Change Management with the Electronic Health Record

*DeeAnn Schmucker, LCSW**

Many medical organizations have already changed to, are implementing, or are contemplating implementing an electronic health record (EHR) system. As in all change, some people accept the switch from paper to EHRs much easier and with more enthusiasm than others. It is common for organizations to overlook the importance of including change management properties as they create the overall plan for the change from paper to paperless. Often the result of this is anger, frustration, and lack of cooperation or even sabotage from physicians and office staff who are the recipients of the training on the EHR system. This article examines the steps for, opportunities for, and positive results from incorporating change management principles from the very beginning, and the benefits accrued by understanding and utilizing the concepts of good choices, relationships, planning, and feedback.

Key words: Change management; electronic health records; physician cooperation.

Change can be difficult. This is especially true when the people who are required to make the change didn't want, request, or in some cases even see the need for the change. This is often true for organizations changing from paper records to the electronic health records (EHRs).

FEAR AND RELUCTANCE WITH CHANGE

Some physicians look forward to moving from paper to paperless. Often these physicians have a fair amount of experience with computers; use computers for finding information and for entertainment; and recognize them as valuable tools.

There are many reasons for other physicians to not be enthused or even to be resistant to making this change. Some of the reasons are that physicians:

- Feel a loss of control;
- Have no choice in making this change and resist for that reason;
- May feel inadequate about their computer skills and fear they won't measure up;
- Are nearing the end of their practice and have little or no interest in investing in this huge change; and
- Fear that this change will slow them down and reduce their productivity, giving them more to do when they already feel overwhelmed.

CHOICES

Typically, when an organization decides to implement EHRs, it means that all physicians and staff eventually will be working with the EHR system. There is no choice. Physicians and staff may have been involved briefly in initial discussions involving choice of vendor and the roll out of the project . . . but the choice of whether or not each provider will participate has already been made, leaving them no choice, right? Wrong! At this point, cooperation with regard to the EHR system often becomes the providers' only choice, thus, putting their use of the EHR back into the equation.

Human beings, especially highly educated human beings, tend to resent and rebel against being told that they have to do something. That is why it is important to

*DeeAnn Schmucker and Associates, and Assistant Professor, University of California, Davis Medical School; phone: 916-488-7906; e-mail: deeanns@surewest.net. Web site: www.groupmedicalappointments.com.

take the EHR out of the equation, because there truly is no choice, and put into the equation choices about how the training will occur.

For example, if you want a child to drink milk, telling the child "You must drink milk" may bring resistance and a power struggle. If you ask the child "Do you want to drink milk?" you have then given the decision of drinking milk entirely to the child; if the child says "No," then you have received your answer. What needs to be done is to take drinking the milk out of the equation and put in its place choice with regard to how the milk will be drunk. For example, you could ask, "Do you want your milk in the red cup or blue cup?" Or, "Would you like chocolate or strawberry flavoring in your milk?"

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With regard to the EHR, building in choices for the providers on how they may receive the training greatly reduces the physicians' resistance to the training. One area we don't often look at is how the physicians are trained. We often make assumptions and plan the training without any conversation with each individual physician. There are many choices that be can be built into the actual training. Some of these include:

1. **Where the training occurs:** Do the physicians prefer that the training take place in their office, in a conference room, or outside of the clinic such as at a coffee shop?
2. **For how long and at what time of the day to receive training:** Some physicians will want longer, less frequent training sessions, others will want shorter, more frequent sessions. Give physicians the choice on what time of day works best for them in terms of learning. Maybe they are at their best in the morning; maybe later in the day is better.
3. **How they are trained:** How do the physicians learn best? What is their learning style? Do they learn best by observation or do they need to learn it as they work with the EHR? Are they primarily auditory learners or visual learners?
4. **What components they are trained on:** Which part of the EHR do the physicians want to learn first? What area can see some benefits right away by using EHRs?

RELATIONSHIP

Trust is vital in any relationship, but it is especially important in a relationship in which there may be resistance. In many organizations when it is time to begin to train the physicians, the physicians do not meet the trainer until the training begins. Sometimes the physicians are not even informed that the training is going to occur until it is time for the training to start. This type of communication is very paternalistic, with administration and trainers making the erroneous assumption that they know best. Most importantly, this breaks trust, as all of a sudden things are being done that impact the physicians without their input.

