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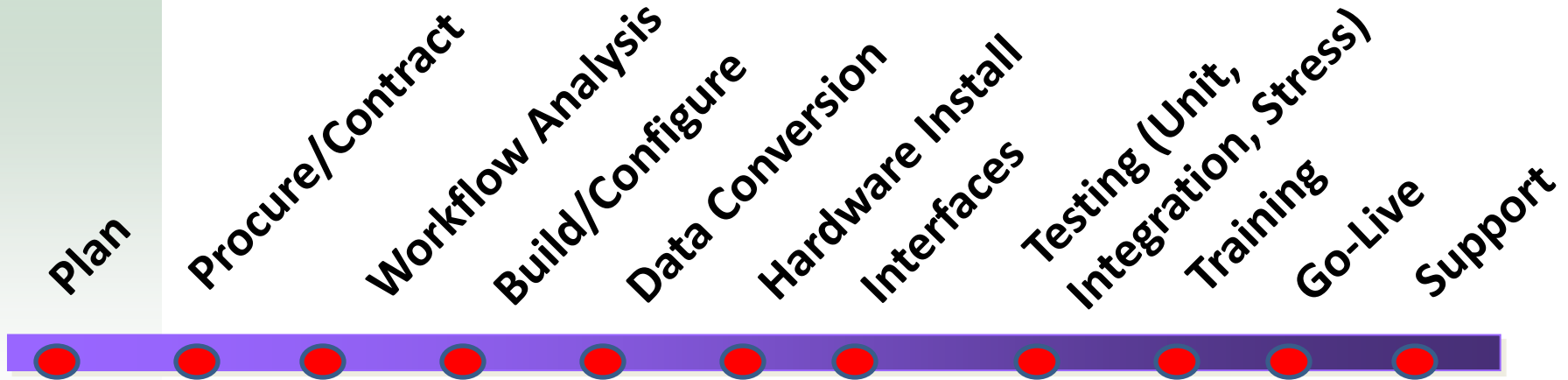
Learning Objectives

- Describe considerations in assessing readiness for EHR implementation

- Identify vendor selection criteria of an EHR system for Title X family planning programs

- Describe approaches to implementing an EHR in a Title X clinic

Steps in the Implementation Process



Why is Readiness so Important?

- EHR implementation is more than an IT project
- The resources required to implement and operate EHR are significant



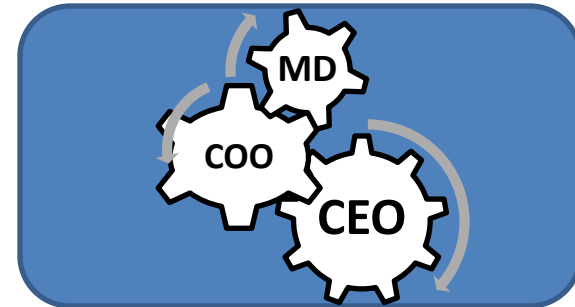
Five Key Readiness Factors for Successful EHR Implementation

1. Strong leadership and engaged providers
2. A cross-functional team empowered to make decisions
3. Effective change management
4. An EHR that meets the organization's needs, requirements, and capabilities
5. Resources



Factor # 1: Strong Leadership and Engaged Providers

- Support and prioritization, as well as rapid decision-making
- Allocate time for EHR
- A clinical champion for provider buy-in and acceptance
- Walk the walk and talk the talk



Factor # 2: A Cross-Functional Team Empowered to Make Decisions

- HIT systems are interconnected and touch all departments and functions
- Team members act as “change agents” in their respective departments
- Composition may change but should be a standing body for the long term



Factor # 3: Effective Change Management

- Change is hard, even when it is positive!
- Communication is critical to manage fears and concerns
- Define clear goals for “success” at different intervals and celebrate achievement
- Expectation management is the foundation of change management



Factor # 4: An EHR That Meets the Organization's Needs and Capabilities

- Need thoughtful and rigorous selection process with multi-disciplinary input
- “Bells and whistles” balanced with capabilities
- No system is perfect! Plan for a system's specific shortcomings



Factor # 5: Resources

- **System Purchase and Implementation**
 - Sufficient capital for system purchase, implementation consulting, IT upgrades
 - Resources to cover reduced productivity
- **Staff Time**
- **Ongoing Operations**
 - Staffing for new roles
 - EHR costs (hosting, licenses, etc.)



