Track A: EHR Selection & Implementation

Session 1 – EHR Readiness Assessment & Workflow Analysis
Learning Objectives

• Understand the application of Change Management
• Learn about the EHR Implementation Roadmap
• Determine practice readiness to adopt EHR technology
• Discover practice goals and priorities
• Understand practice workflow analysis
“If you would only recognize that life is hard, things would be so much easier for you.”

- Louis D. Brandeis,
U.S. Supreme Court Justice (1856-1941)
Top Reasons Why Projects Fail

- Poorly Defined Goals and Objectives
- Inadequate or Vague Requirements
- Insufficient Resources
- No Defined Roles and Responsibilities
- Inadequate Planning & Lack of Progress Tracking
- Poor Estimation Techniques
- Unrealistic Expectations
- Scope Creep
- No Project Management Experience Involved
- Lack of Communication
- Poor Executive Involvement
Change is Hard – but Necessary

- Technology installation and process redesign add no value unless people are willing and able to use them.

- **Ultimate project success is dependent on people changing behavior!**

"Change is hard because people overestimate the value of what they have—and underestimate the value of what they may gain by giving that up."

— James Belasco and Ralph Stayer

*Flight of the Buffalo* (1994)
• Change management is like herding cats - people start where they are, not where we want them to be - they bring their history, preferences and fears. It’s messy!
Change Management Defined

- Facilitation of the human transition from current state to future state
- Structured, intentional process
- Deals directly with human factors
- Focus on all project phases - planning, selection, implementation & beyond
- Delivers desired behavior change
# EHR Implementation Roadmap

## EHR Implementation Roadmap

**Practice Name:** ____________________________  **Date:** ____________________________  **EHR Team Leader:** ____________________________

**Physician Champion:** ____________________________  **HealthInsight Facilitator:** ____________________________

<table>
<thead>
<tr>
<th>Stage</th>
<th>Practice Tasks Recommended for successful movement along the EHR Implementation Roadmap</th>
<th>Milestone Checklist</th>
<th>Tools and Services Provided by HealthInsight</th>
</tr>
</thead>
</table>
| ASSESSMENT | • Complete HIT readiness assessment  
• Assess current workflow (identify pain points)  
• Begin or continue regular staff meetings (at least monthly)  
• Assign physician champion  
• Organize an EHR selection/implementation team  
• Assign an individual (EHR team leader) or team to lead practice changes  
• Commit to:  
  o Full provider engagement to enter data  
  o Workflow changes necessary to maximize results  
• Read Outlook Associates guide, chapters 1-7  
• View EHR in Trenches videos |  
• HIT readiness assessment completed  
• Readiness next steps reviewed  
• Physician champion assigned  
• Team leader assigned for practice changes  
• Current workflow processes assessed  
• Proposed implementation target date |  
• Outlook Associates guide  
• List of success factors  
• Barriers and solutions worksheet  
• EHR in Trenches videos  
• Complete onsite assessment  
• Facilitate staff discussions  
• Conduct workflow analysis |

| PLANNING | • List clinic goals and priorities (include functions and specific provider needs)  
• Translate identified EHR goals into available EHR system functions and features  
• Identify staff at lower levels of readiness, address their concerns  
• Develop a timeline and project plan  
• Gain support from team members and staff, prepare staff for changes  
• Optional:  
  • Write RFI/RFPs  
  • Complete a cost/benefit analysis and ROI for an EHR system |  
• Clinic has identified goals, priorities and any staff concerns  
• EHR goals and associated system functions are listed  
• Business plan developed, includes such items as:  
  • Target implementation schedule/timeline  
  • Estimates of EHR budget and ROI  
  • Measurable EHR goals |  
• Sample implementation plans and timelines  
• Key features list  
• Example goals  
• Sample RFI/RFPs  
• ROI spreadsheet tool  
• Financing options  
• Peer interaction with successful clinics  
• Facilitate staff meetings |
ASSESSMENT

• HIT/EHR Readiness Assessment
• Workflow analysis
• Organize EHR Selection/Implementation Team
• Determine physician champion
• Assign practice change leader
• Ensure full provider engagement
## Are You Ready for EHR?

