Change Management Strategies for an Effective EMR Implementation

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Contributing Editor
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HIMSS Mission

To lead healthcare transformation through the effective use of health information technology.

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Printed in the U.S.A. 5 4 3 2 1

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ISBN: 978-0-9821070-6-5

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As Director of Organizational Effectiveness for Kaiser Permanente’s national electronic medical records deployment, Ms. McCarthy introduced the concept of technology adoption to the organization and led a national community of practice focused on developing user readiness. Through integration of cross-functional work in change management, training, communication, union engagement, operations, lessons learned and workforce planning, clinical and business users were prepared to assume new roles and responsibilities in support of organizational objectives.

With 25 years of healthcare industry technology adoption experience, Ms. McCarthy has designed and led the human side of technical implementations in a wide variety of software deployments, including EMRs, practice management, material management/supply chain, client relationship management, contracting and sourcing, e-commerce, health plan product management, and, currently, ICD-10 conversion.

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Dr. Eastman serves on the board of directors for the Childhood Anxiety Network. He holds a PhD in organizational psychology from the California School of Professional Psychology, a master's degree in psychology from Pepperdine University, and a bachelor's degree from Ohio State University.

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Foreword

By David E. Garets, FHIMSS

Electronic medical record (EMR) deployments are not about technology. They are about equipping organizations to reach critical business objectives by providing people with technical capabilities that make new things possible and by engaging people in changing their behavior to effectively use the new capabilities to generate results.

This book will show you how to create an environment for success in your organization to not only ensure that your EMR implementation effort is successful but that your organization builds change capacity and flexibility in the process. This new nimbleness will serve you well in our world of continual change.

Defining change management is as important as understanding what change management is not. It isn’t project management or solely process improvement. Rather, it is a set of specific disciplines, described in detail in this book that, when coordinated and integrated, make the difference between tossing money into an EMR pit (similar to the ones that we boaters throw our money into!) or getting the sought-after changes in your organization.

Chapter 2 on Vision is especially important. In it, Claire and Doug explain how leadership paints the picture of what is expected from the implementation of an EMR. I would argue that it is a process that involves not only representatives of the front line and their managers and the senior executive team, but also the board. An EMR implementation done right—meaning the technology works, was implemented on time and within budget, and the people modify their behavior and processes to achieve commensurate value for the investment—is more transformative than anything else a healthcare organization could do. It needs to be driven from the board. That way the right people, i.e., the CEO and executive management team, are held accountable for the
success of this crucial business initiative with an information technology component.

Dale Sanders, then CIO at the Northwestern Medical Faculty Foundation and now CIO at the Cayman Islands’ Health Services Authority, pointed out that “you need to dedicate the time and resources to constantly iterate, refine, and improve the utilization of the EMR over time, far beyond its installation and go-live. It’s a race without a finish line. Train, fund and plan accordingly—don’t short-change the investment!” In other words, recognize that you are not done at go-live; you’ve just started achieving technology adoption and changing behavior to get value from your EMR investment.

This book should be required reading for every member of the executive team in every healthcare organization that is planning to implement an EMR in the next few years. I was happy to be asked to review the book and to write the foreword—and not for the fame and fortune! It was because I would then have to read it, and I’m glad I did. I learned an incredible amount about a topic that most of us in the technology world do not understand well and that is, dealing with people issues. Claire and Doug nail it here, and I guarantee you’ll be thankful for the knowledge they share.

Having said that, reading this definitive work on change management for EMR implementations is not going to provide you with enough knowledge on the topic to preclude your engaging or hiring change management expertise. In fact, just the opposite; you’ll fully understand why you need to get some help! Welcome to the epiphany.
Preface

By Claire McCarthy, MA, and Douglas Eastman, PhD

There is much discussion today about implementation of EMR systems—discussions that usually include excitement, anxiety, and downright dread. There is also a lot of talk about whether EMRs create opportunities for healthcare organizations, such as transforming the way care is delivered, reducing medical errors, increasing internal efficiencies for clinical and administrative users, improving revenue capture, and providing a host of other critical benefits. The promise (some would say fantasy) is big.

But, above all, an EMR implementation is disruptive. The process can realistically be equated to a tornado whipping through an organization, and life as you once knew it is turned upside down and the new processes, expectations, priorities, roles and methods overwhelm the workplace.

Our intent in writing this book is to assist others who may be struggling with many of the same issues we have addressed. By sharing lessons from our numerous firsthand software implementation experiences, we will equip you with successful practices and prepare you to lead or participate effectively in change management/technology adoption efforts, so that meaningful use can be achieved.

