

# CANADIAN Healthcare Technology

Inside the April 2006 print edition of Canadian Healthcare Technology:

## Electronic health records: Preparing for the change

By Jerry M. Garcia

Change isn't easy. Change takes time. Change often comes with a price. Yet, things have to change.

Unlike the private sector, like a large bank, the healthcare system has more emotion at stake when it comes to technological changes such as electronic healthcare records (eHR). And as electronic healthcare records mandates enter into Canada's healthcare system, change management will play a huge role in its successful design, delivery and deployment.

In the end, the success of eHR is built by and with people and not just with technology. Most clinicians will not simply adopt technology because it has been dropped on their desks. If you can confidently prove that this technology will help provide better patient care, then clinicians will embrace it.

Involve them early, involve them often: The one thing for certain in the change to eHR will be the long-term journey. To ensure this journey is successful, one of the most important steps is ensuring that your organization and the proposed technology change are aligned.

Don't just seek out only the champions, but also the detractors to change. Also, you will need to seek out the influencers and opinion leaders in the organization. A high level of collaboration with all those invested in eHR is important to ensure no future animosities to the technology. Clinicians tend to be more forgiving of the system's imperfections, and the bit of extra time it may take to use, if they were involved in its design and implementation from the beginning.

Prove the value: Always keep in mind that the motivators for caregivers are the desire to give quality care to patients. In implementing eHR and its processes and technology, there is no stronger motivator for physician support than a clear demonstration that this will help them take better care of their patients.

Acknowledge the barriers: Realistically, despite the claims of vendors, eHR takes more time than handling pieces of paper, although it reduces the clerical functions of other clinical staff.

Physicians have three kinds of interaction with clinical information system:

- Access to results
- Electronic documentation
- Order entry

For instance, experience has shown that the real challenge in gaining physician acceptance of a clinical information system is in reducing the perceived time to conduct a transaction.

Find your pathways: Showing respect for active resisters to eHR is an effective strategy, even though there are costs involved in providing a parallel pathway. The parallel pathway should not be so attractive as to cause defections from the groups adopting the new tools, but hospitals that fail to provide a workaround for resisting change often learn that clinicians have built them themselves. Sometimes it may involve simply finding champions who will work with technophobic clinicians to print out lab tests and patient records.

Continuously show improvement: Electronic healthcare records are a never ending process. Continuous improvement of the system is required to retain clinicians previously recruited. Expectations evolve and change over time. In one example, a client with a clinical information system in place for seven years initially had 60 to 70 percent of its physicians agreeing that the system brought value to them personally. Hospitals with eHR implementations that have been most successful at not just recruiting, but retaining, clinical users have built disciplined and formal communications models around the experience of using the tools. eHR deployment – everything from application design to placement of workstations – must be constantly re-evaluated for new expectations, innovation and evolving needs.

Physicians will adopt change in clinical processes and technology if they believe it will help them provide better care for their patients. Ensuring that clinicians' interests and concerns are adequately addressed will go a long way in ensuring the eHR's successful journey.

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