
Driving up adoption of Electronic Health Records

For safer, more effective and efficient healthcare

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Atos

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There is a growing public expectation in the UK that patient care – whether at the GP, in hospital or at home – is digitally enabled. At the same time, data is a vital resource for managing individual and population health and wellbeing. Widescale, secure digital access to integrated, up-to-date health records is therefore essential to address healthcare's most urgent and fundamental challenges.

When implemented effectively, Electronic Health Records (EHR) enable safer, more efficient and higher-quality healthcare. Yet while EHR is clearly on healthcare's critical path, too often, organisations focus only on implementation, and not on driving the take-

up of new systems. Success depends not only on selecting the right applications and infrastructure, it also requires an effective transformation strategy to ensure long-term, sustainable adoption.

With clinicians working harder with limited resources, implementing any major change alongside the day-to-day is a challenge. So, how can organisations respond to these challenges when planning their EHR programmes? And what are the critical success factors for embedding EHR into the health ecosystem?

This paper brings together key learning from Atos and from healthcare leaders

who have embarked on widescale EHR adoption. It is aimed as a practical overview to key challenges and approaches for any EHR programme. There is now a huge opportunity in the UK to improve EHR adoption rates. At Atos, we are committed to working with healthcare leaders and partners to help deliver the benefits of EHR.

Input into this paper was, in part, gathered at Atos' Annual Health Dinner, attended by leaders and decision-makers in healthcare organisations in the UK and the US in September 2019. We would like to thank them all for their contributions to this paper.



Challenges and barriers to EHR adoption

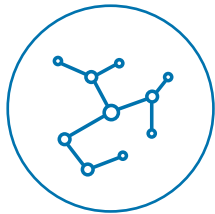
While every healthcare organisation is unique, research shows that the challenges of EHR adoption are common across the health economy.

Healthcare leaders report the following key challenges:



Change fatigue

Inevitably and understandably, healthcare organisations may be suffering change fatigue, with some clinicians and other staff questioning why yet another system needs to be adopted. Reaching all staff can be extremely difficult, with constant and intense pressures on time, budgets and energy.



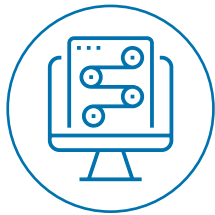
Diversity in practice and process

Organisational silos exist between departments, and between clinical and administrative functions, making any wide-ranging implementation a challenge. In addition, ways of working, assumptions and approaches vary within and between departments and institutions; these can be deeply embedded into the status quo, with many not documented.



Funding and investment

Building a business case for EHR is a significant challenge, given the difficulties of benchmarking and analysing cost benefits in complex operational environments.



Poorly designed workflows

Many healthcare organisations attempt to replicate their paper processes when moving to EHR; as a result, the benefits of the new systems are not realised.



Under-investment in training and education

Training is often too generic and not work-flow based – and while many healthcare organisations commit to providing education and training before go-live, very few after go-live to focus on educating clinical and administrative teams long-term.



Focus on go-live versus long-term sustainability

Many organisations grossly under-estimate the effort and resources required to sustain the long-term adoption of EHR.

Six key lessons from healthcare leaders

To address the challenges and barriers to EHR adoption across both clinical and business systems, here are six key lessons based on the experience of Atos and healthcare leaders in the UK and US.

1

Strong senior sponsorship and clinical leadership are essential

Strong senior sponsorship and engagement of clinical leaders are critical first steps. Without engaged and clinically focused leadership, the rest of the steps cannot be achieved successfully and adoption begins to erode.



Drive key decision-making

Through CEO-driven, clinician-led executive steering for EHR at the strategic level to understand the degree of change required and set priorities appropriately. Most importantly, they stay engaged for the life of the EHR application.



Maintain momentum

To drive through necessary cultural and organisational change, especially when things get tough, senior leaders need to be well informed and aligned in how they communicate the value of the EHR; they empower clinicians to make decisions about how the EHR should be implemented and used.



