

How to Overcome the Hidden Barrier to EHR Adoption & Meaningful Use in Physician Practices

Dr. Jane Adler & Dr. Robert Karlsberg

It's funny. There have been so many failures in trying to computerize physician practices and hospitals over the past 20 years. You'd think people would have broken the code by now on why that is happening. While the first systems weren't particularly intuitive and useful to clinicians, it's not software or hardware that has caused most of the failures to get value from technology investments - it's people!

David E. Garets
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With the promise of Meaningful Use incentives, more and more clinical practices are transitioning to electronic records. However while some have been able to make the EHR transition relatively smoothly, a significant number have experienced implementation disappointments and failures.

What Makes the Difference?

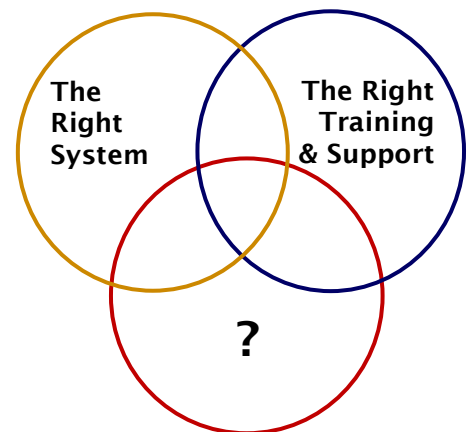
It goes without saying that in order to achieve Meaningful Use, practices need to select the right systems for their needs and they need training and support to get the systems up and running.

But if that is all that's needed, then practices using systems from the same vendor and getting the same level of training from the same implementation teams should experience the same results, correct?

Unfortunately that frequently isn't the case.

The fact is, there's more to Meaningful Use than simply investing in the right system. There's more to it than just taking advantage of training programs and technical support.

Something else is needed — and the presence or absence of this essential third factor is what frequently makes the difference between practices that reap the full benefits from their EHRs and practices that don't.



The Essential Third Element In a Successful EHR Transition

It is now well accepted that a high percentage of EHR problems — and failures — are not due to problems with the technology, they are not due to deficits of any kind on the parts of vendors, and they are not due to inferior technical training and support.

After well over 15 years of investigation into the factors impacting implementation success,

researchers in medical informatics have found that when practices run into trouble with their EHR systems — when projects run over time and over budget, when they lead to significant productivity slowdowns and when they cause operational problems or clinical errors — *human factors* are a big part of the problem.

It's not that physicians and staff members want to stand in the way of progress, it's just that for the success of a project as all-encompassing as an EHR implementation, providers and practice staff alike need to take an active role in adopting the technology, not simply sit back and passively allow implementation teams to "do their jobs."

"In practices with EHRs implemented... the main impediments experienced included 'people barriers' – lack of support for the system from physicians, non-physician providers, and other clinical staff."

N. Lorenzi, et. al., *BMC Medical Informatics and Decision Making* 2009

"Inadequate management practices account for 65% of the factors associated with project failure."

B. Kaplan & K. Harris-Salamone, *Journal of the Am. Med. Informatics Assoc.*, 2009

"Most failures are not the victims of flawed technology, but rather organizational and people related issues."

N. Lorenzi, et. al., *MEDINFO* 2004

The Hidden Barrier to EHR Adoption & Meaningful Use

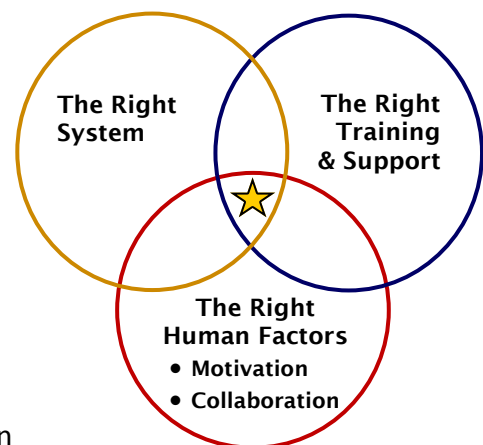
Researchers in Medical Informatics have identified 2 critical "human factors" that need to be present for a smooth transition to Meaningful Use.

- First, providers and staff must be genuinely *motivated* to adopt EHR technology.
- Second, they must *collaborate* — both with implementation teams and with each other — in order to get the right system configuration for the practice, and in order to redesign practice workflows to meet Meaningful Use requirements.

The absence of these factors represents a hidden barrier that can easily derail the most promising EHR implementation.

The vital importance of motivation and collaboration comes as no surprise.

Our combined 35+ years of advising business leaders has taught us that when it comes to leading change in *any* business or professional practice, *if you don't get the people part right — nothing else matters.*



“Without motivation, people won’t help and the effort goes nowhere.”

