Getting It Right(er):

Tactics for Success in the EHR Optimization Era

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Implementation Achieved. What's Next?

You've implemented your EHR software and achieved a major milestone. So, what's next? Welcome to the EHR optimization era.
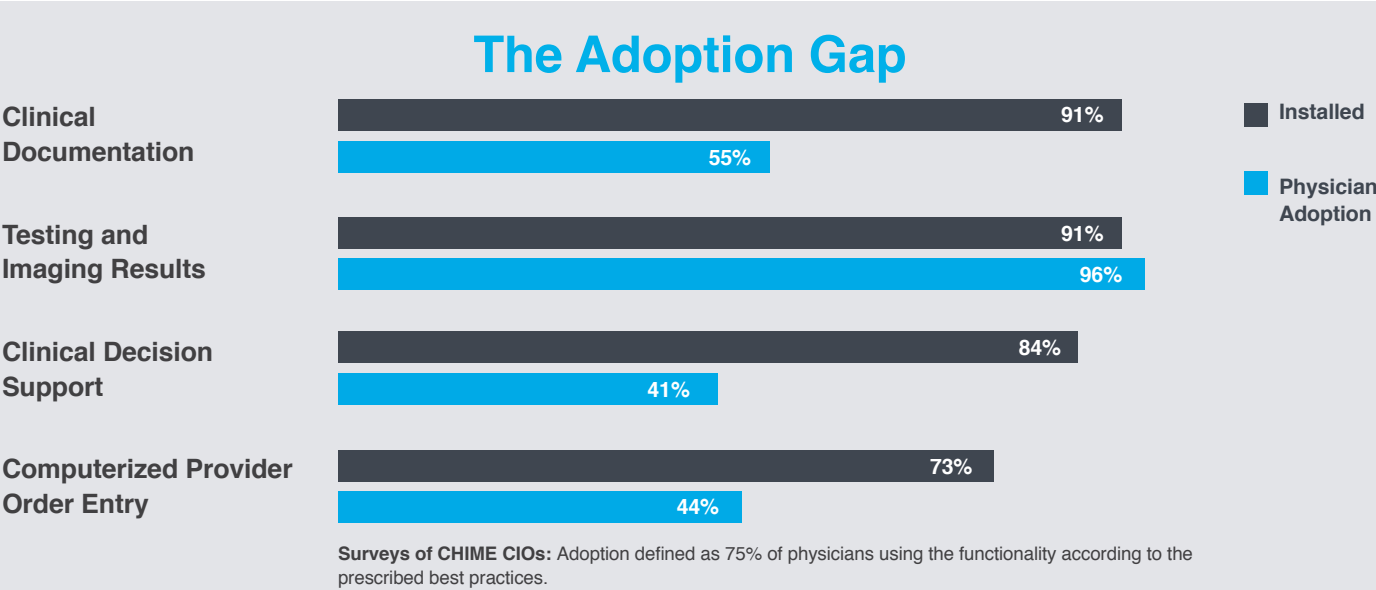
A recent blog article highlights a common view of EHR adoption within organizations: "Institutions adopt EHRs and push them onto physicians."[1]

But there's a difference between institutional 'adoption' and user adoption. In fact, it is probably most accurate to think of institutional 'adoption' as the purchase and initial implementation. Institutions buy EHRs, but only the physicians and staff can adopt them.

Institutional adoption begins at the purchase and completes at implementation. Institutions are increasingly seeing that **user adoption begins at the start of your optimization efforts.**

Optimization is moving past 'getting it done' to 'getting it right'. Look at this evolution of implementation to optimization as going from a 'project first' approach to a 'care first' approach.[2] And think of your staff members – as well as your patients – as the recipients of this 'care first' approach.

Here's a dramatic view of this gap between installation and user adoption:

The Adoption Gap

	Installed	Physician Adoption
Clinical Documentation	91%	55%
Testing and Imaging Results	91%	96%
Clinical Decision Support	84%	41%
Computerized Provider Order Entry	73%	44%

Surveys of CHIME CIOs: Adoption defined as 75% of physicians using the functionality according to the prescribed best practices.

