

How do you know if your clinic is ready for an electronic health record?

Successful transition from paper-based charts to an electronic health record (EHR) requires organization-wide commitment, significant process change and ample human and financial resources. As with implementation of any information technology that automates a workflow process, readiness for EHR adoption is extremely important. Lack of organization-wide readiness has been a major contributor to the overwhelmingly high failure rate of EHR adoptions throughout the health care industry.

The first question for any clinic to ask itself is “*why do we need an EHR?*” The answer will probably be somewhere between “to go paperless” and “to improve quality of care” or “obtain operational efficiencies”. Although no answer is wrong, we believe that the right the answer is to improve the health of patients. Your answer will determine whether or not an EHR is the right decision and drive key aspects of the entire adoption process. If your clinic is considering EHR adoption, your management team should discuss this question thoroughly and document specific, measurable EHR-related goals that will drive the EHR adoption process.

The question then becomes, “*what does readiness really mean?*” This is a complex but relatively simple question to answer. To determine what readiness means, consider the various steps in the EHR adoption process (not an all-inclusive list): determine clinic needs, select a product, contract with a vendor, configure the product to meet needs, implement the product, evaluate and expand usage of the product, and, last but most important, use the product effectively to achieve efficiency and effectiveness goals. To be ready to use an EHR product to achieve EHR-related goals, your clinic needs to be ready to do everything to support these steps including understanding the clinic's needs and defining quality improvement and efficiency metrics to determine success. This requires readiness in three major areas: Selection and Contracting, Implementation and Effective Use.

To evaluate your clinic's readiness for EHR, it is very important to take *all three categories into consideration from the beginning* to ensure you select the product and develop processes that are appropriate for your clinic. If your clinic is not sufficiently ready in any one of the above categories, management should not begin analyzing EHR products. They should, instead, determine priorities and criteria from each of the three major areas for incorporation into the planning and selection process.

This assessment is the first of two self-assessments intended to help clinics prepare for making a more informed decision about when and how to adopt EHR. The two assessments are designed as follows:

- **Starter Assessment:** This is the Starter Assessment and contains a brief set of questions about organizational alignment and capacity to determine whether or not your clinic is prepared to begin the long, intensive process of EHR adoption. If you think your clinic is serious about EHRs and is ready to begin evaluating products, take this assessment to determine potential areas for additional focus. Depending upon your score on this assessment, we may recommend that you take some preliminary steps before moving forward or that you move on directly to the Readiness Assessment.
- **Readiness Assessment:** The Readiness Assessment is designed to help clinics move toward adoption of electronic health records (EHR) to improve quality of care and gain workflow efficiencies. It is intended to provide education about success factors for adoption as well as provide your clinic with insight about your degree of readiness for EHR adoption in order to reduce the risk of failure of your EHR adoption project. This assessment is available for download from the electronic health records page on the [Professional Systems](#) website. It is critical that any clinic considering EHR adoption assemble a representative team to complete both assessments.

Instructions for Completing the Starter Assessment

Answer each question from the perspective of one physical site (i.e. one clinic) or a group of clinics that have agreed to adopt the same product. Each readiness area is divided into levels showing various stages of readiness. The stages are represented by points that range from 0 to 5. The higher point values indicate a higher level of readiness. For each element, identify the description that best describes your clinic's current status and note the point value that best describes that level. *You are likely to discover that, with some elements, your organization will not fully match any of the descriptions; in these instances, simply identify the description that is most suitable for your organization.* Your honesty is essential. It is better to underestimate than overestimate your organization's capacity. Sum the points in each section (e.g. total Organizational Alignment score, total Organizational Capacity score and total Overall score) and see the scoring interpretation section at the bottom for feedback on your level of readiness. With an accurate portrait of your readiness, your clinic will be better prepared to design a plan that meets your specific needs.

Section 1 – Organizational Alignment for EHR

Readiness Area	Readiness Component	Not Yet Prepared		Moderately Prepared		Highly Prepared		Score
		0	1	2	3	4	5	
Culture	EHR is viewed...	as an IT project to “go paperless” only.		as a clinical technology to achieve workflow efficiencies.		primarily as a technology to enable quality care improvement goals.		
	The EHR-related planning process includes...	top management and/or designated investigator only.		key planers or departments and is participatory.		all departments and is team-oriented.		
	Physician involvement in the EHR process...	limited to a physician advocate to represent clinical interests.		primarily occurs for key decisions; clinical interested are valued.		is active in both planning and decision-making; clinical and managerial interests are aligned.		
Organization	Board involvement in the EHR process...	includes discussion of the need for EHR technology.		includes approval of the need for EHR technology to support clinical quality goals.		includes creation of an EHR subcommittee to manage with management and approval of the EHR strategy and plan for accomplishing clinical quality goals.		
	Framework for outlining top EHR priorities has...	not been thoroughly discussed.		been discussed but not documented prior to initiating vendor evaluation.		been documented before initiating vendor evaluation and is being used to facilitate the decision-making process.		
Leadership	Leadership...	believes EHRs are necessary, but is divided as to how to communicate why and when to pursue.		has studied the pros and cons of implementing an EHR and can make an argument for why benefits outweigh costs.		understands the benefits of the EHR and sets a clear and consistent vision for how EHR supports efficiency and quality improvement goals.		
	The Executive team...	relies on vendor to provide EHR planning guidance.		delegates EHR planning to managers or a specific team.		devotes substantial time to planning for quality improvement with EHR technology.		
Strategy	IT strategic planning has...	not considered part of the strategic planning process or Strategic Plan, but operational and addressed through special projects.		been carved out as a separate part of the organizational strategic planning process and resulted in an IT Strategic Plan.		been an integral part of the organizational strategic planning process, resulting in a 3-year Strategic Plan that guides EHR procurement.		
	Quality and efficiency are...	discussed, but not clear objectives of the organization nor connected with EHR technology.		objectives, but not clearly defined in a measurable way nor connected with EHR technology.		documented as key objectives in the Strategic Plan with measurable objectives and corresponding time horizon and are clearly connected with EHR technology.		
TOTAL Organizational Alignment Score								

