OUTLOOK ASSOCIATES
A Division of Qualis Health

Tips for Success

Incremental Adoption of Electronic Health Records

Once the decision to move to an Electronic Health Record ("EHR") system is made, the practice is often anxious to start reaping the efficiency, cost savings, revenue enhancement, and other benefits made possible by the system. It is tempting to move for immediate, full system use as quickly as possible. While enthusiasm is a key factor to successful EHR adoption, it should be balanced with caution and total appreciation for the amount of time it will take practice clinicians and other personnel to adjust to the many changes the EHR system will bring to their daily lives.

Effectively adopting an EHR system will require sufficient time for everyone to:

- ❑ Gain confidence in the use of new technology and tools
- ❑ Adapt to changed processes and work flows
- ❑ Become proficient with new data formats and codes.

An incremental approach to EHR adoption provides the best opportunity for a practice to work through these adjustments. It also has proven to be the best approach for assuring overall EHR implementation success.

Determining the Best Incremental Approach for Your Practice

Common successful options for practices pursuing incremental adoption of EHR system capabilities are:

- ❑ Implementing and stabilizing one practice site or practice area (i.e., Pediatrics, Internal Medicine) at a time.
- ❑ Implementing one or two physician/clinician teams at a time (e.g., physician/clinician with nursing support), allowing time for teams to gain proficiency before introducing additional teams to the EHR system.
- ❑ Phasing in the use of EHR functionality over time, adding new functions and capabilities as physicians/clinicians and others gain proficiency with each new feature.
- ❑ Blending two or more of the above approaches.

To determine whether a specific option is a viable approach for your practice, consider the following:

Single or Multiple Site Patient Care	❑ If your practice has multiple sites but individual patients receive care at only one site, incrementally implementing EHR by site is an excellent approach. ❑ If, however, patients can move between sites to receive care, implementing one site before the other sites will not prove viable. It will be extremely difficult to simultaneously maintain both a paper and an electronic medical chart for patients being seen across sites. Not only will it require significant time and effort, but will also be prone to serious error. ❑ If physicians/clinicians work at multiple practice sites, transitioning between paper and electronic methods for differing sites could be confusing and difficult.
Single Practice Area	❑ If one or two specialty/program areas or departments in your practice have a specific set of dedicated physicians/clinicians and patients typically receive all of their care in these areas/departments (e.g., pediatrics, school-based teen programs), this is often an excellent opportunity for incremental implementation of

	EHR. One set of physicians/clinicians can be trained and one set of patient medical records can be converted at a time. ❑ If patients and/or physicians/clinicians move among areas/departments, however (e.g., urgent care and family practice), incremental implementation will prove difficult (see discussions below).
Patient/Clinician Relationship	❑ If patients primarily see only one physician/clinician within the practice, incrementally implementing physicians/clinicians along with their individual panels of patients may prove feasible, depending on nursing assignments (see discussion below). ❑ If, however, patients can see any available physician/clinician within the practice at any time, implementing EHR by physician/clinician will be difficult since identical electronic and paper charts would be needed until all physicians/clinicians were using the EHR system.
Physician/Nurse Relationship	❑ An incremental implementation by a team is highly recommended. when nurses and medical support staff work primarily with one physician/clinician or one set of physicians/clinicians and can begin live use of the EHR system at the same time as the physicians/clinicians they support, ❑ If, however, nurses must support physicians/clinicians in different stages of EHR adoption, it will be confusing and difficult for nurses and prove disruptive for the practice. Temporary reassignment of nurses to clinical teams should be considered if physicians/clinicians are phased into EHR adoption.

Phasing in specific features of EHR functionality over time is often the easiest and most successful approach for incremental EHR adoption. Common sequencing of functions is:

- ❑ Patient laboratory results querying on-line through the EMR system. This limited initial use gives staff familiarity with logging onto the system, navigating through easier portions of it and gaining experience viewing data on-line versus from paper forms and records.
- ❑ Current medications, allergies and prescription management functions. These functions introduce data entry for an initial, more limited set of information directly into the EMR system, as well as building a foundation for future EMR functional expansion.
- ❑ Telephone messaging introduces all staff (clinical and administrative) to the EMR documentation process.
- ❑ Laboratory and radiology ordering and results reporting (OE/RR) at this stage of implementation build on electronic processing for clinical staff, further eliminating paper and forms and adding to clinical efficiency.
- ❑ Tracking tools for items such as abnormal pap smears, mammograms, and chronic health diseases is a relatively simple add-on once clinical staff has mastered OE/RR.
- ❑ Medical charting as the next stage of implementation is usually an easier transition for clinical staff with some EMR documentation skills from OE/RR and telephone messaging functions and familiarity with accessing data on-line for clinical reference and decisions.
- ❑ Decision support tools are useful clinical information once full charting is in place. There is excellent data for trending, analysis and reporting.