Source: Replacing Your EHR? Ensuring Successful Adoption of a Replacement EHR, presented at HIMSS16, Heather Haugen PhD, The Breakaway Group

> **"Technology is a means to an end whose adoption is reliant on the ability of the care team members' ability to use it as an effective and efficient tool in patient care."[3]**

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Drivers in the EHR Optimization Era

Whether you are consolidating different EHR solutions, replacing an EHR, or moving beyond initial implementation of your EHR, you are probably already thinking about optimizing. In fact, you are likely looking to achieve one or more of the four typical targets of EHR optimization.

Developing a process for how you handle IT optimization is an investment that will pay dividends to you beyond your EHR optimization project. EHR is the 'tip of the iceberg' in health IT, with more software and technology to come. Building strong processes and experience during your EHR optimization project will help you to prepare and manage future health IT projects.

Four Typical Targets of EHR Optimization

Increased usability: reduce the number of clicks staff must make to complete a process in the record. If you waited to implement customizations, optimization is the time to customize to get to the best experience for your users.

Decreased alerting: your staff is overwhelmed with too many alert notifications. It's not only physician fatigue that results, but also the possibility of adverse consequences for patient safety. Optimization is the time to trim alerts, in much the same way that the aviation industry has focused on reducing alert fatigue for airline pilots.[4]
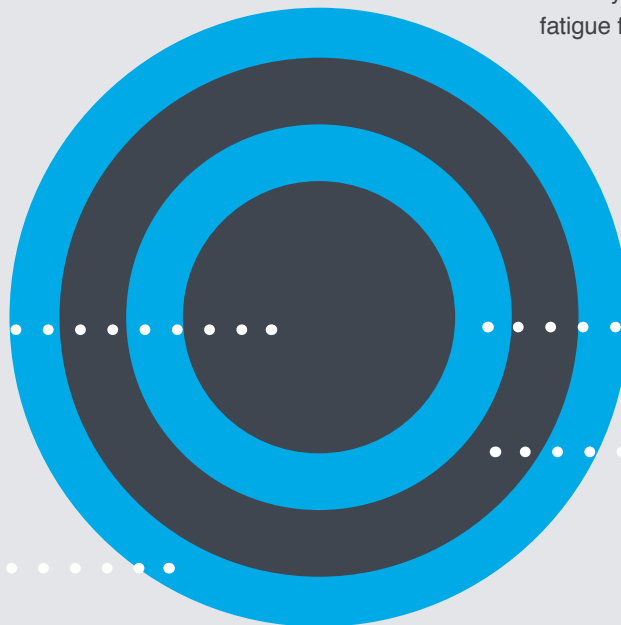
Improved revenue cycle management: with shifts in healthcare reimbursement models, optimization is the time to improve revenue cycle management.

Normalizing operations: implementation of an EHR can have an impact on income. Optimization focuses on bringing clinical productivity back up to previous levels and implementing operational efficiencies.[5]

Optimization Tactics

Let's take a look at some tactics to use in your optimization efforts.

Do Your Prework

First, separate your internal-driven activities from those that are externally driven. One or more of the four targets listed previously should be the goal(s) of your internal-driven optimization efforts. Efforts to address new or changed regulatory requirements and/or upgrades delivered by your vendor should be addressed in a separate path.

Focus your optimization work on addressing usability and operational needs, and create a clear project and timeline to address these needs.

If you haven't already, this is a good time to settle on your change request approach and tools. How will you accept, track, manage, and report on change requests?

Assess · Engage · Rework & Report

Assess

Ensure all critical implementation issues are addressed, and then let the dust settle.

Getting an 'early fix' on how long a new system is taking to use is especially critical. At one hospital which was a pioneer in order entry, a system was implemented and users were told they had to use it. However, the leadership had no clear idea how long it was actually taking front-line clinical users to do their work—something that took an hour before implementation was now taking several hours, which resulted in an unworkable situation for front-line users.[6]

Next, start your optimization project with an assessment. Do your homework by defining what is wobbly or broken. You can do this in several ways:

Walkarounds: observe your users in their natural environment. How many clicks does it take to complete a frequently used task in the EHR? How does the use of the EHR impact staff interactions with patients?

