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Electronic Health Record (EHR) Reform

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Organizational Diagnosis

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Executive Summary

The EHR is the patient care record created when agencies under different ownership share their data. The goal is for this sharing to be nationwide, creating a situation in which a person's healthcare record is accessible by designated healthcare providers anywhere in the nation. The patient will decide which portions of a record will be available to whom. The emergence of the electronic health record (EHR), successful management of that change involves thinking not only about the new technology, but also about your people. Also termed the electronic medical record, and has made new indicators of quality and safety both necessary and feasible. By developing appropriate indicators now, we can integrate them into evolving EHR systems early on rather than try to add them after the fact much more difficult task. This report examines the experiences of five provider organizations in developing, testing, and implementing such indicators, based on data collected from their EHR systems.

Organizational Diagnosis

Organizational Diagnosis Model helps organizations identify the "gaps" between "what is" and "what ought to be." Once we gain a shared vision of the desired world, we can partner in an effort to identify barriers and work toward solutions. Implementation of Electronic Health Records (EHR) at a national level constitutes a radical innovation for health care. Along with technical challenges, EHR implementations face several political, social and organizational issues which are often overlooked. Acknowledging that EHR success needs to engage all stakeholders, manage organizational changes and alleviate resistance, EHR-IMPLEMENT aims at examining political, social and organizational factors influencing large scale EHR implementations, and at identifying best practices.
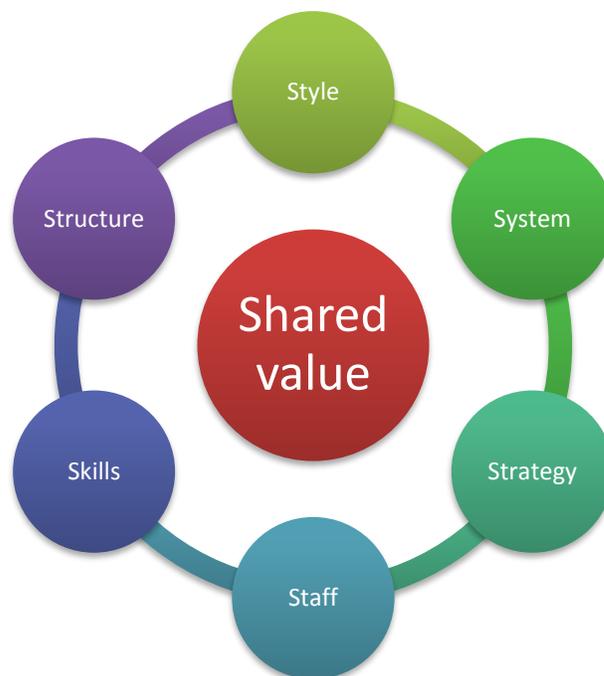
The 7S Model can be used in two ways.
1. Strengths and weaknesses of an organization can be identified by considering the links between each of the Ss. No S is strength or a weakness in its own right; it is only its degree of support, or otherwise, for the other Ss which is relevant. Any Ss which harmonies with all the other Ss can be thought of as strengths, any dissonances as weaknesses.
2. The model highlights how a change made in any one of the Ss will have an impact on all of the others. Thus if a planned change is to be effective, then changes in one S must be accompanied by complementary changes in others.

The Six-Phase approach to organizational diagnosis is tailored to the specific needs of each client:

Phase 1: Define

A decade ago the World Health Organization published The World Health Report 2000(62) which included a comparative analysis of the world's health systems based upon efficiency and effectiveness. The US healthcare system was ranked 37th , ranked lower than nations such as Morocco, Dominica, and Canada. This raised some controversy in the United States and the methodology of ranking was scrutinized. Many similar analyses since that time have generally reinforced the findings that the US healthcare system produces results that generally lag other wealthy nations.

