

8 Steps to a Successful EHR Conversion

Conversions are one of the critical junctures in the life of an EHR and a practice. It represents the sunset of one system and the sunrise of another. An EHR conversion is challenging, requiring a unique mix of savvy technical deployment with carefully considered and collaborative planning. However, while conversions can be challenging, they are not new. There is a defined process that will help ensure your probability of success. While we do not cover all the possible myriad of details in this white paper, the following 8 steps will give you a good start.

STEP 1

Scope the Project: Do You Know What You Want?

Everything starts with scoping the project. Within the scope there are three critical elements to assess:

Data

Deciding which data elements move from the existing EHR to the new system is at the heart of every conversion project. Some considerations:

Data Elements: within an individual chart there are a number data elements that may be candidates for conversion:

- Demographics such as name, address, birthday, insurance carrier are typically a core part of any conversion.
- Structured, discrete clinical data such as medications, allergies, and lab results offer the potential of being moved directly into a new EHR database—which gives the advantage of being incorporated into the new EHR's decision support processes.
- Continuity of Care Documents (CCD) are useful for both summary data and discrete elements. This is because the underlying structure is based on the CCDA (Consolidated Clinical Document Architecture) standard. CCDA's can be used to generate historical PDFs for longitudinal view of the patient's chart. It also contains all the discrete data needed for most clinical conversions.
- Progress notes and other documents have important historical reference value, but are unlikely to be part of the new system's database.

Data Quality: older systems may have variable levels of data quality and a higher dependence on unstructured data. A new EHR is a good chance to start fresh—which means being selective about which data is converted.

- **Archiving vs. Integration:** there are several ways to make historical charts readily available for providers without integrating data into the system. For problematic data, this is a compelling alternative.
- **What do providers want and what is possible:** what is desired versus what is possible may be two different things. Managing this dynamic (which is likely to evolve as the project proceeds) is critical to achieving success at a technical and user level.

Staffing

Conversions require both internal staff as well as third party conversion experts. Internal staff includes provider representatives/champions, practice leadership, EHR vendor technical staff (both new and old EHR) and IT. Since most conversions occur in the context of a move to a new EHR, your staffing mobilization may be in great shape—as long as there is a clear allocation of staff for the conversion element of the project.

Timing

Ideally, the go-live of the conversion is coordinated with the go-live for the new EHR, so that new EHR users have access to past data. Carefully consider the time that will be required to do the conversion and make sure to schedule and synchronize it into the overall EHR project dates.

STEP 2

Shop For and Select a Conversion Specialist: What to Look For

Due to the specialized and technical nature of conversions, many practices turn to EHR conversion specialists for assistance. Key considerations for conversion specialists include:

Experience: Ideally, the vendor has conversion experience with the EHR system that is being retired. It is helpful if they have familiarity with the new system as well, since they may be able to optimize the data extraction so that it more easily imported. Experience with practices of similar size to yours is also critical both from a technical (can they handle your data requirements?) and project (can they manage complex projects with many moving parts?) perspective.

Data and Workflow Tools: One of advantages of working with experienced vendors is that they have often developed data cleansing and workflow tools that can help mitigate challenges that inevitably arise within a project. This should be part of your conversation with vendors.

Programming Capability: If your project requires custom solutions specific to the conversion, does the vendor have in-house programming resources and expertise? Considering that all conversions have some custom elements, this capability helps ensure a robust solution that is fully integrated within the project.

Expense: A vendor quote should provide a clear understanding of how it is priced (project vs. hours), what is included (list of services), what is not included, and a discussion of change order management if the scope of the project changes.

STEP 3

Build Plan Version 1.0: Be Prepared for Iterations

With scope in hand and conversion specialist on board, a formal plan can be put in place. As with most complex projects, plans will be dynamic and subject to modifications as the actual technical work begins. At a high level, the plan will address the following:

What Data is Converted: the conversion team will make the best guess based on what is desired and what is technically possible. Decisions about data are likely to be dynamic, depending on the testing and validation results. Considerations for data archiving and access should also be considered within the plan.