### EHR Readiness Assessment

#### Organizational Readiness for EHR

<table>
<thead>
<tr>
<th>Readiness Area</th>
<th>Readiness Component</th>
<th>Not Yet Prepared</th>
<th>Moderately Prepared</th>
<th>Highly Prepared</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall perception of EHR</td>
<td>Viewed as a requirement by insurance companies, government, or IPA</td>
<td>Seen as a technology to achieve workflow efficiencies</td>
<td>Primarily a technology to enable healthcare quality improvement and strategic business goals</td>
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<td></td>
<td>Physician involvement</td>
<td>Limited physician involvement in EHR decision making</td>
<td>MD approves need for EHR - MD attends product demonstration</td>
<td>MD(s) is active in EHR planning and acquisition. Physician(s) identified as champion</td>
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<td></td>
<td>Staff Involvement</td>
<td>Driven by one staff member - office manager and physician leadership</td>
<td>Small committee driving EHR decisions and organizing staff</td>
<td>All staff have a role in the project, and each person's input is considered in goal development</td>
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<tr>
<td></td>
<td>Patient Involvement</td>
<td>Not discussed</td>
<td>Considered, but no strategy for improving the patient experience has been documented</td>
<td>Practices includes patient experience as part of primary goals. Including patient feedback in planning process through patient survey, patient participation in planning, or patient focus group</td>
<td></td>
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<tr>
<td></td>
<td>Organizational Culture</td>
<td>Procedures for patient EHR interaction as well as methods for correcting/editing patient information</td>
<td>Not discussed</td>
<td>Discussed in detail and resolution plan begun</td>
<td></td>
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<tr>
<td></td>
<td>Project plan development, accountability, timeline, dependencies, role assignment for all aspects of EHR deployment</td>
<td>Not established or assigned; not planning to use a project plan internally</td>
<td>Are generally understood, and have been developed, prioritized, and assigned. Using the vendor-supplied project plan to manage activities.</td>
<td>—Roles, dependencies, milestones, and timeline have been assigned and expectations are captured in project plan. —Practice is committed to managing internally-developed project plan</td>
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<td></td>
<td>Red Light</td>
<td>Yellow Light</td>
<td>Green Light</td>
<td></td>
</tr>
<tr>
<td>Management and Leadership</td>
<td>The Executive team</td>
<td>Relies on vendor information in product selection</td>
<td>EHR planning delegated to managers or a specific team.</td>
<td>Devotes substantial time to planning for quality improvement with EHR technology.</td>
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<tr>
<td></td>
<td>The Executive team</td>
<td>Interested in exploring EHR, but having trouble justifying cost and committing to purchase.</td>
<td>Studied the cost/benefits of implementing an EHR and can justify the investment</td>
<td>—Leadership links the EHR investment to the practice’s business strategy, mission and vision and finds ways for the EHR to support them. —Cost benefits tied to ROI model.</td>
<td></td>
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<tr>
<td></td>
<td>Financial</td>
<td>EHR is seen as an expense and not as an investment - ROI not discussed</td>
<td>ROI modeling discussed and EHR is viewed as an investment with criteria of an ROI within an appropriate timeframe for practice</td>
<td>EHR is an investment and over a longer timeframe, incorporates non-quantifiable returns such as efficiency, increase in staff personal time, and better patient experience</td>
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<tr>
<td></td>
<td>Financial</td>
<td>EHR budget not identified or discussed</td>
<td>EHR budget funded using flexible funds</td>
<td>Annual budget addresses capital earmarked for EHR acquisition and ongoing maintenance</td>
<td></td>
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<td></td>
<td>Strategic Plan</td>
<td>No specific strategic plan. Projects viewed as individual efforts.</td>
<td>Strategic planning process separate part of overall practice planning and has identified need for IT to reach goals</td>
<td>Strategic planning process has been an integral part of the organization and has resulted in a Strategic Plan that guides EHR procurement.</td>
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<tr>
<td></td>
<td>Quality Improvement</td>
<td>No clear objectives and not connected to use of EHR</td>
<td>Quality / CM goals established but not clearly defined</td>
<td>—Quality / CM documented as a key objective in the practice. —Strategic Plan as measured by improvement of clinical measures over a defined timeframe</td>
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<tr>
<td></td>
<td>Care Management (CM)</td>
<td>—No clear understanding of how CM may benefit practice or immediate area for focus —Clinical practice champion not identified —Staff not assigned to QA/QI process</td>
<td>—Clinical practice champion identified —Incorporation of CM strategies at key staff, EHR or quality meetings viewed as important —Identified potential area of focus for initial CM strategies</td>