Health IT

Electronic Medical Record System Access

Percent of primary care doctors
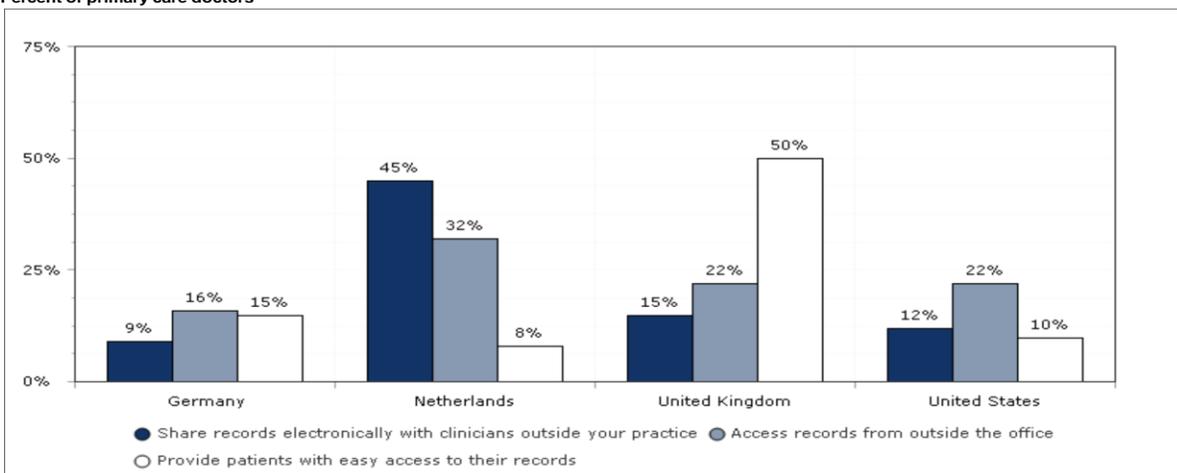
Sources: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians. ; C. Schoen et al., On the Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries, Health Affairs Web Exclusive (Nov. 2, 2006):w555-w571.

Data collection: Harris Interactive, Inc.

THE COMMONWEALTH FUND

Phase 2: Diagnose

We examine organizational archival reports/documents and utilize information gathered through research, focus groups, and surveys, along with objective observations to collect relevant data. Diagnostic models help OD practitioners to understand the underlying cause and effects associated with dysfunctional organizations. They provide a rational basis for identifying these relationships and become the basis for developing action plans. Diagnostic models are categorized as contingent, normative, or hybrid (Burke, 1994).

Phase 3: Analyze

After collecting the data, consultants use statistical analysis methods to interpret the data and develop practical recommendations. SWOT Analysis:

STRENGTHS

Education leaders in E-Health are on the forefront of HIT program development, establishing a center of expertise. The HIT industry has a strong presence in World. In US major health systems have implemented EHRs, providing for workforce lessons learned. Small health businesses are implementing EHRs. Education has a desire to respond to industry's workforce needs. Educators from the community colleges, OIT and OHSU have formed an HIT consortium. Healthcare research infrastructure allows for pilot tests of new models.

WEAKNESSES

Not enough HIT workers are currently trained to meet the forecasted demand for US. In this emerging field, some faculty/education institutions lack the knowledge and resources to train students in HIT and EHR use. Education and industry are not sharing concerns, needs and expertise on an optimal level. The IT workforce has very limited knowledge of health care systems and work flow. Health care providers lack knowledge of and need training in the use of HIT and EHRs to improve clinical practice and quality of care.

OPPORTUNITIES

States educational institutions have applied for federal HIT workforce training grants. States is poised to be a model and lead the nation in health informatics workforce development. Training the HIT workforce will help United State be more resistant to economic downturn. Consumer expectations are driving change for HIT/EHR use.

THREATS

Training changes rapidly because technology changes rapidly. Current federal funding streams for HIT programs are one-time grant opportunities. No funding exists yet after federal training and education grants end. Many issues, including actual workforce demand, are yet undefined short of general estimates because of the early stage of EHR implementation.

Providers who have money to buy EHRs may not have money to train staff in the use of EHRs. EHR infrastructures require ongoing maintenance which requires money, time and expertise. Too many unknowns and a lack of cohesiveness among providers make it difficult to build a business case.

Phase 4: Presentation of Findings

Electronic health records will definitely be able to help accountable care organizations leverage efficiencies and provide care much better.

