Goals and Objectives for Electronic Health Record (EHR) Implementation

Guidelines

Provided By:

The National Learning Consortium (NLC)

Developed By:

Health Information Technology Research Center (HITRC)
Colorado Regional Extension Center (CO – REC)
Doctor's Office Quality Information Technology (DOQ-IT)

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (*REC*, *Beacon*, *State HIE*) and through the *Health Information Technology Research Center (HITRC)* Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

DESCRIPTION

These guidelines are intended to aid providers and health IT implementers in planning for EHR implementation through the definition of goals and objectives. This resource can help define goals for quality improvement and help identify which features of the EHR are critical to the established goals. If you can define your goals, you can define your needs. If you can define your needs, then you can select an EHR system that will meet your needs.

Establishing realistic, measureable goals and objectives for EHR implementation is critical to determine whether or not an implementation was successful. These guidelines include examples that can be used to assist with goal and objective development. They also outline several dimensions upon which a practice can establish goals and objectives. The last section provides a template to document specific goals and objectives.

INSTRUCTIONS

Review the guidelines to identify goals and objectives for EHR implementation. Use the template provided in section 7 to document specific goals and objectives. Use the template in section 8 to document benchmarks and track progress at 6 and 12 months post implementation.

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LIST OF EXHIBITS

1 "WHY" implement EHRs?

This EHR implementation step should help practice leadership evaluate their current state to determine what is working well and what can be improved. Some of the questions providers ask themselves during this phase include:

- "Am I accomplishing what I thought I would be doing when I decided to go to medical school?"
- "Are we providing the best possible care to our patients, or are we simply trying to make it through the week?"
- "If I had more time, what would I do differently?"
- "What would it be like to leave the office yet stay connected to my practice?"

At this stage, practice leadership and staff should consider the practice's clinical goals, needs, financial and technical readiness as they transition.

2 Getting Started

Start with a workflow analysis and identify the bottlenecks and inefficiencies that exist today. Decide which bottlenecks and inefficiencies you want to improve and assign them a priority. It doesn't matter so much where you start — as long as you start somewhere.

In setting priorities, you may want to consider the following:

- In what areas is our performance far from ideal?
- What improvements do we think our patients will notice most?
- Where do we think we can be successful in making change?
- What groups of clinicians and staff should we involve in each item, and what is their readiness for change?

3 Goal Definition

Goals and needs should be documented to help guide decision-making throughout the implementation process. They may need to be re-assessed throughout the EHR implementation steps to ensure a smooth transition for the practice and all staff.

Set goals in areas that are important and meaningful to your practice. These may be clinical goals, revenue goals, or goals related to work environment. Goals in all three areas will help assure balanced processes after the implementation. Goals that are important to you will help you and your staff through the change process. We recommend you follow the "SMART" goals process. This process includes setting objectives and goals that meet the following criteria:

- **Specific** – Achieving the goal would make a difference for our patients and our practice
- **Measureable** – We can quantify the current level and the target goal

- **Attainable** – Although the goal may be a stretch, we can achieve it
- **Relevant** – This is worth the effort
- **Time bound** – There are deadlines and opportunities to celebrate success!

These goals become the guide posts for an EHR implementation project, and achieving these goals will motivate providers and practice staff to make necessary changes and attain new skills.

Have some fun with goal setting. Involve everyone in the office by asking for creative suggestions on ways to eliminate inefficiency.

4 Action Plan

For each goal, define a plan of action for achieving the goal. What specific steps do you need to take to reach your goal?

Successes should be celebrated along the way. Implementing an EHR is a long process. Keeping the momentum and support of staff is important, so acknowledging success and interim milestones will help to sustain the effort.

5 Measuring Success

Determine how to measure the success of your action plan. Keep it simple! Don't get hung up on statistics, sample size and complicating factors. However utilize any baseline data you may have, so you'll have something to compare your quality improvement efforts to.

If you don't meet your measurement for success the first time, re-evaluate, and try again. Quality improvement is a never-ending task.

5.1 EXAMPLES

Exhibit 1: Examples

Goal	Action Plan	Measure of Success
Decrease the number of pharmacy phone calls regarding prescriptions	Use the e-prescribing feature in the EHR to eliminate paper and handwritten prescriptions. Utilize the drug interaction checking feature of the EHR to guard against drug interactions	In two months, have an 85% reduction in pharmacy phone calls
Decrease transcription turnaround time and reduce transcription cost	Use clinical charting within the EHR to eliminate the need for transcription services	Within two months of EHR live, reduce the cost of transcription by 80%
Improve the quality of patient care for CAD patients	Use the EHR's health maintenance tracking to monitor antiplatelet therapy	95% of patients with CAD have been prescribed antiplatelet therapy

Goal	Action Plan	Measure of Success
Decrease waiting room time for patients	Encourage patients to use the PCs in the waiting room to update their demographics and insurance information	Within one month, 75% of patients wait no longer than 10 minutes in the waiting room

More sample goals to consider:

- Improve patient access to the physician.
- Decrease the number of times the physician leaves the exam room during a visit.
- Increase the quantity/quality of patient education materials given to the patient.
- Decrease the number of calls to the lab for results/follow up.
- Increase the number of patients who receive reminders for age/sex appropriate preventative health measures.
- Increase the number of patients who actually receive preventative health exams/procedures.

6 Example Goals and Objectives

6.1 SYSTEM

- EHR system must fully integrate with PMS.
- EHR system must be reliable with virtually no down-time.
- EHR system must be very fast and use a secure, wireless intra-office connection.
- EHR system must be compatible with systems used by local hospitals, consultant specialists, labs, and imaging facilities with easily adaptable interfaces.
- EHR system must be compliant with present technology standards for reporting of data to MCOs and Medicare.
- EHR system must be expandable to a multi-site use and allow for growth in the size of practice.
- EHR system must be redundant with disaster recovery procedure that is easily accomplished.

