



5 East 16th Street, 6th Floor
New York, NY 10003
212.727.8342
www.defran.com

Building an Effective Model of EHR Governance and Support

by Tim Carpenter, MSW

Introduction

There are many compelling reasons for human and social service organizations to implement a new electronic health record (EHR) system. Today's EHR technologies include a robust set of features that yield efficiencies far superior to those that can be achieved using traditional paper-based records. Moreover, because many agency activities are so tightly integrated - service scheduling, progress notes and billing, for example - managing case information electronically usually results in significantly improved clinical quality.

While an increasing number of organizations realize the benefits of an EHR, many struggle to create a sustainable internal governance and support structure for their system. However, it is important not to underestimate the role the support structure plays in the lasting success of an EHR system.

This paper will outline a model where EHR governance and support is distributed among the key stakeholders and end users of the system. This paper will also examine the experience of STARS Behavioral Health Group (SBHG), a California-based multi-site agency, as it moved to this model.

The Distributed Model of Governance and Support

Many human service organizations have as few as one or two staff members to manage a new EHR implementation and its ongoing support, usually while simultaneously providing support for existing agency systems. They are also often responsible for providing new user training, conducting testing of new software releases and more. In many cases, such demands make internal support of the EHR unsustainable when handled by a small staff.

STARS Behavioral Health Group, a large multi-site and multi-service behavioral health organization with 1,000 employees across California, implemented a new EHR in July of 2008. Yet, as is often the case in human service organizations, SBHG had only two staff dedicated to managing the implementation of the EHR. Because of its large size, SBHG made a deliberate decision to conduct the implementation across company sites and programs in phases.

"As we prepared to continue implementing the EHR at other company locations, we had to find ways to effectively support the current implementation yet move ahead with the rollout", said Dr. Peter Zucker, VP of Clinical Services and EHR project sponsor. SBHG began developing a scalable governance and support structure to support their EHR implementation.

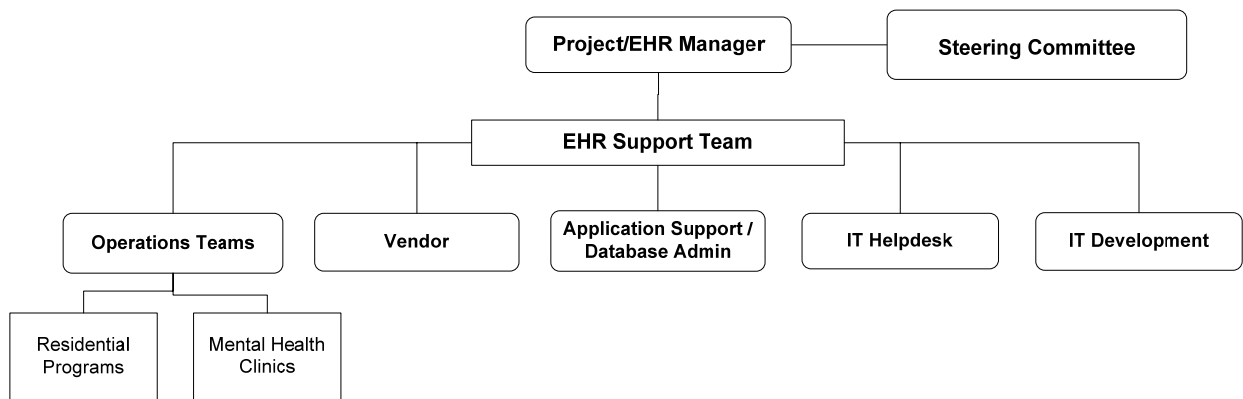
A distributed model of governance and support for the EHR, as implemented at SBHG, has helped many organizations maximize the use of their system. This distributed model engages leaders in the organization to negotiate and make

decisions related to the EHR. Additionally, this model also engages the EHR's end users in supporting and training others.

This approach creates an environment with the following characteristics:

- Leaders “own” their system (EHR) and have made collaborative decisions about how it will be used to advance the mission of the organization.
- A strong base of knowledgeable end users that significantly improve the effective use and internal support of the EHR.

