

Successful EHR Change Management

Roles and responsibilities

White paper

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Executive summary

Implementing a new electronic health records (EHR) system is a big change for your practice. Successful management of that change involves thinking not only about the new technology, but also about your people. They have tremendous power to influence the success of your EHR rollout. To use that power to your advantage, you need to understand how the change will affect them, how best to engage them in the process and how to tap into their experience to design the best outcome. The more effectively you can do that, the faster your practice can start to realize the many benefits of electronic records. HP is here to help, by providing a walkthrough of the assessment, documentation and goal-setting involved in getting there.

Introduction

Never underestimate the power of the people

Many medical practices today are preparing for one of the most significant technology implementations they will ever see. The widespread shift to electronic health records (EHR), spurred by federal financial incentives for technology adoption (see Figure 1), virtually guarantees that every medical practice in the country that hasn't already adopted an EHR system will now be considering it more seriously than ever. Meeting meaningful use objectives could mean reimbursements of up to \$63,750 per physician. A key factor in whether a practice succeeds is how well it *manages* this tremendous change in the way care will be delivered. That change involves not just the technology the practice will use, but also – and perhaps more importantly – the people who will use it. They have tremendous power to influence its success.

Figure 1: The EHR incentive program in brief

WHAT	A program of financial incentives for adopting EHR; a component of the HITECH Act, which is part of the American Recovery and Reinvestment Act (ARRA) passed in 2008
WHO	Available to healthcare providers including hospitals and medical practices
WHERE	Nationwide, with incentives for Medicare providers administered by the federal government and incentives for Medicaid providers administered through individual states' Medicaid programs
WHEN	2011 is earliest year in which providers can participate; Medicare track runs through 2016 and Medicaid track through 2021
WHY	To encourage providers to adopt EHR technology, which can help to improve patient health and the way health care is delivered

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Technology is just part of the picture (and not necessarily the biggest part)

It's easy to see EHR adoption as mainly a software issue, but that's only a small part of the picture. To be sure, technology is a central component in the shift to electronic records; as discussed in the HP white paper "**Four EHR Change Management Mistakes**," choosing the right EHR technology for the practice is an important element in effecting change successfully. But once a practice has determined its IT readiness, and planned the technology transition accordingly, critical non-technology considerations come into play. These range from making sure that people in the practice understand and support the coming change to making sure the right team is in place. Without the active support of the people who will be using the technology, and be affected by it on a daily basis, even the best-planned technology implementation may not succeed.

The benefits of a people-centered approach to EHR change management

Medical practices that manage the change to EHR successfully – which is to say, by taking into account not only the technology, but also the people involved – can realize many benefits. Making sure everyone is on board with the plan, the right team is in place and the team members understand their roles will go a long way toward minimizing any potential disruption that such a major IT implementation can bring. Once the new system is in place, successful change management can also help to ensure that people will start using the system productively as soon as possible. And the more quickly that happens, the closer the practice will be to seeing the operational, clinical and administrative benefits that are the ultimate promise of EHR. This paper is designed to help medical practices that are adopting EHR to manage the change, specifically by providing information about engaging people in the process, defining their roles and assigning clear responsibilities to them, all in the interest of a successful transition.

People

From resisting to embracing change

Peruse the definitions of “change management” on the web, and you’ll quickly see the importance of people in the process of successfully managing change. While many definitions describe change management in terms of organizational change, they generally also include references to individual change. For example, according to one source, the Government Accounting Office defines change management in part as building consensus among people on change.¹ The Change Management Learning Center describes it as “the process, tools and techniques to manage the people-side of business change.”² The Health Information and Management Systems Society (HIMSS) talks about EHR change management in particular as “the human side of electronic medical records implementations, the human-focused work of engaging and preparing people to succeed in the new world of EMRs.”³ So while change management happens at the organization level, it’s not *just* about the organization as a whole; it’s about the individuals that make up the organization. It’s about *people*.

One of the reasons people are such an important focus in change management is that they can strongly influence how successfully an organization changes. For example, just because you implement an EHR system does not guarantee that you will derive the maximum benefit from it. The people who are going to use it and be affected by it, from staff to patients, ultimately determine how successful the implementation will be. If, for example, office staff members refuse to use it, or don’t get the training they need to use it properly, the benefit will be minimal at best. This perhaps explains why the College of Healthcare Information Management Executives (CHIME) and the Health Research and Educational Trust (HRET) recently concluded that “training in advance of using a new EHR system and tangible support for the implementation in its first days and weeks of use are critical success factors for facilitating the deployment.”⁴

Establishing clear roles and well-defined responsibilities is an important step to help ensure that people are prepared to deal with a planned change such as an EHR implementation. This imposes valuable structure, sets appropriate expectations and makes change more manageable for people. And it will be critical to your practice’s success in moving as efficiently as possible through the spectrum of typical responses to change, from resistance to acceptance.