Considerations for EHR Acquisition

- EHR is based solely on clinic requirements
- Clinic is part of an organization where group purchasing or network-based EHR is available
- Clinic is part of an organization that will implement an EHR in their affiliated agencies

Regardless of the method of acquisition, the principles of readiness, change management, and the benefits of a structured implementation apply to all organizations.



Audience Poll: Which method of EHR acquisition applies to your organization?

- Our EHR will be selected and purchased based solely on clinic requirements
- Our clinic is part of a larger organization, and we'll implement their EHR
- We don't know yet

You can cast your
vote in the Polling
Panel of Webex!



Responses

Please look at the
Polling Panel for
results!



The EHR Team

- **Steering Committee / Executive Team:**
 - Allocate resources, make decisions, set priorities
- **Tactical Team:**
 - Multi-disciplinary team including champions from each functional area (i.e. clinical, ops, billing, IT)
- **Project Manager:**
 - Essential role to keep everyone aligned and on track!



Needs and Requirements

- A requirement is a complete, consistent, unambiguous description of *what* an EHR must do
- EHR team to develop a set of needs and requirements for vendor evaluation
- The first requirement? An ambulatory EHR on the ONC Certified Health IT Product List



Potential Needs and Requirements for Title X Clinics

- The vendor's approach to patient confidentiality
- FPAR reporting capability and Title X-compliant forms
- EHR templates for documenting family planning visits
- Population management/health maintenance features
- State-mandated reporting



EHR Requirements

Requirements contribute to every stage of the procurement process, providing criteria for EHR evaluation and selection:

- Request For Proposal (RFP)
- Vendor demonstration
- System warranties
- Acceptance testing



Procurement Part One:

Vendor Proposals

- Identify short list of 3 to 5 vendors
- Customize an RFP review template
 - Address review criteria (clients, tech, pricing, etc.)
- Evaluate proposals, eliminate non-viable vendors
- Documents issues that emerge
- Use demos, not proposals to evaluate



Procurement Part Two: Structured Vendor Demonstrations

- Document typical workflows
- Use an agenda: Keep vendor focused on your issues
- Invite selected vendors (at least 2) for scenario-based demos
- Evaluate demos based on needs and requirements
- Eliminate vendors for final round

