



(To Print this page, select "Print" from the "File" menu of your

browser.)

Technology

Avoid Six Deadly Mistakes

Jan 1, 2005

Implementing technology that will be used by physicians is one of the toughest challenges a hospital CIO or group practice executive will face. Whether it's a simple application like looking up lab values online or a complex one like order entry, technology changes the way physicians work.

Many organizations have fallen "into the valley of despair" over the very IT projects intended to lift physician productivity, says Manuel Lowenhaupt, M.D., national practice leader with Capgemini Health Consulting, Boston.

Physician technology projects often falter because of missteps that could be easily avoided. Lowenhaupt and other healthcare IT experts reveal the six common pitfalls to steer clear of when introducing new technology to physicians.

MISTAKE No. 1:

Raising expectations too high

Physicians are analytical listeners and won't forget promises made—so be careful what you say to them. "Many projects have been oversold by vendors and even by internal champions," says Lowenhaupt. "They assume everyone has the same level of passion they do. Many organizations begin their IT projects with unrealistic expectations."

Asserting that an order entry system, for example, will ultimately save time and improve safety, may be true, Lowenhaupt says. But early on, physicians may spend more time executing orders on the computer. "It creates a disconnect," he says. "Right away, the physicians will wonder if they are becoming expensive ward clerks."

MISTAKE No. 2:

Providing skimpy training

Deploying technology without preparing users can derail the implementation, asserts Brad Perrigo, director of primary care services for Evergreen Healthcare, a group practice, which employs 40 physicians and mid-level providers in Kirkland, Wash. When Evergreen implemented an electronic medical record system from Seattle-based Physician Micro Systems Inc. in 2003, it learned a big lesson.

Eager to capitalize on the EMR's capabilities, Evergreen's first installation site dove headfirst into the effort. With only cursory training on the software, Perrigo says, the physicians attempted to implement multiple features such as encounter documentation and orders. "We went wild," he says. "Physicians started putting in 12-hour days. But fatigue set in and productivity dropped. Morale bottomed out."

After six months of frenzy, Evergreen put the brakes on, Perrigo says. Automating work flows without understanding them was, in hindsight, a huge mistake, he says. "We brought everybody back for training and tackled process redesign."

Not hiring a full-time trainer/systems administrator from the onset was another penny-wise, pound-foolish decision, Perrigo adds. "We tried to do everything with existing staff. We were naive." Later, Evergreen hired a full-time EMR administrator who helped analyze work flow.

MISTAKE No. 3:

Doing the 'big bang' implementation

Because bringing technology into the physician's work life causes major repercussions, many experts advise against rapid implementations. Rather than attempting to automate an organization overnight, it's better to take a stepwise approach, contends Gary Siegelman, M.D., the chief medical officer of Rush-Copley Medical Center, Aurora, Ill.

Since 2000, the 470-physician medical center has been transitioning to an electronic medical record system, from Boca Raton, Fla.-based Eclipsys Corp. The slow-but-sure approach is necessary to avoid overwhelming physicians, Siegelman says. "You need to get everyone in the organization broken in without making the docs do too much data entry," he says.

Rush-Copley began its EMR journey by first automating lab and ancillary reports, providing doctors the ability to look results up online. At the same time, nurses began documenting electronically. Later the medical center added physician transcription modules. Only recently has it begun to implement order entry, a tricky technology for physicians.

MISTAKE No. 4:

Leaving docs to their own devices

Once a technology is in place, it's easy to leave users alone. But that's a big mistake with physicians, who can be impatient when it comes to technology, says internist Jay Anders, M.D., an EMR champion at the Champaign, Ill.-based Christie Clinic. The 110-physician multispecialty practice is halfway through implementing an EMR from Scottsdale, Ariz.-based InteGreat Inc. "You need to pick the most amenable personalities and go first with them," he says.

It's crucial to closely monitor even the enthusiastic early users and adapt the system to their needs, Anders says. "Follow-up is important," he says. "It's a big mistake to walk away after you have someone up and running. You need to troubleshoot along the way. If they run into a glitch, physicians will put a device down and not touch it again."

Even physician technophiles may have difficulty adjusting to software that is poorly designed, adds Mary K. Goldstein, M.D., associate director for clinical services at the VA Palo Alto (Calif.) Health Care System's Geriatric Research, Education and Clinical Center. In 1997, she spearheaded a project that called on VA physicians to use a decision-support tool embedded in the system's EMR. The software popped up a window that included treatment suggestions for hypertension patients.

During a 15-month trial, clinicians used the decision-support tool with nearly two-thirds of their eligible patients, reflecting a participation rate that greatly exceeds most software demonstration projects, Goldstein says. VA physicians took to the software, she maintains, because the organization designed the software around their recommendations. "You need to test any software in the clinic and be prepared to change the design," she says. "Often a conceptual model is too far removed from the clinical work flow."

MISTAKE No. 5:

Disregarding the dissidents

Invariably some physicians will resist new technology. But rather than writing them off as technophobes, some healthcare organizations have called their bluff, pulling the most vocal critics into the heart of the implementation. The strategy paid off for Siegelman of Rush-Copley Medical Center.

After the medical center began its EMR implementation, a nephrologist began hounding Siegelman about the system's shortcomings. "He would call me all times of the day or night," Siegelman recalls,

"to complain about how slow the data came across, how hard the fonts were to read on the computer, and how we needed more devices."

Siegelman promptly invited the dissident to the project's steering committee. The biggest mistake executives can make is ignoring skeptics, Siegelman says. "They will quickly discard the system you're trying to implement." Another problem he notes is that such physicians may represent a larger group in the hospital who aren't as vocal.

MISTAKE No. 6:

Giving physicians a choice

Once a system is in place, however, it's important to let physicians know they are expected to use it, adds Glendon Cox, M.D., a radiologist in Kansas City, Mo., who doubles as vice dean of the University of Kansas School of Medicine. His radiology group at the University's hospital installed a picture archiving system one year ago, but still read film until just recently.

Part of the problem, Cox says, was maintaining separate systems. "You have to eliminate the traditional way," he asserts. "If you run two systems, people will put off learning the new one."

Meanwhile, Cox is doing his part to train future generations of physicians about the benefits of IT. In a venture with neighboring clinical information systems vendor Cerner Corp., the

University of Kansas is revamping its curriculum to incorporate medical informatics. Says Cox: "We have an entire generation of mid-career docs who learned IT on their own rather than at school."

Gary Baldwin is technology editor with HealthLeaders. He can be reached at gary.baldwin@healthleaders.com.

[MAGAZINE](#) | [NEWS](#) | [RESEARCH](#) | [eNEWSLETTERS](#) | [HEALTHFAX](#) | [ROUNDTABLE](#) | [CAREERS](#) | [CALENDAR](#) | [HOME](#)
[ABOUT US](#) | [CONTACT US](#) | [ADVERTISING/SALES](#) | [MARKETPLACE](#) | [TERMS OF SERVICE](#) | [SUBSCRIBER SERVICES](#) | [LOGIN](#)

© 2004, [HealthLeaders, Inc.](#)