<td>—Identified specific committee/meeting with CM oversight responsibility (includes clinical practice champion) —Identified new or current clinical area to focus on with EHR utilization</td>
<td></td>
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<tr>
<td>Area</td>
<td>Component</td>
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<tr>
<td>Workflow Redesign</td>
<td>Current and proposed processes not developed.</td>
<td>- Areas for potential redesign discussed and identified</td>
<td>- Redesign areas identified and prioritized; &quot;quick win&quot; issues resolved prior to EHR installation; planning process is in place for workflow redesign and change management approaches.</td>
<td>- Existing and future processes documented in process maps or procedures manuals and requirements are included in product evaluation process; EHR to complement. Workflow plan developed for document management and chart migration prior to pre-implementation phase.</td>
<td></td>
</tr>
<tr>
<td>Care Management (CM)</td>
<td>- Inventory of current CM tools and strategies not completed.</td>
<td>- Patient population identified for CM strategy deployment.</td>
<td>- EHR seen as a means to further identifying care management strategies.</td>
<td>- CM priorities identified and goals are set.</td>
<td></td>
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<tr>
<td>EHR policies, procedures and protocols</td>
<td>- Current paper CM processes not identified or minimally effective or small scale.</td>
<td>- Paper CM strategies somewhat effective.</td>
<td>- Staff minimally engaged in CM processes</td>
<td>- Staff identified their role in improving patient outcomes through CM processes.</td>
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<tr>
<td>EHR vendor relationship management</td>
<td>- Staff are involved in aspects of the EHR decision-making process and product evaluation but do not use vendor selection tools and do not have experience</td>
<td>- There is a general understanding of industry product features and functions but there is little to no vendor selection or negotiation experience.</td>
<td>- Utilize publicly available RFP as a guideline to determine product priority functions.</td>
<td>- Management and/or staff are experienced in EHR vendor contracting, product analysis, and measuring the product's ability to meet practice's goals for future. Product requirements have been documented in a detailed RFP.</td>
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<tr>
<td>Staffing needs for EHR Implementation</td>
<td>- Little to no analysis to date</td>
<td>- High level staffing plan developed.</td>
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<tr>
<td>Training plan</td>
<td>- Vendor directed.</td>
<td>- Gaps in staff skill-set is included in planning process.</td>
<td>- Staff discusses training schedule with vendor.</td>
<td>- Practice-directed EHR Implementation and training plan (designed to complement dips in productivity and staff knowledge gaps) developed and placed within contract as addendum.</td>
<td></td>
</tr>
<tr>
<td>Training programs for project managers and IT staff involved in EHR adoption</td>
<td>- Not been included as part of the EHR initiative.</td>
<td>- Identified as necessary by management.</td>
<td></td>
<td>- Identified to ensure these staff possess appropriate skill sets.</td>
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<tr>
<td>Technical</td>
<td>Use of Existing Technology</td>
<td>Practice management system (PMS) used only for scheduling and billing.</td>
<td>PMS is utilized for general practice management, including productivity reporting and efforts to improve patient access.</td>
<td>PMS fully optimized and updated. Additional modules and updates that support patient management purchased; reports generated on patient populations. May also be converting from previous EHR.</td>
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<td>Hardware needs assessment</td>
<td>Need for new hardware is understood but not evaluated.</td>
<td>Practice has compared current hardware to vendor minimum requirements. Some understanding of the amount of hardware that needs to be replaced or added.</td>
<td>Completed by outside vendor and requirements included in the EHR acquisition process</td>
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<tr>
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<td>IT Management</td>
<td>Relies heavily on external resources for IT planning, decision-making, and implementation of hardware and software.</td>
<td>Some experience with interface development and data conversion but relies on the vendor to detail the project milestones and tasks</td>
<td>Dedicated staff/good relationship with IT vendor with strong experience in interface development, data conversion and managing consultant resources to fill existing knowledge gaps.</td>
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<tr>
<td></td>
<td>IT staffing for EHR training, implementation, maintenance, and infrastructure issues</td>
<td>Relying on hardware/network vendor for all IT knowledge.</td>
<td>Have some understanding of computers in the office. Computer skills assessment completed for all staff members.</td>
<td>—Process for IT and EHR issue-resolution developed. —Developing IT and EHR ‘super-users’ to consolidate expertise in the practice.</td>
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</table>