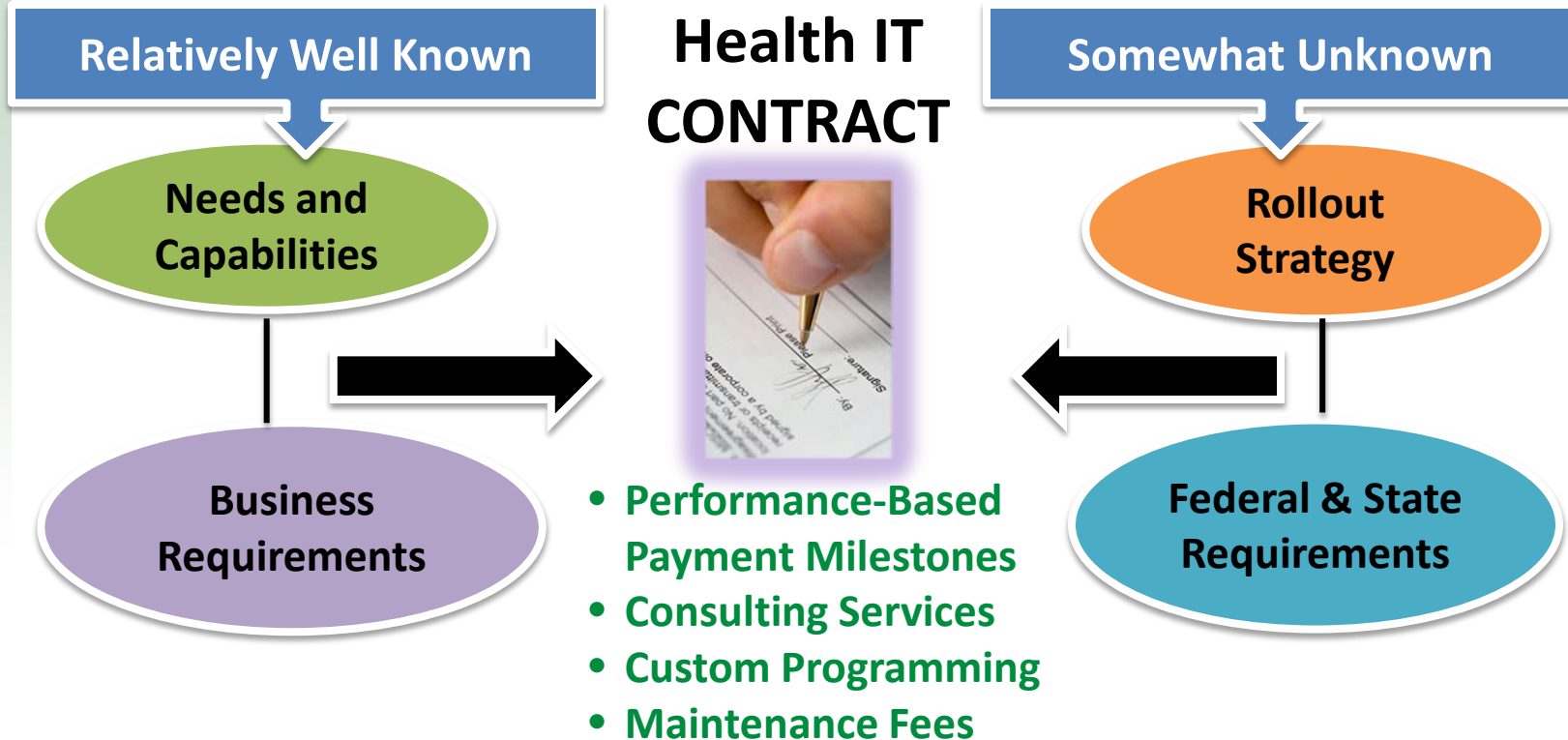


Procurement Part Three: Due Diligence and Final Vendor Ranking

- **Resolve issues on the issues list by:**
 - Focused demos
 - Telephone interviews or site visits to similar clinics
 - Interviews with representatives of a vendor's management and/or implementation teams
- **Select a vendor of choice and viable runner-up**
- **Two final vendors are essential**
 - There must be a “plan B”

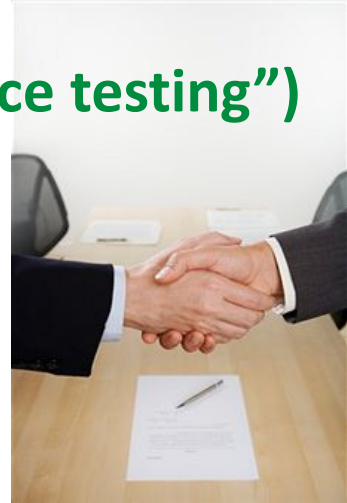


Contracts Codify the Known and Protect Against the Unknown



Contracting: The Basics

- **Contract is the final word, not what salesperson says**
- **Just say “no” to unconditional payments**
- **Weight milestone-based payments**
- **Tie payment to successful testing (“acceptance testing”)**
- **Build in warranties and remedies**



Contracting: Contract Management

- Assign clinic role for active management of contract
- Hold the vendor accountable to fulfill contract terms
- Document reported issues and track until resolved
- Manage the service level agreement (SLA) to ensure quality



Contracting: Summary of Contracting Principles

- Avoid arbitrary deadlines!
- Define needs and requirements clearly
- No system is perfect: what can you live with?
- Have a credible runner-up EHR system as a backup
- Connect payment to performance



Is this too much process? Are there consequences if we skip a step or two?