6.2 VENDOR

- Vendor must be a financially stable/viable company with strong presence in the local healthcare community and experience with small, primary care practices.
- Vendor must have reputation for exceptional customer service and support.
- Vendor must provide sufficient training of present and future staff in an efficient, cost-effective manner.
- Vendor must have availability and expertise to assist us in adapting the EHR to changing requirements for reporting, billing or clinical needs.

6.3 BILLING

- EHR system needs to maintain or improve present AR time.
- EHR system must provide easy coding assistance and provide documentation to support codes.

- EHR system should be user-friendly and allow for generation of reports to track trends in charges, AR, payer mix, denials, etc.
- EHR system should facilitate "clean claims" and limit denials.
- EHR system should adapt easily to changes in requirements for claims submission.

6.4 OFFICE STAFF

- EHR should allow for and promote eventual goal of having all communication with patients, medical specialists' offices, labs, imaging facilities and MCOs accomplished electronically rather than by phone in order to enhance efficiency and documentation.
- EHR should be user-friendly and require minimal training for new employees.
- EHR should be efficient with very few clicks to most-frequently used screens/functions.
- EHR should support multi-resource scheduling easily and efficiently.
- EHR should improve workflow for all functions including patient check-in, proscription refills, management of referrals, record requests, appointment scheduling, etc.

6.5 PROVIDERS AND CLINICAL FUNCTIONS

- EHR visit documentation should be user-friendly and easily adaptable to provider preferences.
- EHR documents should be easy to read with useful document structure.
- EHR should allow for remote access from any computer with internet connection without loading special software.
- EHR should have software that accommodates multiple visit types as well as visits in which multiple problems are addressed.
- EHR needs to have a system by which covering doctors can see and review results and labs requiring urgent attention for providers who are not in the office.
- EHR system should allow for providers to block their inbox (at least for urgent messages) when they are not in the office.
- EHR should provide efficient means for communication with specialists.
- EHR should streamline communication with patients and allow for electronic reporting of results.
- EHR should interface with labs for electronic receipt of results as well as electronic order entry.
- EHR should allow for easy use of digital photography for patient identification as well as documentation of exam findings.

6.6 CLINICAL DATA MANAGEMENT

- EHR should have adaptable systems for disease management and programs targeting improvements in patient care as well as pay-for-performance goals.
- EHR should have easily generated reports of patients by diagnosis, visit type, demographics, etc.
- EHR should allow for easy reporting of data to MCOs, Medicare, and PHO.

6.7   MEDICAL RECORDS AND DOCUMENT MANAGEMENT

- EHR should allow for rapid scanning of documents.
- EHR should generate work notes, school excuses, immunization records, etc.
- EHR should allow for efficient completion and management of multiple forms from outside agencies that need to be completed by our providers, such as WIC forms, PT1 transportation forms, DMV forms, school physicals, etc.
- EHR should allow for maintaining a patient education "library" with materials that are easily accessed and printed for patients.

6.8   PATIENTS

- The EHR system should improve patient access to services.
- The EHR system should improve patient satisfaction.
- The EHR system should allow patients to undertake all communication with the office electronically, if they choose.
- The EHR system should allow patients to give insurance, demographic information, and eventually some clinical history online before their office visits.

6.9   COSTS

- Systems should help us save transcription costs.
- Systems should save on payroll costs eventually as system efficiencies are achieved and workforce shrinks by attrition.
- System should decrease cost for supplies, courier services, and paper management.
- System should increase revenue through MCO and Medicare incentive programs.

7   Goals and Objectives for Your Practice

7.1   SYSTEM:

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7.2   VENDOR:

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7.3   BILLING:

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7.4   OFFICE STAFF:

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7.5   PROVIDERS AND CLINICAL FUNCTIONS:

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7.6   CLINICAL DATA MANAGEMENT:

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7.7   MEDICAL RECORDS AND DOCUMENT MANAGEMENT:

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7.8   PATIENTS:

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7.9   COSTS:

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8 EHR Benchmark Data Points

Exhibit 2: EMR Site Readiness Assessment: Clinic Overview And Demographics

Completed By: Click here to enter text.   Title: Click here to enter text.   Phone: Click here to enter text.

General Information	Date of Completion	Date of Completion	Date of Completion
Clinic Name: Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Clinic Address: Click here to enter text.			
Clinic Phone Number: Click here to enter text.			
Clinic Fax Number: Click here to enter text.			
	PRE-EMR	**6 Months POST EMR**	**12 Months POST EMR**
What is your average number of patient visits per day?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is your provider FTE count?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What percentage of your providers are dictating notes?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is the rate of Hemoglobin A1c in patients diagnosed with DM? % < 7?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is the average length of time your providers take to close encounters?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is the average percentage of patients seen without the medical chart each day?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is your average chart pull time?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is your average turnaround time from receipt of chart request to delivery to provider?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is your average number of inbound calls from patients, pharmacists, consulting providers, etc. each day? What percentage requires a chart pull?	Click here to enter text.	Click here to enter text.	Click here to enter text.

General Information	Date of Completion	Date of Completion	Date of Completion
What is your average number of outbound calls from patients, pharmacists, consulting providers, etc. each day? What percentage requires a chart pull?	Click here to enter text.	Click here to enter text.	Click here to enter text.
What is your average patient cycle time from check-in to check-out?	Click here to enter text.	Click here to enter text.	Click here to enter text.
For your JCAHO Core Measurements for Ambulatory Care, how many are currently meeting established benchmarks? How many are not meeting benchmarks?	Click here to enter text.	Click here to enter text.	Click here to enter text.