



Sand or Cement? **Building a Physician Foundation** **in EHR Implementations**

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Objectives



- Understand the general state of IT
- Review the need for physicians on IT projects
- Learn how to find physician resources
- Review hospital implementation essentials and pitfalls

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INFORMATION TECHNOLOGY

Prescription for Change

Health care has managed to avoid the information-technology revolution. But it won't for much longer.

By AMAR GUPTA

The health-care industry is about to undergo a global revolution driven by a force it can no longer resist: information technology.

While hospitals and other care providers have long been quick to adopt breakthrough technology in medical devices, procedures and treatments, far less attention has focused on innovations in networking and communications.

This is partly because of concerns about breaches in security and patient privacy, and because health care until recently was a service always performed locally, and in person. Big computer networks and the core benefits they offer -- such as increased group productivity and access to data -- weren't on the health-care sector's radar screen.



Picture



Picture

2007 Study from the Center for Studying Health System Change

- 56% of American adults sought information about a health concern from a source other than their physician (up from 38% in 2001)
- 32% looked for information on the internet (up from 16% in 2001)



And Hospitals Need IT

(Tell me something I don't already know)

Healthcare IT News



Healthcare IT News

Hospital executives report poor patient flow, cite healthcare IT as solution

By [Diana Manos, Senior Editor](#) | 10/09/08 |  Connect

According to a new survey, 89 percent of hospital executives are reporting poor patient flow at their facilities, and are concerned about how to improve productivity to meet patient demand in the future.

The survey also found most respondents think healthcare IT is the best way to improve patient flow.

STORY CONTINUES BELOW

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More than 200 healthcare executives were surveyed by [StatCom](#), and said hospital-wide patient flow systems have the best potential to improve patient throughput, followed by ED trackers, bed trackers and departmental solutions. Expanding facilities and manual processes ranked last.

Conversely, 56 percent of the healthcare executives surveyed said they do not have a patient flow system, and 94 percent said they are incorporating manual process improvements to improve patient flow.

According to the survey, 88 percent of healthcare executives said improved productivity and efficiency at their facility is essential to meet patient demand, with 67 percent planning to invest in patient-tracking technology. Forty-three percent said they will expand their facilities, 35 percent said they will hire more nursing staff and 3 percent said they plan to hire more administrative staff.

To help track patient status, respondents said they are considering bar-coding (62 percent), patient tracking software (38 percent), tablets or PDAs (33 percent), radio frequency identification (29 percent), inpatient scheduling modules (23 percent) and other technologies (12 percent), the survey said.



Picture



But...

Healthcare IT News

Healthcare IT News

Get CPOE done right to prevent serious errors, Leapfrog warns

By [Bernie Monegain, Editor](#) | 10/14/08 | [Connect](#)

The Leapfrog Group warned Tuesday that incorrect deployment of CPOE systems could lead to serious medication errors.

"As CPOE systems are implemented at the clinical level in hospitals, we're seeing a broad variance in both the degree of adoption and in the quality of outcomes," Leapfrog [CEO Leah Binder](#) said.

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Less than 10 percent of [U.S.](#) hospitals have fully implemented CPOE systems, according to Leapfrog.

Leapfrog recently developed its CPOE Evaluation Tool as a complement to its annual national hospital survey, which identifies the top performing hospitals across the country.

The Leapfrog Group is a consortium of major companies and large private and public healthcare purchasers. The organization's stated goal is to trigger giant leaps forward in the safety, quality and affordability of healthcare.

CPOE Causes Errors??

- This is not plug and play technology
- Proper planning and implementation is **essential**
- You need to leverage the systems to reap the benefits

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FEATURES

- 31 Study: A Time-Motion Study to Evaluate the Impact of EMR and CPOE Implementation on Physician Efficiency**
By Amen A. Amusan, PMP, MS; Scott Tongen, MD; Stuart M Speedie, PhD; and Andrew Mellin, MD, MBA
The objective of this research is to determine the impact of EMR and CPOE implementation on physician efficiency. A time series observational study was conducted within a hospital setting at six weeks pre-implementation, six weeks post-implementation and five months post-implementation. Overall, the results signify a reduction in physician rounding time within the hospital setting following EMR implementation.

Time-Saver

A Time-Motion Study to Evaluate the Impact of EMR and CPOE Implementation on Physician Efficiency

By Amen A. Amusan, PMP, MS; Scott Tongen, MD; Stuart M Speedie, PhD; and Andrew Mellin, MD, MBA

KEYWORDS

EMR, CPOE, time motion study.

ABSTRACT

The objective of this research is to determine the impact of EMR and CPOE implementation on physician efficiency. A time series observational study was conducted within a hospital setting at six weeks pre-implementation, six weeks post-implementation and five months post-implementation.

The objective of this research was to determine the impact of electronic medical record (EMR) and computerized physician order entry (CPOE) implementation physician efficiency at United Hospital. The focus of this research is to determine if there is reduction in physician rounds time from pre- to post-implementation of the system.

BACKGROUND

Reasons to Use Physicians



- Physician Attitudes
- Peer status
- Front Line Experience
- “You just don’t understand...”

Physician Resources



- Interested physicians
- Consultants
- Vendor references

Finding a Champion

- PC interest / knowledge
- Experience is a plus
- Respect of other physicians
- Specialty or sub-specialty representation
- Time commitment
- Hospital vs. Outpatient
- Stipend for work

Physician Uses in Implementations



Roles:

- Core team / Implementation team
- Reporting to CEO/CIO
- Training / Testing /Support
- Sales: “Road Show”

Physician Uses in Implementations



Testing / Support

- Workflow development testing
- Order Set and Charting development and testing
- System Enhancement Recommendations
- Customization for Individual Physicians

Assembling the Team



- Involve a cross section of the organization
- Project manager
- Clinical staff
- Nursing staff
- Department Managers are not always the right choice!
- Good communicators are essential

A Physician's Priority List



- Ease of use
- Efficient system
- No added time to the day
- Remote Access
- PACS in hospitals
- Customization!
- Decision Support



Picture

Evaluation of Physician /Hospital Readiness



- Survey of staff and physicians
- Computer skills - offer education!
- Local attitudes / culture
- Use of hospitalists / residents
- Physician's need to use the hospital

Essentials of Hospital Implementation

- Nursing Involvement
- Order Sets
- Training
- Testing - Does it really work?
- Incentives to early adopters
- Resident considerations
- Start with easy wins, end with CPOE



Picture

Pitfalls

- Believing everything your vendor tells you
- Waiting for consensus
- Waiting too long to get physicians involved
- Not providing incentives / stipends
- Not being open to enhancement suggestions
- Not using decision support
- Not using change management principles



Picture



Questions ?