

## Panel shares EHR lessons learned

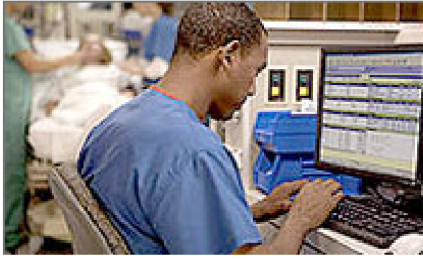


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WARWICK, R.I.—“The [EHR] systems you’re looking at all do pretty much all the same things, so lessons learned [from our end] is to pick your vendor carefully and spend time getting to know them,” said Stephen DeRosa, MA, vice president of information systems and quality management, corporate compliance officer and HIPAA security officer at Gateway Healthcare, in Pawtucket, R.I.

DeRosa made his remarks during a panel discussion, titled “EHR Lessons Learned,” at the Rhode Island Quality Institute’s Second Annual Health IT Expo on May 18.

Because the systems have roughly the same functionality, taking the time to know a vendor means that customer services can make the difference in EHR system selection.

For Gateway, a 50-location health system with services including mental health and substance abuse, the organization narrowed its EHR vendor selection to three options before settling on one—and a key differentiator was that the vendor had a user group, according to DeRosa.

Extensive training is another key for EHR adoption, DeRosa said. Gateway went so far as to hire a mobile trainer who traveled around to the 50 locations to work one-on-one with caregivers.

“Listen to your staff and respect their knowledge in the process. Take your time and check with other customers,” added DeRosa. “Understand things will go wrong ... because they do. [But if] you have a good software vendor relationship, they will work with you and you won’t have [buyer’s] remorse.”

“It’s not as scary as it sounds,” added David Savitzky, MD, children’s medical director for Gateway Healthcare. “The functionality of the EHR is what ultimately makes a difference.”

“We have a rule of increasing expectations, that whatever we do, [it has to be] instantaneous. That’s the fantasy and what we have to live with is the reality,” said Savitzky, adding that his organization’s mistake was not preparing staff for how different an electronic system was going to be.

“Part of what we had to do was redefine those expectations,” he explained. “You really shouldn’t be doing your paperwork on the weekend; you should be doing your paperwork concurrent with the [patient visit] and finishing up in the couple of minutes you need to take.”

Although all of Gateway’s prescribers were able to get over the electronic hump, Savitzky said, at the beginning of EHR implementation process, there was a backlash. He was able to change the perspective and promote adoption by relating e-prescribing to online shopping.

“Every practice needs a physician champion,” added David Gorelick, MD, FACP, internist at Aquidneck Medical Associates in Newport and Portsmouth, R.I. Aquidneck Medical Associates has been fully electronic since December 2005.

“There are key data points that are going to guide patient care and the list is very long and [it’s] growing. On the front end, we need how to learn how to use EMRs and how to use them well because it will help optimize office workflow,” said Gorelick. “You need to train extensively. You need to customize the system as your EMR vendor or product will allow you to, and the key is to enter the data in a fashion so that they are easily identified as you’re seeing patients and be identified by reporting tools.”

Gorelick added that the provider-patient relationship is at the heart of medicine and that technology can help improve that relationship if the technology is used meaningfully and the data are displayed in an organized manner.

Gorelick, as one of his final points, stated that care needs to go forward and that practices should have policies in place for patient no-shows and cancellations. “You have to follow up. The data are important to guide the patient, but if the data aren’t there, it can be hard to move forward.”

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