Section 2 – Organizational Capacity for EHR

Readiness Area	Readiness Component	Not Yet Prepared 0 1	Moderately Prepared 2 3	Highly Prepared 4 5	Score
Information Management	The Practice Management system...	has not been optimized or utilized for patient management.	has been mostly utilized, including a number of features that facilitate patient management.	has been optimized and modules that support patient management fully utilized.	
	Standard EHR-generated reports for management, population health and quality improvement...	have not been defined or documented.	have been partially defined but have not been documented.	have been defined, documented and requirements included in the product evaluation process.	
Clinical and Administrative Staff	Staff and other human resource(s) dedicated to EHR vendor contracting...	are involved in specific aspects the EHR decision-making process but does not have vendor selection or negotiation experience; publicly available RFP is used "out of the box" for system selection.	has a general understanding of the trade-offs between products but may not have vendor selection or negotiation experience; publicly available RFP has been used as a guideline to determine high priority requirements.	are experienced in IT vendor contracting, driving analysis of products' ability to meet clinic's needs and capabilities and determine optimal contract approach and the clinic's requirements have been documented in a detailed RFP that will become an addendum to the contract.	
	Staffing needs for EHR implementation and use...	have not been analyzed.	are generally understood, but a staffing plan has not been developed.	have been documented in a staffing model, detailing current staffing and proposed needs; requirements have been included in the planning process.	
	Staff dedicated to project management, change management and quality improvement for EHR...	have not been specifically identified.	have a basic understanding of EHR functionality and are participating in the EHR decision-making process.	are experienced, have been educated about EHR functionality and workflow impacts and are authorized to lead the decision-making process.	
Training	A formal training plan...	is not part of the planning process; clinical and administrative staff will receive training from the vendor and on-the-job.	including EHR implementation and skill-set gaps for necessary physicians and key staff is part of the planning process.	including EHR implementation, workflow redesign and skill-set gaps for management, physicians and staff is part of the planning process.	
	Training programs for project managers and IT staff involved in EHR adoption...	have not been included as part of the EHR initiative.	will be identified as necessary by management.	have been identified to ensure these staff possess appropriate skill sets.	

Workflow Process	Current and proposed EHR-enabled administrative and clinical processes, including estimated patient volumes and staffing are...	not developed.	generally understood and incorporated into product evaluation, but workflow redesign and change management approaches are not documented.	documented in a process map and requirements are included in product evaluation process; planning process is in place for workflow redesign and change management approaches.	
	Policies, procedures and protocols necessary for EHR-enabled processes...	have been considered but not analyzed	have been analyzed and a plan for development in place.	have been analyzed and developed including information access rights, medical record correction, system downtime, data storage requirements and record printing.	
Accountability	Roles and responsibilities for analyzing product options, contract terms and negotiating with the EHR vendor...	have not been established or assigned or may exist in a functioning group (i.e. Management Team).	have been developed; requirements are generally understood and prioritized accordingly.	have been assigned and are clear; requirements and expectations have been captured and vendor response documented.	
Finance and Budget	EHR technology is considered...	more of an expense than an investment requiring a return-on-investment based on traditional IT or office automation models.	an investment requiring less than 2-year timeframe for return-on-investment.	an investment rather than an expense; business case is analyzed over a longer time horizon and incorporates non-quantifiable returns.	
	EHR acquisition and on-going maintenance	funds have not been identified	will be funded with one-time discretionary funds.	will be funded with capital earmarked for such.	
Patient Involvement	Patient interaction with EHR has been...	has not been evaluated.	considered, but no requirements have been documented.	determined with patient input and requirements have been included in the planning process.	
	Policies and procedures for patient corrections or amendments to electronic medical records and release of patient information...	have not been evaluated.	have been discussed but not documented; a plan is in place to develop policies and procedures.	have been analyzed and requirements included in the planning process; a plan is in place to develop communications for patients and external organizations.	
Total Organizational Capacity Score					
Total Overall Score					

Score Interpretation

The Starter Assessment is one of the first steps in the evolutionary learning process of EHR adoption. Thus, it should be used as a tool to educate this process along with continual clinic exploration and use of more in-depth tools like the Readiness Assessment. Score interpretation is designed to help you understand how to move forward in the process by learning from expertise embedded in these tools as well as learning what is important from your clinic. Although strong technology and industry research are very important, successful EHR adoption will require teamwork, collaboration and readiness.

