

WINTER 2016 NEWSLETTER

Finally – you’ve made a decision on purchasing or replacing Electronic Health Records (EHR) software. Postpone the sigh of relief until you’ve tackled the next challenge – implementation. In response to distress calls from many clients, we’ve put together a tip sheet with recommendations for making the implementation process as smooth as possible.



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YOUR EHR EXPERIENCE – SOS OR SMOOTH SAILING?

Before we make our general recommendations, we’ll identify four problems that frequently occur during software implementation and suggest strategies to address each one.

Common Problems with Software Implementation

- **Letting the vendor run the show.**

The vendor knows the software that you’ve chosen, but successful implementation depends on the development of a collaborative working relationship between vendor and practice. Come with an open mind, be ready to learn, ask many questions, and strive to make the solution meet your needs and priorities. Polite assertiveness works better than passivity.

- **Forgetting that implementation involves both technology and people.**

Software has many capabilities, but it doesn’t manage people. It’s your job to deal with both the workforce and with patients. In many instances, what appears to be resistance on the part of a clinician or administrative staff member is a learning difficulty in disguise. Remember that each person learns in different ways. Some of us are visual learners, and others are more “hands on.” One size training won’t fit all, so make sure that the training meets each user at a comfortable place.

- **Depending on Web-based training to save a dime.**

Many vendors offer Web-based training as an economical method for keeping the cost down. We think this method has its place, particularly as a resource for ongoing continuing education after a system has gone live. Prior to go-live, we prefer on-site training or a combination of on-site and Web-based training. Both of these options allow practice/vendor interactions.

- **Setting unrealistic expectations.**

Software implementation is a process, not an act. Practices that expect a perfectly smooth ride without bumps in the road are setting themselves up for disappointment. Focus on establishing a trusting working relationship with the vendor so together you can identify and address questions and issues when they arise. Vendor sales, implementation, and technical support staff deserve respect, not anger and hostility.

Tips for Successful Software Implementation

Step 1: Set the Stage with a Positive Message.

Change is hard. Start the implementation process with a clear explanation of ways in which the new software can help patients receive better care and the practice work more efficiently. Explain the steps that will occur, the time frame, and the distribution of responsibilities. Address the most important question that workforce members will ask: "How can we work on software implementation while continuing to focus on day-do-day responsibilities?"

Step 2: Engage the Appropriate People in Implementation.

The vendor will require the practice to designate a point person, sometimes called a clinical system application specialist, as the key contact during and after the implementation process. The point person organizes the process internally. He/she schedules training, testing, and actual go-live in a way that suits both practice and vendor. Many practices also designate "super users" - individuals who quickly obtain a good grasp of the software and who can help train and coach their colleagues. It's also important to involve your IT support person, be that individual a member of your workforce or an external IT consultant. Make sure that your IT person is knowledgeable about HIPAA compliance issues – essential when we're talking about patient Protected Health Information (PHI).

Step 3: Finalize the Work Plan.

After the Agreement has been signed, the vendor will provide a work plan, spelling out both vendor and practice responsibilities and timelines. Review it carefully. Make sure that you understand and agree with all terms, especially those described below.

- **Timing:** Some practices prefer a phased implementation of new software, but others opt for the "big bang," changing everything at once. Let practice size, number of locations, and workforce size determine the decision.
- **Vendor Responsibilities:** How will the vendor help the practice? Expect the vendor to provide content knowledge about software features, use, design, and configuration. Vendors also manage the target time frames, always looking toward a mutually agreed-upon go-live date. Vendors can also provide content from other practices in the same specialty. Consider that content as a starting point for practice-specific customization. With respect to training, vendors start with the point person and offer training to others as well – both on-site and Web-based. Finally, and most importantly, the vendor provides support for testing and go-live.

- **Practice Responsibilities:** Read the vendor Agreement carefully. Make sure that you understand all the terms so you can hold the vendor to its legal commitments. For example, some Agreements call for an up-front payment prior to implementation and go-live, with the expectation that the practice will pay the balance following successful go-live that is acceptable to both parties.

If the practice has chosen EHR software from one vendor and uses a Practice Management System (PMS) offered by a different vendor, an important practice responsibility is making sure that the interface of the two systems works smoothly. Even if two vendors have already established working relationships, the practice needs to understand how information flows back and forth from one application to another. Here's a good example. Many dermatologists purchase dermatology-specific software for the EHR. They choose a different vendor for their practice management system. The practice must be clear on the way in which the systems work together. The same would be true of a patient portal if the practice purchased that application from another vendor. How does everything work together?

The practice is also responsible for conversion from either paper or from another EHR system. Although vendors vary in their approaches to customization, each practice will also have the opportunity to help build the system.

Step 4: Get Off on the Right Foot with a Productive "Kick-off" Meeting.

All vendors schedule a "kick-off" meeting to initiate the implementation process. Make sure that the right people within the practice are part of this call, and ask many questions.

Step 5: Manage the Delivery of Hardware and Software.

The vendor will provide hardware specifications, offering practices the option to purchase hardware directly from the vendor or from another source. If you purchase hardware as well as software from the EHR vendor, make sure you receive the correct number of items. Get HIPAA-compliant vendor help for set-up of an on-site server or connectivity to a remote server or cloud. Regardless of your choice for backup, test connectivity and navigation before moving forward in the implementation process.

Step 6: Backload and Scan Charts.

