

# Getting Ready to Get Ready for EHRs: Measure for Success

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What is the easiest and most efficient way to begin readiness for electronic health records (EHRs) that most support your style of care? Just as you scrub a room before re-painting, steps presented in this article can have your entire staff prepared, trained, and ready to move! Topics covered include options that you can begin now that will “jump start” a successful transition to EHRs. This article will suggest current and future actions along the way to achieve a “win-win” situation as you adopt electronic options while maintaining a partnership of care with your patients.

**KEY WORDS:** Readiness; transition; electronic; EHR.

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It seems that around every corner is a commentary on electronic health record (EHR) readiness, and thank you in advance for reading mine. The main focus of this article will be based on commonsense approaches to decision-making within the process of the purchase and transition to a new system or adding EHRs.

## WHO'S IN CHARGE?

First step? Determine those that have most to gain (or lose if unsuccessful); these are the principal stakeholders. You already have an idea of who can really get things going. No point in waiting; start courting them now. Pique their desire and interest to serve on a committee by letting them know that you and the practice value their opinion. Their confidence and drive could be used to jump start the not-so-interested employees. Whether it is due to general interest or competition, it can still initiate fervor.

Along with participation, physicians should confirm support vocally and financially of policies and steps set forth by the committees. Immediately document the organized support from each department with roles to quickly establish a chain of command.

Have a buffer for attrition. Keep a few people in mind for plan “B” as some initial staff may need to opt out of serving on a committee.

## THE WISH LIST: DREAM BIG, NO HOLDS BARRED

As you visualize the perfect day, documenting and billing perfect charts and claims, go for the gusto with a wish list

of desires for a new system. The best that can happen is you get everything you want. Systems have reached a new level of competition. They offer more robust packages with new features added almost on a daily basis. At the same time, do not take for granted what you have now—document the well-working functions too so as not to assume they are a “given” with a newer system.

Ascertain what would make the most difference in everyday processes. Each staff member can document three things he or she wishes were available now (e.g., automated payment entry, point-of-care eligibility and payments, better or automatic reporting, phone calls, ticklers—anything!).

This is also an appropriate venue to ask your current vendors what they may already or soon will have available. Becoming a Beta site for new initiatives helps you prepare for the final product and often at a reduced cost.

## CLARIFY UNIQUE PREFERENCES AND CHALLENGES

You can find a system that supports your specialty and services.

Inventory control is a beautiful thing, especially when it keeps splints and Botox from disappearing from the shelves. Begin now with a basic spreadsheet or an off-the-shelf database for beginning formatting.

Extensive statement and collections options are a must. The increase in high-deductible health plans and direct-pay patients means that patients are more than likely responsible for 25% to 33% of their healthcare bill.

Consider speed and connectivity of the system as you choose between an online or in-house server. You may be in a rural area where the nearest x-ray machine is miles away, or you may run a dialysis clinic that demands constant accessibility.

### *Even with a great program, already-established templates may be limited due to your specialty.*

Another challenge is that even with a great program, already-established templates may be limited due to your specialty.

## GETTING READY TO “PAINT”: WHAT YOU CAN DO NOW!

- **Remember, timing IS everything!** Buy a calendar and post a master schedule for all to see. It can start with general target dates that work best for the practice. Knowing what to expect and when is half the battle and makes it much easier to rearrange other tasks and functions.
- **Free your space.** The most basic and worthwhile chore one can do is clean up. We all tend to hold onto things we just do not need anymore. Make room for a new world as you get rid of the old printer cartridges that you will never use again. Local schools can use most any outdated office supplies, and health clinics may be able to refurbish the old electrocardiogram machine. The result is more space and easier-to-track inventory and supplies. The teamwork factor is a nice plus too.
- **Say hello to your peers with EHRs.** I was quite surprised when an EHR vendor once asked me why a client needed more than demos to make a final determination. Of course you need to see hands-on experience. Even if just to confirm that you have indeed found the right program, take the time to visit an office or two already using the product and its most current version. To assist with your readiness, perform a mini-gap analysis of policies and procedures as you observe each department—of where you are now to where you want and need to be for a successful implementation.
- **Use E-scribe.** With a few exceptions, this is something that if not already used can be easily implemented as a beginning step toward EHRs—with the potential to benefit from incentives and avoid penalties at the same time.
- **Start scanning.** If you know it will be a while until EHR implementation, or just to reduce paper, this is a win-win solution. And chances are you could use one NOW. Whatever system you choose will need scanners. No need to wait any longer. This action helps instantaneously while preparing for the full-blown EHR system.

- **Set up a patient portal.** This is the best invention since buttered popcorn and something you can do now. It is a marvelous way to introduce patients to electronic accessibility to physicians and to provide them with the option to enter/access their demographic information online. On the practice side, staff learns how to access patient information and triage it through the system to the appropriate staff member to perform the electronic task. Ask vendors the necessary questions to be sure you are preparing for a true portal, not an overstated e-mail program. The key is to have patients become interactive with your practice by using your Web site and/or patient portal as their first resource for healthcare.
- **Consider the cloud.** Save oodles of time and endless re-edits by working on all of your beautiful new processes on the cloud. Recommendations for policies and procedures can be quickly updated, and the most recent edits can be viewed by one and all.

## PREPARE FOR CULTURAL CHANGE

So much of this is common sense. No one knows the practice better than you!

### Get Real!

What is realistic to expect once you launch a new system? Established habits of documentation and charting won't necessarily improve unless you demonstrate the importance of doing so. Physicians love documentation; gather the crucial information that pertains directly to your doctors regarding possible noncompliance penalties as well as future financial savings by investing in this crucial change.

There is no *better* time to cross-train. With each committee, you have an audience, so take advantage and extend it one step further to cross-train positions. Plus this provides the obvious advantage of appreciating coworker's roles.

