Implementing EHRs: Getting it Done Right, Getting it Done Faster

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by Linda Kloss, RHIA, CAE, chief executive officer

Providers are being challenged to accelerate adoption of electronic health records (EHRs), the building blocks of the digital health system. However, we all know this is easier said than done. Financing, selection, project planning, phased execution, and training are just the beginning of a successful EHR implementation. Adapting work processes and organizational cultures requires resources and stable leadership over a long period of time.

Lessons from the Front Lines

In the 1970s and 1980s EHRs were generally one-off systems designed for technically sophisticated health systems. In the 1990s commercial software solutions were available but heavily customized by users, because they lacked the breadth of functionality available today and providers wanted systems to mirror the way they worked. As we learn in "The Perils of Customization," heavy system customization is falling out of favor. Experts explain how adapting an organization to a system— rather than the system to the organization—benefits users.

HIM professionals share practical lessons about effective implementation in "Implementation Evaluation." Engagement is a must for HIM. Julie Bryant summarizes this well when she advises HIM professionals to "talk to peers, find out what people are doing, do site visits, and educate yourself on implementation, products, and project management. And be sure you're in the groups and conversations you need to be in."

Kathy Harker explains how she helped expand use of an imaging product to support coding in "Getting off to a Good Start." Her advice is on target and could have been written by a change leadership guru!

One system that needs bulletproof reliability is the master patient index (MPI), which feeds all EHR subsystems. MPI errors can cause errors throughout the system, which becomes more critical as we move to health information exchange. In "Keep It Clean," Beth Haenke Just and Katherine Lusk examine the current and desired states of MPI accuracy.

Best Practices

As all authors point out, initial implementation success is essential, but implementation is really never done. These complex systems are continuously changing, as are the people who use them. Thus, implementation skills and competencies are fundamental to HIM. HIM professionals should take away several key lessons about implementation from this month's features:

- Be engaged from the outset and take a systemwide, not departmental, view of the goals.
- Discourage the "we're different" philosophy. Show users how they can achieve their goals and advise them on how best to incorporate the system into their own workflow. Adaptation is inevitable, but it needn't be intrusive.
- Manage expectations and the pain of change, but keep the desired benefits at the forefront.
- Spend as much effort on communication and training as the technical and analytical tasks. These are the secret ingredients for project success.

Accelerating EHR adoption in all types of provider organizations requires a small army of HIM specialists. AHIMA continues to call attention to the urgent need to support education of this essential work force. The best education comes from the field, and we thank this month's authors for sharing what they've learned. We challenge all of our members to share their lessons learned from their EHR implementations by writing for the *Journal*, engaging with other members in the Communities of

Practice, and speaking at local, state, and national conferences. It is the lessons from those on the front lines that will enable us to transform HIM to e-HIM®.

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