Pioneers and Perserverance: Implementing the EHR in Physician Practices

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HIM professionals are center stage as pioneering physician practices realize the benefits of the EHR. At Main Street Pediatrics in Bridgeport, CT, the EHR has become a "stethoscope"—a necessary tool in the practice of medicine.

The electronic health record (EHR) is a dream that many HIM professionals believed possible when they joined the profession. And in a small number of physician practices, the paperless office is already a reality. In most cases, such practices pioneered and persevered to achieve the higher quality of life for physicians, staff, and patients that the EHR brings.

Now several national initiatives are moving the EHR dream closer to reality for many more practices. As physician practices large and small begin to embrace the EHR, HIM professionals can apply their expertise and experience to assist these practices in the transition to an electronic-record environment. Knowledge of EHR standards development, legal issues, regulatory requirements, and coding practices and skills in project management, system building, and communication are just a few of the HIM professional's capabilities essential to EHR implementation.

This article describes the steps in the EHR implementation process, identifies the role that the HIM professional can play in this process, and provides a case study of one pioneering physician practice that has achieved the paperless dream.

The EHR Implementation Process

Integration of the EHR and the physician practice management system (PPM) is one of the fundamental building blocks of the paperless practice. The EHR automates documention of the provider-patient encounter, while the PPM automates functions such as billing and scheduling. To become completely paperless, a practice must implement both systems.

Successful EHR implementation requires a thorough understanding of the way that clinicians practice medicine—the clinical work flow. In fact, identifying the data needs of a practice begins with understanding the practice's work flow, according to the AHIMA e-HIM work group on Core Data Sets for the Physician Practice EHR.[1] Documented clinical work flows inform the model core data sets at the center of the blueprint for EHR development drafted by the work group.[2]

Implementation begins during the vendor selection process and concludes when the practice is live on the EHR, documenting all provider-patient encounters with the new system. The following sections describe the typical steps in this process.

Select an EHR Vendor. The vendor selection process usually includes a review of all EHR vendors, identification of the top three to four vendors with solutions that meet the requirements of the practice, and then product demonstrations by the selected vendors to determine one to two vendors of choice. The practice typically will request a site visit, where the vendor's offerings are seen in use. During the selection process, most vendors will identify and review various work flows to understand the complexity of the practice. The selection process concludes by executing contracts with the chosen vendor and initiating the implementation process.

Develop an Implementation Plan. The implementation plan defines the practice's expectations and goals for the EHR, identifies the project team members, describes the roles and responsibilities of each member, and includes a preliminary project schedule with milestones. The project team typically includes a clinician champion and an administrative champion from the practice and a project manager and clinical expert from the EHR vendor, such as a physician, nurse, or HIM professional with expertise in implementing or using EHRs in physician practices.

Analyze the Existing Work Flow. A thorough analysis of both the clinical and administrative work flows usually encompasses functions such as office visits (sick and well), telephone calls, prescription refills, consultations, referral requests, release of information, correspondence, completion of disability forms, hospital notes, orders of ancillary services from outside services, and so forth. Any task performed on paper must be mapped to the corresponding electronic solution in the EHR. A plan for moving paper records into the EHR must also be developed as part of this analysis. Work flow analysis begins in the selection process and is formalized in a separate onsite visit at the practice by the vendor's clinical consultant, usually a physician or nurse. Each subsequent step in the implementation process builds on this initial analysis.

Train the Super Users. In this phase, a small number of users, including the clinician and administrative champion, are trained in all functions and features of the EHR. These users will eventually provide a resource for training other users.

Build the System. System building begins with database installation and continues through a series of additional tasks until the framework for the EHR is complete. Interfaces with the PPM, laboratory, and other systems are also installed during this phase. With appropriate connectivity and remote access installed, this step can be accomplished both onsite and remotely. For instance, Web seminars can be used for system-building sessions with the EHR vendor. Complete understanding and communication of the work flow and the clinical provider's preferences are essential to successful system building.

Train the End Users. Just-in-time, hands-on training enables end users to become comfortable with how they will perform their tasks using the EHR. It is usually best to conduct this training as close to the "go live" date as possible.