**SUMMARY**

**Readiness Score:**
Assessment Results

• Any area that scores below ‘Moderately Prepared’ should be addressed before proceeding with your project.
• The practice should view the green light ‘Highly Prepared’ areas as the target to strive towards in EHR implementation.
Workflow elements for analysis and re-design

Clinical workflow
(Ideally, consistently efficient coordination of people, processes, tools, and information, aimed at achieving the highest quality results in the shortest time at the lowest cost.)

People
(Patients and all staff, as well as vendor, payer, and regulatory roles where appropriate.)

Processes
(The sum of all sequential and parallel tasks comprising the operation.)

Tools
(e.g., files, forms, supplies, phones, computers, fax, manuals, medical devices, etc.)

Information
(Input, assessment, transformation, decisions, and output.)

Results
(Patient care dx and effective treatment plans, prompt claims reimbursement, profitable operation.)

What are some typical processes (recognizing that many things overlap)?
- Phone calls (inbound and outbound)
- Rx refills
- Patient scheduling
- Patient visit, check-in
- Insurance verification
- Patient visit, exam (e.g., CC, PMH, HPI, ROS, SOAP, etc)
- Orders (e.g., px, Rx, labs/imaging, referrals)
- Patient visit, check-out
- Coding/billing/claims submission
- General business administration

How would we go about improving them? What exactly is "workflow analysis"?
Process Mapping

What is a process?
• “A collection of interrelated work tasks, initiated in response to an event, that achieves a specific result for the customer of the process.”

What will a process map show me?
• The sequence of and relationship between tasks involved
• The roles of people and the handoffs that occur between roles
• The objects in the environment that facilitate the completion of tasks
• Timing issues
Workflow Process Mapping

What can a process map help me do?

– Identify *needless variation, needless complexity, and inconsistencies* among staff/practitioners
– Identify *problematic tasks and handoffs*, in terms of reliability or time spent
– Identify where an EHR will *impact* the process
– Identify where an EHR could be used to *improve* the process
– *Plan for an EHR* by mapping the “future” process
Workflow Diagram (Swim Lanes)
Workflow Assessment Guide

Before you start the analysis, note the names of the various clinic roles (e.g., front desk, medical records, medical assistant, operator, etc.). As you move through the guide, note who does what on each step.

This tool is meant to guide your workflow analysis. It includes processes that are common to most primary care offices, but it may not include all the processes of a particular office. So, before the analysis ends make sure to ask if any processes were missed. Then write down those steps.

As you proceed through the guide, think about hand-offs (of the chart, super-bill, etc.). Where do things end up—in bins, on desks, in drawers, etc.?

If you ask a clinic to fill out a guide (not recommended), make sure they note: (1) roles, (2) who does what, (3) missing processes, (4) and hand-offs.

Clinic name: OB/GYN Clinic
Individuals interviewed: Front desk; Billing; Nurse;
Physician
Assessors: Wyatt Packer
Assessment date: 1/13/2011

Pre Visit

Do you make reminders?
- Calls - yes
- Letters/cards
- Does your system generate reminders?
- Do you send forms to the patient to complete before their visit?