Moving across the spectrum of responses to change

As HIMSS points out, EHR change management involves dealing with the human aspects of the project through behavior change, “by helping people understand and internalize change and by preparing them to be successful contributors in the future state.”³ The idea is to move people through the process of change, as quickly as possible, to achieve the greatest benefit from the project as quickly as possible. The first step is to recognize where people are in the range of responses to change.

Resistance: It’s human nature to resist change. That can be particularly true in professional environments where change may threaten to disturb familiar routines, and where technology change in particular can undermine people’s confidence in their own skills and knowledge.

In-Between: Even if people are relatively comfortable with the shift to an EHR system, they may still have fears about how well they will do with the new technology. They may worry that they’ll be less productive than they were before the change or that they’ll make mistakes that result in important patient data being lost – and that problems like these will reflect poorly on them.

Acceptance: The goal is to get people to the point where they feel confident about their abilities with the new system, and they begin to see the benefits of being more effective and productive. At this stage, they can also be an excellent resource for helping others who are not so far along.

Easing the transition from resistance to acceptance

The next step is to take specific actions to move people along the path from resisting change to actively embracing it. There are several things you can do in this effort:

Assess the readiness of staff members to make the transition. As an implementation guide from the HIMSS points out, “part of the problem encountered during transition is that change is messy: people start where they are, not where we want them to be.”⁴ CHIME and HRET’s guide recommends conducting a readiness assessment that addresses everything from staff knowledge and understanding of issues, to current computer-skill levels.⁴ Assessing readiness enables your practice to identify a starting point for change that takes everyone’s situation into account.

Adapt to current levels of competency and readiness by creating training plans that are appropriate to them. This is likely to mean different training for different groups. For example, an office manager who uses office software every day may need less keyboard training than a clinician who is accustomed to writing prescriptions and updating patient charts by hand. Regardless of where staff members are in their development of skills for using an EHR system, they will need training not just in preparation for the implementation, but during and after it. People may not retain everything they learn in pre-implementation training; in addition, as they put what they learn into practice, they may benefit from more advanced training.

Document current workflows to determine what’s currently working for people and what isn’t, *before* the EHR implementation begins. Keeping the focus on people, HIMSS recommends having the people involved in each clinical workflow map it out, with the goal of streamlining and identifying new workflow processes.⁵ Once workflows are documented, get feedback from the people who are involved in them about how they could be improved. Change them, test them against various clinical scenarios, and adjust workflows – and implementation plans – accordingly. The point here is that simply automating recordkeeping processes won’t help if they are flawed to begin with. Even the most advanced EHR system can’t perform to its full potential if it’s being applied to processes that don’t work.

Set goals for the entire project that reflect the needs of everyone who will be affected by the change. This will foster a sense of achievement among participants as they see their own contributions to meeting the goals. Goals should be specific, rather than general, to help ensure that they are achievable. For example, “increase billing by x% through more accurate coding” is preferable to “improve billing.” It’s difficult, if not impossible, to tell when the latter has been achieved. But people will have a clear marker for the former – one that they can celebrate and take pride in achieving.