Go "Mock Live." During this critical test period, the practice begins seeing a limited number of patients via the EHR. This "shakedown" phase allows the EHR team to identify and correct any errors of omission in the work flow analysis and system-building processes. Each day, the vendor and practice staffs identify any and all missing steps in the EHR work flows. Daily, the implementation team regroups and identifies solutions to these issues, updates the work flow, and updates the various forms, templates, et cetera.

Go Live. This is the moment when the practice begins using the EHR to see all patients. During the first days and weeks of going live, it not unusual for the practice to experience a number of emotions. These emotions can range from euphoria (e.g., all information is at the provider's fingertips) to anxiety and frustration (e.g., the reality of the enormous change undertaken sinks in). It's best that the practice devote a portion of each weekly staff meeting to addressing EHR issues. Initially the time spent may be significant, but over time the EHR issues will require only brief discussions.

Main Street's Journey to a Paperless Practice

Main Street Pediatrics, P.C. (MSP), was formed as a partnership in 1990 to provide pediatric services to children in the Bridgeport, CT, community. MSP's mission is to provide comprehensive, compassionate, high-quality, efficient medical care to all patients in need of pediatric services, regardless of their ability to pay. The current clinical staff at MSP features three pediatricians, two pediatric nurse practitioners, and three pediatric nurses supported by 11 staff members. MSP serves a population of approximately 10,000 children from birth to 18 years of age on a 24/7 basis.

The practice saw an EHR system as a tool to achieve its mission. The expectations that the practice brought to its research included the following:

- In addition to enhancing patient care, an EHR would also indirectly benefit the practice by improving financial performance through more efficient use of staff resources, better-supported coding documentation, and fewer lost charges.
- The EHR would enable MSP to highly organize patient information and provide 24-hour access to a single data source from any location.
- The practice's clinical decision making would be enhanced by its ability to develop alert mechanisms, import outside information such as lab results, and use a drug database.
- Staff would save time by eliminating redundant data entry and time-consuming searches for charts.

MSP knew from the onset that successful implementation would require commitment and perseverance on the part of all staff, especially physicians. There was no equivocation on the fact that the practice would become paperless. Therefore the attitude became "how do we make this happen?" not "should we continue?"

In July 1998 MSP purchased an EHR system. Following an implementation process similar to the one described above, the practice began electronically documenting all office-based patient visits on January 1, 1999. On March 1, 1999, the practice went completely paperless.

Before attempting to abstract its existing paper records into the EHR, the practice hired an HIM professional to review and organize the paper charts. Once this process was complete, all clinical staff members were responsible for creating an abstract of historical records and entering the information into the EHR on off hours. The clinical staff abstracted paper records prior to each patient visit and also had weekly and monthly goals for working off the backlog. Having every paper chart in perfect order made the conversion process easy, because everything in the paper record was where it should have been. MSP eliminated its paper record room in October 2001 and recaptured the space as an area for phone nurses to triage phone calls.

From day one, MSP involved all staff members in the implementation process. It broke major goals into realistic subgoals and then celebrated the subgoals as they were achieved, motivating staff through the tough times. Once the staff experienced the benefit of capturing data once and reusing it many times, as well as having the EHR accessible 24/7, it became even more motivated to stay the course. Since March 1999 there have been continued upgrades and refinements to the quality of encounter documentation.

MSP devotes a portion of each weekly staff meeting to addressing EHR issues. Initially, the time spent was significant, but over time EHR issues have required only brief discussions. All staff members share certain tasks, while other tasks are assigned based on role. Everyone is charged with bringing ideas for improvement to meetings. Suggestions for new electronic forms, for instance, are discussed as a group, and the EHR clinician super user is responsible for creating all modifications after consensus is reached.

The EHR has become an integral component of achieving the standard of high-quality care that MSP set as its goal. Fundamental to the system's success is the automation of all aspects of the clinician's work flow so that the clinicians benefit both professionally and personally by its use. The paperless practice has paid off for MSP in other ways, too; the profit per provider has doubled in the five years since implementation. At MSP, the EHR has become a "stethoscope"—a necessary tool in the practice of medicine.

Notes

1. "Core Data Sets for the Physician Practice Electronic Health Record." AHIMA e-HIM Practice Brief series, no. 5, October 2003. Available in the FORE Library: HIM Body of Knowledge at www.ahima.org.
2. Ibid.

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