John P. Kotter

Leading Change: Why Transformation Efforts Fail
Harvard Business Review, 1995

Experienced business leaders know that any time they are looking to implement new technology to increase productivity, efficiency, and overall performance, they need to *first* bring about a change in attitudes and behaviors — and that’s even *before* they begin technical training.



If employees aren't motivated to make the change successful — regardless whether the change is a new technology system or a new workflow process related to the technology — the change is likely to take longer, it’s likely to cost more, and it’s not likely to *ever* deliver it’s maximum potential.

While financial incentives have built motivation for EHR use among practice leaders, most have not developed the leadership skills necessary for building staff motivation and managing the human side of change.

Without effective change leadership, it is unlikely that staff members throughout the practice (from partners and staff physicians, to nurses and front-desk personnel) will contribute the extra effort needed to make the change successful.

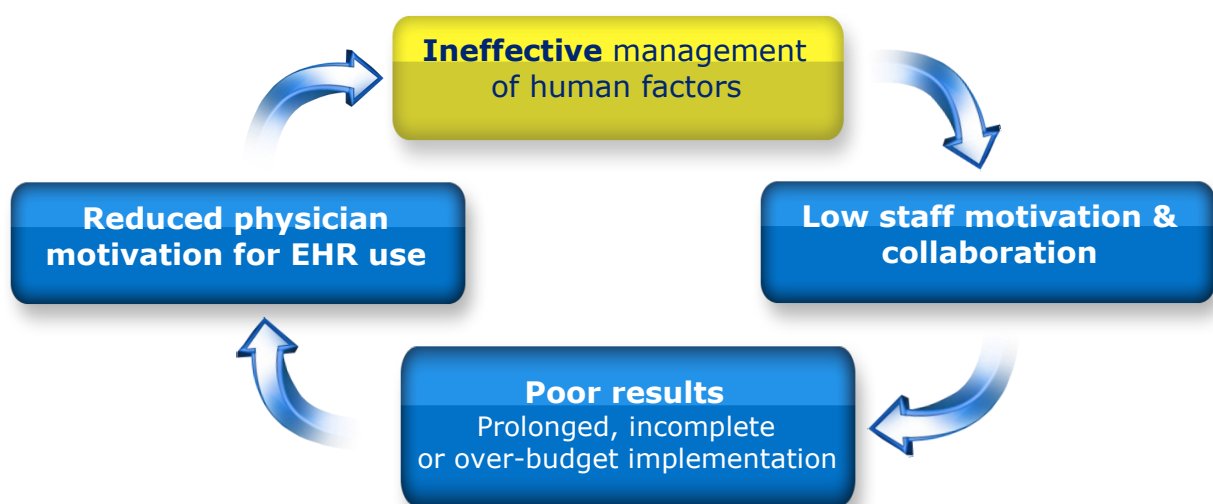
It’s a fact that in most practices providers and staff are already busy enough. If they don’t feel a real sense of urgency to make the EHR implementation successful and to get to Meaningful Use, they won’t prioritize and enthusiastically apply themselves to the technical training. They also are not likely to contribute ideas and suggestions that would nip implementation challenges in the bud.

This failure on the parts of providers and staff to contribute discretionary effort to EHR adoption can rapidly lead to a negative cycle — slowing down the transition significantly, increasing costs, reducing provider and staff confidence in the EHR system, and jeopardizing the practice’s ability to achieve Meaningful Use.

The Negative Cycle

Without effective management of the *human* side of change, the success of an EHR implementation is left largely up to chance.

Practice-owners may invest in the systems because they want the financial and clinical benefits — they may start out very optimistic — but if providers and staff are not motivated to adopt the technology, and if they don't collaborate to further the change, even the best implementation efforts and technical support are not likely to yield good results, and the project is likely to run into trouble.



When problems occur, physicians and practice leaders become less motivated to invest additional time and effort in the transition — this further decreases staff motivation and collaboration in the project.

Overcoming the Hidden Barrier

The way to overcome the barrier of suboptimal provider and staff motivation and collaboration is to build *psychological ownership* of the EHR project among providers and staff from the earliest stages of the transition.

It's well-accepted among leaders of major corporations, businesses and organizations of all sizes, that building psychological ownership among employees is an "*inside job*."

In other words, even the most capable outside consultant, or the most experienced implementation team, cannot *make* your staff members want the change badly enough to contribute the kind of discretionary effort needed to make the change successful.

