

Electronic Health Record Project

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INTRODUCTION

Selecting and negotiating the acquisition of an electronic health record system (EHR) is challenging but essential for any health care provider organization. At their best, EHRs and other Health Information Technologies (HIT) can make information actionable and available when and where it is needed to transform how care is delivered. However, these technologies may not always meet expectations. The experiences of some health care provider organizations can serve as a cautionary tale of the challenges faced when selecting, acquiring, implementing, and using a new EHR. The decision to move to an EHR project metrics to be concise, collectible, agreed upon by all stakeholders, and successful in maximizing clinical efficiency. Before connecting users with organized information, it's essential to understand how the EHR project planning system within the communication systems can benefit the practice of healthcare, rewards, success, and failure, and the application of knowledge (Yan et al., 2016). Factors influencing the successful adoption include difficulty addressing the changing roles of information infrastructure within the organization, cost control functions, and the system design and operation to carry out the service. You can overcome these roadblocks by addressing the initial and continuing effects of EHR implementation on your clinical practice.

OBJECTIVE

To provide an update on the status of provider participation in the stringent program known as the Targeted Probe and Educate (TPE) process (Fife et al., 2016), Hyperbaric medicine practitioners are under unprecedented scrutiny to demonstrate their compliance with medical malpractice standard-setting and adherence to a nationwide network of clinical practice guidelines in a medical care (Miskin & Fox, 2017). Designed by the Centers for Medicare & Medicaid Services (CMS), the Clinical Data Registry (CDR) (Abouleish & Stead, 2018) engages

practitioners, including general practitioners, referred practitioners, or the patient's physician, who are subject to the Merit-Based Incentive Payment System (MIPS) in quality reporting.

ASSESSMENT (9-12 MONTHS)

Health information technology tools designed for behavioral health integration must fit the needs of clinics for the successful uptake and improvement in patient experiences. Research is needed to further assess this tool's effectiveness in improving patient outcomes and optimize the broader dissemination of this tool among primary care clinics integrating Hyperbaric Oxygen Therapy (HBOT).

EPIC EHR Implementation – Assessment:

<p>ASSESSMENT STAGE (9-12 Months)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Complete EPIC readiness assessment • Assess current workflow (identify pain points) • Continue to promote the program monthly • Identify a physician champion • Organize a health informatics program • Suggest enhancements focus on change • Commit to: <ul style="list-style-type: none"> ➢ Full provider engagement to enter data ➢ Workflow changes necessary to maximize results 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • Readiness assessment/enrollment form completed • Readiness steps reviewed • Team leader assigned for practice changes • Current workflow process assessed • Proposed implementation target date 	<p>Systems and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • EPIC EHR articles • List of success factors • Barriers and solutions worksheet • Complete onsite assessment • Facilitate staff discussions • Conduct workflow analysis
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PLANNING (6-9 MONTHS)

Implementing an Electronic Health Record (EHR) is a multi-step process that will impact all staff members. As with any new technique, a learning curve is involved. A solid plan can save hours of stress for everyone on your team. As you implement your EHR, you'll need a knowledge management system to establish authenticity used to extract information into

executable practice. The team of practitioners will assist the process by demonstrating EHR skills and serving as messengers for health organizations when implementing the agile architecture to EHR.

EPIC EHR Implementation – Planning:

<p>PLANNING STAGE (6-9 Months)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • List clinic goals and priorities (include functions and specific provider needs) • Translate identified EPIC EHR goals into available EPIC 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 • Complete a cost/benefit analysis and ROI for an EPIC EHR system 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • The clinic has identified goals • EPIC EHR goals and associated systems functions are listed • Business Intelligence (BI) solutions for common errors 	<p>Strategies and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • 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
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SELECTION (3-6 MONTHS)

The focus of the system selection phase for EHR implementation should be vendor demonstrations. Vendor demos provide the chance to see the look and functionality of an EHR application. The purpose of the demo is to get an overview of the use and to ask the vendor questions. Once you have an idea of your practice, select about 5–10 different vendors for the demos. In selecting vendors for the demos, focus on EHR applications that meet the needs of your practice. Talk to other practices in the area similar to yours to find out what EHRs they use and to check the software provider's credentials and certificates.

This demonstration aims to get a good idea of the workflow capabilities and efficiency of the program to meet your practice needs. It is essential to ask the vendor to highlight how their product will assist with ease of documentation, generating actionable reports, and tracking quality measurement. Additional vital capabilities to discuss and demo include patient engagement functionality, population health management tools, care management, and care coordination functionality, as well as tools to fit your practice, specialty, and patient population-specific needs.

EPIC EHR Implementation – Selection:

<p>SELECTION STAGE (3-6 Months)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Schedule structured demonstrations • Evaluate vendors and create a shortlist of 2–3 vendors • Review EPIC EHR systems by: <ul style="list-style-type: none"> ➢ Run vendors through a clinic-specific case scenario ➢ Going on at least one site visit ➢ Obtaining at least three vendor references • Identify/ select vendor for hardware, office wiring, and necessary network support for all services and products not included in EHR • Negotiate contracts, including all aspects of implementation, training, and technical support • Continue workflow assessment and changes 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • Negotiate contracts and financing • EPIC EHR vendor selected • Hardware vendor selected • Vendor selected for office wiring and cabling needs that are not included in the EPIC EHR package 	<p>Systems and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Vendor selection tools and rating references • Sample case scenarios • Contracting Tips • Assistant with individual vendor demonstrations
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IMPLEMENTATION (1-3 MONTHS)

A successful EHR adoption consists of a pre-implementation and application. During the readiness of the implementation completion, you establish a governance process framework of the audit program, communicate with staff and patients during handoff, redesign workflows as a business process, evaluate competency-based education and training, and tailor facilitation to meet the needs of the Enterprise Resource Planning (ERP), re-establish approaches to organizational behavior and management, and improve efficiency (Tan, 2019). This helps ensure that your EHR system is implemented effectively and sustainably and that your practice manages data appropriately.

