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EMR Success: Training is the Key

Plan your computer education as carefully as you picked your system.

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A $30,000 electronic medical record system is like a $30,000 grand piano. Whether you play the equivalent of Beethoven's "Moonlight" sonata or "Chopsticks" depends on your level of training.

Sadly, too many practices end up playing "Chopsticks" because they didn't do the homework needed to make EMR training effective. In the worst-case scenario, they try to learn too much too quickly while juggling a full load of patients. And, because nobody has figured exactly what they want the EMR to do for *their* practice, instructors from the software vendor teach what's best for *other* practices.

The result? Entire modules of the system sit idle. Doctors don't know how to customize templates for patient encounters. Staffers click a mouse six times to perform a task when two clicks will do.

With proper training, however, you'll get your money's worth out of a new system by making sure staffers can use it in a way that's best for your practice. We interviewed computer consultants, vendors, and physicians to discover the best methodology for turning both doctor and staffers into EMR virtuosos.

First, figure out your EMR workflow

Your goal isn't simply learning how to use this or that software program, but learning how to use it in your particular office.

Training follows workflow, or how you get things done, whether you're shepherding a patient from check-in to checkout, processing a request for a prescription refill, or ordering a test. Every practice executes these tasks differently, depending on the specialty, a doctor's idiosyncratic preferences, and employees' abilities and habits.

Consider the possible variations of a prescription refill. In some paper-chart practices, the receptionist takes the request over the phone and forwards it to a medical records clerk, who pulls the chart and gives it to a medical assistant, who in turn consults the doctor. In other practices, the request goes straight from the receptionist to a physician assistant. Or a triage nurse might take the call.

Using an EMR will change your approach to most tasks. "To see what will change, you have to map out your workflows using paper charts," says computer consultant Rosemarie Nelson in Syracuse, NY. "Then

you can design new workflows with the EMR in mind. They'll be drastically streamlined, because everyone will be able to call up the chart."

Software vendors want medical practices to go through these exercises to pinpoint who needs training on what function. It pays to cooperate. Misys Healthcare Systems asks customers to fill out a seven-page questionnaire about their workflows as well as their personnel, computer hardware, and what they hope to achieve with an EMR. Three customers in 10 don't complete it, according to Jim Altenbaugh, who manages physician training for Misys. "That makes our job harder," he says.

Vendors focus much of their training on "super users" who will train others, both during implementation and when new employees come on board. They can also answer questions that arise day to day. (For more on in-house trainers, see "Make the most of in-house trainers".

Aim for training that's distraction-free

Vendors increasingly offer computer-based instruction, such as interactive online classes called "Webinars," to cover some material, but they haven't done away with living, breathing trainers. They usually don't conduct offsite classes; instead, trainers come to your office. If that's the case, try to find a room secluded from the hustle and bustle of patient care. Large groups often have a conference room. Small ones may have to settle for a lunchroom or the manager's office. Don't be surprised, though, if much of the training happens where doctors and staffers usually work.

The daily routines of medicine can wreak havoc with EMR 101. With phones ringing and patients walking through the door, doctors and staffers find themselves learning the system in 15-minute snatches—a formula for frustration. Patient care suffers, too.

Careful planning will create longer blocks of uninterrupted learning. If you can't afford to shut down the office completely, squeeze in classes by opening the office late in the morning or closing it early in the afternoon. Tom Liddell, vice president of product management at WebMD, prefers morning classes because people are fresher and less harried then.

If possible, schedule fewer patients than usual on training days. If you can't do that, try to schedule training during the part of the year when patient volume is usually lower. For many doctors, that's the summer.

Some personnel sleight of hand can also work wonders. You can spring people loose for classes by hiring temps to do their jobs. Large practices can train doctors and employees in shifts, so one set keeps the practice running while the others focus on task bars and pick lists.

Another option is to hold classes on weeknights and weekends when patients aren't around. However, people who are working 40 hours may not be eager to face a computer screen on Saturday morning, says Nelson.

"You have to be sensitive to the issue of burnout," she adds. "Make sure you treat employees nicely if they're coming in for classes after work. Buy them pizza. And you ought to pay them, too."

No matter what schedule you choose, make sure that computer illiterates have learned the basics about PCs and Microsoft Windows before the trainers walk through the door.