- The contract will be the final word
- EHR systems vary widely
- Rushing through procurement only benefits the vendor

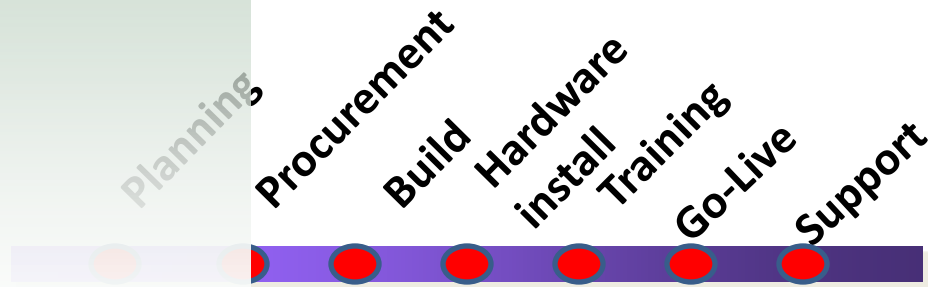


Questions



“IT” Approach vs. “QI” Approach

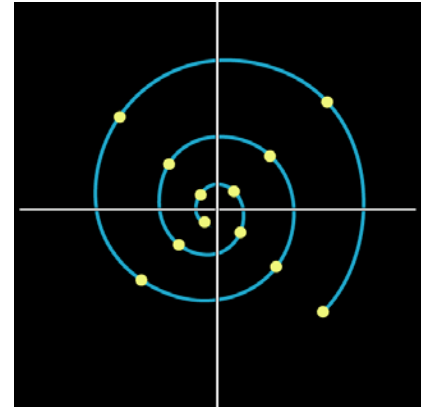
Project Based



Process Based

Build / Configure

Test / Train



Plan / Design

Use / Evaluate

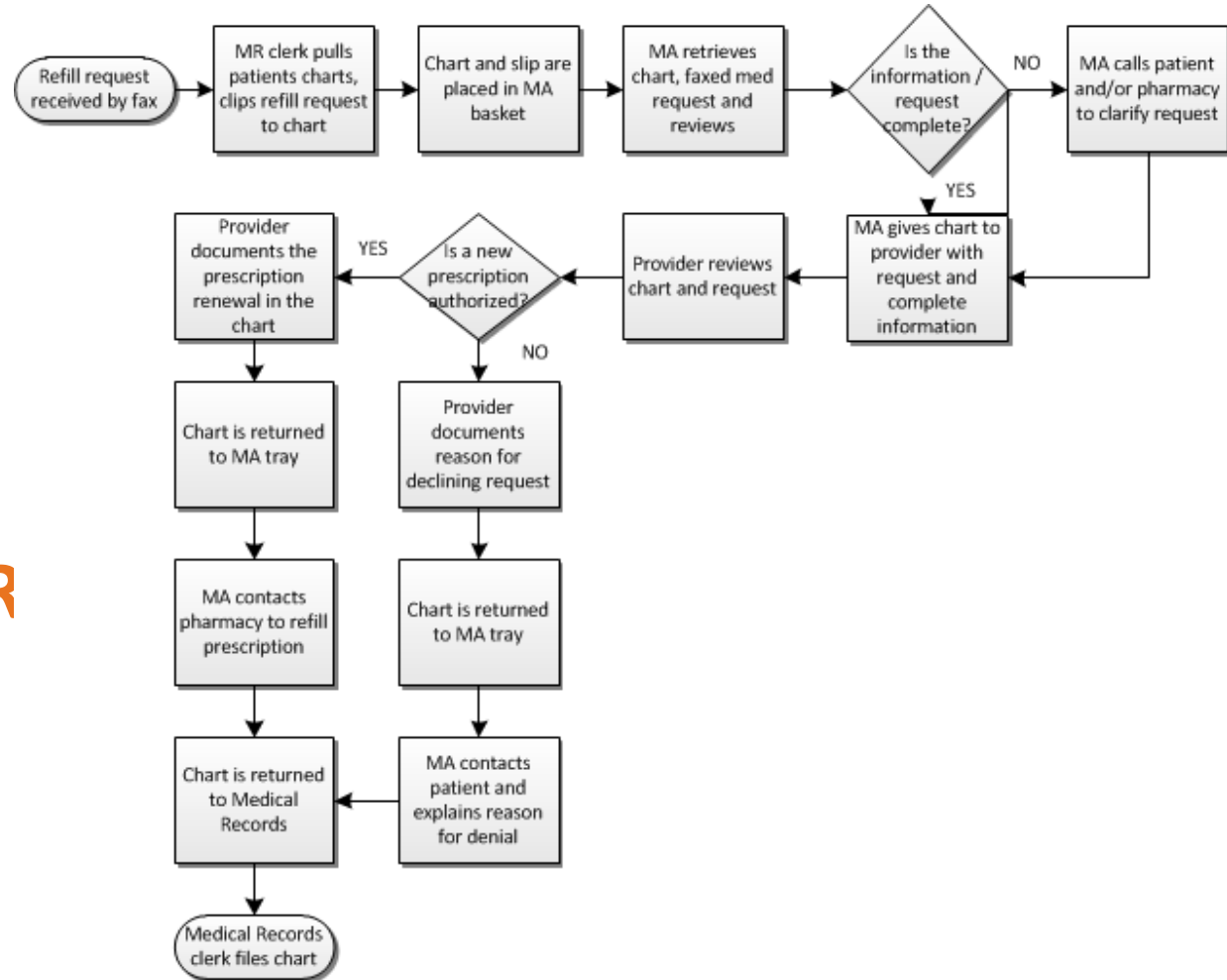
