Success of Electronic Records Lies in Planning

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BOSTON — To successfully implement an electronic health record system, set clear and specific goals and involve your clinical and administrative staff in all of the planning, Jerome H. Carter, M.D., said at a congress sponsored by the American Medical Informatics Association.

"You have to plan," said Dr. Carter, chief executive officer of NT&M Informatics, Inc., Atlanta, and the editor of "Electronic Medical Records: A Guide for Clinicians and Administrators," published by the American College of Physicians.

As many as half of complex software implementations fail, Dr. Carter said, and usually for the same reasons: vague objectives, bad planning and estimation, poor project management, insufficient involvement by senior staff, and poor vendor performance. "This is not the time to experiment with the latest gadgets," he said.

Implementation doesn't start when the organization purchases the EHR products, but, rather, as soon as the group accepts the idea of moving from paper to an electronic system, Dr. Carter said.

The first step is to understand current problems within the practice, to figure out how the practice should function, and identify what keeps the practice and its current system from working in an ideal way.

Potential EHR buyers should spend at least 3-4 weeks canvassing everyone in the practice to find out the problems and goals and to create a statement to capture those ideas, he said.

The next step is a systems and process analysis to be conducted by clinicians and executive management. This is a chance to figure out if an EHR will help to solve current problems. The executive management should also assess everyone's job functions. Adding an EHR to a practice will change job functions, and it's important to make sure that all the important duties are still covered, Dr. Carter said.

Once this backgrounding has been done, a request for proposals based on practice needs can be created.

During product review, it's important to have a designated project manager whose only job is to shepherd the project through each stage. In addition, senior executive support—both administrative and clinical—is key since that group will make the final decision on a system. And staff input is essential since these are the people who really know what goes on in your practice, Dr. Carter said.

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Spend time figuring out what resources will be needed in terms of new personnel, technical support, security, and equipment. "Without that level of estimation and planning, it's very likely you'll be in a situation where you need a critical person and that person is not there," he said.

Consider hardware issues. For example, it's important to consider the types of input devices that will be used, such as tablets, desktop computers, or personal digital assistants (PDAs). Tablet computers are popular but people also tend to drop them and spill coffee on them, he said.

Don't forget to factor in security issues, Dr. Carter advised. For example, practices should be sure that any system they buy is compatible with the Health Insurance Portability and Accountability Act of 1996.

When the time comes, there are a variety of ways to roll out a system, Dr. Carter said. A practice can test all the features at once through a pilot at one site in the practice. Another option is to phase in implementation of the most important features first across the entire organization.

Or a practice could opt to try a "big bang" rollout where all features are implemented across the organization at once. This approach is generally more successful in smaller practices with fewer than 10 physicians, Dr. Carter said.

Regardless of the type of rollout, ongoing staff training is critical. It is not a one-time event. Staff will need training on the workflow change and planning aspects and the actual EHR system. Physicians will need additional training on physician-specific issues related to implementation, he said. ■