- Understand the depth and breadth of possibilities
- Reengineer processes and work flow to improve patient safety and the quality of healthcare
- Leverage the EHR for optimal return on investment
- Create, articulate and communicate the vision
- Establish genuine buy-in
- Develop strategies and plans for making the vision a reality
- Focus energy on strategic goals
- Prepare the organization for the transition that lies ahead

Phase 5: Action Planning

Work with key players from organization to develop an action plan that:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to achieve mission performance.

Phase 6: Reinforce

We recognize the importance of maintaining a focus on the desired state and helping organizations sustain change initiatives. The reinforce phase ensures effective implementation of our action plan and outlines the next steps to take once the action plan has been implemented. Change management involves the planned introduction of new processes and systems into an organization. This approach brings together tools for successfully dealing with the technical and people issues that arise during major change. The organization must create the supporting environment; provide needed training and resources, articulate a clear direction coupled with clear expectations, engage its people, include them in the process, and reinforce desired new behaviors. This is not about checking things off a list, but rather about finding synergy among

impacted groups, giving them what they need, and coordinating efforts to meet the end goal. It's an ongoing effort. Appropriateness and timeliness of rewards for demonstrating desired new behaviors and consequences for sticking to the old ways.

With the lack of timely and relevant patient information at the point of care increasingly being linked to adverse medical outcomes, effective management and exchange of patient data has emerged as a strategic imperative for the healthcare industry. While identities doubtless influence behavior, they are not immutable. Both the roles individuals perform as well as the salience of the groups they associate and identify with are vulnerable to evolution and change (Abdelal et al. 2006; Stets and Burke 2000). Environmental, contextual, and circumstantial shocks may modify people's evaluative schema, change taken-for-granted views that are used to make sense of the world, and necessitate modifications of identity and image (Elsbach 2003). These modifications can take two forms – identities are either reinforced or they are threatened as a result of environmental changes, including technological shifts (Chreim et al. 2007; Tripsas 2009). Technological changes, in particular, can result in fundamental modifications in workflows, relationships, balance of power, control dynamics and current modes of cognition, and require different modes for getting tasks accomplished (Ibarra and Barbulescu 2010; Tripsas 2009). In this process, if a person's role or standing in the in-group is compromised, downgraded or attacked, people experience a threat to their identity because such changes are considered a regression

EHR in US - Germany

USA	Germany
The U.S. system of healthcare financing and delivery may be the most complicated among all developed nations. It is the only country, for example, that has not adopted a universal healthcare system. The drive, so far, towards adoption of EHRs in the U.S. has been the result of fear of reported medical errors, legislation without mandates, quality and transparency in pricing and employers' inability to afford the increasingly higher costs of healthcare. Many experts agree that the best way to improve healthcare quality and to reduce medical errors is to fully deploy EHRs. Unfortunately the U.S. lags far behind other countries documented in this paper.	Patient privacy dominates other aspects of the EHR ("EPA") in Germany. Insured persons must first give their basic consent to start their personal EPA. They then have the option to hide, or block, any single entry in the EPA, making its usefulness for medical purposes questionable. Without adequate clinical information, medical professionals sometimes refuse to assume liability and, therefore, reject the entire record and the telematics project altogether.
Adoption	**Adoption**
Although a recent study suggested that 75 percent of medical students strongly support the use of EHR in clinical medicine, the U.S. lags behind most other developed countries of the world in its adoption.	Currently, there are two test regions in Germany. Each has 10,000 patient cards being tested offline for insurance coverage checks. Neither centralized services nor security Certification has been implemented as yet.

In the U.S., the federal government has more recently become involved in HIT adoption with the establishment of ONC. This office reports directly to the HHS Secretary and it has taken an indirect approach to the development of a national EHR system. ONC has chosen to encourage, rather than to fund or to mandate, a nationwide, interoperable, IT program for the healthcare industry.	

Lessons learnt

Large scale implementation of EHR systems need to be part of a clearly defined vision and strategy agreed within the healthcare sector. All EHR projects should be the subject of a clearly defined business case based on a benefits and outcomes (clinical, financial, on the public health system and others) assessment across the health organizations to which all stakeholders subscribe. User engagement is vital throughout the whole EHR selection, decision and implementation process.

Citation

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