Selecting & Implementing an Electronic Medical Records System
Webinar Summary

- EMR statistics
- Benefits of an EMR system
- Critical success factors
- Pre-implementation considerations
- Vendor contracting
- EMR security issues
EMR Statistics

“The good, the bad and the ugly”
The Dismal State of Healthcare IT

- Healthcare is one of the least automated industries in the USA.

- Other industries at the bottom of the list are Retail, Construction and Education.

- Healthcare IT is at least twenty years behind most other US industries.

- As of 2007, 85% of small medical practices and 75% of medium size practices did not have an EMR system.
The Dismal State of Healthcare IT

• 14% of US physicians have a minimally functioning EMR system

• 20% of practices are removing their existing EMR and are looking to replace it. That number is expected to rise to 30% by 2011.

• 30% of EMR implementations are considered a failure by practice or hospital stakeholders.

• 67.8% of respondents to a 2008 MGMA survey rated “selecting and implementing a new EMR system” as a considerable or extreme challenge.
American Academy of Family Physicians
2007

- 53% No EMR - cost is a problem
- 42% No EMR - concerned about decreased production
- 26% Plan to purchase EMR next 2 years
- 25% No plans to purchase EMR
## EMR Useage Trends

<table>
<thead>
<tr>
<th>BY SPECIALTY</th>
<th>BY AGE</th>
<th>BY PRACTICE SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPs/GPs</td>
<td>Under 35</td>
<td>Solo</td>
</tr>
<tr>
<td>20%</td>
<td>27%</td>
<td>10%</td>
</tr>
<tr>
<td>Internists</td>
<td>35-44</td>
<td>2 doctors</td>
</tr>
<tr>
<td>22%</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Ob/Gyns</td>
<td>45-54</td>
<td>3-10 doctors</td>
</tr>
<tr>
<td>12%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>55-64</td>
<td>11-20 doctors</td>
</tr>
<tr>
<td>16%</td>
<td>12%</td>
<td>26%</td>
</tr>
<tr>
<td>All others</td>
<td>65+</td>
<td>21+ doctors</td>
</tr>
<tr>
<td>15%</td>
<td>8%</td>
<td>39%</td>
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Source: Medical Economics Magazine, Jan 21, 2005
Benefits of an EMR System

“He would love to start using an EMR system - but he can’t find his computer”
Generally Accepted EMR Benefits

• Maintain patient records and demographics
• Increased coding and billing edits
• Decrease the number of lost charts
• Decrease or eliminate transcription costs
• Improve communication between satellite offices
• E-prescribe and decreased refill time
• Clinical and billing documentation management
• Generate patient specific educational materials
• Eliminate many tedious and repetitive tasks
• Improve handling of phone messages and patient requests
Additional Benefits to Consider

- Utilization of speech recognition to speed transcription and template completion
- Assist in the analysis of clinical and business workflow problems
- Quality Assurance
- Easier management of chronic diseases
- Remote access to patient records when on call or from the Emergency Department
- Increased patient information security and HIPAA compliance
- Ability to capture external clinical documentation and incorporate that into patient specific instructions
- Manage meds and their interactions as well as patient medical history and problem lists
Critical EMR Implementation
Success & Failure Factors

“No, not there, please. That’s where I’m going to put my head.”
Main EMR Failure Factors

- 30% of implementations are challenged or a failure because:
  - Requirements of providers and/or management are not met
  - Time and/or cost overruns
  - Lack of communication and involvement between Implementation Team and providers/administration
  - Complexity of the project was underestimated
Additional Factors To Consider

- EMR project goals and objectives not clearly defined (SMART)
- Lack of a provider champion
- Hospital or practice workflow analysis not done or incomplete
- Insufficient training time and decreased workload at “go live”
- End users not involved in planning and setup
- Staff concerns not recognized and dealt with ahead of time
- Lack of reasonable and flexible timelines for training and phased implementation
- Volume testing of system and network
- Staff and provider readiness for an EMR system, to include basic computer skills
Critical Success Factors
Critical Success Factors

• Create SMART EMR goals and objectives
• Develop an internal implementation team
• Create front office, back office and billing super users
• Generate a game plan for existing hard copy data and how/what will be entered into new system
Critical Success Factors

• EMR Project Manager dedicated to a successful implementation with sufficient time and resources
• Strong and cohesive stakeholder group who plan to succeed
• Enough time dedicated to training that is just prior to “go live”
• Plan for worst, hope for best
Pre-Implementation Considerations
Pre-Implementation Considerations

- Enterprise Analysis (Vision, Values, Mission)
- Financial ramifications
  - ROI
  - Cost-Benefit Analysis
  - Risk Assessment
- Connectivity issues with labs, pharmacies, 3rd party software etc.
- Workflow redesign enterprise wide
- Hardware needs and options (laptops, desktops or tablets)
Pre-Implementation Considerations

- How to handle scanning, faxing and messaging
- Workstation and network setup, backup processes and procedures
- Defining user groups and security access parameters (CRUD Matrix)
- Security audit processes conducted by whom/when/how often?
- Phased implementation – SDLC and Project Management best practices
- Template and drop down table creation
- Operation issues and disaster procedures – down system, power outage, flood, fire etc.
Vendor & Contracting Considerations

“Now, if you'll just sign right here, Mr. Hark, you'll make the biggest mistake of your life!”
Vendor & Contracting Considerations

• With 400+ EMR vendors in the current marketplace, how do we select the best system for our hospital or practice?
• How do we determine costs prior to vendor selection?
• What is the vendor viability, will they be around next year?
• How will updates and new versions be handled?
• How will 3rd party connectivity issues be handled?
Vendor & Contracting Considerations

- How will the new EMR system be supported by vendor?
- What will be the costs for implementation, training and support?
- Can I put the source code in escrow in case the vendor goes out of business?
- Can a milestone payment process be established with the vendor?
- What will be the process for problem resolution and issue escalation?
EMR Security Issues

“User name and password?”
EMR Security Issues

• How can we keep remote access information secure?
• How should workstations and exam rooms be configured to maintain a high level of patient confidentiality?
• What changes/additions as far as company security policies and procedures should be in place prior to “go live”?
• Why do we need a company security oversight committee and what should their function be?
EMR Security Issues

• How can we ensure patient confidentiality with research information?
• What types of audit reporting should be in place to monitor failed logins, access by unauthorized users, restricted patient groups etc.?
• What should be considered when determining printer and fax machine locations?
• How do we secure our information if we decide to convert to wireless?
Thank you!

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“Oh, thank you, I only wish I felt as good as I look.”