Spread out training so it sinks in

The time needed to launch a full-fledged EMR system can make a doctor gulp. Misys, for example, recommends 12 days for implementation and training in a practice with several primary care doctors. To save money, some doctors negotiate fewer days of training. That's self-defeating, experts say.

"Some customers underestimate the complexity of a new system," says Lucinda Israel, a project manager for implementation and training at NextGen Healthcare Information Systems. "They'll say, 'Gee, I loaded Quicken on my laptop, and it took me only two hours to learn.' An EMR is in another league."

While you should usually accept the vendor's recommendation on training hours, you and your staff shouldn't try to learn everything in one fell swoop. Otherwise, everyone's eyes will glaze over, and doctors and employees alike won't be able to master—much less remember—the ins and outs of the system. An incremental approach is more effective.

Fortunately, EMR systems lend themselves to gradual training, since they typically consist of modules— one for the electronic chart, another for prescribing, and others for transcription, scanning documents, and laboratory results. Practices often start with one of the easiest modules, such as scanning, and work their way up to the more demanding modules that involve data entry.

"Some doctors want to go live with everything, but we encourage them to do it module by module, ideally over six to nine months," says Jim Altenbaugh at Misys. So the 12 days of implementation and training Misys recommends is really several chunks of two or three days each with plenty of time in between.

Once a new system is up and running, the vendor's trainers should come back several months later and teach users some of the finer points. "Five or six weeks after doctors begin charting, we offer advanced sessions on tools that will streamline their work," says Lucinda Israel of NextGen. "They can learn how to configure the system so that when they pick a diagnosis code for diabetes, a template for capturing blood sugar values will automatically appear on the screen."

Send trainees the right messages

Getting doctors and staffers mentally prepared for EMR training is another key to a successful launch. It's a combination of selling the benefits of the new system and firmly announcing that the EMR train is leaving the station, whether they like it or not.

"With staff, there's always the implied message that if they don't get on board, they can find another job," says internist Edward Gold in Emerson, NJ, whose 12-doctor group went paperless recently. "You wouldn't suggest that to a fellow doctor, but you can get tough in other ways. Point out that nobody will pull paper charts for doctors anymore."

Employees deserve special consideration in your effort to win hearts and minds. All too often, doctors decide to install an EMR without getting input from medical assistants, billers, and receptionists. "Employees may resent a new system because nobody asked them what they thought," says Rosemarie Nelson. And when employees are in the dark, they tend to think dark thoughts, adds Israel.

"They know a big change is coming, but not the details," Israel says. "It's easy for them to mistakenly assume the worst—that they're going to lose their job because of the new system. I see the fear in their eyes when I walk through the door on a training trip. So it's important to keep them in the loop. They'll be in a better mood to learn."

Make the most of in-house trainers

Vendors encourage customers to designate certain physicians and employees as "super users" who will teach others. In large practices, super users usually consist of a doctor who's championed the new system, the office manager, and department heads—an RN who supervises the medical assistants, for example.

This "train the trainer" strategy has several benefits. If computer classes are held offsite, it's less expensive to send two or three people than to have the entire staff go. It's more practical, too: If you sent the whole staff, you'd have to shut down your practice for a day or pay everyone to attend the seminar on a day when you're closed. In-house trainers also tend to tailor instructions to the practice's unique culture and workflows.

But the biggest advantage of training the trainer is having experts on hand after the system goes live. It's usually easier to solve a problem by asking a super user than to call the vendor's support line. Plus, there's someone who can teach a new hire nine months down the line.

Super users aren't super, though, if they don't stay sharp. "They need ongoing training," says Ron Sterling, a computer consultant in Silver Spring, MD. "Otherwise, your system will succumb to what I call 'creeping disability.' People forget how to use it." In-house trainers can buff their skills by attending user conferences sponsored by vendors—often a good place to get updated about new versions of the software—or by taking short classes via telephone, Internet, or CD-ROM.

Part of a super user's responsibility is assessing how well employees are learning, and adjusting their approach accordingly. Dwight Rector, practice administrator at three-doctor North Country Family Practice in Grapevine, TX, noticed that staffers struggled to refill prescriptions with a new EMR. So Rector developed an easy-to-read cheat sheet based on the EMR manual.

"Employees would have been overwhelmed if I had told them to read the manual, which is extremely detailed," says Rector.

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