



**ACCELERATED HEALTHCARE TRANSFORMATION™**  
EHR POST IMPLEMENTATION OPTIMIZATION

**Make Your Investment Count**

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**GALLOWAY**  
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CMS' financial incentives accelerated the shift from paper and proprietary systems via tight timetables for meeting Meaningful Use windows. Simply achieving the requirements of Meaningful Use as outlined by CMS isn't enough to fully leverage the benefits of an EHR or realize a beneficial ROI relative to the cost of implementation for these systems. For a great many providers, EHR "go live" ushers in extended periods of disruption both for the physician practices and hospitals. In order for hospitals to truly maximize the value and benefits of EHR, it's critical for these disruptions to be minimized. If not, hospitals run the very real risk of an unfulfilled investment during a time of financial uncertainty.

## **KNOW WHAT YOU'RE GETTING INTO**

EHR implementations are complex and nearly each step along the way will present its own set of challenges. For example, abstracting paper charts and disparate data from legacy systems requires multiple decisions about data migration, formatting, and medical history guidelines. Not only do care plans and disease protocols need to be added but staff and providers must learn how to navigate through a patient encounter. Even in the most straightforward visit, physicians must maintain a relationship with the patient, make sure history, medications, differential diagnoses, progress notes, orders, prescriptions, and follow up instructions are properly documented and billing codes entered so correct charges drop.

In an attempt to tackle these challenges, some hospitals have enlisted the help of scribes, while others have learned to maintain a rapport with patients and simultaneously record the facts of the visit. Unfortunately, this type of an approach has proven to be short-lived. Experience tells us that many clinicians default to completing the notes between visits or after hours, which in turn results in dedicating more working hours to see the same number of patients or longer appointment times.

Trial and error approaches inevitably arrive at an inefficient future state. Nothing to show in terms of positive results and wasted time, money and resources. Through our work with primary and specialty care clinics, we have developed a set of guidelines for adoption that both minimize the pain associated with this radical change and develop the capabilities, or build the muscle so to speak, of the new system to truly improve patient care.

## **TRANSFORMATIONAL ADOPTION**

If an EHR implementation is to be successful, its foundational component must be a shared vision. This vision is often missing or lost in the anxiety surrounding an EHR go live as well as the initial adoption phase. Hospital executives need to recast this vision as an expression of how we think about caring for the health of our patients and communities. It's really not just about short term incentive payments. Accurate and available information from EHRs and health exchanges means better and safer care. Decisions can be made sooner and patients and their families can be more active participants in their treatment plans. Recent published studies indicate that the promises of better care coordination, improved outcomes, and cost savings are indeed being realized.\*

Maintaining alignment with a core vision is critical because the adoption process can take a long time. Our methodology is built around understanding four key phases:

- **Preparation:** EHR development and go live requires engagement of physicians and staff. Absent a long term view of the benefits, this process will seem to physicians an irritating distraction and result in system design oversights and lack of user understanding at go live. After go-live, frustrations can mount as practice efficiency suffers in the short-term and concerns for patient safety take center stage. It's not uncommon for EHR implementations to simply overlay a new IT system on inefficient processes.
- **Stabilization:** Involves re-designing enough of the workflow issues and knowledge deficits to simply allow practices to handle their normal workload each day. During stabilization the pressures for rapid problem identification and resolution are acute and palpable.
- **Full Adoption:** This phase can position the organization to leverage the power of the EHR system and its data but requires continued provider and staff engagement. Articulation of the vision by leaders is important, not only to encourage those in the throes of this work, but to keep everyone focused on the organization's goals for patient safety and quality of care.

### Advisory Success Story

#### Challenge

A large academic medical center experienced EHR-related challenges post go-live in their ambulatory clinics. Client experienced decreases in **practice productivity, patient and clinician satisfaction, and financial measures.**

#### Results

Within six months of adopting Galloway's EHR optimization methodology, most clinics had recovered to or exceeded pre-implementation metrics.

- Visits per Provider per Day **improved by 5%** overall with several clinics recording greater than 10% gains.
- Patient Access/time to first appointment improved while no-shows **decreased from 16% to below 9%.**
- Physician time logged into patient charts after working hours was **reduced 40%.**
- Patient Satisfaction increased in all practices.

## SUPPORTING ELEMENTS

With an understanding of the basic principles of those phases, optimizing any EHR implementation becomes a matter of organization and focus. When we work with clients to build out a long-term action plan, we highlight the following **10** elements:

1. Create rational, patient-centered workflows carefully designed to facilitate practice patterns and capture relevant data
2. Develop appropriate clinical content including order sets, clinical decision support, and disease registries
3. Establish an 'activation' strategy to minimize patient care disruption
4. Educate and train all levels of users
5. Leverage resources with deep system knowledge to provide on-site support
6. Ensure technical resources are available to support continuous improvement
7. Physician engagement for process leadership and vision
8. Institute tracking of process and outcome metrics
9. Devise standard work to create stability, promote teamwork, and support continuous improvement
10. Utilize change management strategies to ensure hardwiring of new behaviors

These initial steps are just the beginning of the journey to truly meaningful use of what is becoming the most comprehensive and potentially valuable set of health data ever assembled. From this data the

opportunity to create individualized, evidence-based care pathways for improving patient outcomes and preventing disease is closer than ever.

## ABOUT OUR EXPERTS



**Bill Booth** is a practitioner of the Toyota Production System and certified by the American Society for Quality, Association for Manufacturing Excellence, and Society of Manufacturing Engineers as a Lean Sensei. He works with clients to improve client operations by applying Lean principles and Galloway's Transformational Adoption® methods and tools.