Manage expectations

Expectations need to be managed for senior leaders, users, providers – and patients. EHR adoption is a journey: being realistic about the immediate impacts and engaging with all stakeholders in the reasons for EHR and what to expect around go-live will help to build understanding and ensure a smoother implementation.

“EHR isn’t just an IT project: it’s about leading wholesale change that we’ve never experienced before.” **Dr Stephen Cone, CMIO, Clinical lead for the EHR project, UCLH**

2

Be collaborative

Collaboration is more than a nice-to-have: it is essential to drive innovation and build the necessary consensus to achieve widescale organisational, cultural and systems change.



Multi-disciplinary representation

Planning for and enabling cross-departmental involvement, ownership and understanding will ensure that solutions are co-developed across care pathways – and across clinical and business systems.



Local versus national

While experience shows that local empowerment and ownership is critical to effective deployment of IT, leveraging experience and resources at a national level, such as through NHSX, can help to minimise risk, accelerate progress, and avoid re-inventing the wheel.



Working with partners and peers

Accessing proven solutions and expertise from specialist IT and change management partners nationally and globally is important – as is building links with peers to share experience, insight and learning within the health economy.

“The advent of NHSX is an opportunity for more joined-up thinking. We need a network of CIOs and we need to build links at the local level.” **Tara Donnelly, Chief Digital Officer, NHSX**

3 Empower clinical users early

Strong senior sponsorship and engagement of clinical leaders are critical first steps. Without engaged and clinically focused leadership, the rest of the steps cannot be achieved successfully and adoption begins to erode.



Structured clinical representation

Consider establishing a network of super users, such as a group of Medical Information Officers from each specialty/department – plus an operational readiness group to make decisions on the critical path and feed back into their specialties.



Early requirements definition

Structure the involvement of a cross-departmental user group (doctors, nurses, IT, admin and the exec) to define requirements as early as possible – ideally before the final vendor selection.



Testing and flexing

Keep involving the same user group in system testing in order to keep evolving requirements and the solution ahead and after go-live. Train expert users as early as possible to act as change champions and so that they can continue to shape the solution as it evolves.

“We found that physicians were adopting the system faster than we were implementing it, so we switched from an incremental approach to full user empowerment and a big-bang roll-out.”

Dr John Paul Jones, Physician, Centra Health

4 Identify and overcome cultural barriers

At the heart of EHR adoption is cultural change – arguably the biggest challenge for the NHS today, particularly in the context of an ever more demanding operational environment.



Devise a transformation plan

An overall transformation journey to take the organisation from A to B will ensure the necessary cultural and organisational change and resonate with patients and staff. As part of this, encourage doubters and resisters to be part of the solution.



Focus on what makes the most difference to staff

Winning hearts and minds is a powerful lever for change: early wins or high-profile changes could include apps for mobile devices, live voice recognition for keeping records and sending correspondence, and remote access for staff.



Consistent, sustained communication

This is essential throughout implementation and after go-live, using across multiple online and offline channels.

“We created an environment and spirit of collaboration and the barriers came down...we wanted to empower people right at the start of the digital journey.” **Dr Stephen Cone, CMIO, Clinical lead for the EHR project, UCLH**

5 Drive standardisation

Perpetuating variations between departments – and exceptions based on speciality or grade – will significantly lower the potential to drive out benefits from EHR.



Maintain strong governance

This should be CEO-driven, clinician-led executive steering for EHR at the strategic level to understand the degree of change required and set priorities appropriately. Most importantly, they stay engaged for the life of the EHR application.



Identify new workflows

EHR adoption requires changes in workflow to ensure that the system is a useful and valuable tool for clinicians. Redesign processes with minimal variation well before go-live, and identify changes to ways of working.



Pinpoint best practice

This should minimise variations, create a benchmark, and drive continuous improvements. If there isn't an identified best practice, then select one.

“No matter what size the organisation or which EHR vendor, there are some generic lessons: involve people, standardise on best-practice, train thoroughly and manage users’ expectations.” Dr John Paul Jones, Physician, Centra Health

6 Focus on adoption, not just implementation

EHR adoption requires the continuous process of keeping users informed and engaged, providing innovative ways to help them become proficient in new tasks, measuring changes in critical outcomes, and striving to sustain that performance long term.



