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Reducing EMR training to save money exacts high toll

Technically Speaking. By PAMELA LEWIS DOLAN, amednews staff. ***Posted April 4, 2011.***

Nine months after All Island Gastroenterology and Liver Associates in Malverne, N.Y., went live with its electronic medical record system, practice administrator Michaela Faella realized things had not gone as smoothly as planned.

Even though the staff had used other health information technology systems for many years and considered itself tech-savvy, it had taken everyone six months to learn how to use the new EMR system. Several months later, the staff still had not become proficient at it.

The problem was not with the staff, but that the practice cut training short to save time and money. "Training was not placed high on the priority list, and we paid the price for it," Faella said.

Practices often underestimate how much training is needed or accelerate it to save time and money.

Many vendors offer training as part of the price of a system, but it may not be enough for a particular practice or may not be tailored to its needs. Others offer à-la-carte training that clients can purchase beyond the price of the system. The price can vary depending on the time involved.

But experts say there are ways to plan ahead and develop realistic expectations of what the training plan should look like and ensure that it fits a practice.

Andrew Fitzpatrick, CEO of WPC, a health IT consulting firm in Seattle, said three considerations should be made early on to help physicians determine how much training is needed, and by whom.

- **Amount of data, including data abstracted from the previous system.** Depending on how data from the old system will be entered into the new system, and the amount and location of the data, the work flow post-implementation may change a little or a lot. The training will need to cover those changes to work flow. Some practices choose to import the data before going online with a new EMR. Others import the data one patient at a time, waiting until an appointment before putting that data into the new system. Some archive all the old paper files and start populating the new systems from scratch, but most consultants highly discourage this method.
- **Integration with other systems.** Integration matters, because the practice could implement multiple systems besides the EMR, such as electronic prescribing, or add an EMR to systems already installed. These systems may or may not be automatically integrated so that users need to learn only one system. "That may be another piece of training that needs to be addressed," Fitzpatrick said.

- **Hardware**. Fitzpatrick said the hardware that will be used may dictate who is trained on it and how the work flow will change. Is the hardware already present, or are completely new systems being adopted that staff may not be familiar with, such as tablet computers?

Nancy Moore, president of NBP, a practice management support company in Austin, Texas, said everyone in a practice should have basic computer skills before training on a new system begins.

Some consultants recommend competency tests, but Moore said often a practice is well aware of its staff's computer skills. A better gauge than skills, she said, is attitude. If the staff is motivated to learn, the training will go more smoothly, and it might be unnecessary to budget as much time for training.

Practices should map out what each staff member's responsibilities will be after implementation and which tasks will be completed on the EMR, Moore said. Faella agrees, saying EMR training should be specific to each job description.

So-called super-users from each department generally are trained first so they can help others learn. Super-users can help develop the training curriculum. Even in small practices, the training needed by administrative staff will differ from that needed by clinical staff. Each should have a person designated as a super-user.

When training takes place depends on the vendor. Some have online training courses that employees take at their leisure before on-site training begins. This is a good way to acquaint employees with the system before they use it for real-life scenarios.

Fitzpatrick said an informal way of familiarizing staff with new devices is to get them in their hands so they can get a feel for them.

Next, staff can move on to formal training. Most training involves a few hours of instruction in a classroom setting before on-the-job learning. Practices should anticipate 12 to 16 hours of classroom training a week before the system is in place, said Dan Marino, CEO of Health Directions, a consulting group in Oak Brook, Ill. Here they will learn how to use the system in a way that complements the new work flow, Marino said.

When classroom training is complete, it's time to take the skills to the clinical setting, otherwise known as going live. Most consultants advise that patient volume be decreased by 50% the first week of going live.

On the clinical side, Fitzpatrick said he has seen successful training models that involve the clinical support staff, such as nurses and physician assistants, going live first. They are then able to help the physicians.

After going live, staff routinely should improve their proficiencies using basic EMR functions.

Marino said one way to evaluate the learning process is to look at key indicators such as patient load, how many electronic prescriptions are filled, and how often the front desk completes patient charts for the doctors. He said those measures typically are done before going live; the first week of going live; then three, five, and seven weeks out; then three months.

Pre-EMR efficiencies should at least be reached if not surpassed within nine months, experts say.

Nearly two years after the All Island practice went live, Faella said things are going much better with the new EMR, but she doesn't think the practice has surpassed pre-EMR efficiency levels. She realizes EMR adoption is a much longer process than implementation and a big piece of that is training.

If you decide to save money on the training, "you get what you pay for," she said.

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