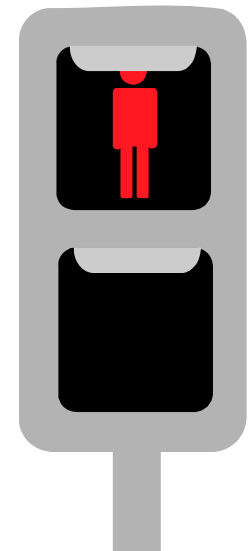
4. Measure business processes to be impacted and expected to improve to provide ROI for investment.
 - Review current processes and incorporate best practices.
 - What to change?





4. Measure Business Processes

“Where the art is in all of this – enough change to matter, change focused on the right things with high economic or strategic value, and not so much change that risk increases exponentially. We humans can only tolerate so much. Needs to be balanced. Stretch goals, but not fantasy. EMRs are the start of a very long journey. Constant change and improvement to follow. The idea is to land far enough out upon activation so as to be doable and begin a long journey forward from a significant advance, but not so far that you have to change jobs....”





4. Measure Business Processes

4. Measure business processes to be impacted and expected to improve to provide ROI for investment.
 - Review current processes and incorporate best practices.
 - What to change?
 - “Benefits should be quantifiable (not just dollars, but other measures), someone (maybe the whole executive team through their incentive comp) should be accountable for achieving them, and the business value of those benefits should outweigh the cost of both the implementation as well as the increasing IT operating expense that will follow.”





5. Make Supplier/Consultant Decisions

5. Make decisions on supplier/consulting help.
 - Buy from a supplier whose culture and leadership you respect.
 - Engage their executives and listen to their advice.
 - Create a contract that's fair and spells out both parties' responsibilities. Provide incentives for good performance.
 - “Be biased toward self-sufficiency. Develop your staff. Don't be dependent on consultants long-term. Get a few really, really good experts to mentor your staff and steer around the landmines that are largely only known with experience.”
 - Identify your internal experts, incorporate them into the implementation process and educate them.





6. Implement the Technologies

6. Implement the technologies in the right order.
 - “Right order” means the three main ancillary systems, lab, radiology, and pharmacy, need to be installed prior to the clinical data repository so that the database has those systems to feed it with results. It means nursing documentation before CPOE so that physicians have all the information they need to make decisions when they’re issuing orders.
 - “Organizations should plan to use the EMR to demonstrate data agility throughout the implementation process...stakeholders must see incremental benefits of views into data as a result of their EMR data entry; otherwise, they may get disenchanted before the EMR rollout is complete. Physicians won’t treat it like a slot machine where they will keep playing and wait for the big payout; they want more instant gratification from their efforts, even if the early benefits are small.”





