Deloitte.

Preparing physicians for technology implementations
Physicians' role in an effective adoption strategy

What's at stake? Today's value-based care environment increasingly demands highly personalized, technology-enabled care

Addressing the drivers of value-based care and the growing patient demand for personalized care–including enabling technologies and the strategic efforts that drive optimal use of those technologies– is one of the most critical needs for health care provider organizations today.[1] Health system CEOs recognize that providing patients a streamlined and consistent experience is necessary to becoming a provider of choice.[2] Physicians generally recognize how technology supports these objectives: in Deloitte's 2016 Survey of US Physicians, more than 70% of survey respondents indicated that Electronic Health Record (EHR) systems provide useful analytics, better integrate health information technology, and can open the door for a more holistic patient care model that will support both personalized care and the value-based care paradigm.[3]

Although physicians recognize the important role of technology in value-based care, more than 75% of the physicians surveyed say EHRs increase practice costs and reduce their productivity.[4]

EHRs can help improve practice operations efficiency, increase patient safety, improve diagnostic ability and quality of care, save time, and improve patient relationships.[5] However, more than just system design and functionality will be required to drive these outcomes.

Organizations looking to invest in technologies to drive value-based care need to consider how they will enable physicians to fully optimize use of EHR systems to create the best possible experience for patients–and how to do it in a way that drives improved quality and consistency of patient care, while minimizing impacts to productivity, revenue and overall implementation costs. Although this need is relevant to all providers, this perspective is focused on physicians as the primary stewards of adoption of health care technology.

Although physicians recognize the important role of technology in value-based care, more than 75% of the physicians surveyed say EHRs increase practice costs and reduce their productivity.[4]

Our take: Opportunities exist to better prepare physicians to optimize the use of health care technology

Traditional approaches to prepare physicians for technology implementations often overlook opportunities to engage physicians in activities throughout the implementation that would drive ownership and optimal use of the new system. The focus often tends to be directed toward delivering formal classroom training that can be burdensome on physicians and their practices, requiring many hours of time away from patients and may generate low satisfaction from participants.[6]

A thoughtful, holistic strategy is necessary – one that expands beyond training and considers physician engagement throughout the entire implementation, starting with the planning, selection and design of the system, continuing with exposure to the build, and finishing with involvement in readiness, training and go-live support activities, all occurring with physicians having the ability to express their preferences for receiving timely, concise and relevant information along the way.

Options to drive physician buy-in early in the planning and design phases are often overlooked

Implementations are often led by the IT side of the organization, sometimes to the exclusion of the business. Projects that involve physicians too late in the process often struggle to overcome a lack of physician ownership as well as the perception of the "tail wagging the dog." Physicians are often on the receiving end of the decisions made about technology changes and vendor selection, and may have limited opportunity to provide input or fully understand the practice and patient benefits that the technology, content, process and compliance changes can provide. Receiving limited information about how their individual specialties are represented in the design, or not being involved in designing the approach for how they will be prepared to use the system and supported during go-live can be problematic.[7]

Issues with communication can cause frustration for physicians looking for simple, clear messages about how the changes could impact them personally

If organizations implement EHR systems without a physician-focused communication strategy, they may miss opportunities to reach and influence physician stakeholders. Clarifying the goals of the implementation and sending targeted, relevant messages through a familiar face whom their providers know and trust can help. Communications are an opportunity to provide specialty or location specific information, and include critical segments of the physician population such as top admitters and referrers who could use a triaged approach to sharing information. Formal, infrequent, lengthy communication that is not relevant to the audience drives confusion, misinformation, misunderstanding, missed steps and can be a significant contributor to lack of interest in and dissatisfaction with both the implementation and the system itself.

Approaches to training should be designed to meet the critical needs of physician learners

Training for technology implementations can be an enormous undertaking, and investments in elements of a training program such as the content, trainers, and delivery model must be weighed against budget constraints. Traditional approaches attempt to balance these constraints by hosting longer and larger sessions, or reducing classroom time by moving to eLearning formats.[7] Physician learners have competing priorities and multiple practice concerns – potentially making hours of classroom content inconvenient, and self-paced eLearning courses easy to deprioritize. This issue is compounded by multi-generational populations: non-computer savvy physicians are often trained alongside physicians with prior EHR experience, which can cause gaps in knowledge for one group and redundancy and wasted time for the other.

Traditional approaches to prepare physicians for technology implementations often overlook opportunities to engage physicians in activities throughout the implementation that would drive ownership and optimal use of the new system.

3

In addition to challenges posed by varying learning needs, training effectiveness may also be reduced by:

A lack of relevancy: Content that is not specialty or role-based, does not translate what a physician does today to what he or she will do in the new system, or does not allow for one-on-one support for physicians to learn shortcuts and personalize the system to their specialty workflows and patients prior to go-live. Failing to provide guidance to physicians for practicing workflows and handoffs within their practices can lead to missed opportunities to test and improve patient flows and the overall patient experience.

