Implementation of Electronic Health Record System at a Community Healthcare Organization

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ABSTRACT

In the wake of the debate over healthcare reform, community health centers grapple with the challenges of implementing an Electronic Health Records (EHR) System. The barriers to an effective implementation are as varied as there are strategies for implementation. The culture of the organization adds a layer of complexity to the efforts to enhance organizational readiness for EHR implementation. By adopting a three-phased approach involving organizational assessment, data gathering and analysis and a discussion of results and findings, this study systematically identifies the barriers to the effective implementation of an EHR system at a community health center. Once identified, the lessons learned from the barriers were then used to manage the roll-out of the EHR system. Comparative data from the study reveals process and operational benefits in the proper implementation and adoption of the EHR system. This study was undertaken to understand the barriers to the implementation of EHR at a community health center and to use that information in guiding the implementation effort. This study also highlights some of the pitfalls in the implementation process.

Keywords: Community Health Centers, EHR Barriers, EHR Implementation, EHR Systems, Electronic Health Records (EHR)

MANAGERIAL RELEVANCE STATEMENT

The United States government has called for the full implementation of the electronic health records by 2015. The Federal government has rolled out an ambitious five-year plan for moving doctors and hospitals to computerized medical records, promising greater safety and lower costs. Starting this year, doctors’ offices and hospitals can get federal money to help defray the costs of the systems. Providers who don’t comply will face cuts in Medicare payments. Money for electronic records was included in the 2009 economic stimulus bill. Policies are needed that help community health centers to afford EHRs and produce more HER-related quality improvement gains (Miller & West, 2007). This paper provides the administrators of
community health centers with an understanding of the factors critical to the implementation of an EHR system.

INTRODUCTION

Information Technology (IT) has allowed unprecedented levels of communication, database management, process integration, and personal productivity in healthcare organizations (Allan & Englebright, 2000). According to the Centers for Medicare and Medicaid Services (CMS), the nation’s healthcare system is undergoing a transformation in an effort to improve quality, safety and efficiency of care, from the upgrade to ICD-10 to information exchanges of EHR technology (Department of Health and Human Services, 2010). To help facilitate this vision, the Health Information Technology for Economic and Clinical Health Act, or the “HITECH Act” established programs under Medicare and Medicaid to provide incentive payments for the “meaningful use” of certified EHR technology. The Medicare and Medicaid EHR incentive programs will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The programs begin in 2011. Community health centers, Physicians and other healthcare providers are acting with a sense of urgency about how they will implement electronic health record (EHR) systems in their practices by 2011 in order to qualify for the first phase of American Recovery and Reinvestment Act (ARRA) funds and ultimately be eligible for the maximum level of reimbursement. The rising cost of medical care is another reason for paying attention to the movement towards EHR. This study takes into account the definition of Electronic Health Record provided by the Health Information Management Systems Society’s (HIMSS) as follows: “The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR automates and streamlines the clinician’s workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface—including evidence-based decision support, quality management, and outcomes reporting.” Community healthcare clinics in the United States are applying for and receiving funding for the implementation of Electronic Health Records (EHR) system in their organizations. Often times the success in obtaining funding is followed by a lack of success in the implementation of EHR. Most of the organizations fail to deploy a comprehensive strategy for successfully implementing EHR systems. Important questions go unanswered and the preparedness of the organization to implement the system remains dubious. The results presented in this report are based on a study of the process of implementing EHR at a community-based healthcare organization targeting indigent and displaced populations.

OBJECTIVES

The aim of this project is to study the factors that influence the successful implementation of Electronic Health Record System at a community health center.

METHODOLOGY

The methodology used in this study is three-fold as follows:

- Assessment Phase
- Data Gathering and Analysis Phase
- Discussion of Findings, Barriers and Implementation Phase
Investigating the Attitude of Students Towards Online Learning
www.igi-global.com/article/investigating-attitude-students-towards-online/50303?camid=4v1a

Toward E-Participation on the Basis of Era based Cellular Planning System
www.igi-global.com/article/toward-participation-basis-era-based/74065?camid=4v1a