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Purchased an EMR? Now What Do you Do?

Now that an EMR system has been acquired, contributions from each department are essential to survival.

By Tricia Cassidy

Every health information management (HIM) professional is aware of the growing use of the electronic medical record (EMR) system, but not all HIM professionals are involved in implementing it. Traditionally, implementing EMR systems has been viewed as information technology (IT) projects, but realistically—it's a team effort.

When a medical facility buys an EMR system, it has to include the entire medical staff in the process for the outcome to result in reduced costs, saved time and improved patient safety. It takes a combination of knowledge and talent from each department to design and implement a successful EMR.

Why Has It Taken So Long?

"Health care is the last industry to adopt information technology," said Allen R. Wenner, MD, practicing family physician and IT consultant with Primetime Medical Software, during a presentation at the 2002 American Health Information Management Association conference.

He explained that the health care arena was the last to become technically savvy because workflow was not addressed in previous attempts. "A facility must change its workflow to fit the new system. Purchase and implementation of an EMR system results in a significant disruption of physician workflow. Many organizations have purchased systems and had considerable resistance from physicians after installation," he noted. The physician/patient relationship and workflow must be the deciding factors in implementation, stressed Dr. Wenner.

Cost is an additional reason the health care industry isn't fully computerized. "Why are computers so widely used in other industries for far more trivial things? It's because the cost of health care keeps going up, and that's not even including the cost of a new EMR system," explained John Quinn, vice president and practice lead for Cap Gemini Ernst and Young.

Quinn explained that because implementing EMR systems failed in the past, facilities don't want the risk of losing so much money. But that was then, and this is now.

Currently there are hospitals that have systems up and running, and facilities have been buying EMR systems because they can no longer ignore the issues, and it gives them a fighting chance to become HIPAA-compliant. Granted, HIPAA doesn't state that an organization must have an EMR system, but "it does say that you need to be able to know who's looked at a patient's records for something other than treating the patient, normal operations or paying the patient's claim. How can you do that if you're using a paper chart?" Quinn emphasized.

Key Information

Many organizations struggle with either using the vendor, a consultant or its own staff to carry out the EMR implementation process. But a balance between all three seems like the best option.

"Using all three would be ideal, because no consultant is in the position to do everything the vendor is able to do. The consultant really can't substitute for the hospital's own staff, so there's got to be some sort of balanced approach," stated Quinn.

The hospital or organization's motivation for implementing a new EMR system should be to achieve set goals. Each organization should know what results they want from the software and the consultants.

"The entire organization needs to be completely involved and they need to have a vision. Their goals should be set. If an organization doesn't have a vision about what it wants to accomplish, it will flounder," explained Diane M. Carr, associate executive director for the health care information system at the Queens (NY) Health Network (Elmhurst and Queens Hospital Centers).

Ann Sullivan, chief information officer of Maimonides Medical Center in Brooklyn, NY, also stressed how important it is for the organization's staff to understand how the EMR works. "You need to know when using an EMR that there's always going to be modifications. Practice, medicine and regulations change every day, so you really need to know how to do it without help."

Another important factor is that the software should be flexible. It must be able to conform to your organization's needs and functions. Quinn added, "Medicine is an evolving science and art form. We can't put it into a general process, so each EMR system must be implemented differently."

Understanding that a new EMR system won't be perfect on day one is also a key factor. It won't be instantaneously productive; an organization will have to go through a learning curve. In a good project, a facility should start seeing benefits within 30 to 45 days.

What to Do

"Implementing an EMR involves both technology and psychology," stated Bruce Kleaveland, chief operating officer for Physician Micro Systems Inc., an EMR vendor. "The technical aspect is making sure that you have a reliable and stable system that has the appropriate features to meet the needs of the organization. But the psychological part of the project is equally important. A facility must make sure that it's prepared for a significant change in the way the organization runs."

Maimonides Medical Center was prepared for the change. As a recipient of the 2002 HIMSS Nicholas E. Davies Award, the facility has had ample success in implementing its EMR system. The project started in 1996 and today has 100 percent physician participation. Sullivan attributes her facility's success to involving everyone from the start.

"An organization needs to perform a thorough needs assessment of the facility, including each department's current workflow," she commented.

Sullivan explained that when they understood what their needs were, they wrote a request for proposal and engaged the physicians in the development. "Participation from the physicians is important because it's part of managing the psychology of everyone involved in the process," she stressed.

Another 2002 HIMSS Nicholas E. Davies Award recipient was the Queens Health Network (QHN). They included the physicians from the beginning as well, but they took a different approach. Elmhurst outpatient services had reached capacity, and both management and physicians were looking for solutions to decompress and expand ambulatory care.

"We're a very high volume provider. We see more than a million ambulatory visits a year, so moving the paper record around the outpatient department was a challenge," explained Carr. "As a part of our business and strategic plan, we decided to implement an EMR system to facilitate sharing of patient information."

In terms of how the program got started, QHN created a steering committee, which set priorities for the project and had all the end people involved: physicians, nurses, administrators, HIM professionals and others.

Maimonides' next step was similar. Once they had all the end people on board and everyone's perspective was understood, they made up a committee that could translate the needs of all the departments and assigned them to the IT department during implementation.

While designing the process, both facilities agreed, being mindful of the organization's workflow is essential. Dr. Wenner put an extra emphasis on this step, saying, "No patient will ever fit a template. So, you have to change your workflow to fit the new system. We had to build an entire new office to improve productivity and reduce cost, because people and patients weren't working and flowing in the same way. But even though it seems like a lot, the benefits are worth it."

QHN and Maimonides both agreed that phasing in sections of the new system one at a time was crucial. Employees needed to see some positive results to keep working through the challenging transition.

A Step Further

Because the workflow needs to change, why not change it for the better? Both HIMSS Davies Award winners and Dr. Wenner agree that the point-of-care computing is essential to not only keeping the workflow moving, but to enhancing productivity.

"Point-of-care documentation is really a concept that centers around the traditional doctor/patient relationship. In the past when EMR systems failed, it was because they lost that critical focus where the physician interacts with the patient. They forgot that the system must improve the doctor/patient relationship and not disturb productivity. With real time results, there is less room for error and less handlingbecause the report is finished when the doctor leaves the room. The result is an EMR that really works," Dr. Wenner pointed out.

What's Next?

So what do you do after the system is successfully implemented? "Of course you can use it to improve turnaround time in HIM and in labs. And patient care is easier because now it's all online and available 24 hours a day. More importantly, now we have the ability to focus on the data and improve the health of our community," Carr enthused.

QHN is hoping to facilitate performance and outcomes measurement and improve health by using information about a patient's diagnosis and visit history, and by expanding it across populations of patients with chronic disease. They can track information about what medications they use and how their lab values fluctuate over time. They will be able to check on the quality of documentation and care, and see how that's affecting the patients.

"The effect of information technology on productivity in health care will be as dramatic as it has been in other industries. Gradually, as physicians adopt tools that have combined aspects of automation and decision support, health care costs will begin to come under control and the benefits will continue to grow," Dr. Wenner promised.

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