

Medical Practice Advisor

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EMR Implementation: Making It Work

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Once your office has selected an Electronic Medical Records System, you need to address the process of getting hardware installed, networks set up, people trained, and the software working for you.

Where Do You Begin?

Hardware & Peripherals Assessment

Standardize Office Procedure

Training

Scheduling Patients



Where Do You Begin?

To get a system installed, there will be requirements for hardware (the PCs & Server), networking equipment (the connections both for internal wired and/or wireless networking), and installation of the actual software. Identifying and fulfilling these requirements may be managed in whole or in part by combinations of the practice, the software vendor, and the IT vendor.

It is important to have qualified people look at the physical placement of servers, understanding the need for physical security as well as back-up power, etc. Security breaches to electronic medical record systems are as often from internal sources as from external. Being able to set up secure Servers and PCs is not only good business sense, but specifically addressed in HIPAA and ARRA, with BIG penalties for breaches. Being smart about policies, procedures, and design at the outset will be the most cost-effective solution long term.

Hardware & Peripherals Assessment

A good place to begin is assessing any existing technology for its ability to perform appropriately for the new system. Technology that is more than about 24 months old, running on older operating systems, or both should be evaluated for the cost-effectiveness of upgrades versus purchase/lease of new equipment. Hardware should be of commercial quality for business use, not home office level. The robustness of switches, hubs, routers, wireless devices, etc. is substantially better for business-level, and the cost of down-time, repairs and lost productivity will significantly exceed the greater expense for the business quality products.

Selection of the specific devices (Tablet PCs, notebooks, fixed PCs) should be reflective of the use and role required. Flexibility may suggest that notebooks and tablets be considered for the nursing staff. The physician staff will also benefit from mobility. Not having to log in and out when moving from room to room is a time saver. Wireless access is obviously a requirement for this type of mobility, and proper design of the access points to eliminate dead zones is critical.

Consider using faster network printers (and scanners) rather than local multi-function devices. Features to look for in a printer are the time to first page out, and pages per minute. Printing of instructions for patients, educational materials and (hopefully only a relative few) printed prescriptions [electronic prescribing is a requirement for ARRA payment] will be a major source of frustration if it takes minutes to print at the physician's desk instead of seconds at the central network printer.

Standardize Office Procedure

In offices with more than one physician, the need to standardize as much as possible will make implementation easier for everyone. Unless the practice has vastly different patient mixes (e.g., multiple specialties), having common data tables and structure is definitely preferred. Taking all of the existing policies and procedures, protocols, etc. and discussing the desired way to standardize can be done well in advance of the implementation process, and should save time and money. This concept applies equally to multi-site practices, where standardization will aid in maintaining the product, ease of staff moving between offices, etc.

Training

Despite having seen the product in demonstrations, your knowledge of the best way to use the new EMR purchased will be incomplete. Training is essential for you and your staff to understand the impact on workflows, and how to take advantage of the new tool. Part of this process **MUST** be changing **YOUR** workflows to suit the EMR rather than the other way around.

On-line training is offered by some vendors, and can be a cost-effective way of learning the system. The expense of travel is eliminated and the training can be broken into shorter multiple sessions resulting in better retention by staff. On-line training videos can be viewed at the office's convenience providing a refresher for previously trained staff or to bring newer staff up to speed.

Depending on the size and number of staff to be trained, the sequence of training can vary with regards to staff versus physician training. It may be wise to consider having the staff be trained and go live for some time prior to the physician training and use. Using that method, when the physician first starts using the system, there will be sufficient data already in the EMR to make it more valuable.

Refresher training sessions are recommended. Just as your credentialing at the hospital requires CME, so should your practice insist on staff and physicians maintaining their abilities to use the office EMR. ARRA will require capturing significant information on meaningful use and quality metrics as a by-product of use of EMRs.

Scheduling Patients

For at least a while, the office will have a reduced ability to move patients through. Depending on the technical abilities of the staff, anywhere from a 10% to 25% decreased productivity can be expected. For some practices, just a few weeks of lost productivity is all that would be expected, while for others it may be longer.

Avoid increasing frustration levels by scheduling the patient load accordingly. During the first few days (or weeks), have enough slack in the schedule to not only overcome questions but also work out kinks in workflows. This will keep the experience positive. Blowing up any good will and enthusiasm for the project for the sake of seeing a few more patients for increased revenue is another penny-wise pound-foolish choice.

What's Next?

Just as medicine is not a stagnant field with no new knowledge coming along, neither is this new world of the EMR. There will be updates to the system, new functionalities added, new rules and alerts for the clinical decision support (expert advice) that should be built into the EMR. All of this requires continued monitoring, continued tweaking, and continued adaptation of the office to the dynamics.