

Physician Governance for Successful Adoption of the Longitudinal Record

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EHR: Key Success Factors

- **Clinical Care Redesign**
- **Knowledge Management**
- **Software/Technology Reliability**
- **Community Portal**
- **Accountable Build and Deployment**
- *Physician Adoption*

The Problem

- **For successful adoption of a longitudinal record, physician cooperation and buy-in is essential.**
- **Many systems work with physicians whose practices are under increasing strain secondary to external environment.**
- **Physicians have long memories of what has worked and what has not.**
- **Unique challenges around the longitudinal record – Ambulatory and Hospital.**

The Reality

- **Implementation will strain and test all your current physician governance structures.**
- **Conversations will expose many of the “unfulfilled promises”.**
- **Potential differing expectations.**

Sentara Healthcare

- **Integrated Delivery System in Southeast Virginia**
- **Revenue - >\$2 billion**
- **Top ten IDN for > 10 years**
- **7 Hospitals, 6 Medical Staffs**
- **Physician Multispecialty Group - >300 MDs**
- **Health Plan - >300,000 members**
- **Long term care facilities**

Software Selection – Role of Physicians

- **What are we buying? Who decided?**
- **Vendor evaluation process**
- **Creates opportunities and disadvantages**
- **“Conundrum” of the departmental systems**
 - **Surgery, Ob, ICU, GI**
- **Community EMR(s) and PM Systems**

Principles of the Approach

- Involve physicians from the beginning
- Core group based on many factors
 - Specialty, “Standing”, Prior Leadership, Hospital Rollout Schedule, Ambulatory Strategy
- Expand over time
- Shared responsibility
- Inevitability
- Clear vision