The primary audience of this book is everyone who leads or is directly involved in the people-focused change management/technology adoption efforts of an EMR implementation. Our secondary audience is everyone else who has a stake in the users’ willingness and ability to change behavior so the potential of the technology can be realized. So whether you are actively engaged in change management/technology adoption work or your support and advocacy of change management/technology adoption is needed—this book is for you.

Regardless of your specific role (executive, middle-management, front-line supervisor, physician, nurse, medical assistant, IT profes-
Change Management Strategies for an Effective EMR Implementation

As a professional, consultant, or other stakeholder in the success of an EMR implementation, our hope is that you will gain an appreciation for the importance of users and the effort required to ensure operational success. This book emphasizes effective ways to plan and implement change. The content is based on decades of combined experience managing the people side of software implementations in healthcare.

It is important to point out, however, that this book is not meant to be a course on change management/technology adoption. Our intent is not to review existing research or current academic models and theories but rather to share the insights and lessons we have learned in delivering sustainable results and healthy organizational change over the years.

For technically-oriented project leads, the success of an EMR implementation tends to focus too heavily on “screwing in the system” on time and on budget. But, as important as it is, getting the EMR technology up and running should not be the primary focus. Equal emphasis must be placed on how the new technology will be embraced, utilized, and leveraged to realize a return on this significant investment. Flipping the switch and turning the technology on is merely half of the game.

We believe the promise of an EMR implementation is great, with potentially significant returns for the patient, user, organization, and for the industry as a whole. When we hear words such as electronic, computerized and automated, it sounds as if life will be made easier and become more organized and efficient. However, healthcare organizations do not always think about the critical steps involved in making these hopes a reality. This is due in large part because managing the people side of an implementation, and developing and installing major technology require different skills sets. Neither side of the coin is necessarily more important, but they both must be seen as equally significant. The role in managing the people side of an implementation rarely fits neatly into how technically-focused projects have historically been measured, and this creates a scenario in which the people side is often misunderstood, discounted, and worst case, ignored altogether. Consider the difference between what it takes to install the system (a technology focus) and what it takes to get the desired outcomes (a focus on people doing things differently).
The management of ambiguity, resistance, and user motivation is admittedly hard to measure and unfortunately involves methods that are not always easily checked off a list. The process is more fluid and organic than linear. At times, it is unpredictable, requiring rethinking and course corrections. After all, we are dealing with people. Not everything is clear cut. Don’t believe anyone who tells you it is!

People come with different backgrounds, frames of reference, experience with technology, comfort with change or ambiguity, trust in leadership, and so forth. Whatever the mix of scenarios, users never start from the same place—and they move through the change process at different speeds, meaning they continue to be in different places throughout the project. The good news is that users do grow and develop over the course of the project, and many eventually accept things they wouldn’t agree to at first. But they require understanding—their fears, needs, hopes, and their reactions to the challenges that impact their ability to perform. A sound, comprehensive people strategy that creates an environment in which they can succeed is essential.

If the goal of your EMR implementation is to achieve sustainable results, growth, or organizational transformation, then a substantial investment in people must be central to your overall implementation strategy. After all, it is the user who makes or breaks your EMR implementation and ultimately determines the amount of return the organization will realize. The better prepared people are for the change and the less they see it as threatening, the faster they will deliver value.

“Man is still the most extraordinary computer of all.”
- John F. Kennedy
HOW THE BOOK IS STRUCTURED

Preparing an organization for a successful EMR implementation involves a big picture approach that takes into account all the factors that influence behavior change. The idea is to establish an organizational context—a culture in which desired behavior is supported and reinforced through a variety of methods—creating a learning organization that grows to achieve its vision, priorities, and goals. In this book, we present an Implementation Readiness Model and discuss each factor involved in ensuring the organization and users are fully prepared to realize the potential of the new technology.

This book is organized in a simple fashion. First, we make the business argument for change management/technology adoption, explaining why technology implementations will not deliver benefits without a significant focus on users. Next, we discuss two critical success factors in any large-scale change management effort—a clear vision and effective leadership.

Then we argue for the development of a cross-functional team of representatives from key areas within the organization, the Organizational Readiness Team (ORT), and introduce a pragmatic model that outlines the scope of complexity and work that the ORT manages throughout the project life cycle. This establishes a foundation for subsequent chapters in which each provides further detail about the inter-relationship of work involved to effectively drive sustainable change. These chapters dig deeper into lessons learned and best practices related to stakeholder management, communication, training strategy, and reinforcement, as all must be aligned to successfully satisfy the end goal of a meaningful implementation.