Workflow Analysis

- Reduce waste, redundancies and process variations *before* implementing a new system
- Look for opportunities to streamline operations with automation
- Pay attention to paper forms and actions that they trigger

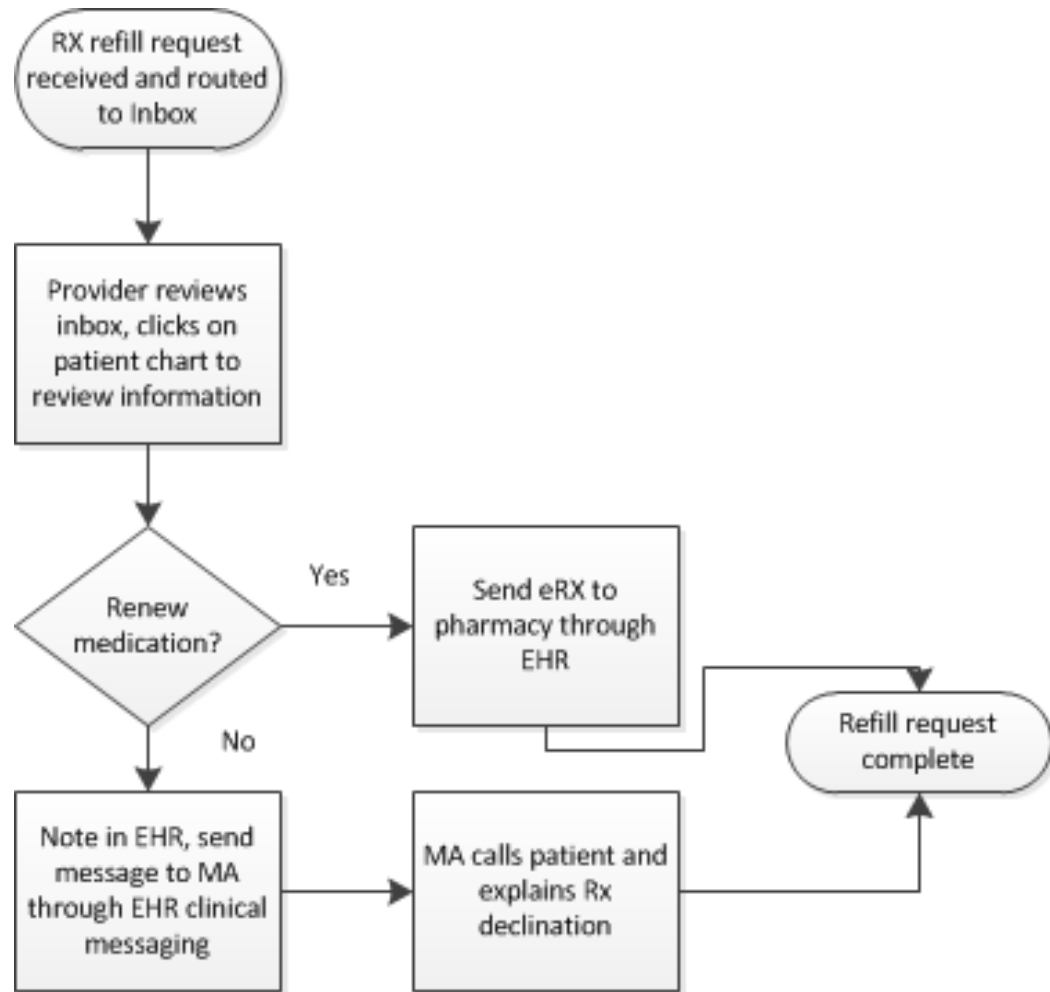
Automating a dysfunctional process only makes
bad things happen more quickly



