The 5 Biggest Mistakes Made When Choosing an EMR/EHR

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Background

- Serial Entrepreneur (built and sold 3 prior IT companies offering health IT solutions)
- Started my first company at 18 focused on Al and decision support
- Refocused exclusively to Health IT (information technology) since 1991
- Hold over 16 years of experience
- Gathered data from over 1,000 medical providers including office staff and patients
- Worked in the trenches gaining experience in all aspects of Health IT development



Definition Review

EMR: Electronic Medical Record Contains patients legal information. Primarily billing focused.

EHR: Electronic Health Record
Contains patients health information.
Primarily patient focused.



Reasons to Adopt EMR/EHRs

- Accessible health records
- Streamlined of ordering labs, images and prescriptions
- Improved safety, enhanced workflow, better productivity and charge capture
- Higher patient and staff retention
- Decreased costs and errors
- Enhanced patient satisfaction and care
- Greater protection of privacy and security



Barriers to Entry

- Myths
- High Costs
- Lack of Participation
- Resistance for Change
- Lack of Commitment
- Overwhelm



Barriers to Entry

Transitioning Goals:

- Myths
- High Costs
- ◆ Lack of Participation
- ◆ Resistance to Change
- ◆ Lack of Commitment
- ◆ Overwhelm

- > Reality
- > Affordability
- > Full Enrollment
- > Full Engagement
- > Advocacy
- > Peace of Mind



Barriers to Entry: MYTH

- Myths
 - Caused by lack of awareness, lack of understanding
 - "This is going away."
 - "My patients can more easily sue me."
 - "There are no good solutions out there."
 - "These systems are too costly"
 - "No protection for physicians"
 - "There is no return on my investment"
 - "There are not good enough reasons to change"



Barriers to Entry: MYTH

- Myths -> Reality
 - EMR/EHRs are here to stay
 - Patients will be more satisfied and less likely to sue. There is greater protection for both provider and patient
 - There are good EMR/EHR solutions, today
 - EMR/EHRs are affordable
 - There are laws to protect physicians
 - A return on investment can be seen in less than a year
 - There are many good reasons to change and if you don't you may be left behind or out of business



Barriers to Entry: HIGH COST

- High Costs
 - \$30-\$70K per physician
 - Upgrades to new versions \$50K and up



Barriers to Entry: HIGH COST

- High Costs -> Affordability
 - \$400-\$600 per physician/month
 - Web-based/ASP vs. Client/Server



Barriers to Entry: PARTICIPATION

- Lack of Participation
 - Lack of awareness
 - Lack of understanding the benefits
 - Lack of time perceived
 - Lack of resources



Barriers to Entry: PARTICIPATION

- ◆ Lack of Participation -> Full Enrollment
 - Awareness of the benefits
 - Understanding of the need
 - Understanding the time required for each resource
 - Prioritizing and assigning champions
 - Creating advocacy for change



Barriers to Entry: CHANGE

- Resistance to Change
 - Established comfort zone
 - Fear of the unknown
 - Change is painful
 - Change can take too much time
 - Change requires high costs



Barriers to Entry: CHANGE

- ◆ Resistance to Change -> Full Engagement
 - Knowledge conquers fear (real fear vs. phantom fear)
 - Comfort zone doesn't mean better patient care
 - Change is for the better
 - Change will save time and money



Barriers to Entry: OVERWHELM

- Overwhelm
 - Little time
 - Little understanding
 - Rapid changes with technology
 - New and frequent changes to policies and regulations
 - Too much information
 - Too long to see results
 - Too many vendor solutions



Barriers to Entry: OVERWHELM

- Overwhelm -> Peace of Mind
 - Dedicated Resources
 - Education provides understanding of time
 & cost
 - Technology meets today and tomorrows needs
 - Connection to policies and regulations
 - Information disseminated appropriately
 - Small steps in the right direction, early success
 - Short-list vendors by your needs



Barriers to Entry: SUMMARY

Transitioning Goals:

- Myths
- High Costs
- ◆ Lack of Participation
- ◆ Resistance to Change
- ◆ Lack of Commitment
- ◆ Overwhelm

- > Reality
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The 5 Biggest Mistakes

"A man's errors are his portals of discovery."

James Joyce

"All men make mistakes, but only wise men learn from their mistakes."

Winston Churchill

"Experience is the name every one gives to their mistakes."

Oscar Wilde



The 5 Biggest Mistakes

"Mistakes are an essential part of learning."

"If you aren't making mistakes, then you aren't making progress. This is yet another mistake!"

"Mistakes will happen, if we learn from the mistakes of others and recover from the mistakes we make...we are on our way to success."



The 5 Biggest Mistakes

- Not keeping goals small and within reach
- Not clearly understanding the problems and needs
- •Not transitioning in a phased, iterative approach
- Selecting a good product with bad support and service
- Purchasing an EHR/EMR and not using it fully



- 1.) EVALUATE THE CURRENT SITUATION
 - Interview all staff members, patients, physicians, nurses
 - Recognize & document issues

Assessment:

- Costs
- Inefficiencies & Time wasters
- Risks
- Issues of Patient, Staff, Physician
- Quality of Care
- Patient Retention, Referrals
- Current systems, labs



- 2.) FORMULATE A PLAN
 - Make a list and prioritize
 - Define objectives
 - Break down into smaller goals
 - Allocate time
 - Select champion & advocate
 - Enroll and engage staff



3.) FIND A SOLUTION

- Match the product with your needs
- Look for highly integrated and flexible systems
- Review and understand ROI for your goals
- Seek a product that has superior support
 & service



- 4.) MAKE A DECISION
- Discuss goals with chosen vendor
- Map current work flow vs. future work flow
- Involve all stake holders, physicians in the decision process
- Assign resources with commitment and accountability



- 5.) IMPLEMENT A PHASED, ITERATIVE APPROACH
- Take the first objective, implement, test, train, revise if needed
- Receive feedback and calculate ROI,
- Make gradual changes
- Record & share successes to create more advocacy
- Plan and prepare for next objective



QUESTIONS?

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Thank you! Selene B Kepila selene@caredata.biz

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