

ADVANCE PLANNING & WORKFLOW ANALYSIS

The premise is that EHR adoption should be undertaken in the smallest bites possible to minimize practice disruption and to promote staff and clinician acceptance.

Stage 1: Defining and Planning intended workflow changes (mapping current processes, mapping new processes, planning the sequence of changes based on what matters most).

- Define Purpose and Identify Affected Areas (Problem Identification)
- Complete Reading Assignment: “Starting the Electronic Health Record Selection Process”
- Build Value Proposition/Business Case
For example “*We are implementing an Electronic Health Record in order to improve Coding, reduce transcription costs, better utilize our personnel and material, to improve Demand Management and Reporting, to perform Queries for Population Management of our Chronically Ill patients, and to qualify for Pay for Performance Programs.*”)
- Map Workflow/Roadmaps (Current and New)
- Measure Workflow (Current and New)
- Benchmarking
- Institute Patient and Staff Surveys
- Develop Revised Procedures/Policies
Note: *The development of policy/procedures is a key component for practice development. Everyone needs to know the rules. A source document allows staff to review policies and take action without constantly changing interpretation by the staff, the office manager or physicians. It allows staff to be consistently trained, and allows issues to be handled fairly, consistently, reducing legal liability and lowering staff turnover due to frustration over unknown job duties.*
- Plan and Implement Training (Lesson Plans, Schedules, Testing, Evaluation)

Stage 2: Deciding (with Vendor) which actual work flow changes must be conducted:

A) Prior to and during the installation/go-live because they are essential to operationalizing the system (while vendor trainers are still on site to help).

Examples of Critical Workflow Changes could include:

- Scheduling
- Prescription Ordering and Refills

- Telephone Messaging
- Laboratory Ordering and Results
- Existing/Active Patient Chart Conversion (Problem Lists/Meds/Immunization/Allergies)
- Coding and Billing, as needed (EMR/PMS interface / Coding Assistance)
- Patient Examination and Charting (Templates / Decision Support)

B) Identifying (with Vendor) those processes that the practice needs to undertake shortly thereafter in order to achieve the vital functionalities it identified to justify purchasing the EHR. Sample Essential Workflow Changes could include:

- Dictation
- New e-Chart Building
- Patient Intake
- Patient Education
- Demand Management (scheduled checkups, immunizations, A1c's, etc)

Stage 3: Instituting additional changes that can be implemented gradually and sequentially over a period of years to exploit fully the functions and features of the EHR, including potential opportunities for change/improvement not originally apparent. Examples could include:

- Same day scheduling / patient self-scheduling / patient portals
- Communication/information transfer with associated organizations (labs, hospital, pharmacy)
- Electronic prescribing
- Population management, reporting, and assessment
- Voice-activated dictation
- Referral Management
- Coding and Billing
- Patient Intake