Finally, the Implementation Readiness chapter shows how the prior chapters serve as building blocks to formulate a comprehensive and powerful Implementation Readiness Program aimed at securing ready users who are engaged and prepared for the transitional changes ahead in the world of an EMR. The book ends with a discussion of our key lessons learned and insights regarding the overall journey. Pay particular attention to some of the larger challenges related to an EMR implementation, as these scenarios have proven to have a significant impact on an organization’s speed and ability to position itself for benefits realization.
It is important to stress that focusing on just one factor of implementation readiness is not sufficient to drive organizational change and sustainable results. Each chapter describes an individual factor in detail and provides lessons and useful examples, tools, and other bits of information intended to help you succeed in preparing your organization for a successful EMR implementation. But the real purpose of the book is to raise awareness of how all factors work in concert to influence desired change associated with an EMR implementation. The factors work best as an integrated whole, overlapping and reinforcing each other. They typically have separate leadership, but whether formally integrated or not, they are pieces of one picture.

Like other books, you can jump to any chapter of interest at any point. However, we strongly encourage you to read the book cover to cover first to gain an understanding of the end-to-end process and how each factor contributes to overall success. A strategy that accounts for all factors is more effective than just one intervention or multiple disconnected interventions. In this case, the sum is definitely greater than all of its individual parts.

“Experience is a hard teacher because she gives the test first, the lessons afterwards.”
- Vernon Law

We speak to you in a conversational and straightforward manner to make this rather difficult side of an EMR implementation more approachable. We hope you will find our insights valuable and will leverage this book as your implementation reference guide. It will further your cause if all stakeholders accountable for a successful launch in your organization have a common framework for approaching the collective end goal. We certainly wish we’d had a book like this years ago to guide us through the minefield of software implementations!

Finally, we hope you enjoy the process of supporting people through the transition to the world of EMRs. There is something very
rewarding about seeing people who were fearful and resistant, even in tears and thinking seriously of quitting, feel the pride of accomplishment when they succeed. Each person who stays the course and becomes a contributing member of the electronically enabled organization represents untold cost avoidance. Knowledge and talent stay in the organization, replacement costs are avoided, relationships are preserved and critical staff shortages are reduced. Technology adoption is truly a contribution to the bottom line.

In the words of one of our grandfathers, “People change when they’re damned good and ready, and not before.” We’re here to get them ready!
Acknowledgments

The authors would like to thank the following individuals for sharing their expertise and experiences for this book:

Safaa Al-Haddad, MD  
Internal Medicine  
University Hospitals  
Cleveland, Ohio

Ronnie D. Bower, Jr., MA  
Manager, Change Management  
BayCare Health System  
Tampa, Florida

Nabil Chehade, MD, MSBS, CPC  
Director, Medical Informatics  
Regional Chief of Urology  
KP HealthConnect Regional Physician Lead  
Kaiser Permanente Medical Group  
Cleveland, Ohio

Kenneth Goodman, MD  
Associate Director, Center for Continuing Medical Education  
Department of Family Medicine  
Cleveland Clinic  
Cleveland, Ohio

Marie Hamilton, RN  
Kaiser Permanente  
Oregon Federation of Nurses and Health Professionals  
Healthcare Information Technology Committee, AFT Healthcare  
Portland, Oregon

Lindsey P. Jarrell, FACHE  
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Margaret M. Rudoph, PhD  
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Vancouver, British Columbia  
Canada

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NorthShore University Health System  
Evanston, Illinois
Chapter 1

The Business Case for Change Management

“We’re not in Kansas anymore…”

In the introduction, an EMR implementation is compared to a tornado in that it whips through an organization, turning life upside down and throwing users into a world filled with new ways of doing things and seeking ways to recapture some sense of balance and control. EMR technology disrupts the status quo, and along with the many opportunities it promises, it also brings a whirlwind of seemingly never-ending changes, which can have an entirely different effect on different people. While an implementation that is effectively managed even brings these challenges, a poor implementation can be disastrous and will cost the organization much more time, energy, and money to get things back on track.

Dorothy, the character from the movie The Wizard of Oz, held her composure pretty well through the tornado that ripped her from a calm, stable life on the farm and threw her into a foreign world. She was able to manage through the obstacles and challenges and stay the course as she followed the yellow brick road in search of the wizard. Some say this is similar to the experience users have, except for the part when Dorothy wakes up from her dream and finds herself back home as she remembers it!

EMR implementations don’t have to be nightmarish for users, but there certainly will be obstacles and challenges along the way. The key is to help users through the road blocks and enable them to experience a
positive journey. This process is always easier when people know what they are getting into, feel supported, and are prepared for what lies ahead, both good and bad. This is the role of change management.

**CHANGE MANAGEMENT DEFINED**

It’s important to understand why you should make an investment in the people side of the project—bringing in the best technology possible doesn’t mean anything unless users are comfortable and proficient in its use. The truth is *just because you build it doesn’t mean they will come.*

Let’s start by answering the two questions we are most often asked, “What is change management anyway? What is it change managers do?”

