

## IT solutions that work for your practice.

We offer a complete spectrum of services to support your network and optimize the effectiveness of your practice management and EMR software.



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Health Information Technology Specialists  
Simplifying your EMR Transition

## Primer for a Successful EMR Implementation

Practices could experience an “implementation gap” after the vendor completes his or her set-up responsibilities. One physician, recounting how his practice had done little reconfiguration of workflow prior to implementation, compared catching up after the fact to trying to repair an airplane in the middle of a flight. Effective change management is critical. The implementation phase is perhaps the most crucial step of the entire HIT process. Unmanaged implementations often fall short of expectations. Several techniques have contributed to the success of HIT implementation.

### 1. Appoint an Implementer to Coordinate HIT Adoption.

The implementer acts as a logistics manager whose job is to see that the adoption of HIT moves forward. Because there is generally very little downtime within most medical practices, avoid the temptation of assigning the office manager or administrator to function as the implementer. Consider bringing in either a temporary employee if you can find someone who is experienced at handling logistics in the medical office setting or a consultant experienced in HIT implementation. One of the great advantages of having an implementer is that the person in that role can keep both the practice and the vendor on track.

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### 2. Monitor Costs on an Ongoing Basis.

It also is a good idea for a physician or the practice manager to talk regularly and often with the vendor about whether the costs of the project are close to the original estimate. Once you have accepted a proposal always remember your side of the bargain — changes in midstream can be very expensive. Whether the vendor recommends a change or whether the change originates with your practice, always ask how much it will cost and ask the vendor to provide a note revising the original estimate.

3. If Your Practice Is Falling Behind in Workflow Redesign, Take Immediate Steps to Catch Up. If the implementer is a consultant familiar with HIT implementation, his or her commitment to you can expand to include facilitating workflow redesign. If the implementer is not skilled with workflow redesign, bring on a consultant who can move the process along. Be sure that the budget for HIT implementation includes sufficient funding for staff overtime so that the preparation for HIT implementation does not take second place to the press of handling daily practice operations. You do not want to reopen the practice without procedures in place for exactly how a patient phone call for a prescription renewal is handled or how the availability of patient charts in the exam room terminals will be managed.

### 4. Training Sessions Should Be Instructional and Foster Self-Reliance.

Instead of having trainers working with staff on-site for several weeks, conduct an intensive training session then allow everyone, including you, to start working with the software on their own. Have the implementer collect questions and after perhaps 10 days to two weeks, have a follow-up session with the trainer or the vendor.

#### List of Responsibilities During HIT Implementation

- Have a finger on the pulse of the practice. Keep track of what software was supposed to be delivered, what is yet to be delivered, and the expected delivery date;
- See that the internal planning process stays on track and that steady progress is being made in the redesign of workflow and patient management;
- Solicit feedback from physicians and staff;
- Keep a running list of things that work and do not work, and things that have to be done, and find out from the software vendor when these problems will be addressed.

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- Coordinate interfaces with medical equipment, third-party software vendors, and third-party services such as laboratories.

When the trainers leave, your staff will have to be self-reliant. By using the software on their own immediately after the initial training, everyone in the practice quickly will gain experience and self-confidence in problem solving. In this case, there is a much smaller likelihood of feeling abandoned when the trainer and vendor finally leave.

### 5. Develop a Plan for Moving Essential Information From Your Paper Records to the EMR.

The reality is that initially, your practice will be living with an electronic system that combines data from electronic and paper records. Some historic information should be entered manually, (e.g., medication lists and problem lists). Scanning portions of or the entire paper record into the computer offers an option for incorporation, but these scanned, handwritten documents will be regarded by the computer as a graphic, not as a text document, and therefore are unsearchable.

To help alleviate or avoid this problem, set up a small private kiosk in the waiting room with a computer. As patients come for their first visit after the adoption of the EMR, they should fill out a new medical history on the computer. The physician then reviews the history and identifies relevant portions of the patient's medical record for scanning into the electronic record. Portions of the paper medical record that are entered electronically then can be scanned by optical character recognition software, and the contents of those documents should be searchable if the scanning works properly.

Another option is to have the information from paper charts abstracted, or summarized into key data sets and entered into the EMR. The abstracting option allows for a streamlined chart that contains key data elements searchable for quality reporting. With either option or a combination thereof, be aware that in the process of converting paper files to electronic, the more time you spend working with both systems, the more likely the project will stall and fail. Have your migration plan worked out in advance and quickly implement that plan so that your practice is not completing dual work and processes.

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### 6. Negotiate With All of the Practitioners in Your Group a Uniform Format for Documentation.

One of the great advantages of EMRs is that they can simplify documentation through the use of templates. Templates save physician time by structuring patient encounters and reducing the need for narrative; they also promote more accurate coding and billing of services. A uniform format allows the development of a single set of templates that everyone uses, which makes it easier to code services and to generate reports. It also provides a level of clarity that justifies the more frequent use of higher-level codes. Virtually all EMR systems allow the use of customized templates, and many of the EMR developers have simplified the creation of templates to the point where medical practices can build them without assistance from the developer or vendor.

### 7. Celebrate Your Successes.

From beginning to end, the pathway from initial interest in HIT to successful adoption in the medical office can easily take 18 months or longer. Take small breaks along the way to recognize milestones and important individual achievements. As the practice is about to use the new system with patients for the first time, present every employee with a small gift that commemorates the occasion. There are numerous simple and inexpensive ways to recognize your employees' dedication and participation in this project.