

Electronic Health Record Implementation | Ensuring Clinical Efficiency

THE CHALLENGE



A large and progressive county health system went live with NextGen's EHR in its largest clinical site. From an IT perspective, the implementation was successful in that hardware and networking were functional, the system was configured and tested, users were trained, and IT-related issues were identified and addressed in a timely manner. However, shortly after implementation, major problems were apparent from a clinical efficiency perspective. Specifically, patient visits, reduced by 50% during the initial week of implementation, remained at 50% after 6 weeks rather than returning to pre-implementation levels as was budgeted. Further, providers resisted any increase in scheduled visits based on their perception of maximum throughput with the new EHR requirements. The system was experiencing a loss of revenue and unplanned demand for emergency services and was forced to postpone scheduled go-live dates at other sites due to the feared loss of clinical efficiency.

THE PROCESS



ECG Management Consultants, Inc., was engaged to identify what was causing the loss of productivity and provider resistance and then coordinate remedial action as quickly as possible.

Assessment activities included:

- Review of implementation planning documents.
- Interviews with IT staff, administrators, and providers.
- Observation and documentation of work flows at all clinics.
- Collection and analysis of productivity/efficiency metrics.

Sample findings of the assessment were:

- Roles and responsibilities during the implementation process were unclear.
- Medical assistant (MA) staffing was significantly below needed levels.
- Patient intake was slowed by the lack of pre-visit records abstracting.
- System proficiency among the staff was highly variable, and compliance with operating protocols was lacking.
- Performance was not being measured or monitored.
- Interdepartmental friction was preventing problem resolution.

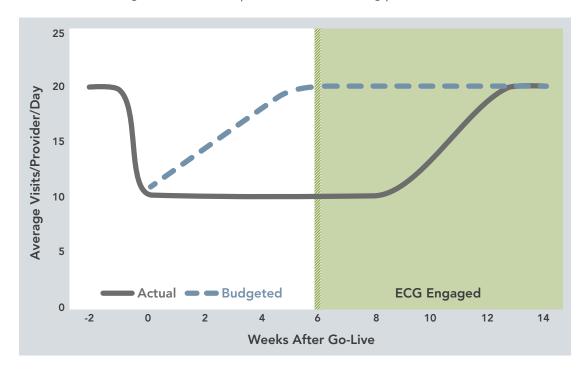
ECG presented these findings to the health system and prepared an action plan that included 15 distinct initiatives focusing on system proficiency, system support, clinical processes, staffing, monitoring and reporting, and operational leadership.

THE OUTCOMES



Highlights of ECG's accomplishments during the 90-day project period included:

- Establishing minimum user proficiencies.
- Testing and retraining all provider staff, including one-on-one on-site proctoring, as needed.
- Initiating weekly noon-hour learning sessions.
- Redesigning work flow to include scanning and abstraction prior to clinic visit and revision of MA processes.
- Transferring responsibility from IT to Operations for day-to-day system oversight.
- Resolving provider resistance by implementing a focused communication plan, which included meetings, memos, and reports on all outstanding provider issues.



Within 8 weeks, the clinics were operating at 100% of pre-implementation levels, provider acceptance of the EHR was significantly improved, and compliance with clinical protocols was enhanced as providers came to view the system as a clinical tool rather than an administrative burden.

Looking for more? Visit our Web site to access additional information, including case studies and articles based on our deep industry experience and to register for any of our complimentary Webinars.

BOSTON	DALLAS	SAN DIEGO	SAN FRANCISCO
Tel 617.227.0100	Tel 972.633.0100	Tel 858.436.3220	Tel 415.692.6060
Todd Godfrey	John Whitham	Darin Libby	Kevin Forster
tgodfrey@ecgmc.com	jwhitham@ecgmc.com	dlibby@ecgmc.com	kforster@ecgmc.com
SEATTLE	ST. LOUIS	WASHINGTON, D.C.	
Tel 206.689.2200	Tel 314.726.2323	Tel 703.522.8450	
Michelle Holmes	Curt Mayse	Jessica Turgon	
mholmes@ecgmc.com	cmayse@ecgmc.com	jturgon@ecgmc.com	
		- 8 2012 FCC M	All : 1. 2012