To avoid confusion we’ll say up front we are not talking about change management as it relates to technical issues, such as version or change control. We also want to be clear that change management is not project management. What we are talking about is the human side of electronic medical records implementations, the human-focused work of engaging and preparing people to succeed in the new world of EMRs.

A word about project management: while good project management facilitates change management, the two disciplines are not the same. Project management is much more linear and task-focused, whereas change management deals with the complexities of human behavior. But a good project plan creates a structure and a foundation in which the change management process can occur. Therefore, the two disciplines, though different, complement and support each other.

A word of caution: do not confuse the project plan with the end result. The plan is necessary, and it guides you throughout the process. The plan is proactive; it’s the order in the chaos. But technology adoption is kind of like herding cats; it’s unpredictable, and you need to maintain flexibility to respond as things evolve. This is a more reactive process than what may be expressed in a plan. In our experience, an EMR implementation requires both structure and flexibility.

There is a saying in change management circles: *When one door closes another one opens, but sometimes it’s hell in the hallway.* Change
management deals mostly with the hallway situation, facilitating the human transition from the present to the future. These days, change is ongoing and requires focused leadership if it is to be as fast and painless as possible.

The three legs of the project stool represent the critical components of an implementation (Figure 1-1)—People, Process, and Technology. The people are the most important! When technology projects fail, it is primarily due to a lack of use and not a failure of the software. The focus of change management is people and the objective is to change behavior. This is good for business because it accelerates the change process so benefits are achieved faster. Change management is not about being nice or placing an emphasis on feelings. It’s about performance improvement and results.

If you search the literature, you will find a variety of definitions of human-focused change management. They all cover similar concepts, sometimes using different terminology. The simplest explanation of change management is to say, “It’s all about the people!” But for the purposes of this book, we expand on that concept and use the following definition of change management:

- A structured process designed to deal directly and intentionally with the human factors involved in not just planning and implementing an EMR but through behavior change, achieving the anticipated benefits that justified the project in the first place.
- Desired behavior change is achieved by helping people understand and internalize change and by preparing them to be successful contributors in the future state. In the case of EMR implementations, effective change management delivers users who are willing and able to use an EMR in a way that satisfies the requirements of the job, the needs of the patient, and the health of the organization.
Well-designed, integrated, people-focused work builds logically over time in a way that makes sense to the user. It brings users along, guiding and supporting them so they arrive at where you want them to be. This is about willingness and ability, hearts and minds. You must have both!

The overarching purpose of change management is to accelerate the speed at which people move successfully through the change process so that anticipated benefits are achieved faster. And there are additional benefits to change management. Through optimizing the efficiency and efficacy of users, an effective EMR change management program will also:

- Improve organizational outcomes and performance (effective use of the system generates value to patients and the organization).
- Enhance employee satisfaction, morale, and engagement (when people learn new skills, meet performance expectations, and contribute to a greater good they feel pride in their accomplishments).
- Improve service quality (users feel valued and supported by an organization that makes an investment in them; this positively impacts how they treat patients).
• Help achieve hoped-for benefits (benefits that include EMR value realization, reduction of errors, return on investment).
• Create higher levels of openness, trust, involvement, and teamwork (develop an engaged workforce).
• Build change capability and capacity in the organization, resulting in improved ability to respond quickly and effectively to new situations (create organizational nimbleness through embedded change management knowledge, structure, and process).

In other words, it really is all about the people. Intentionally managing the cultural, behavioral, and organizational changes that need to take place to make the desired EMR future not only a reality but a sustainable reality pays off on many levels in that it also facilitates organizational transformation. Building on individual capability and organizational capacity, change management results in a change-capable culture—a huge advantage in today’s competitive and fast-changing world.

Change Management, Technology Adoption—What’s the Difference?

There are a number of terms that people use to refer to the work involved in managing the people side of a change effort. We think of change management as the mother ship, that is, the umbrella term that embraces all specialties within the field. Similar to the various specialties or domains of service within a healthcare system, change management professionals may choose specific areas of focus. Technology adoption, specifically information technology (IT), is one such area, and it involves the application of change management principles to the implementation of IT. The focus of this book is technology adoption, and we will mostly use this term instead of change management throughout the rest of the book.

Effective technology adoption professionals align themselves with the operational/business side of the organization and tailor solutions that drive behavioral change and tangible outcomes. They participate in EMR implementation projects from the beginning, driving the people side of change throughout and continuing to add value post-live as the EMR becomes part of the central nervous system of the organization.
THE IMPORTANCE OF THE PEOPLE SIDE OF AN EMR IMPLEMENTATION

There are many references in the literature to failed change efforts and IT implementations. Estimates are that only one third of these projects achieve success, which means two thirds fail to meet expectations. The good news is that failure is optional, as much has been learned about why some change efforts fail and others succeed.