Below are ranges of scores for each section and the overall score with some general interpretation and advice.

- *Organizational Alignment for EHR Adoption:*

- Score = 31 - 45: A score in this range may indicate that leadership understands and communicates the value of EHR adoption clearly throughout both the documented planning process and the clinic environment. There is likely an environment for achieving success that comprises team work, flexibility and mechanisms to manage communication and collaboration. Organizational alignment is strong and, pending the Organizational Capacity score, consider further assessment with the Readiness Assessment tool that can be found in the library on the Community Clinic website.
- Score = 16 - 30: A score in this range may indicate that there is an understanding of the value of EHR, but that detailed exploration of how EHR enables the clinic's ability to achieve its strategic goals and what impact it will have on clinic operations and patient management may be less clear. Consider additional management and cross-departmental planning discussions about the areas of weakness, using this tool and/or the Readiness Assessment as a guide to understanding where differences in opinions or lack of detailed understanding may be.
- Score = 0 - 15: A score in this range may indicate that there is not a strong enough understanding of the value of EHR or how it will impact the clinic's goals or operations to move forward without a process for management and clinic-wide discussion. Consider adopting a longer-term set of planning discussions and a methodology to develop a clinic vision and decision-making to support quality improvement before moving forward with other EHR adoption activities.

- *Organizational Capacity for EHR Adoption:*

- Score = 67 - 100: A score in this range may indicate that managerial, operational and IT capacity are strong, although further analysis of scores in individual areas will reveal relative strength in each area. There is likely the capacity for achieving success including management methodologies, staff resources and IT environmental strength. Pending the Organizational Alignment score, consider further assessment with the Readiness Assessment tool that can be found in the library on the Community Clinic website.
- Score = 34 - 66: A score in this range may indicate that there is adequate capacity in some areas, but not consistently throughout management & staff capacity, operational processes & mechanisms and the IT environment. Identify the exact categories of weakness and consider further management and cross-departmental planning discussions about areas of weakness, using this tool and/or the Readiness Assessment as a guide to understanding how to increase clinic capacity.
- Score = 0 - 33: A score in this range may indicate that there is weak capacity in several areas that are critical to EHR adoption success. Identify the exact categories of weakness and consider a more comprehensive analysis of requirements for EHR adoption and develop a plan to improve capacity in those areas before moving forward with other EHR adoption activities.

- *Overall Score:*

- Score = 98 - 145: A score in this range may indicate that your clinic both understands the value of EHR and has the capacity to see a long and potentially challenging adoption through to success. To ensure readiness for adoption, consider further assessment via the Readiness Assessment tool available through the library on the Community Clinic website.
- Score = 50 - 97: A score in this range may indicate that your clinic is strong in some areas and weak in others. It is important to identify strength in each area of the assessment to determine where to focus additional

managerial and planning attention. Consider using this tool and the Readiness Assessment to inform the process and develop a more targeted plan toward EHR adoption.

- o Score = 0 - 48: A score in this range may indicate that your clinic is not currently prepared to move forward with EHR adoption. Consider developing a more comprehensive plan to facilitate management and cross-departmental education and planning processes to determine why your clinic is interested in EHR adoption and how to build the capacity to ensure successful adoption and use.

Glossary

Organizational Alignment

- Culture: values; environment for achieving excellence; ability to manage change and maintain flexibility; team approach
- Organization: infrastructure to support information flow, decision making, and problem resolution; role of the board and leadership team; vision for quality; ability to collaborate with external organizations
- Leadership: the characteristics of leadership team: setting vision, commitment to quality; alignment across organization
- Strategy: mission and vision and priorities documented in a strategic plan; internal and external communications

Organizational Capacity

- Information Management: quality, accessibility, relevance and communication of data/information
- Clinical and Administrative Staff: staff capacity; staff training and competence; consistent policies and procedures; methods to motivate and drive individuals/groups to achieve goals
- Training: Infrastructure and resources dedicated to initial and on-going IT training
- Workflow Process: tools and methods for managing change, developing policies, procedures, protocols; Quality Improvement model; process for monitoring and communicating performance; analysis and actions taken to improve processes and performance
- Accountability: how results are achieved and mission/vision fulfilled; role and responsibility of patient in care process
- Finance & Budget: extent of infrastructure and management of IT budget; capital and operational resources
- Patient Involvement: preventative and chronic care processes; patient follow-up and care continuum; comprehensive care
- IT Management and Support: IT staff skill-set and capacity for IT management and support; consistent policies and procedures
- IT Infrastructure: information systems environment and infrastructure