Plan the process of moving information into the new software by scanning or by manual back loading. Address three important questions: (1) For which patients should the practice move information? (2) How much information should the practice move to the new software? and (3) Who will take responsibility? Some practices move the records for all patients into the new software, and others are more selective. In specialties where patients often come for a single procedure and are not long-term patients (e.g. orthopedic surgery), it may make sense to move information into the EHR for only those patients with upcoming appointments. By contrast, in practices where patients come regularly (e.g. primary care, cardiology, oncology), it may make more sense to move the records for all patients into the new system.

With respect to the amount of information transferred from the previous medical record to the new software, again there's no right answer. Practices with long-term patients may decide not to bring forward records from more than 7 years ago. When patients have chronic and/or complex issues, however, it may be wise to transfer more rather than less information.

Finally, examine options for transferring data from your old to your new system. Some practices ask existing staff members to move data forward. The work often occurs after hours and on weekends, and the practice pays overtime. Other practices engage outside temporary staff to do the job.

Step 7: Build the System.

Building the system takes time. Each practice with new EHR software will have the opportunity to provide input on some if not all of the following: customizing drop down boxes; entering system default settings; customizing templates; adding users/user permissions; and adding practice-specific information on providers, payers, and local pharmacies. Practices can also develop appropriate lists for problems, medication, allergies, orders, vital signs, and health maintenance. Practice forms, too, can be updated for insertion into the EHR system. Vendors can share experiences from other practices in the same specialty, blending their suggestions with the information that each practice provides.

Step 8: Test.

Testing the new software is similar to the walk-through that the buyers of a new house complete before a real estate closing. The goal is to make sure that everything functions properly before training the workforce. Test each and every application, all integrations with other software, and use the EHR just as you would in a real situation. Conduct the testing at least a week prior to go-live so there's time to fix the bugs. Staff role-playing works well; let a workforce member be the patient, and practice what will happen throughout the patient visit. Note any workflow changes that need to be made, and see if there are gaps in transitions between different staff members (e.g. front desk/check-in, medical assistant, nurse, physician, check-out).

Step 9: Train.

Training is of utmost importance. As we've explained above, we strongly prefer on-site training or a combination of on-site and Web-based instruction because these approaches best facilitate vendor/practice interaction. The point person for the practice, at least one owner, and other appropriate members of the workforce should strive for understanding and comfort with the new system. After the vendor's trainers have completed their work, these people will be the in-house experts.

Think carefully about the way in which you schedule training. When vendors come on-site, they may suggest doing all the training within a short interval. Many of our clients have found that intense training within a single session

provides more information than people can comfortably absorb. They prefer to split the training into two sessions, paying for an additional vendor on-site visit.

Everybody doesn't need to know everything. Train for the level of responsibility: point person, super-users, everybody else. We think it best to keep things simple. The vendor may want to explain every capability that the software offers, but the providers can only absorb so much at a time. We recommend prioritization of features rather than teaching more than the user can possibly absorb.

Here's an example of what might go wrong when the training fails to focus. A large neurology practice with two locations and a workforce of 260 trained all users in all features of its new software. Not long after go-live, it became apparent that there was tremendous variation in the way in which users used the EHR to communicate with patients. Practice leadership wanted more consistency, so it focused future training efforts on this one feature of the software, working with clinical and administrative staff to become more effective users of the patient portal feature.

Make sure that all training includes system maintenance topics like the backup of information, disaster recovery, and HIPAA compliance.

Step 10: Go Live.

Plan the go-live carefully. Engage patients in the effort, letting them know about the change and explaining how the transition will benefit them. Ask for their patience and understanding while the change occurs. Modify appointment schedules during the change, giving workforce members a chance to work with the new system. Before the actual go-live date(s), make sure workforce members have completed training and understand the process. Check connectivity and the ability of all users to log-on. Check printers and faxes. Finally, designate a point person and support people to provide assistance as needed.

Step 11: Transition from Implementation to Vendor Support.

Following implementation, there will be a transition from support by the vendor implementation team to support by the vendor's internal technical support team. Before signing off for this switch, make sure that all issues regarding implementation have been resolved, that the workforce can use the system, and that the vendor has delivered all services listed in the Agreement. If all is in order, go forward and follow the vendor's instructions for seeking help through its online and/or telephone systems.

Need Help with Your EHR Strategy and Implementation?

Satinsky Consulting has helped many clients to make an initial purchase of EHR software or to replace software that no longer meets their needs. We can help you by:

- Reviewing the pro's and con's of your current software and determining future needs
- Identifying, reviewing, and comparing options for new EHR software
- Planning a smooth implementation process and troubleshooting as issues arise

If you have a need for these or related services, send an email to Margie@satinskyconsulting.com, or call us at **919.383.5998**.

Other Resources for Your Practice

We've written many articles on practice management that appeared in *The Triangle Physician* in 2015. Click on the links below to access them.

- ["Effective Recruitment Process"](#)
- ["Physician Role in Practice Management"](#)
- ["Boost Marketing Initiatives"](#)
- ["The Art of Communication-Part 1"](#)
- ["The Art of Communication-Part 2"](#)
- ["Revisiting HIPAA Compliance"](#)
- ["On Your Own...Or Part of a Larger Healthcare System?"](#)
- ["Strategic Business Planning"](#)
- ["Patient Satisfaction Survey"](#)