Here’s the issue: while the change that is going to occur is an external event—the EMR implementation, a reorganization, proposed outsourcing, a promotion, etc.—the transition from old to new that those who are impacted experience is a psychological and emotional process. It is this transition that is difficult—even when a change is self-imposed or considered positive.

In the words of William Bridges, a key thought leader in management of transitions, “It isn’t the changes that do you in, it’s the transition after the change that does!”

For an implementation team, part of the problem encountered during transition is that change is messy: people start where they are, not where we want them to be. And when considering the personnel within a typical hospital, people can be all over the place in terms of comfort with computers, stage in life, commitment to the organization, fear of change, etc. Add to this the fact that for change to be successful three things must occur. People:

- Must let go of their current reality; have an ending.
- Go through a confused period in-betweent (hell in the hallway).
- Only then can have a new beginning.

To take this a step further, while IT consultants want to install the system and make enhancements, the users will ultimately determine how the system is used. This use is affected by human, not technical, factors:

- Different frames of reference, backgrounds, experiences with technology.
- Organizational history and experience with other large-scale change projects.
- Levels of resistance, fear, ability to deal with ambiguity.
- Degree of alignment of “What’s in it for me?” for the various stakeholder groups.
• Inefficiencies uncovered because the system creates transparency.
• Workarounds that become quickly entrenched.
• Pressure to get through the day can override doing what is right.
• User work/life balance issues coming into play from the very beginning.

All of these factors create problems for implementation teams that just want to install technology! How do you effectively address the people issues? Or is it easier to just install the technology and assume that people will learn because they have to use it? Some on the implementation team may falsely assume that users of an EMR system will snap into place over time and do what is right for the organization. This thinking is a fool's paradise.

In the foreword to this book, Dave Garets made the point that EMR deployments are not about technology but about equipping organizations to reach critical business objectives by providing employees with technical capabilities that make new things possible and by engaging them in changing their behavior to effectively use the new capabilities to generate desired results.

With all due respect to the technical side of an EMR implementation, installing the technology is only half the battle. This is not to degrade the importance of the technology. The fact that we spend a lot of money researching technology, acquiring it, configuring it, installing it, and supporting it speaks to its importance. If we weren't implementing EMRs, we wouldn't even be having a discussion about EMR-related change management!
But implementation of the technology is just a first, and very necessary, step—because in and of itself the technology does not generate value. The technology is necessary but not sufficient for benefit realization to occur. To create value requires people, and this is why change management is so important. Too much of a focus on technology, even in the early stages, will create issues downstream. And even with the best technology, if not used efficiently, hoped-for benefits will be tough to achieve.
Remember that change is a personal experience. It is also local and individual. And it’s hard—even when it’s self-imposed and positive. There are no shortcuts. People have to go through the process of change in much the same way that we move through the stages of grief. It can’t be avoided or skipped. You can measure twice and cut once, or you can cut now and then do costly remediation later. Either way, you can’t avoid the expense or time required for real change to occur.

I’ve been in healthcare IT a long time and I now realize it’s all about change management. What was considered soft is now hard. We know so much more about how to install technology—it’s the people part we don’t know well yet, and so it’s hard.

J. Scott Joslyn
CIO
MemorialCare
Long Beach, CA

“No man can think clearly when his fists are clenched.”
- George Jean Nathan

SYSTEMS PERSPECTIVE
Experienced technology adoption professionals embrace a systems perspective when given the assignment to drive performance, manage perceptions, and increase the utilization of new and existing technology. A systems approach is the ability to see the big picture and address the interrelationships among the variables within the fabric of
Change Management Strategies for an Effective EMR Implementation

The organization and influence the combined impact these variables have on organizational effectiveness. As each variable has the power to influence the outcome of any intervention, behavior change is often not sustainable because variables tend to work against one another. Effective technology adoption strategies account for this interrelationship/interdependency and aim to bring these variables into alignment as a means for driving sustainable results.

Figure 1-2 introduces the Organizational Fabric Model, which highlights the six primary threads (or variables) that are interwoven in the fabric (or culture) of an organization. The model suggests that all six threads must work in concert to successfully shape the organizational fabric. A well-woven technology adoption plan strategically manipulates these threads to influence desired change. A poorly woven plan, in which a thread or combination of threads is not accounted for, leads to disaster or, by way of analogy, will hit a snag down the road. Depending on the flexibility and durability of this fabric, a snag can result in a huge hole that detracts from the overall strength of the intervention. The intent of the Organizational Fabric Model is to stress how important it is to understand the future state, recognize how each variable or combination of variables will come into play, and develop a sound technology adoption program that appropriately influences this set of variables to reshape the fabric or culture, so desired change can actually take place.

