



THE FORWARD OR FAIL IMPERATIVE

EMR INERTIA AND STRATEGIES FOR LEADING AND MANAGING CHANGE

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BACKGROUND

- **Central Maine Medical Family - 3 Hospital System**
 - 275 Providers
 - 400,000 Patients in region
- **Centricity/Logician Outpatient Installations since 1998**
 - 95 Providers in 15 Sites
 - 3 Separate Databases running on Citrix Platform
 - Access available in all departments of the two live hospitals

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INTRODUCTION

- **Pressure to implement technological solutions in physician practices is mounting – employers, insurers, state and federal government**
- **But do physicians and health systems feel that benefits outweigh barriers yet?**
- **Why in this modern computerized world are only 1.6% of physicians “required” to use CPOE and decision support in their practices? ¹**

1 Ash J, et al. Investigating Physician order entry in the field: lessons learned in a multi-centered study. *Medinfo*. 2001, 10(pt2): 1107-1111

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OBJECTIVES

- **Can we meet Corporate Strategic Goals with Technology Solutions?**
- **What do Physicians Expect from Technology?**
- **How do we Unite these Stakeholders?**

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OBJECTIVES

- **Corporate Strategic Goals**
- Physician Expectations
- Uniting Stakeholders



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CORPORATE STRATEGIC GOALS

- **Central Maine Medical Family's 5 Pillars for Success**
 - ♦ *Growth*
 - ♦ *People*
 - ♦ *Finance*
 - ♦ *Quality*
 - ♦ *Customer Service*



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GROWTH

1. **Primary Care Initiative: Strategic Support of EMR in all Primary Care Offices**
2. **Expand Market Share by Enhancing Communications through Information Technology**
3. **Become the Provider of Choice for Central and Western Maine**
4. **Strengthen the Centers of Excellence by Expansion of Technology**

Cardiac Care, Cancer Care, Women and Children's Services, Specialty Surgical Services

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PEOPLE

Develop Strong Relationships with Providers

- *Provide the necessary tools to make providers more efficient*
 1. **EMR/CDR**
 2. **Voice Recognition**
 3. **Enhanced Transcription Services**
 4. **Access to data from home and office**
- *Recruit and Retain excellent physicians and staff*

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FINANCE

Maintain a Moody's A Rating: Achieve an Operating Margin of 1.8%

- *Provide tools to capture all charges and maximize revenue*
- *Improved documentation to support E&M coding*

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QUALITY

1. Provide the Highest Quality of Care

- *Expand Logician Sites*
- *Install Computerized Patient Record*

2. Disease Management using Logician Data

- *Cardiac Disease*
- *Diabetes*
- *Acquired Pneumonia*

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CUSTOMER SERVICE

Exceed Customer Expectations in Every Interaction

- *Implied high quality care when computers are used in patient encounters*
- *Increased patient satisfaction when information is readily available*

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OBJECTIVES

- Alignment of Corporate Strategic Goals with Technology Solutions
- **Physician Expectations**
- Unite Stakeholders

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PHYSICIAN EXPECTATIONS: Communication

1. Patient Centered – relevant patient info all in ONE PLACE
2. Provider to Provider – “just in time” availability of info
3. Provider to Clinical Staff – quick and efficient
4. Patient Scheduling and Demographics – at our fingertips

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PHYSICIAN EXPECTATIONS: Getting the Data

- Components necessary for useful provider interactions with EMR
 - ♦ *Laboratory Interface*
 - ♦ *Radiology Reports*
 - ♦ *Consultant’s Reports*
 - ♦ *Hospital Documents and Procedure Reports*
 - ♦ *Point of Care Testing: EKG, Spirometry, Office Labs*
- Intelligent data display-back and decision support

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PHYSICIAN EXPECTATIONS: Access

1. Enough equipment in the right places
2. Single sign on
3. Access from home and office
4. Patient centered
5. Innovative Technology (Wireless, PDA, Tablets, Mobile Carts)

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OBJECTIVES

- Alignment of Corporate Strategic Goals with Technology Solutions
- Physician Expectations
- **Unite Stakeholders**

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Unite Stakeholders: Points of Agreement

- **Improve Patient Safety:** prescription tracking/interaction checks
- **Enhanced Quality:** decision support, evidence-based guidelines
- **Simplifies referrals** within the wider medical community
- **Ease of Communication** throughout the hospital system
- **Allows providers to access to patient data** from home and office

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Unite Stakeholders: Roadblocks

1. **Physicians find the changes to their workflow disconcerting**
2. **Scripted data entry speeds the work but “not my words”**
3. **Physicians don’t want to feel that they must “become typists”**
4. **Data interfaces can be costly but can’t be post-phoned**
5. **Disease management “Report Cards” should be perceived as informative and accurate NOT punitive**

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Unite Stakeholders: Common Ground

1. **Develop champions in each peer group: Physicians, Nurses, Administrators, Allied Professionals, etc.**
2. **Communicate! Wind the hearts and minds of all stakeholders**
3. **Show that EMR is patient centered and thus improves care**
4. **Highlight valuable features: Med Lists, Alerts, Reminders**
5. **Don't talk technology! Talk about goals, vision, priorities**
6. **Focus on achieving and maintaining momentum**

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Unite Stakeholders: Common Ground

FIRST 5 STEPS TOWARD ACHIEVING EMR SUCCESS

- **RRIS – Results Reporting Information System**
- **Communication – Simplify Provider and Staff workflows**
- **CPOE – Medications, Lab Orders, Testing, Referrals**
- **Documentation – Support Office Visits from start to finish**
- **Offer Decision Support “Lite” – Do physicians feel smart on EMR?**

THEN HELP EVERY USER CONTINUE TO LEARN AND PROGRESS

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THANK YOU

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