Physicians need to be partners in the training; they need to be given respect by the trainers and clinic administration in order to bring down barriers to the training. Building a relationship prior to the training positively impacts the outcome of the training and the communication process regarding the training. It is important for the trainers to know a little bit about the physicians, their likes, their dislikes, and their values. The process of building a relationship before training starts is also advantageous to the trainers and clinic administration as everyone will be better prepared when the training actually occurs.

Humans have different styles of learning, and generally each person tends to know how he or she learns best.

The most vital thing that administration and trainers can do is to work with the physician on creating choices and plans—and keeping their word. Failing to communicate changes and allow the physicians to have some input into the situation breaks trust; and once trust is broken, it takes a great amount of time and energy to build it back.

That is vital to take into consideration as the training is planned. It is important for the trainers to get information from the physicians on several items:

1. In what environment do they feel like they learn best?
2. What time of day is optimal for their learning?
3. How do they want the information presented? Do they like to have the trainer explain it and then they try it? Do they like to read instructions? Do they want to do each step at the same time the trainer is doing it?
4. What concerns do they have about using the EHR?
5. Do they use computers in their personal life? If so, what are their favorite applications?
6. Do they type? What skills do they have or not have that can impede their learning or influence how they feel about themselves with regard to using computers?

It is good for the trainers to get information about how the physicians like to work from both the physicians and the clinic staff. Their insights may be helpful as the trainers can glean from this interaction how well the staff works with the physicians and how well the physicians communicate with the staff. The quality of the communication between the staff and the physicians can give the trainers valuable information on potential roadblocks that may surface during the training.

Evaluation of the Training Process

You may want to create an evaluation form with three to five questions using a Likert Scale as shown below. These types of questions make it very easy to record and compare for a presentation. Also include the two short-answer questions shown below. These two questions give specific information that can be very valuable. These questions can also show trends in specific areas, help with problem solving, and ask for the physicians' specific opinion, which helps keep them as partners in the project.

	Excellent	Very Good	Good	Fair	Poor
1. Overall experience with training	5	4	3	2	1
2. Trainer knowledge of the subject matter	5	4	3	2	1
3. Trainer's ability to customize training to work with the way I like to learn	5	4	3	2	1
4. Timely communication from management on when training would occur	5	4	3	2	1

What I liked most about the training: _____.

What I liked least about the training: _____.

PLANNING

Planning is very important, as it facilitates both choices and relationship building. Here is an example of a plan that facilitates both choices and relationships.

- The trainer shows up at the clinic and introduces himself to the clinic manager, reception staff, nursing staff, and the physicians. As physicians are very busy, the trainer stands outside of an examination room where a physician is seeing a patient and waits for the physician to come out and then introduces himself. The trainer lets the physician know that he will be meeting with the physician prior to training so that he can work with the physician to customize the training. The trainer then gives the physician his business card with the instructions to call him with any questions or concerns. The trainer then schedules a 15- to 20-minute meeting with the physician.
- At the meeting, the trainer learns about the physician's preferences in training and customizes a training plan. This is then reviewed by the clinic administration to make sure the physician can be scheduled out for this time.
- During any conversations, "normalizing statements" are used so that if the physician experiences any fear or anxiety about the training, it can be reduced. For example:
  - —"All people learn differently at different rates."
  - —"We find that the using the EHR, like learning any new thing, can feel initially cumbersome and may even take more time than the paper chart. But after some time and practice, most physicians find that the EHR does save them time and energy."
  - —"Ask any questions, they are all important."

As you can see this plan builds relationships and offers the opportunity for choices. As the trainer keeps communication open, trust is built. As trust is built, the physician is well prepared to learn.

FEEDBACK

Feedback gives the opportunity for administration, the clinic, and the trainers to learn. It's an opportunity to learn how to tweak what they are currently doing to work even better, to learn more about the physicians, and to keep communication open. (See sidebar.)

CONCLUSION

The four areas of choices, relationship, planning, and feedback all work together to increase the effectiveness of each other so that managing the change from paper to paperless can actually be something positive. Having physicians who have been through this exercise discuss it with physicians that have yet to go through the training process will help pave the way for those physicians in training. ■