Key Point

Fundamentally, culture is “the way we do things around here.”

The Organizational Fabric Model will be revisited in subsequent chapters as each thread or variable is explored in further detail. For now, we reiterate that technology adoption strategies must not rely on only one or two threads to drive behavior change. Sustainable outcomes result from an organization’s ability to leverage the combination of all six threads, working in concert, to create an environment for success.
CREATING AN ENVIRONMENT FOR SUCCESS

Technology adoption is about creating a context, an environment, in which change can be achieved and sustained over the long term. This involves two levels—organizational and individual.

With an EMR implementation, the organization must create the supporting environment, provide needed training and resources, articulate a clear direction coupled with clear expectations, engage its people, include them in the process, and reinforce desired new behaviors. This is not about checking things off a list, but rather about finding synergy among impacted groups, giving them what they need, and coordinating efforts to meet the end goal. It’s an ongoing effort.

To give you an idea of what we are talking about, here’s an example of an individual situation occurring within a social context. Think about what happens when you want to make a significant change in your personal life—quit smoking, stop drinking, lose weight. It’s one thing to talk with a doctor or another professional about what needs to happen when you’re in their office, but once you leave the office you then return to your social reality. If your friends and family don’t want your behavior to change, you will have a tough time. All the rein-
forcements and temptations will conspire to prevent you from making changes. But, if you can get some important people in your life to make the changes with you, or at least support you in the process, you have a much greater chance of success. The lesson is don't send a changed person back into an unchanged environment if you want to see behavior change!

Engaging individuals involves arousing two key aspects — willingness and ability. The organization must influence both in order to succeed. With the help of the Skill Versus Will Matrix (Figure 1-3), think about it this way:

- When people want to do something but don't know how, they can't (willing/unable).
- When people know how, but don't want to, they won't (able/unwilling).

Can you think of examples in your own life when you have been in either of these situations?

Consider the circumstance of people who know how to do something, but don't want to do it. This is a “will” not a “skill” issue, and it is a very common technology adoption dilemma. If the amount of work and effort involved are not perceived by the user as being equal to the

**Figure 1-3: The Skill versus Will Matrix**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Will</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>WON’T</td>
</tr>
<tr>
<td>Low</td>
<td>WON’T</td>
</tr>
</tbody>
</table>

Low → High
return or value experienced through the implementation, the user will most likely choose to reduce the effort. A goal of an effective people-focused strategy is to identify potential areas of disconnect and find ways to increase the perceived value to users. The assumption is that when the return is perceived to be greater, the effort increases. When there are no incentives to try harder, it may be difficult to drive desired behavior change.

The point in getting users to actively support the deployment of an EMR is about a lot more than a communication plan or feature/function training. Managing the people side of an EMR implementation requires a savvy technology adoption plan that ties sponsorship, training, communication, workflow harmonization, user support and reinforcement with the business priorities of the organization and effectively coordinates all of these activities with the user in mind—in an environment that reinforces desired behavior changes.

Two key questions to remember throughout the project are

(1) How will this decision impact the user?
(2) How might it impact patients?
Consider this example:

Key Point

In native cultures, there tend to be rites of passage that serve to transition a person from childhood to adult status in the community. The child may actually leave the village for a day or two of contemplation, following a prescribed process. When the child returns he or she is redefined as an adult and assumes the consequent privileges and responsibilities. The entire community reinforces the person’s new status; the new adult is not allowed to return to being a child whenever it’s convenient, but is supported to complete the transformation to adulthood. The change to adulthood does not happen in a vacuum but is part of a carefully designed process that ensures success.

In this example, what are the key elements of this process that ensure success?

- The **picture of success**, the desired outcome, is clear—it is for the child to become a functioning adult in the community.
- How this happens is clearly defined in behavioral terms. There is a **process that is known and understood** by the entire community, including children.
- Leaders at all levels in the community agree on the **desired outcome**, **support the entire process**, and **actively fulfill their roles** to ensure success. Leaders include village elders and formal leaders, parents of the children, informal opinion leaders, and family members.
- The children who are about to become adults take an **active role** in their own transformation, **taking responsibility** for their success. They **receive guidance and counsel** from elders. They know and understand the transformation process and what they must do to achieve their new status. **Goals and steps are clear.** They also **understand the consequences of not successfully transitioning to adulthood.**
- If there is more than one child slated to go through transformation to adulthood at the same time they are a **peer group** and as appropriate, prepare together and support each other.
• The entire community works together to bring about the transformation.
• Success results in positive reinforcement.
  
