Lessons Learned and Understanding the Barriers in EMR Implementation

1. The main responsibilities of the executives are to:

    a. Maintain and manage the non-technical issues
    b. Be "bridgers:" Executives need to be able to bridge the gap and the cultural divide between the end user, the organization, vendors and IT.
    c. Executives will need to work systematically and understand and translate between the project team, EMR vendors, end users and the organization.
    d. Executives empower project managers and team leaders, who are close to the ground; let them start, and then manage and close the loop.
    e. Work with your staff to provide additional support
    f. Work with vendors to provide additional support
    g. Ensure project timelines and goals align with organizational goals
    h. Set up realistic expectations
    i. Be agile, be nimble, and be quick
    j. Be proactive with problem identification; the more problems you identify the less you will have to "clean up."
    k. Once you have identified potential problems, have the team work to solve those problems. (Try not to provide solutions, since there are other hidden issues that you may not be aware of.)
    l. Solutions may appear reasonable and straightforward; sometimes the cure is worse than the disease.

Value the Curmudgeons

End user critics of an implementation are a godsend. Listen to, carefully evaluate, and respond to any complaints about the process and ask for ideas. Some organizations have gone as far as to add a "complaint" button to their system, allowing end users to complain at any time and at any point in their use of the system. Although these complaints are occasionally misdirected, they are often warning signs as to where the road may be in need of repair.

Get Feedback and Use It

Solicit feedback about the implementation early and often. The system process will not be perfect, and it will need improvement.

Let the IT staff, vendors and consultants deal with the "ones and zeros:"

    a. Empowered executives must be "close to the timelines budget and close to the staff."

    b. Be "high touch" with your staff.

      c. Increase face-to-face time with your staff.

      d. Do your best to minimize transition issues and user anxiety.

2. Allow ample time for:

      a. Technical testing
      b. Network configuration
      c. Storage configuration
      d. Infrastructure architecture
      e. WAN architecture
      f.   LAN architecture
      g. Interface configuration
      h. Database conversion

3. Have parallel systems, have a rollback plan, and have a paper-based plan before going live.

4. End-user validation and acceptance testing and more end-user validation and acceptance testing is important.

5. Have both internal and external super users to work with and train internal users.

6. Training never ends!

7. Assume that most providers will require 1:1 training. It is resource intensive and expensive, but it is an essential component of a training plan.

8. Plan for a 30-40% reduction in productivity for at least four weeks. Reduce staffing, patient loads, providers' workloads and visits. Also, increase visit time accordingly. Provide additional staff for this period.

9. Maintain a current problem list.

10. Accurate data conversion is time-consuming and expensive, but database conversion is key! Spend as much on database conversion as you can afford. Careful planning and processes to handle and manage database(s) will:

      a. Save time
      b. Reduce errors
      c. Provide accurate billing
      d. Reduce collections
      e. Allow for better account reconciliation
      f.   SAVE MONEY in the long run

11. Keep a tight relationship amongst project management, database specialists, IT and the end-users:

      a. Project management is the "eyes and ears" of the project.

b. IT will determine the success or failure of the infrastructure for the database that is implemented in the system.

c. Database specialists maintain and minimize data errors for end-users and the organization.

d. End users will provide the real needs, practical wants and desires for the system.

12. "Scope Creep:" Increases in scope cannot be avoided.

13. Beta and improve

14. Pilot and improve

15. Test and improve

16. Limited rollout and improve

17. Phased rollout and improve

18. Full production rollout and Improve

19. HAVE A ROLL BACK PLAN WITH A BACK UP PLAN for EVERYTHING

20. Keep in mind that implementation never ends

21. Ongoing database maintenance is key

22. Things will go wrong; conversions will have issues; and go-live will create havoc for your network, people and users. Therefore, communicate and have a backup plan with a backup plan.

23. You will not get it right (don't try for perfection): once again, have a backup plan with a backup plan.

24. Be patient and realistic with your timelines. Remember, a hospital or healthcare facility doesn't become paperless overnight. It is a process that takes time.

Conclusion

Implementing an EMR is a complex and difficult multidisciplinary effort that will stretch an organization's skills and capacity for change. The process will be a challenging and stressful continuous learning experience.

Seeing the systematic benefits of an EMR in improving the care of a large population of members, however, is a gratifying experience that makes the effort of EMR implementation

worthwhile. Even after a decade of experience, we continue to learn and find new ways to assist covered entities.

As the philosopher and writer George Santayana is often quoted, "those who cannot remember the past are condemned to repeat it." Keeping these lessons learned in mind when you implement your EHR will help you avoid some of the deeper pitfalls others have experienced and highlight what has worked well.