Trainer credibility: Trainers who do not have experience working with physicians, do not understand the workflows and requirements related to the content, and/or lack the ability to give a clinical explanation to questions and explain how to complete variable and unique scenarios.

Poor logistical planning: Training plans that do not consider the timing, location, and flexibility that physicians need to balance their demanding schedules, fail to prescribe exactly which training a physician needs to complete, make the registration and scheduling process unnecessarily difficult, or fail to appropriately incentivize physicians by providing CME credit for their time.

Go-live support models should consider how physicians expect to be supported

Quality of support tends to be a common complaint. Support models for technology go-lives tend to focus on contractors and hotlines, yet physicians need support from people they know, who understand their workflows, and are immediately available. Physicians tend to look for a familiar face when they need technical assistance; typically the people who support them on a daily basis—clinicians, administrative assistants, even front desk staff—and many organizations miss the opportunity for including these critical roles in the support plan. Other possible support resources that tend to be tech savvy with the ability to quickly adapt to changes such as medical students, residents and fellows, are often underutilized or overlooked.[7]

After stabilizing post go-live, organizations should take advantage of the many optimization ideas that surface from their physician stakeholders who have mastered the system fundamentals. Organizations can put processes in place for collecting, assessing and implementing these ideas to help make physicians as efficient and proficient as possible.

Physicians tend to look for a familiar face when they need technical assistance; typically the people who support them on a daily basis—clinicians, administrative assistants, even front desk staff—and many organizations miss the opportunity for including these critical roles in the support plan.

The path forward: A holistic strategy that crosses every phase of an implementation is necessary to effectively prepare physicians

Preparing physicians to efficiently use an IT system involves integrated, physician-focused efforts across an implementation lifecycle. An effective strategy considers how to drive buy-in and ownership with physician stakeholders, share information and influence action, teach the system according to the needs of physician learners, and support according to preferences by driving priorities by implementation phase, which may include:

During vendor selection and the system design and build phases, lay the groundwork for physician buy-in, ownership and support.

When planning an EHR implementation, early preparation and engagement of physicians can contribute to successful adoption. Engaging physicians in the strategic discussions about the long-term goals of the implementation is critical to linking implementation objectives to the metrics used to incentivize how physicians use the system. Involving physicians in other key activities, including vendor selection, lays the groundwork for ownership and accountability in meeting the established objectives.[6] A governance body or working group focused on all decisions related to the physician population should be formed to help drive decisions and alignment throughout the implementation. This group should be led by a small group of physician leaders (e.g., CMO, CMIO, SVPMA). It should include a larger selection of physicians who can represent the interests of all specialties and who are informed on the business case to provide support throughout the implementation.[7] In addition to standing up a process to drive decisions and communication that will impact physicians, other steps organizations can take during these phases include:

- **Evaluating short-term, go-live and long-term, post-live physician support needs:** Identifying internal resources that currently provide support to physicians, engaging them early and exposing them to physician workflows is key to developing an effective support network.

- **Identifying where physicians fit into the training development, delivery, and support structure for their peers:** Considering the cost of physician time, as well as the associated patient care and revenue impacts is critical when evaluating which activities necessitate their time and can drive the most value versus activities where less expensive resources can serve as extensions (e.g., mid-level providers, residents, etc.).

Preparing physicians to efficiently use an IT system involves integrated, physician-focused efforts across an implementation lifecycle.

During the planning for the testing and training phases, engage physicians in decision making and develop their internal support network.

Planning for physician involvement in key decisions that affect their departments, and for activities that expose them to the system, workflows and specialty-specific content are crucial not only to driving their understanding, but also to obtaining their buy-in and ownership of the system [7]. Proactively communicating the activities where physicians will be involved enables expectations to be set appropriately, increasing the likelihood of participation and support, especially for decisions that may require discussion or specialty-specific input. It also allows for internal resources to be involved and gain valuable early exposure to future physician workflows. In addition to engaging physicians and key internal support resources, other steps during these phases may include [7]:

- **Defining the physician training strategy based on needs of critical physician populations:** Segmenting physicians based on learning needs and prioritizing content and delivery formats that suit those needs helps to drive effectiveness. Physicians with previous experience using the same EHR at other sites typically require much less training; their needs may be primarily focused on organization-specific customizations. Physicians who are less comfortable using computers or have not previously used an EHR may require basic computer training in addition to EHR training.

