Selecting & Implementing A Behavioral EHR (The Good, The Bad & The Ugly)

Presenters:
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Behavioral Health EHRs
The Good, The Bad, The Ugly

Kristin Walker
How Do We Vet an EHR?

- Believe everything the sales person tells you
- Trust all their references
- Know that their demo is the whole truth and nothing but the truth
Who Created this Product and Why?

• Is one of the company founders a clinician using their own software in their own successful behavioral health practice?
• Is one of the company founders a software engineer?
• LinkedIn – check out staff profiles. How large is the staff and what are their credentials?
• What do they have to offer the field of behavioral health?
Is the CEO the face of the company?

- Does the CEO speak at national conferences about Behavioral Healthcare Technology?
- Is the CEO front and center in their marketing material?
- Quality leadership attracts quality personnel
- Are there behavioral health providers, former insurance auditors, HIPAA experts, etc. on staff?
Where are their dollars spent?

- Capterra, Software Advice, Google Ad Words
- Product development
- Legal fees (pending law suits against company)
- Marketing agendas
Outdated Technology

- How many times has the software been rewritten since initial creation?
- Can it be used optimally on all mobile platforms without extra fees?
- How many extra fees does it take to use optimally?
- Does it need to be installed?
- Is it browser based or web based?
Company Trajectory

- Are they positioning themselves to be bought out by a larger, general EHR?
- How long has the company been in business? Have they updated their design?
- Are they hanging on for deal life, praying for a buy-out? If so, what does this mean for you, the end user?
Funding

• Research funding sources, has the EHR been able to obtain funding in order to develop their product?
• How much funding?
• What are their funding sources?
In Closing

- There are great EHRs devoted to Behavioral Health on the market
- Have a checklist
- Do your research
- Work with an organization that advocated on behalf of your agency, not the EHR organization
Implementing A Behavioral EHR’S

Frederick H. DuFour, PhD
First Step: Understanding your Agency’s Work Culture

What is a work culture:
• shared norms
• unspoken rules
• underlying assumptions
• behaviors and expectations that govern the way people approach their work and interact with each other
• expectations shape how the organizational members believe they are expected to behave in order to fit in
First Step: Understanding your Agency’s Work Culture

- How staff navigate through organizational politics
- “the way things are done around here”
Pitfalls with ignoring the work culture

• Being unaware of one’s actual company culture
• Confusing employee engagement with happiness
• Underestimating the toxic effect of office politics
• Relying on intuition instead of data
Changing a work culture

• Highlight the need for a culture change
• Establish a baseline for existing culture to monitor and measure progress towards a new culture
• Support programs designed to change behaviors
• Enhancing leaders and managers who understanding of culture change
• Rewarding leaders and managers understanding of culture change
End User Engagement/Buy-In

- Organizations that are able to engage end users and all ancillary personnel during the planning and development stage had more success selecting an EHR system that staff would accept and successfully work with.

- End users can be engaged from the start by including clinicians on the oversight committee or project team that is responsible for decision making and implementation progress.

- Involvement of all ancillary personnel during the planning and development of the implementation has also been found essential to successful system acceptance.
End User Engagement/Buy-In

• User attitudes towards the EHR are a critical factor for adoption.
• Staff fears related to change, including fear of losing control or of possible layoffs from increased efficiency,
• Also, staff fears from possible disciplinary actions due to increased ability to monitor workers, as well as concerns over patient and provider confidentiality have been found to be common barriers to implementation.
• In addition, different understanding and interpretations of the purpose of specific types of use among different levels of the organization may present a barrier to implementation (i.e. Administration vs Clinician).
• Clinicians may view the EHR as usurping their decision-making authority and as “cookie-cutter medicine”.
End User Engagement/Buy-In

- How EHR installation is framed when presented to the staff and all relevant stakeholders is very important.
- Connecting with clinicians about EHRs in terms of quality has been found to be helpful, as well as making implementation less about the technology and more about a larger strategic plan to promote better patient care.
- Leadership must frame new technology as a vehicle to promote clinical practice change rather than as an end in itself.
Medical Staff Engagement

• Identification and involvement of a physician advocate—someone respected among his/her peers who can influence the attitudes of others.
• However, not all organizations have a physician advocate readily available and lack the time and resource to train or hire one. In this case, efforts may be better used to engage the nursing staff.
Pace of Implementation

• An important decision organizations must make is whether implementation should occur fully at once.
• Or if partial/gradual implementation, where all or parts of the EHR system are gradually implemented, would be more suitable.
• Regardless of the implementation speed, continuous quality improvement and other ongoing work to train staff are required.
• Individuals with both IT and clinical backgrounds are needed in order to better work with
• Clinicians as well as to understand the unique needs of system functionality
• Agencies often want anyone with clinical skills to spend most of their time clinically practicing, limiting the time of individuals with this skill set to devote to implementation of new technologies
Resource Allocation

• Research on EHR implementations have reported having to discontinue or never implement an initially planned technology due to the cost of ongoing maintenance, lack of a business case, and lack of funds.
• Discontinuing or never implement an initially planned technology due to the cost of ongoing maintenance, lack of a business margin, and lack of funds.
• Financial issues have been a major barrier to EHR implementation, particularly for agencies operation on thin business margins.
Resource Allocations

• Defining the business case has been a major challenge for health EHR adoption.
• While many believe health IT will ultimately reduce costs and improve quality, some administrators remain skeptical about the return on investment, particularly in the short term with the significant startup costs.
Work Culture Challenge

• While a number of technical and resource challenges have been barriers to implementation, work culture change has by far been the most challenging aspect of implementing new technology.

• Organizational politics may further complicate implementation and increase concern over loss of decision-making power, particularly as competing organizational priorities are negotiated.

• The existing culture of the organization in terms of hierarchy and team work may present

• Barriers throughout the implementation process, particularly if there is lack of trust and cooperation.

• Strategies such as engaging staff and use of a physician advocate can be helpful in facilitating culture change.
Organizational Leadership

• The stability of the organization and ability to manage change will ultimately determine the success of implementation.

• Recognizing organizational characteristics and past experiences with implementing new technology should be considered in the planning stage.
Summary

- Sufficiently allocating time and resources for detailed workflow analysis, user training and planning.
- Systematically evaluating how patients and information flow through the organization to identify redundancies, workarounds, and handoffs.
- Understand the office work culture and functionality (e.g., interactions between physicians and other practice staff) and address any redesign issues.
- Developing a well-designed chart abstraction strategy to mitigate the loss in productivity and increase user acceptance, and plan for the potential need for outside assistance from vendors or consultants.