  The environmental context is the trump card in any implementer’s hand. It takes a lot of work to create a suitable environment, but it is an essential ingredient in being able to drive and sustain change.

Willingness and Ability

Earlier we mentioned willingness and ability as key concepts in technology adoption. Willingness and ability can also be thought of as hearts and minds, or will and skill. The point is the same regardless of the terms used. People need to be supported on both an emotional level, to commit, and on an intellectual level, to be able. The question to be answered is, “What are the conditions under which users will accept and adopt the EMR?”

Let’s talk about willingness first.

Willingness, or hearts, is the commitment to go forward. This is impacted by many things including the following elements:

• Leadership: Perceived support, or lack of support, for the change from senior executives in the company, the cascade of sponsors down through the organization, and, just as importantly, from the employee’s direct supervisor.

• Communication: Quality and frequency of verbal and written messages that describe the desired future state: tell why the change needs to happen and what will happen if change isn’t made, set clear expectations, explain how the company will prepare and support people to success, and describe local details such as timelines, etc.

• Reinforcement: Degree of appropriateness and timeliness of rewards for demonstrating desired new behaviors and consequences for sticking to the old ways.

• Participation: Degree to which users are involved, every step of the way, either directly as individuals or indirectly by being effectively represented by trusted local opinion leader peers who serve as liaisons between users and the project team.

• Organizational History with Change: Previous organizational experience with change—good and bad—will influence user per-
ceptions and expectations of the EMR implementation. Understanding the past is important in planning for the future.

This all sounds logical but the reaction to it can be emotional. This is where people confront their fear of failure, feeling stupid, making mistakes, etc. Remember that the change may require people to give up the very things that they believe made them successful in the past. This can be a difficult sell.

**Ability**, or minds, is about the actual capability to successfully meet new job expectations. This is impacted by many things including the following elements:

- **Training and Support**: In most cases, the new EMR abilities must be learned. An effective training program that is role-based and intentionally focused on preparing people to perform new job expectations is key. Just discussing desired outcomes is not enough though; we have to clearly tell people what we want them to do. This requires an intellectual understanding of what and how; a conceptual understanding is necessary but not sufficient. Most people need to practice something new to develop competence and confidence. Safe opportunities to practice, preferably with immediate feedback, are very important to proficiency development and sustainability.

Getting people to move in the direction you want is the difficulty—some say the hardest part of the whole project. And if you agree that people are the foundation of success—that benefit realization is dependant, not on technology, but on people agreeing to go through personal disruption, learn new things, change established patterns and confront their fears—then we must be proactive and courageous in addressing the human issues.

This is the people side of the project. This is the organizational readiness function. It involves collaboration, coordination and sequencing of activities, information and events from all people-focused areas. The idea is to have all the people-focused functions working together to reach clearly defined, shared outcomes. The organizational readiness plan to create individual and organizational readiness is the umbrella that connects it all—the glue that holds it together and the grease that makes it work—for the **user**. We will address the structure and process for doing this in more detail in subsequent chapters.
Good News on Two Fronts

1. There is a social science! There is a body of work, research and subsequent publications about the human experience with change. There are proven change management strategies, tools, and techniques. This isn't folklore, hooey, or black magic. The transition process is known and predictable. There is a change curve that describes the steps (Chapter 5, Stakeholder Management). And though there is no silver bullet, it isn't rocket science. Senior healthcare executives must take the emerging profession of change management/technology adoption seriously. Not understanding it is no excuse for ignoring it. That is far too expensive an option.

2. All people go through transition when change—good or bad—happens, in both their personal and professional life. You can't avoid it. The wonderful thing is if you learn about change and transition at work, it will improve your personal life. This is one of the times to "try this at home!" We're all human—at work and at home. So treat your people as the humans they are, and avoid some predictable expense and difficulty. Lead your organization to a successful outcome, and speed up the process by treating your staff as customers first.

Don't make the mistake of glossing over the critical human aspects of change. Hire experts and find the emotionally intelligent people in your organization who want to participate. And remember, you can install technology without your people, but you can't fully implement and achieve return on investment without them. Consciously choose to move fear and resistance to trust and adoption. It's a case of pay now or pay later. If you wait until later, it will always cost more. Technology Adoption is expensive but not as expensive as trying to gloss it over and then having to undo the damage. When failure happens, it

“Not everything that can be counted counts, and not everything that counts can be counted.”
- Albert Einstein
takes a long time for people to re-engage. And in today’s world, this presents real problems for healthcare organizations faced with shortages in many professions. There is a huge risk of alienating and potentially losing needed staff or in causing long delays. We can do better.