- **Involving physicians in planning and review of workflow based training content:** Involving physicians in reviews of content that teach the workflows and the most efficient way to complete their work, engaging them in determining delivery options that balance the time and resources required to teach system fundamentals and specialty-specific content, and considering formats where learners are most likely to retain information will benefit quality of the program.

- **Focusing the majority of physician involvement in areas where they can drive the most impact:** Rather than involving physicians in directly delivering classroom training, focus their time in settings where it will be most valuable, such as in identifying and reviewing patient scenarios used in training, or supporting practice labs with peers in their specialties shortly before go-live to help reinforce specialty workflows, answer questions and provide one-on-one support to their peers in personalizing the system.

During go-live and beyond, invest time to build on fundamentals to drive efficient use of the system.
Continuous communication and training is necessary to transition from go-live – where the focus centers on foundational use of the system and managing through issues and workarounds – to optimization, where physicians are fluent in the system, leveraging shortcuts and using it as efficiently as possible. Communication after go-live is especially important so that feedback, questions, and concerns are addressed and that there is a vehicle for sharing lessons learned and best practices.

Training post-implementation should be flexible, perhaps outside of the classroom; innovative tactics can help physicians make new connections in how they can best use the system. Post-live training and communication should also consider the needs of physicians who may have missed the pre-live training and go-live period of physician-dedicated support. Further system enhancements that require more training are the norm and should be expected. Organizations can use innovative ways to teach physicians about these potential enhancements in order to avoid additional time away from seeing patients due to classroom training.

An effective strategy considers how to drive buy-in and ownership with physician stakeholders, share information and influence action, teach the system according to the needs of physician learners, and support according to preferences by driving priorities by implementation phase.

Organizations can realize greater value in technology investments with a targeted strategy designed to influence efficient physician use of the system

Influencing physicians to buy in to the technology and workflow changes, understand how it benefits them and their patients, and efficiently use the system by leveraging its functionality and becoming fluent in their workflows and shortcuts is challenging without a targeted and effective physician adoption strategy that delivers:

- Engagement of physicians early in the planning process and involvement in decisions that affect their practices, workflows, and patients

- Communication of relevant messages in easy-to-digest formats, delivered via channels where they're accustomed to receiving information

- Training that considers the varying needs and preferences of provider populations, covers the right content that focuses on specialty specific workflows that is relevant to the physician, delivered by experienced trainers who understand the specific provider workflows they're teaching, with logistics that are convenient and easy for participants

- Personalization and comprehensive practice resources, delivered at the right time, and led by physicians who understand the system

- Go-live support that is on demand and provides timely responses to questions and issues, available in formats physicians are accustomed to using on their floor, in their clinic or on their phone

Bottom line

To meet the growing demands of today's patients, it is critical that organizations drive efficient use of their health care technology investments by employing targeted tactics to help prepare physicians. Pulling revenue-generating physicians from their patients to teach content alone typically isn't the best path forward. Organizations must consider how to allocate resources based on the levers that drive the most value, balance the return on investment of physician time, and thoughtfully determine where to invest it across the lifecycle of the implementation. Driving efficient use of the system requires a holistic strategy – one that leverages opportunities to lay the groundwork for physician buy-in and ownership, engages physicians in decisions and activities throughout the implementation, develops a foundation of internal support resources, and builds on fundamentals post go-live.

Let's talk

Are you ready to discuss your approach to health care technology investments? Let's talk about how your organization could realize greater value in technology investments with a targeted strategy designed to influence efficient physician use of the system.

Authors

Ken Abrams, MD
Managing Director
Deloitte Consulting LLP
kabrams@deloitte.com

Elizabeth Murphy
Managing Director
Deloitte Consulting LLP
elimurphy@deloitte.com

Shaun Rangappa, MD
Managing Director
Deloitte Consulting LLP
srangappa@deloitte.com

David Sklar, MD
Specialist Leader
Deloitte Consulting LLP
dsklar@deloitte.com

Mark Snyder, MD
Specialist Executive
Deloitte Consulting LLP
msnyder@deloitte.com

Colleen Bordeaux
Manager
Deloitte Consulting LLP
cobordeaux@deloitte.com

References

1. Harvard Business Review, "The Strategy That Will Fix Healthcare" 2013.
2. Deloitte Center for Health Solutions, "Lens into the future: Health system CEO interviews," 2015.
3. Deloitte Center for Health Solutions 2016 Survey of US Physicians
4. Deloitte Center for Health Solutions, "Annual Checkup on Physician Adoption of Health IT," 2014.
5. HealthIT.gov, "Benefits of EHRs: Improved Diagnostics and Patient Outcomes" 2016.
6. HealthIT.gov, "EHR Implementation With Minimal Practice Disruption in Primary Care Settings" 2013.
7. Based on experience interviews conducted with Deloitte Consulting LLP listed contributors and authors.

Deloitte.