# UHIMSS - UHE 2014 Spring Conference

HIT Adoption Panel – Recommendations and Lessons Learned

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### Physician HIT Adoption- Lesson 1 Understand your Physician Variables

- Pre go-live environment and expectations
- Hospital & Medical Staff culture/ compensation model
  - Academic/Tertiary vs. Community hospital
  - Employed/Hospital-based/Community-based physicians
- Physician opinion leaders
  - Generational/ IT Savvy
  - Procedural vs. Cognitive
  - Us vs. Them
  - Squeaky Wheels
- Other concurrent initiatives affecting physicians
  - Two-midnight rule
  - ICD-10
  - Core measures
  - Patient satisfaction
  - Parent institution

#### Physician HIT Adoption- Lesson 2 Understand your EHR Vendor Variables

- Vendor base system vs. local build
  - "Model" system
- Clinical experience and knowledge of support staff
  - IT/Clinical translation gaps
- Other clients' lessons learned
  - Formal- Consultation via vendor or private contract
  - Informal- Calls, meetings,
- Quality of physician training content and trainers
  - Preview
- Change management
  - Staying open to improved processes
  - Resisting bad solutions

## Physician HIT Adoption- Lesson 3 Plan for ~ 30% Implementation/ 70% Optimization

- Fixing clinical processes exposed or broken by EHR
- Sustaining and prioritizing IT resource allocation
- Ongoing physician demands
  - Education
  - Real-time support
  - Break fix
  - Specialty optimization
  - Global optimization
- Post go-live physician governance model

# Physician HIT Adoption- Lesson 4 Develop a Strong Physician Governance Model

- Hospital vs. medical staff governance committee
  - Different priorities & accountability
  - Corporate/multi-site challenges
- Global vs. specialty issues
  - 10 major physician specialty groupings
  - 14 representatives
- Physician engagement
  - Prioritization
  - Representation
  - User input during development and testing
- CMIO

## Physician HIT Adoption- Lesson 5 Develop IT Project Management Best Practices

- Break fix & Optimization request processes
- Systematic prioritization of requests
  - Quick wins
  - High- patient safety, regulatory, revenue
  - Medium and low
- User engagement during development and testing
- Accountability mechanism
  - quality
  - meeting deadlines
- Change control flexibility
  - Scheduled releases
  - Quick wins
- Transparency