EPIC EHR Implementation – Implementation:

<p>IMPLEMENTATION STAGE (1-3 Months)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Draft EPIC EHR system implementation plan and timetable • Assign data manager/administrator • Assure data conversion and testing completed • Create data recovery and security plans • Assure interfaces are assembled and tested for: <ul style="list-style-type: none"> - Practice Management System - Laboratory - Other (Equipment, Radiology, Referrals) • Determine a "Go-live" date • Train staff • Celebrate success and address problems 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • Implementation plan completed • Contracts completed and signed • Data manager assigned • Data conversion and testing completed • Interfaces tested and working properly 	<p>Systems and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Sample data testing documentation • Sample chart data conversion templates • Individual assistance • Follow-up on your progress • Identify additional workflow adaptations
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EVALUATION - GO LIVE (30 DAYS)

When evaluating the implementation process and its effect on your practice, it's important to consider implementation support and the implementation's long-term viability, strength, and weakness, opportunities for improvement, and participation. You may also need to switch your EHR if you cannot integrate its functionality with existing clinical workflows or if your business needs have changed. Your current EHR does not provide sufficient functionality to meet new clinical demands.

EPIC EHR Implementation – Evaluation/Go Live:

<p>EVALUATION/GO LIVE (30 Days)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Conduct post-go-live reviews of implementation • Conduct additional staff training as needed • Evaluate EPIC EHR system goals met to date • Verify vendor has provided the technical infrastructure to capture clinical measures for quality reporting • Run sample population-based quality reports • Work directly with your clinic liaison to track your progress 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • "Go-live" completed and celebrated • Schedule additional staff training • Data capture verification completed with the vendor • Population-based quality report generated • Assess full use of EPIC EHR system and address lags 	<p>Systems and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Guidelines for reporting quality indicators • Assistance troubleshooting reports
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IMPROVEMENT-POST LIVE (30-120 DAYS)

Focus on relationship-building and understanding our front-line clinicians and solving their problems. EHRs offer opportunities to collect and analyze data activities to improve learning at the core of delivering improved quality in primary care and minimizing the risk of

error. The challenge for healthcare practices is understanding how to aggregate-level behavior data, meta-analysis to evaluate physicians' performances, and subsidiary initiatives to develop strategies that will help support quality improvement. Implementations can lead to more usable systems tailored to the specific needs of physicians at an individual practice. An audit is a way of measuring system outputs against expectations that have been defined in policies, procedures, standards, or guidelines. At the cornerstone of presenting a plan for specific measures, a comprehensive auditing policy might help increase the quality of patient care, improve patients' perceptions of your practice, decrease liability risks, and positively affect your bottom line.

EPIC EHR Implementation – Improvement/Post Live:

<p>IMPROVEMENT/POST LIVE (30-120 Days)</p>	<p>Practice Tasks Recommended for successful movement along the EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Commit to continuous review of clinical and administrative processes • Systematically increase the number of EPIC EHR functions used by providers and staff. • Identify and target additional care management and process improvement opportunities • Use EPIC EHR to optimize the practice of evidence-based medicine • Participate in the user group • Continue creating quality reports 	<p>Milestone Checklist To demonstrate measurable progress along the EPIC EHR Implementation <i>(Date when each milestone is completed)</i></p> <ul style="list-style-type: none"> • Post-go-live reviews for EPIC EHR goals • Reanalyze clinical and administrated processes • Operating rules used for the optimization • Review performance reports • Identify quality improvement opportunities • Redesign areas of the clinical decision support for care-based counseling 	<p>Systems and Methods to Mitigate EPIC EHR Implementation</p> <ul style="list-style-type: none"> • Performance management solutions to improved sustainability • Adding workflow analysis attributed to meta graphs
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RISKS

Although still in the early stages, EHRs already represent a significant effort toward improving the quality and efficiency of medicine by organizing the ever-increasing amount of information flowing in and out of the system, often from previously unconnected sources such as

email and practice websites that allow patient interaction. As with any new technology, professional liability risks are emerging as EHRs are adopted on a large scale. Based on early reports, it is expected that liability claims will revolve around issues related to security and confidentiality, documentation, system integration, reporting, and data recovery.

CONCLUSION

Unfortunately, there is no computational formula for facilitating computerized interactions with integrated clinical care. However, understanding the potential problem areas in generating quality health informatics knowledge can provide insight into the available data characteristics that will consume the most time (Nelson & Stagers, 2016). Clinical quality improvement and cost containment and their impact on health care will continue transforming data, altering the user's relationship (Blackwell et al., 2005). Quality assurance: cost-effectiveness, outcomes of care, clinical decision-making, socioeconomic, and demographic characteristics are all prominent responses to the challenges faced by present-day health care (Rodwell, 2019). As evidence of its increased legitimacy, stakeholders' must rethink their conceptual framework for evaluating patient care. The EHR selection process is time-consuming, but it's necessary for a decision as important.

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