Physician Adoption & Governance Strategies for a multi-facility community hospital EMR/CPOE implementation

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Abstract

Significant challenges surround the implementation of CPOE systems in community hospital. Our strategies focused on key physicians, representing a majority of inpatient activity, targeting them with specific support to maximize their readiness and understanding of the upcoming change environment. Key among these was assigning each physician to a training specialist empowered to meet all their educational, technical and support needs. A broad enterprise-wide physician steering group was involved with all physician design decisions and charged with aggressively communicating these decisions. We believe our success to date is directly attributable to the early and aggressive use of such engagement strategies.

Introduction

Memorial Health Services (MemorialCare) is a multi-hospital system in Los Angeles and Orange County. All hospitals have voluntary medical staff, with a small number of employed physicians, mainly in non-patient care positions. We are in the midst of a multi-year rollout of an inpatient-focused electronic health record across the enterprise with a primary goal to maximize clinical quality through the general adoption of CPOE. Positioning the enterprise for success in this challenging endeavor is the subject of a multi-pronged effort. Given the voluntary association of the medical staff to the hospitals, a broad set of initiatives to appropriately engage the medical staff were considered and implemented.

Few hospitals with a large number of community-based, non-employed physicians are using CPOE at the rates we desired (80% or more) This contrasts with many published descriptions of successful implementations among academic institutions. We focused on several innovative approaches and describe their effect on physician satisfaction and CPOE adoption rates.

Strategic Decisions

Key aspects of the overall physician targeting and engagement strategies were (1) identification of key physicians since physician segmentation and targeting resources was considered critical (2) a support strategy that included staff (clinical training specialists) specifically hired and assigned a panel of physicians to support in any way possible (3) aggressive communication strategies (4) thorough readiness assessments leading to flexible training strategies and (5) aggressive ongoing support.

Key physician organization and governance strategies included creation and support of an empowered enterprise wide physician steering group (to participate in all design & workflow related decisions) and a thorough approach to integrating communication and decision-making that involved the physician steering group, medical executive committees, facility-based informatics groups and the enterprise-wide project steering group.

Approaches to clinical content development included utilizing pre-existing work by multidisciplinary domain-focused teams on best practices and evidence-based medicine, while including experience-based content (2) a usability focused approach to all clinical decision support tools, including rules and alerts, order defaults and order sets and (3) careful analysis before approving facility-specific versions of any clinical content.

Results

In order to demonstrate the success or failure of these strategies, we concurrently developed a carefully designed approach to such metrics as physician satisfaction with training, physician adoption of CPOE and clinical decisions support tools post go-live and satisfaction scores on a number of usability and effectiveness criteria. Physician CPOE adoption rates during the first 12 months of system use at MemorialCare were persistently high (71-78% compared to rates below 33% with our legacy system.

Conclusion

Achieving excellent rates of physician adoption of CPOE is a significant, but not insurmountable, challenge in a community hospital setting. It is clear that success will demand ongoing attention to these issues for a long, perhaps indefinite, period of time.