Call day or two before to remind on GYN patients, mark on paper schedule (LM - Left Message, check mark - talked with them)

New OB send packet to fill out and bring in with them

Dexa Bone scans – send packet to them to fill out (some are referred patients)

What do you do to prepare for the next day’s appointments (ask same-day appts. And walk-in patients)?
- Add forms to chart
- Print and add superbill/encounter form

Make copies paper schedule book (3 copies), pull charts, flip through chart - write in purpose of the visit, ensure all pertinent paperwork is in the chart (i.e. annual exam form), at end of day put in chart slot at front desk; post-partum add post-partum depression form and 6-week pp Dr’s form.
Data Process Mapping

The Diagnostic Imaging screen appears. Provider will select the test (Mammogram), indicate the diagnosis and click on O.K.
EHR Project Team

- Team Members:
  - Physician Champion
  - EHR Project Lead
  - Data Manager/Administrator
  - Vendor Implementation Specialist
  - Practice Change Leader
  - Key Users / Super-users

- Should have representation from all pertinent departments
- Skills/strengths should be complementary
Physician Champion

Very critical role, needs to:

– Endorse the project
– Understand the process
– Ensure necessary funding
– Commit providers and personnel
– Set expectations for clinicians
– Be a team leader, lead by example
PLANNING

• Establish goals and priorities
• Identify staff concerns
• Develop timeline and project plan
• Gain team and staff buy-in and prepare them for the impending changes
• Optional:
  – RFI/RFPs
  – Cost/Benefit analysis and ROI
Minimize the Valley of Despair

Why the Emphasis on the Front End?

- Little or No HIT
  - Choices, planning, and execution determine extent of slide

- Implement EHR
  - Leadership and management determine how long you're in the valley of despair

- Possible Future
  - Valley of Despair

- Preferred Future
  - Implemented and Supported
    - Good choices and management determine level of productivity and satisfaction

- Possible Future

Time

Productivity

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Setting Goals and Priorities

• Consider:
  – In what areas is our performance far from ideal?
  – What improvements do we think our patients will notice most?
  – Where do we think we can be successful in making change?
  – What groups of clinicians and staff should we involve in each item, and what is their readiness for change?
Goal Definition

• Set clear, measurable goals
• Focus on improving existing conditions
• Consider patient-centered goals
  – Examples: decreasing the time patients wait for prescription refills or increasing the number of patients who receive preventative health reminders
• Have some fun with goal setting
• Involve everyone and ask for creative suggestions
Action Plan and Measures

• For each goal, define a plan of action for achieving the goal
• Outline specific steps to reach the goal
• Determine how you will measure the success of your action
• Keep it simple!
• Use baseline data you have to compare
• If measure is not met, re-evaluate and try again – quality improvement is never-ending!
<table>
<thead>
<tr>
<th>Goal</th>
<th>Action Plan</th>
<th>Measure of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the number of pharmacy phone calls regarding prescriptions</td>
<td>Use the e-prescribing feature in the EHR to eliminate paper and handwritten prescriptions. Utilize the drug interaction checking feature of the EHR to guard against drug interactions</td>
<td>In two months, have an 85% reduction in pharmacy phone calls</td>
</tr>
<tr>
<td>Decrease transcription turnaround time and reduce transcription cost</td>
<td>Use clinical charting within the EHR to eliminate the need for transcription services</td>
<td>Within two months of EHR live, reduce the cost of transcription by 80%</td>
</tr>
<tr>
<td>Improve the quality of patient care for CAD patients</td>
<td>Use the EHR’s health maintenance tracking to monitor antiplatelet therapy</td>
<td>95% of patients with CAD have been prescribed antiplatelet therapy</td>
</tr>
<tr>
<td>Decrease waiting room time for patients</td>
<td>Encourage patients to use the PCs in the waiting room to update their demographics and insurance information</td>
<td>Within one month, 75% of patients wait no longer than 10 minutes in the waiting room</td>
</tr>
</tbody>
</table>
EHR Priorities – Questions to Ask

• What problems do I want to solve or what goals to I want to attain?