Invest in training education

With training arguably the most important long-term success factor, train super users early, invest in classroom training and real-life simulations of new ways of working, including changes to admin processes.



Ensure operational readiness

By intensive preparation and user engagement, including regular hackathons, pre-go-live readiness events and checklists, floorwalking and at-the-elbow support from providers, super users and partners.



Execute a post-implementation plan

Ensure sufficient time and resources are allocated, including continuous evaluation and evolution of the system, introduction of new processes, ongoing user training, use of metrics that gauge effectiveness (not just speed), and redistribution of freed-up resources.

“Driving adoption is about getting the basics right, being forensic about workflows, and then looking for and building on opportunities to make clinicians’ working days better – this could be outside of the technology.” Tara Donnelly, Chief Digital Officer, NHSX

Key learning from the US

Research conducted by Atos in the US has led to a better understanding of the most important variables in predicting long-term satisfaction with EHR. Several research studies by The Breakaway Group (now Atos) have identified the four key drivers of adoption of clinical systems and overall satisfaction with those systems after implementation. The research findings are published in the book, *Beyond Implementation: A Prescription for the Adoption of Health Information Technology*. The research has found that while many

organisations in the US have implemented EHR, a high percentage still struggle to use their system to improve clinical and financial outcomes. Yet when healthcare organisations achieve high levels of adoption, they experience less resistance from clinicians, fewer errors, higher productivity, reduced costs, and less stress. Organisations that under-estimate the post-implementation effort required to drive adoption never truly gain the promised value from their technology investment. Studies by The Breakaway Group have also

shown that through targeted training and use of simulation, EHR proficiency rates of individuals can be increased from 55% to 95%. Tools currently exist to monitor the use of EHR systems in training and in live environments, enabling more targeted individual training and support in areas where individuals require it. Atos’ US practice has contracted with over 100 hospitals on the basis of delivering over 90% adoption rates through our targeted training approach. This approach also applies to wider system adoption beyond just EHR.

Across the UK, the maturity of existing EHR systems and approaches vary in terms of technical and digital maturity. Many EHR and EPR (Electronic Patient Records) systems procured under the national programme are reaching their end of life, are based on legacy standards and architectures, and are difficult to adapt for digital innovation. At the same time, the development and training of users and the importance of business change management are not always recognised.

There are now major opportunities to dramatically improve EHR adoption as a vital enabler for digital transformation of healthcare across the UK.

Atos: helping you drive EHR adoption

Atos is at the forefront of providing leadership, consulting and advisory services for EHR adoption here and in the US. We are product-agnostic and bring years of experience in healthcare and technological expertise, a proven track record with successful EHR implementations, and an acute understanding of the criticality of organisational and cultural transformation and stakeholder involvement.

We work with customers in healthcare to embed the four key drivers of adoption of new systems, including EHR:

Four drivers of new systems adoption



If you would like more information or to talk about your EHR adoption challenges and how we can help, please contact engage.atos.net/UKI/health-contact

About Atos

Atos is a global leader in digital transformation with over 110,000 employees in 73 countries and annual revenue of over €11 billion.

European number one in Cloud, Cybersecurity and High-Performance Computing, the Group provides end-to-end Orchestrated Hybrid Cloud, Big Data, Business Applications and Digital Workplace solutions. The Group is the Worldwide Information Technology Partner for the Olympic & Paralympic Games and operates under the brands Atos, Atos Syntel, and Unify. Atos is a SE (Societas Europaea), listed on the CAC40 Paris stock index.

The purpose of Atos is to help design the future of the information technology space. Its expertise and services support the development of knowledge, education as well as multicultural and pluralistic approaches to research that contribute to scientific and technological excellence. Across the world, the group enables its customers, employees and collaborators, and members of societies at large to live, work and develop sustainably and confidently in the information technology space.

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Let's start a discussion together

