Navigating Perceived Barriers to Adopting Electronic Health Records

Perceived Barrier 1: Cost of Electronic Health Record (EHR) implementation and system maintenance

Electronic Health Record adoption requires investment of significant time and money, but there are resources available to help. The Centers for Medicare and Medicaid Services (CMS) offers financial incentives to help providers make the transition to EHR. CMS will pay an estimated $22.5 billion from 2011-2022 to eligible providers who adopt EHR technology.

The long-term benefits of adoption EHR for your healthcare organizations may also outweigh the costs.   For example, A 2010 Center for IT Leadership study on EHR implementation by the U.S. Department of Veteran's Affairs estimated that savings from preventing adverse drug events alone totaled $4.64 billion.

Perceived Barrier 2: Selecting a vendor and system that is the right fit for your healthcare practice

There are several factors to consider when selecting an EHR vendor and system for your practice, including costs, user interface, interoperability, and security features. Prior to deciding on an EHR, it may be helpful to research which systems other providers in the Sacramento Area are using and how satisfied existing users are with these systems. A recent environmental scan on EHR technology in Sacramento County has some of this information.

Questions your organization may want to ask vendors: 1) How many practices use the system nationwide? 2) What are the specialties and sizes of practices using the system? 3) How many users have switched to other systems and why? 4) How does the vendor company integrate ideas submitted by end users?

Questions your organization may want to ask other end-users: 1) Why did you choose the system? 2) Is it easy to reach someone from the company on the telephone? 3) Do you feel that the vendor and staff understand the challenges of clinical practice? 4) What do you like most and least about the product?

Perceived Barrier 3: Managing organizational and workflow change during implementation

Adapting to the rapid changes in workflow during implementation of new EHR technology can be stressful for providers and staff. The National Learning Consortium has a useful primer developed by the Health Information Technology Research Center intended to aide providers and health IT implementers with Change Management for EHR Implementation. The Kotter three-phase approach to managing change offers practical strategies for planning and navigating organizational change:

Phase 1. *Create a climate for change*: Practice leaders create a climate for change by establishing a sense of urgency, building a guiding coalition, and creating a vision for the Future State of the practice.

Phase 2. *Engaging and enabling the organization*: Practice leaders and guiding team design and implement strategies to engage all levels of the organization in the change process by communicating the Future State, empowering others to take action, and creating short-term wins.

Phase 3. *Implementing and sustaining changes*: Guiding team continues monitoring and intervention by focusing on promoting solutions to problem areas and changing individual behavior; training, retraining and providing technical assistance; and celebrating successes frequently.

Perceived Barrier 4: Ensuring adequate staff technical skill and computer literacy

EHR implementation can be intimidating for staff that is not confident with computer literacy skills. Training staff is essential to avoid setbacks, errors, employee turnover and other frustrations while facilitating your transition from a paper to electronic system. Here are some tips to help ensure a smooth transition:

1. *Assess baseline employee computer skills*: there are several online computer skills exams, such as the free one provided by [Independence University](). You can also create a customized exam assessing using survey or quiz software.
2. *Provide basic training:* once you've identified need, organize a series of computer instruction trainings for staff. It may only be necessary to train employees on the areas of EHR they are going to use, not on every feature of the system. Be sure to take advantage of any online resources provided by your vendor.
3. *Designate 'Super Users'*: A small group of tech-savvy 'Super Users' who learn the system inside and out will be your go-to people for answering other staff member EHR questions and assisting with additional one-on-one trainings as needed.
4. *Conduct post-implementation feedback sessions:* In the weeks following your go-live date, schedule meetings with members from different levels of your practice to identify any problems that have arisen and to prioritize their resolution.

Perceived Barrier 5: Maintaining a patient-centered practice

Many physicians are concerned that EHR adoption will negatively influence their practice by giving them less quality time to interact with their patients. Patients may perceive physician time spend with technology during a visit as distracting, intrusive or a lack of sensitivity on the part of the physician. Here are a few tips to help minimize any potential negative impact of EHR to patients and to help incorporate their participation in the transition:

- Explain to patients what is being done with the technology during their visit whenever a computer is used
- Utilize patient-facing communication vehicles such as registration kiosks to solicit patient feedback
- Engage patients and family (a MU Stage 2 requirement) to view health information electronically
- Be familiar with the EHR and electronic forms used in your practice so that patient interaction feels more authentic and less technology-driven
- Provide your vendor with physician feedback to maximize future EHR design upgrades