### Conduct a Staff Survey

Everyone learns differently. Some have to “do the job,” and some can watch to learn. Prepare a survey that asks questions directly related to the employee's preferred style of learning. Knowing how to best approach future training and tutorials is a win-win situation for everyone.

### *Every form in your office is a “template wannabee.”*

And while you are asking, check out additional learning resources that support your initiatives and training. For example, bring in an in-house educator or trainer, or place tutorials on every desktop or shared server.

## Social Media Access

Seize the opportunity of timing to define what sites you may want to limit and clarify office policies. There are many resources for sample policies.

## PHYSICIAN NEEDS

- **Scheduling:** Standardize, or specialize for each provider? The choice is yours—recruit the provider/liaison that is most aware of timing for current and future procedures.
- **Templates:** No matter how many already-existing templates there may be with any product, each doctor has his or her own style. Every form in your office is a “template wannabee.” Ask your preferred vendor for a few templates, and have fun with them. It will help you determine ease of use and cue you to what your practice will need as it transfers paper procedures to electronic.
- **Other Changes:** As with all else physician-related, there is one ongoing goal: What are providers doing now that can be delegated to a new system or another employee? Ask your current vendor about that NOW. There may be functions that serve as initial points to rearrange and build on for future electronic procedures.

## REINVENT INTERNAL PROCESSES BEFORE TRANSITION

Begin at the end. Picture how and where you want it all to finish. Then backtrack step by step. You will see which specific tasks MUST be done (or not).

### *Foresee how you can transfer tasks to your new system.*

Consider current procedures for point-of-care collections, tracking payments, sending out past-due reminders, and other collections efforts. Foresee how you can transfer tasks to your new system. Document and plan each step, identify redundancies, and delegate specific tasks to support your collection efforts.

Statement messages are huge! Fine-tune messages for every scenario of aging or kind of account. This need will then be part of the already-required items as you choose the new system.

## PATIENT FLOW

No matter what comes next, this we know: there will be significantly more patients to see. You will also have to maintain a level of accessibility to ensure that any governmental funding or incentives based on patient satisfaction and physician performance are available to you.

Refining patient flow now will place you in the optimal position to handle the throngs of added triage, phone calls,

appointments, and callbacks. One fun and enlightening exercise is to role-play a “human chain” of procedures. Be sure to have providers present so they may understand exactly each staff member’s role.

## FINANCIAL CONSIDERATIONS

### Increase in Patients’ Financial Responsibility

Continuity of care can be stalled by a patient’s inability to pay for care received. The typical patient’s bill has increased to 25% to 33% of his or her healthcare costs.

Part of future processes includes keeping patients returning to your office. Refresh and document steps to approach and reach out to patients with direct pay, health savings accounts, or high-deductible health plans. Place information for patients to read while at the office, and offer to work with patients and their specific plan ahead of time. Many patients will be grateful for the information and more apt to follow a payment plan.

Invite patients to contact you via the Web site and patient portal for financial inquiries and payments specific to their plan. Many patients just want to know what to expect!

### Return on Investment

How quickly you receive a return on your investment can depend upon how thoroughly you review each document for the most important points of negotiation. Familiarize yourself with typical contracts and points of concern, such as escalation percentages and maintenance options. Just as with any other major purchase, recognize “deal-breakers” and “great deals.”

## HARDWARE CHOICES

Gather numbers now regarding the cost of a new server as well as other hardware requirements. The quote should be based on the applications and environment in which the hardware will be used, as well as on how long these purchases should last.

## PROMOTE A PARTNERSHIP OF CARE WITH YOUR PATIENTS: HOW DO WE COMMUNICATE?

Communication and customer service is key as you gear up for a new way to deliver patient care. As patients take more control of their healthcare, physicians and staff will be ever more closely evaluated to determine if they are indeed where patients want to continue to seek care.

Define your guidelines, and keep in mind that patients *will* respond to their physician’s recommendation. Have

a tab or option entitled “Ask Questions” at your Web site. Offer the welcome mat, and they will enter.

### Electronic Options: Keep It Personal!

What an exciting time to be in healthcare! There seems to be an application for almost anything we want or need. With so many options, we have to be sure to choose those that can maintain a personal relationship with each patient.

Establish and keep the bond of partnership of care by exchanging information including patients’ insight and preferences. As you gather demographics from patients, include notification options, patient portal availability, and information on electronic/virtual visits.

### My “Patient Record”

Electronic access to one’s health record is also available via online health record programs. Patients with direct pay and high-deductible plans may be perfect candidates, as they may tend to see more than one physician for the same malady. These records can also be uploaded to your new EHR.

### Tele-Medicine, E-Visits, SEE ME Clinic, Call a (Whatever!)

Consider any of these options as you design your future practice. Many payers actually cover these visits, and they are indeed catching on quickly with patients.

### Keeping It Private!

As health information exchanges take digital form, there is increased potential for unauthorized access and exposure to the threat of medical and financial identity theft. Confirm and request documentation from vendors that each step toward a full EHR is conducted appropriately. This is also the time to call a professional regarding privacy issues to ensure you are compliant with the latest regulations. It only takes one patient or TV station story to affect your image in the community.

### KEEP THE MOMENTUM GOING, DISCUSS OPENLY, DOCUMENT

Everyone has worked too hard to stop now. Confirm what is working, and what is not. Meet often and discuss the next steps openly so adjustments can be fluid as you adopt new methods and policies that most benefit the physicians, staff, and patients.

Document and fine-tune processes that are a direct result of all of your research and work toward an electronic practice! You will see that multiple opinions, hard work, and updated policies will truly ease the transition to an EHR that best fits your practice and patients’ needs.

Celebrate success and buy pizza! ■■