Develop a “Compact” over time around mutual responsibilities and expectations

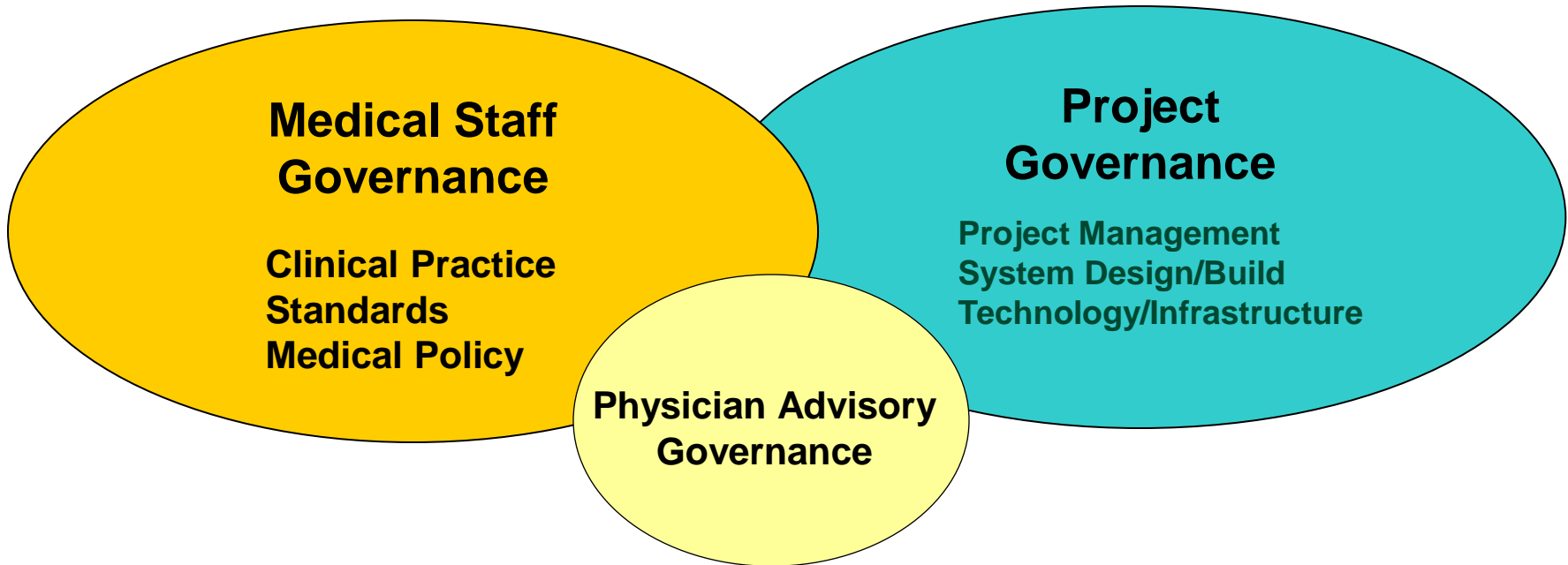
Principles of Governance

- **Understand strengths and weaknesses of existing governance**
- **Do you have a forum to discuss system decisions?**
- **Work on medical staff governance while building the system if necessary**
- **Intersection between project governance and medical staff governance**
- **Build as you need**
 - **Form follows function**

Physician Governance - Considerations

- **Respect for existing groups and processes**
 - **Two governance structures need to be in place**
 - **Medical Staff Governance with new focus groups chartered to provide guidance to develop, deploy and maintain EHR (e.g. clinical content, workflow)**
 - **Project Governance in place for the development, deployment and ongoing maintenance of system**

Physician Governance - Considerations



**Physician Workflow &
Clinical Content
Education
Communication**

Physician Governance Defined

- **The infrastructure, strategies and approaches to support physicians in the definition of clinical content, redesigned workflow processes and adoption of new technologies before, during and after implementation.**
- **These strategies address physician specific needs such as:**
 - **Managing Change**
 - **Physician Focused Values and Needs**
 - **Clinical Knowledge-based Content**
 - **Physician Workflow Processes**
 - **Communication**
 - **Training & Support**

Physician Governance - Overview

- **Goals:**
 - **Oversee clinical content design (Order Sets, Rules, Alerts, Documentation)**
 - **Operationalize the activities to build physician commitment that will drive adoption**
 - **Make decisions that demonstrate value to physicians and enhance satisfaction**
 - **Build consensus within the physician community to minimize resistance**
 - **Develop and sustain a structured decision making process.**

Epic Integrated Platform

- **Advantages**

- **Single Longitudinal Record**
 - Availability of information
 - Decreasing the “Great Paper Chase”
- **Same user tools in all environments of care**
 - Interoperability vs “Inter –functionality”
- **Remote Access**
- **Integration with patient portal**
- **Pre-population of standard fields (i.e. Allergies, Meds, PMH)**
- **Work with others to meet external demands**
- **Integration with Billing System**
- **Security tools allow for appropriate access**
- **Centralized database**

Operational Improvements

1. **Hard to do the wrong thing and easy to do the correct thing**
2. **Improve coding and compliance**
3. **Improve data capture to facilitate process improvement and clinical research**

Roles for Physicians in our Epic Project

- **Physician Champion**
 - Member of Physician Advisory Group
- **Subject Matter Expert (SMEs)**
- **Contribute to Content Build**
- **“Super User” during implementation**

Physician Advisory Group - Function

- **Voice of the physician – clinical vision of a unified record**
- **Global issues around project implementation**
 - **Structure of Order Sets**
 - **Structure of Clinical Documentation**
 - **Problem List Management**
 - **Appearance and filing of results**
 - **MyChart Clinical Issues**
- **Leadership role through entire project**
- **Composition**
 - **Practicing physicians**
 - **Broad geographic and specialty representation**
- **Role evolves as project evolves**
- **Composed of Physician CMIOs and Champions**

Yale SCHOOL OF MEDICINE



YALE NEW HAVEN HEALTH

Epic

- Kicked off October 20, 2010
- 140 person team
- Headquarters in Stratford, CT

Epic Schedule

First Physician Practice	October 19, 2011
Greenwich Hospital	April 2, 2012
Yale New Haven Hospital	November 2, 2012
Bridgeport Hospital	June 21, 2013

**Collaborative Build
Content/Order Sets
Ancillary Integration
Software Build
Infrastructure**

**Performance
Improvement
Quality Reporting**

Implementation

Data Reporting

Clinical Practice

Optimization

Questions?

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