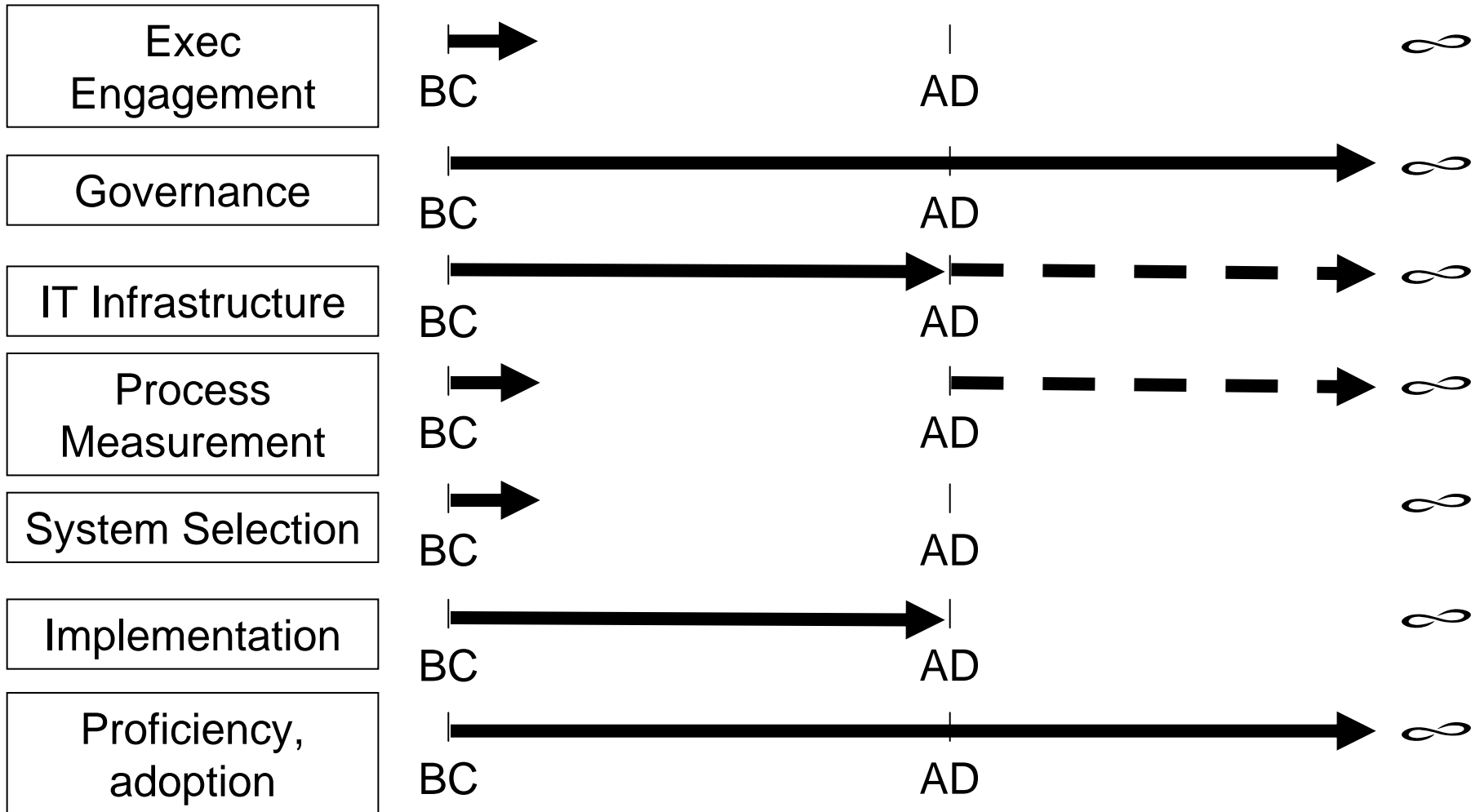
7. Keep Measuring, Managing Change

7. Keep measuring, managing change, developing proficiency, achieving adoption of technology in day-to-day work.
 - Make sure that written policies and procedures are in place for the new environment.
 - Clinicians must operationalize the use of the EMR....adapt it into their workflow and optimize workflow based on advantages presented by the technology.
 - “This process must be transformational as a mere exchange of paper for electronic processes will be disappointing and possibly hinder sustainability of the EMR.”
 - “...communicate, communicate, communicate.”





These “steps” are not linear





Summary

- If you're in the middle and have missed one, go back and make sure you've covered it.
- This is a road for which there are on-ramps and no off-ramps.
- The major failures are due to:
 - Lack of executive ownership
 - Lack of medical staff engagement early on
 - Weak governance structure
 - Lack of competent, experienced help
 - Intellectual property that walks out the door at the end of the engagement
 - Lack of benefits realization
 - Lack of technology adoption by clinicians





Speaking of failures

A light-hearted look at what NOT to do...



How to Stuff an EMR Implementation

Never let communications, training or consistency get in the way of a major IT rollout!

1. Make it an IT project. Hold the CIO accountable for achieving value from the implementation, not the executive management team.
2. Don't include the ancillaries, pharmacy or admitting until the very last minute.
3. Let patients, your board and the community know that things will be a lot more efficient at your place right after the go-live. That way, their expectations will be really high. Schedule go-live during flu season.



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4. Same for nurses and docs. They're going to have cool electronic documentation tools that will save them all kinds of time. Make sure you do a good job of selling the technology, but go slow on the change management aspects.
5. When you get questions from clinicians during the design or implementation, tell them to "hold that thought until training."



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6. Make the training voluntary. There are bound to be some people who just don't have time to get trained on the new systems. It's OK! They'll pick it up over time.
7. Implement the nursing documentation system differently on each nursing floor. Same for CPOE for each physician. Each one's a little different, right? Consistency is for unimaginative types.



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8. Get a physician champion to help in the automation of physician documentation and orders. Make sure your champion uses all of the latest IT acronyms and jargon in his or her presentations.
9. Don't worry about the workflow or change management aspects of the implementation. Sometimes projects use posters throughout the hospital that say "Real docs know how to figure stuff out" or words to that effect.



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10. Be sure to stock up on order forms in case the system goes down. And don't forget to get pencils too. You can always go back to the old paper environment if you didn't configure your servers and network properly.
11. Hire lots and lots and lots of high-priced consulting help. Pick firms not known to do knowledge transfer very well. They need to learn and grow, too.



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12. And last, but certainly not least, jam it down your clinicians' throats! If it worked for the National Health Service, it will work for you!



And if you need placement services after your implementation, be sure to let us know. We'll be happy to help!

HIMSSanalytics



Thanks!

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