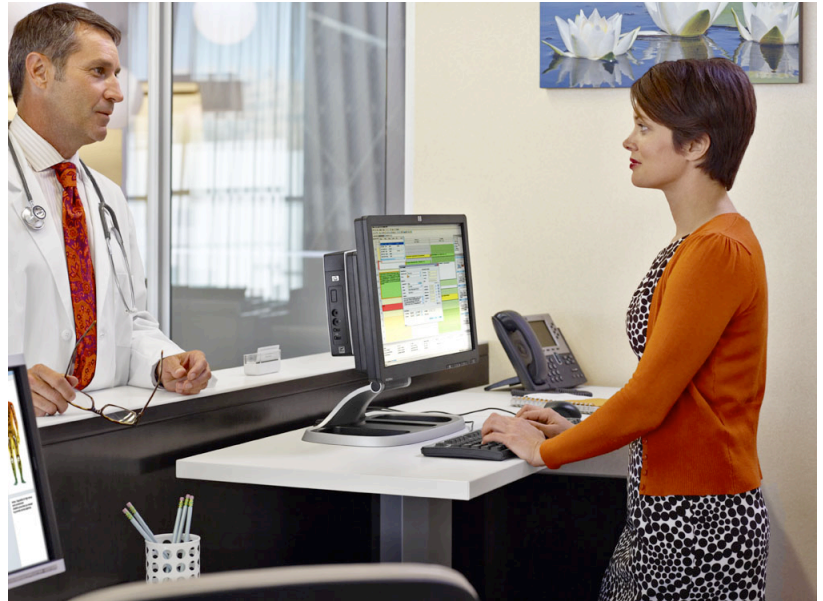
Roles

The importance of defining every part to be played

Managing the change associated with an EHR implementation requires a solid understanding of how the individuals within a medical practice fit into the process. Everyone in the practice has a part to play, from driving change, to implementing it, to ultimately benefiting from it. The following explains the key roles in the process of EHR change management and the individuals associated with them. Practice size will, of course, affect who fills what role, and we have made a point of taking this into account in the following discussion.

Drivers

These are the people who drive change from the top – making the decision to implement an EHR system, setting the goals for the implementation and ultimately taking responsibility for its success or failure. In a small practice, there may be one driver – the physician who operates the practice. In larger organizations, it can include multiple physicians, clinical leadership and office managers. The largest practices may even have a steering committee that is responsible for overseeing the project; this committee may include a physician, a nurse, an IT professional from within the practice and perhaps an external expert such as a hardware vendor.



Drivers set the tone for an EHR project from the top, and from the start. By demonstrating a strong commitment to and confidence in the project, they can play a huge part in getting staff buy-in for the effort. By the same token, by not doing so, they can derail it. It's even been specifically suggested that these leaders make a special point of being highly visible and engaged during the first two (often difficult) weeks of actual implementation,⁶ when people may be particularly frustrated as they work to adapt to new ways of doing things.

Implementers

These are the people who make change happen – implementing the software, carrying out the hardware refresh and providing the training and post-implementation support that will be needed to help ensure the project's success. Their efforts are led by a project manager whose role it is to keep the project on track and make sure it fulfills the goals of the practice as defined by the drivers. In a larger practice, the project manager may be an IT professional or office manager, working in close coordination with the software and hardware vendors who are providing the technology. In a smaller practice, or in any practice where the IT professional or office manager are not in a position to take on major additional responsibilities, the project management role may be primarily filled by someone outside the practice, such as an independent technology consultant or EHR vendor.

The project manager leads a project implementation team that consists of both the vendor who is installing the implementation and internal people who represent the practice roles that will be affected. The number of the latter will depend on the size of the practice. In almost any size practice, however, it is always valuable to identify a "super-user" to be on this team. This is someone who takes a special interest in the project, either because of an existing interest in EHR or in IT in general. This person can play a valuable part in troubleshooting by communicating with vendors about any implementation

issues that may come up. If time permits and the super-user is willing to accept the responsibility, he or she may also take on the role of vendor coordinator, communicating with vendors regularly and keeping the practice apprised of progress.

Champions

These are the people who “cheerlead” the practice through an EHR implementation – actively supporting the shift to EHR, conveying its benefits to their peers and having an overall positive influence on the way the practice deals with the transition. They may not necessarily be the powerful drivers of change who make the big decisions – although in a small practice, they might very well be one and the same. In either case, they are well-regarded members of the team.

Champions may be clinicians, or they may be members of the office staff. In a large practice with a significant non-clinical component, office staff management at the supervisor or middle-manager level may play this role. The point is that they are people to whom clinical and office staff member look for guidance and direction, and their opinions matter. They can play a key role in conveying the benefits of change to others in the practice. For this reason, you should solicit their input into designing new workflow processes and providing support to other employees. The drivers and leaders of EHR initiatives should take their concerns seriously and communicate with them on a regular basis.

Beneficiaries

These are the people who benefit from a well-managed EHR implementation – and ultimately, that includes just about everyone affected by it, both within and beyond the practice. Here’s how.

Physician-owners benefit as principals in the practice from the potential for significantly reduced operational costs and higher productivity. For example, automation can speed recordkeeping and other tasks, allowing physicians to see more patients in the same amount of time without compromising their care. Other operational savings may come from eliminating the need to store paper records, eliminating costly transcription requirements and reducing the costs of HIPAA requirements and other mandates by organizing information more effectively for auditing purposes.

Physicians and clinicians benefit from improved clinical decision-making. As the Department of Health and Human Services explains, “The data, and the timeliness and availability of it, will enable providers to make better decisions and provide better care.”⁸ Physicians, nurses and others who provide care will have better access to patient information, and therefore better resources with which to make clinical decisions.

