EMR Implementation: Benefits of Getting Staff Trained on the Basics

A Case Study

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INTRODUCTION

In 2009, a mid-sized Pediatric group practice (the Practice) decided to purchase an electronic medical record/practice management (EMR/PM) integrated system. After an exhaustive search and review of over seven different systems, the Practice (comprised of over 70 staff and 13 practitioners) chose to purchase and implement an integrated EMR/PM system by September 2010. The Practice was an office structured around paper documentation which used an antiquated practice management (PM) system that was based on a disk operating system (DOS) and so-called “dumb terminals.” The decision makers (the administrator and 13 physician owners) noted that a significant implementation hurdle was the training of staff, many of whom lacked basic computer skills. The Practice had to decide how to best train them to successfully use a state of the art EMR/PM system. At stake was the real possibility of a failed implementation, not due to difficulty with the actual product but due to the commitment and technical training of the staff.

Due to their lack of technical sophistication, the physicians fully empowered the administrator to design and implement a process for a successful EMR implementation. The physicians signed agreements outlining their full support of this process as designed by the administrator (see attachment A). Given the dynamics of the Practice, it was felt that a physician champion would require too large of a time commitment and pull that physician away from needed patient care duties. As previously stated, the largest issue identified was the lack of basic computing knowledge of the staff. The prior practice management (PM) system used a DOS-based keyboard interface that allowed quick scheduling and posting of charges and payments but nothing else. The remainder of the office ran on paper for all medical and administrative
processes. The staff, especially clinical, could all use a pen and paper with amazing efficiency, but less than 28% of the staff surveyed felt comfortable using a mouse or any Windows based operating system.

**DISCUSSION**

Based on discussions with other administrators, the vendor, and literature available, successful implementation was more than just grasping and learning the new software product. It was a whole understanding of how the new technology operated within the computer environment and then its relation to work processes. After review and discussion by the 13 physician partners, it was decided that the administrator would play the lead role in insuring that all staff and physicians had the ability to learn and adapt to the new EMR/PM system prior to the scheduled EMR/PM system training of staff in the summer of 2010.

**ALTERNATIVES CONSIDERED**

Possibilities for basic computer training were explored by the administrator and 13 physician owners of the Practice prior to the final implementation decision. No other consultants were used during this review due to prior negative experiences with consultants on other projects. The 13 physician owners decided they did not want multiple project heads throughout this training process. The possibilities considered were as follows:

1) Allow the administrator to lead both the basic computer skills training and the implementation of the EMR/PM system. A major advantage to this approach was that one individual would be the leader for the entire project. The administrator was leading the implementation of the EMR/PM system and could, therefore, customize the basic
computer skills training to what would be needed for a successful EMR/PM rollout. In addition, by spending time with each staff member, the administrator would know individual staff strengths and weaknesses. This would identify potential problems and solutions prior to the software implementation. Finally, using the administrator would allow staff to ask questions related to workflow processes and implementation. The disadvantages to this option were cost and time. The administrator’s time was very expensive compared to other available employees and there was an opportunity cost for the position’s other duties and responsibilities.

2) Hire an information technology (IT) consultant to come in and teach the staff basic computing skills. The advantage of this option was its lower cost as compared to using the administrator’s time for this portion of the implementation. The administrator could then be allowed to focus on the implementation of the new EMR/PM system. The disadvantages to this option, however, outweighed the advantages listed. While the needed computing skills training would be addressed, the consultant could not address staff questions related to office processes or implementation. The clinical staff was of greatest concern during this training because they had not even used the limited PM system. With the Practice’s commitment to going entirely paperless within 2 years from implementation, grasping the application of the new EMR/PM system for each staff person was paramount.

3) Train an internal clinical super-user to teach the basic computing skills to fellow staff members. The advantages of this option were that a clinical staff super-user could bring understanding and knowledge of the current process. In addition, this person would be a
less expensive alternative to the administrator. Unfortunately, while there were many informal leaders among the clinical staff, it was determined that none of them had the depth of IT knowledge needed for the project. In addition, there was concern that the clinical super user would not have the authority to advance the training objectives and requirements. Lastly, the potential clinical staff super-users who were approached to consider the idea did not feel comfortable with the training of the billing and front intake personnel.

4) Do not provide any basic computing education, instead rely on the skilled instructors of the EMR/PM system to train staff exclusively. The advantage of this option would allow for a comprehensive educational process from start to finish, including the new EMR/PM functionality. However, this option would cost more than the administrator providing the basic training and, if not successful, would lead to a less successful overall EMR/PM implementation as time would be spent on basics at the expense of more advanced functionality. In addition, the basic computer skills were needed prior to the EMR/PM rollout based on recommendations from the EMR/PM manufacturer.

5) Explore general windows based training by local resources/companies. Given the small size of the community where the practice was located, none of the limited local resources were sufficient for this project. Alternatively, sending staff to an offsite location for training was not feasible financially or operationally.

**CHOSEN SOLUTION**

The administrator and 13 physician owners met, discussed and weighed the potential costs and benefits of all options presented above. During the discussion, the 13 physician owners stated that the staff is one of their greatest assets. By devoting time and attention from the
administrator-led training option, the administrator and 13 physician owners reinforced that view and perspective. They decided the administrator should develop all associated training tools and spend at least one hundred and sixty (160) hours on individual meetings and training sessions with all staff and physicians. Assessments and checklists (see attachment B) were developed that would insure staff were prepared for the basics that were required. A 5 week timeframe was assigned to complete the one on one sessions. It was understood that this would be in addition to the regular responsibilities that the administrator had. The physicians and administrator worked together to prioritize the areas that required immediate attention such as payroll, accounts payable, and risk management. They allowed additional time after the training for all other non immediate responsibilities such as reporting, audits, and other non essential office functions after the 5 week timeframe.

In a direct interface with the administrator in a structured learning environment, the employees’ value to the organization was reinforced. They felt that they could be fully honest about their lack of computer knowledge without peer judgment. The employee had a tailored lesson plan to address deficiencies in their skills and knowledge, not just a generic lecture. The administrator learned which staff responded better to technical instruction and could redirect efforts from the implementation team to those needing extra assistance as part of the implementation. In addition, the administrator got direct unfiltered feedback on concerns and issues facing staff with the upcoming implementation. Finally, staff’s anxieties and fears could be answered by the person most responsible for implementing the changes.

LESSONS LEARNED
The result was a very successful implementation of the EMR/PM system. Post implementation reviews by the administrator and 13 physician owners emphasized that the time spent was worth the cost and met the direct needs of the staff, with the added benefit of staff getting the skills and attention they needed. The overall implementation was a deemed a success by the administrator and 13 physician owners using the following measures:

a) Financial: Within 2 months production was back to pre-EMR/PM system levels across all providers.

b) Process: Within 3 weeks, queue benchmarks were back to pre-EMR/PM system levels and, in some cases, were shortened further.

c) Satisfaction: Surveys of staff after the implementation resulted in feedback that the most helpful education after the direct EMR/PM training was the time spent one on one with the administrator. Comments ranged from reduction of change anxiety to better understanding of why the change was necessary in the first place.

Administrators that are implementing a new EMR/PM system should consider this novel approach, especially in a small to medium size clinic. The achievements and smoothness of the overall implementation, in addition to the end result success listed above, were perceived to be a direct result of the hours spent on the basic computer skills training of staff. The success of the conversion by any measure was a direct result of the opportunities for dialogue and education from those hours spent with each individual within the organization.