Workarounds: what activities are in place as a temporary measure to get the job done? Where are users reverting to old, paper-based habits?

Heat tickets: review the enhancement and optimization requests received by your Help Desk. Separate these into fixes you can implement using internal resources, fixes that require vendor assistance in the form of a future upgrade, and user misunderstanding or misuse of functionality. Potential upgrade enhancements go into a separate optimization path. Log the items you can tackle with development or refresher training.[7]

Help tickets: review trouble tickets logged by your Help Desk. Collect those that indicate a usability issue or a need for refresher training.

Help and communications analytics: if you used online help or validated communications technology as part of your initial implementation, you have a rich source of data to mine. Review where users continued to struggle and require help in the days after go-live: this is a potential area for optimization. In addition, don't forget to review the feedback and suggestions you received as part of your communications campaigns.

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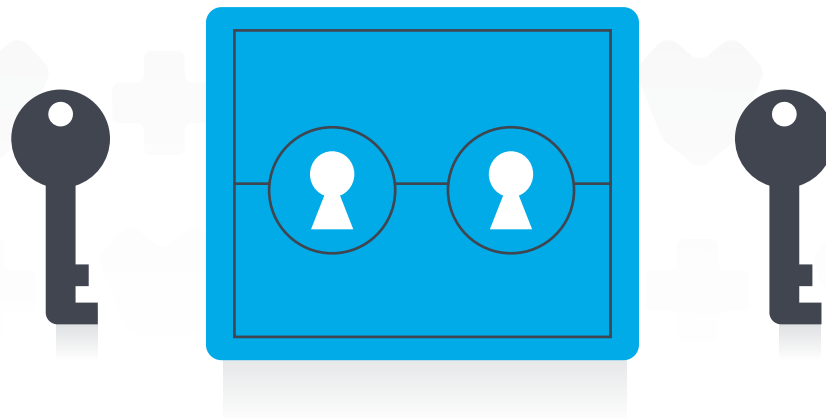
"Unleashing the power of computerization depends on two keys, like a safe-deposit box: the technology itself, but also changes in the work force and culture."[8]

Engage

Successful EHR implementation and optimization efforts require the secret sauce of technology and people. "Users at all levels of the organization need to feel that they are a part of the process and have at least a modicum of control over what is happening with their jobs."[9] A key ingredient of this secret sauce is the engagement of your staff. Poor engagement will impact your optimization efforts.

> **"Optimization is what organizations have to do as consequence of the concessions to achieve adoption, as much if not more than, it is about mitigating initial software shortcomings via upgrades. So ask the question "What are you trying to accomplish?", and then ask "Why?" at least five times beyond. It may get irritating to the recipient, but much less so if you evidence some understanding and appreciation of the stresses and pressures and traditions of the world clinicians inhabit."[10]**

Bring your homework results to the forefront and start to engage all affected staff – doctors, nurses, etc.

Communicate the optimization plan: start by clearly stating your goal: improving clinical workflows. With this goal as your rallying cry, you are now more likely to have users willing to engage and participate. Your communications should start with the intent of the effort and go on to include the method of prioritizing optimizations, tracking them, and rolling out the new or changed features. Where refresher or new training is required, use the communications to introduce and link to this training content. Leverage communication technology that allows you to confirm your messages and assess readiness for the optimization efforts.

Feedback sessions: schedule short feedback sessions to obtain more detail on your initial assessment and to validate your findings.

Do usability assessment in real-time with patients: continue to shadow your users to refine where optimization efforts are needed or to clarify questions.

Rework and Report

Identify and check off the low-hanging fruit: start with those optimization efforts that are easiest to implement, report success broadly, and celebrate these small wins.

Retrain or train anew: what training materials do you need to update? If you've not yet focused heavily on your onboarding of new nurses – do so now by putting in place a communications/ training campaign to help nurses teach new nurses: "nurses account for about 75% of the use of the chart."[11]

You've done the heavy lifting to establish a baseline of enablement for your team. Now, look at microlearning (small knowledge chunks) and spaced learning content (chunks delivered over time) to share how-to's about the optimized functionality.