Example: Med Refill Before EHR



Example: Med Refill After EHR



Build / Configuration

- **Configuration versus customization**
- **Standardization is key**
 - With flexibility comes complexity
- **Common types of configuration decisions:**
 - Pick lists, screen flow
 - Documentation templates
 - Alerts
 - Order sets
 - Forms and letters



Data Conversion



- Start fresh?
- “Populate” data from one system to the new system?



System Testing

- **Unit testing:** tests a specific function, interface or conversion
- **Integration testing:** tests the configured system across an entire process (patient check-in to billing)
- **Stress testing:** tests performance/speed under live conditions with maximum users



Training Strategies

- **View training as an investment rather than an expense**
- **Don't rely on the vendor! Develop a training infrastructure and use a train-the-trainer approach**
- **Develop training materials with organizational standards and policies imbedded**
- **Train based on typical scenarios versus for each role**



Mock Clinic

- **Role play and conduct an end-to-end visit to identify issues**
- **Conduct walk-through of many types of visits: family planning visit, preventive care visit, etc.**
- **Debrief afterwards to determine adjustments and issues**



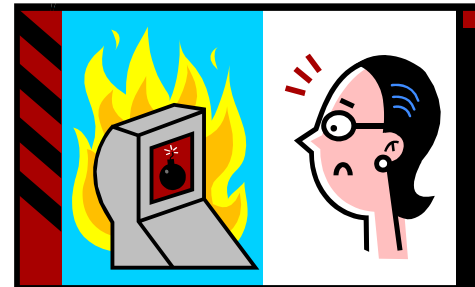
“Go-Live”

- **Use a structured process to minimize disruption**
 - System configured and tested
 - Redesigned workflow
 - Adequate training
 - Good communication



“Big Bang”

- All sites go live at the same time
- May include practice management systems as well as EHR
- Success deeply dependent on a high level of “at the elbow” support for providers



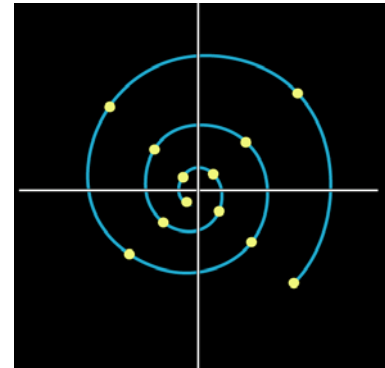
Incremental Roll-out

- **Pilot at one site**
- **Feature by feature**
- **Department by department**
- **Fractional days**
 - + Can minimize disruption and introduce features as providers and care teams are ready
 - Requires careful workflow design



Regardless of Implementation Method...

- **Optimize use of the system by setting organizational standards, monitoring performance, and providing focused training to achieve goals**
- **Practice “evidence-based implementation” with measurable objectives**
- **Implementation is continuous!**



Implementation Lessons Learned

- Carefully managed projects minimize disruption
- Allow for staff input
- Don't rely solely on the vendor for project management and training – it's *your* system
- Regain productivity quickly by pre-populating patient charts with key data (only)



Implementation Lessons Learned

- **Implementation often involves customized 1:1 support**
- **Training is critical to your success**
- **Set goals for organizational usage and performance**





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How We Took Action

- **About Family Health Care, Inc.**
- **Who we serve**
- **How we funded an EHR system**
- **Staff involvement in the EHR selection and implementation teams**



Our Implementation Experiences

- **Strategies used for EHR adoption**
- **Preparing staff for EHR system**
- **How our EHR system has helped us**
- **Advice for clinics considering implementing EHR**



Questions / Discussion



Thank You!



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