Office staff benefits from being relieved of manual administrative tasks such as sending out patient appointment reminders, scheduling office visits and obtaining patient information in advance of an appointment. EHR systems also completely eliminate the need to perform tasks such as re-entering data from handwritten notes. Office staff should also find it easier to retrieve electronic charts than paper records, by using a simple computer interface rather than searching through physical files.

Patients benefit from better care that comes with accurate, clear medical records. The *New England Journal of Medicine* suggests that “there are numerous ways in which EHRs can diminish diagnostic errors,”⁹ for example, because information is continuously updated, helping to ensure current and accurate records at all times. This immediate access to information also benefits patients because they are less likely to be subjected to unnecessary testing or delayed treatment that can occur when physicians don’t have access to current testing or treatment history.

Outside entities like pharmacies and payors benefit from being able to share information with medical practices more quickly, accurately and with enhanced security.

Responsibilities

The need to spell out expectations for everyone

What exactly are the responsibilities that each person in a practice needs to fulfill to help make the transition to EHR successful? It can vary depending on practice type and size, but the following will generally apply.

Physicians

- Establish goals for EHR implementation
- Evaluate and select technology
- Choose EHR vendor
- Address clinical needs
- Work to get staff buy-in
- Define project scope and set budget
- Monitor effect on productivity
- Make profitability projections and check progress
- Track staff satisfaction

Clinicians

- Evaluate clinical workflows and recommend changes
- Validate future clinical workflow descriptions
- Assess software's clinical usability
- Potential: Champion the project among staff
- Potential: Coordinate with vendor for troubleshooting

Office Manager

- Evaluate day-to-day usability of EHR software
- Oversee integration with legacy technology
- Oversee integration with complementary software, e.g. back-office applications
- Manage transition from paper to digital records
- Identify data conversion and reporting needs
- Help manage system training
- Potential: Serve as project manager
- Potential: Champion the project among staff
- Potential: Coordinate with vendor for troubleshooting

Front Office Staff

- Utilize and test critical functions such as scheduling
- Document any incompatibilities or glitches in daily functions
- Day-to-day transition from legacy paper records into EHR data
- Document patient insurance authorizations
- Data entry for billing and coding
- Confirm data exchange with pharmacies and other third party vendors

IT Professional

- Assess software and hardware needs
- Manage testing and go-live
- Provide (or coordinate) service and support
- Handle or supervise upgrades/maintenance
- Potential: Serve as project manager
- Potential: Coordinate with vendor for troubleshooting

Conclusion

There are many important factors to consider when rolling out an EHR implementation, and one of the most important is getting your people behind the change. This paper provides insight into where your staff may be in terms of resistance to or support for a new EHR system, and walks you through the process of making sure they have the tools, training and support to move through the transition successfully. This process includes:

- Assessing baseline skills and abilities
- Analyzing existing workflows
- Designing training
- Defining roles and expectations
- Putting together a strong transition team
- Setting meaningful EHR transition goals

Every step along the way puts people at the center of your efforts, helping them understand, implement and ultimately champion the new system – and using their strengths to bring your practice closer to success.

About HP for healthcare

Why HP for Healthcare

Healthcare organizations depend on HP for industry-leading technologies and services. HP brings to the healthcare landscape a 50-year history of innovation; end-to-end, tailored solutions based on best-in-class technology; and rock-solid IT that delivers the high reliability, security and manageability that healthcare environments demand.

Why HP for EHR Change Management

HP Hardware Services Specialists are available to provide a variety of expert services that can help ensure a smooth EHR implementation. These services include:

- “IT Checkup” onsite assessment of IT assets, workflows and software requirements, along with recommended next steps
- EHR hardware system setup, which means installation and configuration of server and network, as well as setup of anti-virus, data backup, UPS and network access points
- Installation and configuration of devices to be used with the EHR system, such as PCs, notebooks, scanners and printers, including data migration from legacy PCs

Additionally to support EHR adoption, HP has developed the HP EHReady program, which provides an end-to-end solution of hardware, software, financing and IT services to help guide hospital-affiliated physicians through EHR implementation. The program covers everything including assessments, network and device installation, training and financing. It's designed to deliver EHR solutions that may help healthcare professionals meet the meaningful use objectives established by CMS and HHS for the federal EHR incentive program.

For more information

To read more about HP technology for small and medium-sized medical practices, please visit:

<http://www.hp.com/sbso/solutions/healthcare>.

Notes


- 1 "Definition of Change Management," www.change-management.coach.com.
- 2 "Definition of change management; Helping others understand change in relation to project management and organizational change," Change Management Learning Center, <http://www.change-management.com>.
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- 6 "Smoothing EHR Implementation," Health IT Update, nextgov.com, October 2010.
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