• How much would I be willing to pay for a system that solves these problems?

• What would best suit my practice – a web-based product or a client/server product?

• Which would best suit the needs of my practice – a modular (interfaced) or integrated system?

• What type of documentation should be collected and what method of entry would be best for my practice?
Example Priorities for EHR

System
  – Must fully integrate with PM
  – Must be expandable to a multi-site use and allow for growth in the size of practice
  – Must be reliable with virtually no down-time.

Vendor
  – Must be a financially stable company with strong presence in the local healthcare community
  – Must have reputation for exceptional customer service and support
  – Must provide sufficient training of present and future staff in an efficient, cost-effective manner
Example Priorities for EHR

Billing
- Needs to maintain or improve present AR time
- Must provide easy coding assistance and provide documentation to support codes.
- Should facilitate “clean claims” and limit denials

Office Staff
- Should be user-friendly and require minimal training for new employees
- EHR should be efficient with very few clicks to most-frequently used screens/functions
- EHR should support multi-resource scheduling easily and efficiently
Example Priorities for EHR

Providers and Clinical Functions

– Visit documentation should be user-friendly and easily adaptable to provider preferences
– Documents should be easy to read with useful structure
– Should accommodate multiple visit types as well as visits in which multiple problems are addressed

Medical Records and Document Management

– Should generate work notes, school excuses, immunization records, etc.
– Should allow for completion and management of external forms - such as WIC, PT1 transportation, DMV, school physicals, etc.
Example Priorities for EHR

Patients
- Should improve patient access to services
- Should improve patient satisfaction
- Should allow patients to give insurance, demographic information, and eventually some clinical history online before their office visits.

Costs
- Should help us save transcription costs
- Should decrease cost for supplies, courier services, paper management
- System should increase revenue through Medicare incentive programs and patient outreach
Office Staff Survey

• EHR implementation will affect everyone!
• Ensure needs and concerns of all are being considered through this change
• Identify strengths and opportunities for improvement
• Facilitates communication around changes
EHR Implementation
Office Staff Survey

The process of selecting and implementing an electronic health record can be stressful and overwhelming at times. This is a big decision that affects every member of the office team. It is very important that the needs of ALL members are being considered during this time of change.

The survey below asks you to consider the clinical area(s) or unit(s) that you work in on a daily basis. These questions will enable you to identify areas of strength in your clinic as well as opportunities for improvement. All responses are anonymous.

Clinic Name: ________________________________

1. I know exactly what is expected of me in my clinical practice.
   - [ ] Agree
   - [ ] Disagree

2. I have the materials and equipment I need to accomplish my role in my clinical practice.
   - [ ] Agree
   - [ ] Disagree

3. Please check the workflow issues that cause the greatest problems or challenges in your office: (check all that apply)
   - [ ] Medical records unavailable when needed
   - [ ] Unable to access a computer when needed
   - [ ] Unable to read what is written in the medical record
   - [ ] Patient scheduling is difficult and time consuming
   - [ ] Patient wait times
   - [ ] Process for returning calls to patients
   - [ ] Patient “no-shows”
   - [ ] Billing and coding
   - [ ] Transcription turn-around time
Tools for Consensus Building

• EHR Implementation Team
  – Each role in the office represented
  – Define Practice Vision
  – Creates Inclusion

• Communication
  – Regular Meetings and Updates on Progress
  – Intra-net web site or EHR news briefs

• Assessments – Inclusive of ALL office staff
  – General EHR Concerns (Staff Survey)
  – Computer Skills
Tools for Consensus Building

• Written Plan based on Assessments
  – Share the Vision
  – Capture Practice Strengths
  – Emphasize the Positive
  – Highlight “low hanging fruit”

• Clear lines of Communication and Responsiveness
Summary

• Change management – Required throughout the EHR implementation process

• Assessment – Discovery of EHR readiness, determine champion and EHR team

• Planning – Decisions and plans based on goals and priorities, practice strengths and needed improvements; practice staff engagement