Schedule and Approach: Like EHRs, conversions can be a “Big Bang” (all at once) or incremental (one practice or set of providers at time). In either case, the conversion must be harmonized with new EHR implementation. The plan should define projected EHR/conversion go-live dates, incorporating any vendor (both old and new) dependencies.

Resources/Responsibilities: To avoid delays and confusion, clear delineation of responsibility for conversion tasks will need to be established. Your conversion specialist should be helpful in this regard, by specifying what they do and what they don't do.

Define Iterations: A conversion is a technical project with significant workflow and patient safety impacts. The plan should incorporate the detailed testing iterations with technical and provider staff to ensure that converted data is accurate and is efficient from a workflow perspective.

STEP 4

Get Connected: Not As Easy As It Sounds

Managers are often surprised by how difficult it is to let someone (like a third-party conversion specialist) start probing into their established IT infrastructure platform. While these challenges can be surmounted, if they are poorly managed they can consume precious time. It is useful to be prepared with the paperwork required (typically BAA agreements) as well as detailed instructions and support to assist third parties in getting access to EHR data. Nothing meaningful can happen on the project until your conversion specialist has access to your data.

STEP 5

Sample, Test, Validate, Iterate, Repeat

As noted above, getting patient data right is an iterative process. At the technical level, an extraction process must be defined that allows the ability to export thousands of records in a format that can be efficiently imported into the new system. At the provider and user level, the converted data must be accurate and useful from a workflow perspective. It is unrealistic to assume that this will occur after a single data sample and test. It is more probable that the ultimate design of the project will emerge out of these iterations. Your conversion specialist is critical during this period for providing insight, options, tools and creative thinking to address issues.

STEP 6

Connect Extract with Import: Almost There

In most cases, your conversion specialist will be preparing an extract file that will be delivered to your EHR vendor for importation. Since import requirements are variable between EHR vendors, communication of detailed import specifications will be important. For incremental projects (as opposed to big bang), it can be useful to extract selected portions of the patient database that are specific to providers or practices that are going live. This requires that your conversion specialist can parse the desired data. This selective extract limits the performance impact on the users that are not being converted.

STEP 7

Don't Forget Workflow: It May be More Complex than you Think

In the end, the objective of a conversion project is to support administrative and clinical staff trying to serve patients. Since medicine is a high transaction activity, even minor workflow inefficiencies get magnified. Getting a practical perspective on how the conversion impacts daily activities--from scheduling, to check-in, to visits, to ordering tests, and finally to billing is essential to a successful project. This means understanding the work of the staff that fulfill these functions—and not just the physicians. It can also be an area where your conversion specialists can help—particularly if they have experience in building tools to support workflow issues that occur within conversion projects.

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STEP 8

Go Live: At last!

Going live is the culmination of the collective efforts of the team. At one level, it is another testing iteration simply conducted in a production environment and a chance to correct technical or workflow anomalies that did not emerge during earlier testing. This means that the team needs to stay close—with detailed reporting and documentation of any issues that arise. In this context, a strong case can be made for incremental deployment, as opposed to big bang—allowing focused intervention for a defined group of users instead of the entire practice.

Summary

An EHR conversion is a challenging project that can be successfully completed by following a systematic process. Appropriate planning and staffing is central to success. Planning and testing will be iterative, to achieve the goal of a safe, efficient, and workflow sensitive solution. Project efficiencies can be achieved by facilitating data access to third party conversion specialists and by anticipating EHR vendor dependencies. Detailed understanding of data and workflow requirements is necessary. Use of conversion specialists with experience, data and workflow tools, and programming capabilities can help facilitate adoption and success. An incremental approach offers a way of validating the conversions in a production environment without impacting the entire practice.



Daniel Bakmaz, Director of Development & Chief Architect at Keena, provided a high-level outline of steps necessary for success. If you are interested in a more technical discussion or scoping of your conversion project, we urge you to contact Keena at sales@keenahealth.com or by calling **315.707.7843**.