Not so long ago, it wasn’t conventional wisdom that clinical application rollouts are not IT projects. More frequently than not, these were considered technical projects in which the point of celebration was when connection from workstation to central processor was reliable and wireless access actually worked. The classic IT People-Process-Technology triangle never got much past Technology to the real hard work on the People-Process axis. That has all changed in the 21st century; system implementations that are both successful and valuable have had people and process on the front burner.

When MemorialCare embarked on a five-hospital roll-out of an EMR in 2002, it had several things in its favor:

- The technology the organization ultimately acquired was robust and reliable; it worked.
- It had 15 years’ experience with CPOE (computerized provider order entry). Therefore, although unevenly adopted, it was not new territory.
- It had had the experience of a system-wide roll-out and standardization on a general finance, human resources, and materials management system. When all was said and done, users had not been sufficiently involved, standardization fell short because involvement was low, business leadership was diffuse, and IT ownership was too high. It was judged successful overall, but the organization continues to move slowly forward with an underutilized set of applications.

With this experience and the insights of others, MemorialCare prioritized engagement of physicians, nurses, pharmacists, and other staff. Well before financial commitment to a new system was obtained, MemorialCare hired a “Care Planning Executive,” a person whose full-time
activities were devoted to the project, first to help understand the drivers of a new system, scope out the territory to be covered, gain the commitment of senior leaders, as well as governance, and outline the case for change. At my insistence, the Care Planning Executive, a registered nurse and former hospital chief operating officer, joined the organization, reporting to the system-wide CEO, as a peer and partner of the CIO, not a staff member, and a peer to the CEOs of each medical center campus. That dedication alone made clear the commitment, intentions, and overall priority of the company.

Among several other critical success factors—and the outcome was a success—was the overall employee engagement program that the Care Planning Executive established. In summary, it was an education, marketing, and training program dedicated to equipping the affected staff with the knowledge and tools to embrace unavoidable change. Staff communication was clear that it wasn’t change for change’s sake but a major move forward in the paperless way care would be delivered and workflows would be streamlined. Of course, at the time, no one could have foreseen later moves by government to push everyone in this direction (with the American Recovery and Reconstruction Act of 2009). Because of our early efforts, we’re now very well positioned.

J. Scott Joslyn
CIO
MemorialCare
Long Beach, California
About the Book

Despite the promise of improving care and other benefits, EMR implementations are highly disruptive to the organization. This book prepares you to lead or participate successfully in change management/technology adoption efforts, so that meaningful use of EMRs can be achieved. The authors provide successful strategies to plan and implement change. The content is based on their decades of combined experience designing and leading technology adoption programs.

Sections of the book deal with establishing a foundation for change, building commitment, and developing requisite skill in helping users be successful with technology. The book includes numerous lessons learned, tips for success, best practices and case studies from organizations that have handled change well.

About the Authors

Claire McCarthy, MA, is a recognized technology adoption strategist and leader with 25 years of healthcare industry experience supporting people through software implementations and other large-scale change efforts. As Director of Organizational Effectiveness for Kaiser Permanente’s enterprise-wide EMR deployment, Ms. McCarthy led a national community of practice focused on preparing users to assume new roles and responsibilities in support of organizational objectives. Ms. McCarthy speaks internationally on the topic of technology adoption, encouraging healthcare leaders around the globe to set the stage for benefit realization by investing in the people side of EMR implementation.

Douglas Eastman, PhD, is an organizational development executive with extensive experience managing large-scale change initiatives. With more than 20 years of consulting experience, Dr. Eastman’s focus is to help organizations grow and manage change by unleashing human potential. His specialties are organizational transformation, technology adoption and optimization, process redesign, strategic planning, and program and tools development. As the Executive Director of Technology Adoption and Organizational Capability within the Kaiser Permanente IT Care Delivery Business Information Office, Dr. Eastman has pioneered several of Kaiser’s implementation readiness tools/methodologies and post-live optimization strategies/programs, adding to the organization’s ability to realize the benefit of its technology.

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The Healthcare Information and Management Systems Society (HIMSS) is a comprehensive health care-stakeholder membership organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of healthcare. Founded in 1961 with offices in Chicago, Washington D.C., Brussels, Singapore, and other locations across the United States, HIMSS represents more than 23,000 individual members, of which 73% work in patient care delivery settings. HIMSS also includes over 380 corporate members and nearly 300 not-for-profit organizations that share our mission of transforming healthcare through the effective use of information technology and management systems. HIMSS frames and leads healthcare public policy and industry practices through its educational, professional development, and advocacy initiatives designed to promote information and management systems’ contributions to ensuring quality patient care.

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ISBN: 978-0-9821070-6-5
Order Code: 564

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