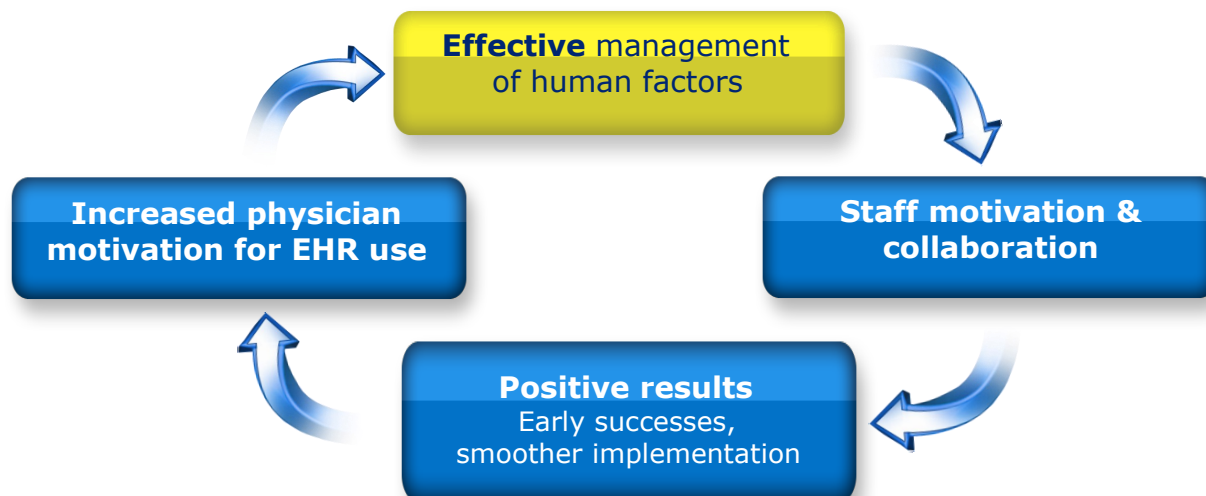
The good news is that by following a systematic approach, practice leaders can build psychological ownership of the EHR project among physicians and staff and gain their active collaboration in transitioning to Meaningful Use.

Steps to Building Psychological Ownership

1. Assess the practice's *human* readiness for change. It's not enough to simply assess technological capabilities — such as existing hardware and software. It's also not enough to assess technical skills. What you also need to assess is the level of motivation for EHR adoption as well as the degree of collaboration and the effectiveness of communication that exists in the practice.
2. Based on the results of the readiness assessment, build urgency for EHR adoption in providers and staff at all levels of the practice. (Effective sponsorship by clinical and organizational leaders is key, regardless how involved they are in the details of the transition.)
3. Use a systematic approach to actively engage all staff members in EHR adoption and Meaningful Use planning. Involve users in designing customizable components of the EHR when possible.
4. Identify and train mid-level leaders.
5. Engage providers and staff in redesigning practice workflows.
6. Establish strong cross-functional and interpersonal communication mechanisms for sharing information, planning strategy, coordinating actions and assessing progress.
7. Establish clear feedback mechanisms and mechanisms for rapidly converting feedback into system or workflow changes.
8. Engage staff regularly and often in evaluating implementation progress and establishing new functional and practice-wide policies and procedures to speed implementation, enhance operational and clinical outcomes and accelerate Meaningful Use.

Breaking The Negative Cycle

By providing practice owners and providers with a system for building staff motivation and collaboration, you can effectively break the negative cycle and replace it with a cycle of optimism, confidence, contribution and success.



With a system for more effectively managing the human side of change in the practice, practice owners and administrators will be better able to build motivation for EHR adoption in staff members at all levels of the practice.

Motivated staff members will benefit far more from technical training and support. They will also collaborate willingly with implementation teams to:

- Ensure that the system is configured to best support practice needs
- Adapt practice workflows in order to more rapidly achieve Meaningful Use

Staff motivation and collaboration in the implementation process will result in early implementation successes. These “early wins” will increase provider motivation and commitment to EHR adoption.

Dr. Jane Adler & Dr. Robert Karlsberg are authors of *Realizing the Promise: How to Maximize the Benefits of Electronic Records in Your Practice* — and developers of the *Accelerated Transition to Meaningful Use™ (ATMU) system*, the first and only program designed to systematically deliver targeted change management strategies to clinical practice leaders.

The ATMU™ system combines the results of peer-reviewed research in medical informatics with proven staff performance, productivity, and change management strategies, and **details an actionable 7-step system that guides physicians, practice administrators, and their staffs toward Meaningful Use of electronic records.**

Written by experts with a concern for technology and humanity, [Realizing the Promise: How to Maximize the Benefits of Electronic Records in Your Practice] is an outstanding step in the direction of successful implementation of EHRs in physician practices.

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Chair, American Medical Informatics Association

It's funny. There have been so many failures in trying to computerize physician practices and hospitals over the past 20 years. You'd think people would have broken the code by now on why that is happening. While the first systems weren't particularly intuitive and useful to clinicians, it's not software or hardware that has caused most of the failures to get value from technology investments - it's people!

... Don't make the transition to an electronic records system in your practice without reading this book! It will save you money, save your staff considerable grief, and increase the value and 'meaningful use' you get from the technology.

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