For additional recommendations on training, see A Roadmap to Achieve Successful EHR Adoption.

In-application support: one of the most helpful resources you can provide your team members is assistance at the moment of need. Capture the know-how of your user champions and deliver this knowledge to users right within the application when and where they need the help. Embedding expert assistance within the application saves time and eliminates frustration.

Don't forget the physical work environment and design. Consider what tweaks you can make to the physical placement of the computer display. "When doctors use the EHR, and patients cannot see the EHR screen, then patients seem to disengage from the interaction during that period. However, it is reported that inviting patients to view the computer screen may avoid EHR-related uncomfortable periods of idle silence or disengagement and enhance patient activation in the consultation."[12] Consider instituting the LEVEL system to help clinicians best use your EHR in exam rooms.[13]

Maintain and publish a scoreboard: announce the change items that have been completed and follow up with a targeted email to those who raised a particular optimization need to let them know their request has been implemented.

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Summary

"…what you really strive to do is implement it as successfully as possible and with limited fallout, and then your optimization after that is making it feel like a tailored suit."[14]

You've implemented your EHR – the heavy lifting is complete. Now it's time to do some tailoring to get the best fit for your staff. Check out the Helpful Resources list for more tips and strategies to power your EHR optimization effort.

Helpful Resources:

Strategies for Optimizing an EHR System, https://www.healthit.gov/sites/default/files/strategies_for_optimizing_an_ehr_system_0.docx

Webinar Replay: Post Go-Live EHR Optimization: Where Do You Start? http://www.mbahealthgroup.com/2013/11/post-go-live-ehr-optimization-start/

Beyond Go-Live: Achieving HIT System Optimization, http://www.cumberlandcg.com/wp-content/uploads/2012/02/Beyond-Go-Live-Achieving-HIT-System-Optimization.pdf

The Intellix Approach to Optimization, http://www.intellixs.com/files/The%20Intellix%20Approach%20to%20Optimization.pdf

Project Management Methodologies to Guide EHR Optimization, http://www.himss.org/project-management-methodologies-guide-ehr-optimization

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ANCILE and Infirmary Health

Infirmary Health (IH), Alabama's largest non-Government healthcare team, serves an 11-county area along the Gulf Coast through four acute-care hospitals, a rehabilitation hospital, a long-term acute care hospital, three outpatient facilities, and 30 medical clinic locations.

The ANCILE uPerform solution helped Infirmary Health:

Infirmary Health Optimizes EHR and Sees Triple-Digit ROI

Achieve a 138% ROI in 6 months.

Prepare 300 new users to go live – under time and budget in a newly acquired hospital.

Build non-EHR content for over 15 enterprise applications.

Create learning content that now counts toward CME credit.

Deliver ongoing training to 500 physicians/ students per week.

138% ROI

300 Users

INFIRMARY HEALTH

15 Applications

500 Physicians / Students

CME Credit

ANCILE's mission is to help organizations realize the full potential of their technology investments by focusing on user adoption – the number one factor in software success. ANCILE's solutions provide the fastest, easiest way to create, manage, and distribute online help and validated communications that drive user adoption and ROI across the entire software lifecycle.

Sources:

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[4] Should Hospitals Be More Like Airplanes?, Bob Wachter, https://backchannel.com/should-hospitals-be-more-like-airplanes-5d6b9e2067ae#.xvqt1ngza

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[9] Essential People Skills for EHR Implementation Success, http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031551.hcsp?dDocName=bok1_031551

[10] EHR Optimization – Finding a Balance (Featuring Dr. Dwight Eichelberger), http://pivotpointconsulting.com/2014/06/ehr-optimization-finding-a-balance-featuring-dr-dwight-eichelberger/

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[13] Ask the Expert: What are Some Tips for Treating Patients in the EHR Exam Room?, http://www.himss.org/ResourceLibrary/GenResourceReg.aspx?ItemNumber=29358

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Notes