The distributed model of support also clearly defines what areas of support should be assigned to other IT staff (or subcontractors). This figure illustrates the basic structure of a distributed governance and support model. A description of each of these areas/teams follows.



The Steering Committee - An Effective Governance Structure for an EHR system

A successful EHR implementation involves many diverse areas of a human service organization including clinical services, quality assurance, finance, and information technology (IT). All have an investment in the initial implementation and ongoing management of the EHR.

The role of the steering committee is to make decisions about how the EHR will be implemented and managed throughout the organization. This is particularly important in large multi-service organizations where implementations are often executed in multiple phases.

The configuration and management of the EHR continues after the implementation is complete, to meet changing clinical standards, billing

requirements, and other factors in the industry. During and after implementation, it is essential that the organization maintains an EHR steering committee.

The steering committee is often charged with setting EHR project priorities and timelines so that the agency can ensure:

1. The requested project has a defined return on investment (ROI); (improved clinical outcomes, productivity, system compliance, etc.)
2. The EHR work plan is manageable given the resources (human and financial) that the organization has allocated.

The steering committee should be composed of a cross-functional group of the organization's leaders.

Common functions/positions represented on a steering committee include:

- CFO or Controller
- Accounting Manager
- Senior Program Director/VP
- IT Director
- Operations
- Quality Assurance
- EHR Project Manager (facilitates the steering committee meetings)

SBHG has developed a strong steering committee to oversee both the implementation and ongoing management of their EHR. "Our steering committee's initial work was very focused on the details of our first implementation. Now we're much more focused on managing priorities, timelines and the standardization of our rollout company-wide", said Dr. Zucker.

Building an Effective Support Structure

In building an effective support structure for the organization, it is important to carefully define what role each of the various IT staff members will play in supporting the EHR. Because many human service organizations have only a small number of staff to implement and support the EHR, the EHR vendor often plays a critical role in addressing system problems and providing assistance with configuration issues. In addition, experienced end users can also play a significant role in supporting the EHR.

An effective support structure consists of three key IT components. Each has a specific function to help alleviate technical problems and assist users in getting optimal functionality from the EHR. The three teams are:

1. Operations Team(s)
2. IT Helpdesk
3. Application Support/Database Administration & IT Development

Operations Team(s)

An Operations Team serves as the first level of support for users. They are composed of a cross-functional group of end users who have become subject matter experts, referred to as “super users”, and are lead by the EHR Project Manager. It’s important to select individuals for the team that have a strong interest in the new system and in supporting and working collaboratively with others.

An organization may have one or more operations teams depending on its size, each with a specific purpose. Operations teams often focus on a specific program area (e.g. mental health or residential services). However, some teams may also serve a specific geographic region as is the case with large agencies that specialize in one type of service (outpatient mental health). Leveraging the capabilities of the operations teams greatly extends and strengthens the support of the EHR.

In the case of SBHG, operations teams were formed based on implementation areas, which included personnel from administration/operations, finance, billing, quality assurance, and information technology. For example, SBHG has trained a finance “super user” who will support new finance users at other sites with the setup of billing functionality specific to that site.

“For SBHG, moving to this model of support has been essential to our ability to move forward on our implementations at other sites”, said Dr. Zucker.

In addition to daily user support, operations team members work with the EHR Project Manager on tasks including developing user manuals, training new users and reviewing new system capabilities included in the EHR vendor’s software upgrades as well as related user acceptance testing.

Finally, bringing operations teams together on an annual basis for advanced training can greatly improve their skills in supporting the users in their program area. In turn, these staff members become catalysts for change, promoting the extension of the EHR in new ways for optimal functionality.

IT Helpdesk

Technical problems with the system, such as freezes, error messages, or slow performance experienced by users should be reported to the organization's IT Helpdesk. The IT Helpdesk may consist of staff members or contractors who should be well trained to triage system issues and to know when to elevate an issue to a network administrator, application support/database administrator, or to the EHR Project Manager.

To facilitate the efficient resolution of problems, system end users should be informed as to which types of issues should be directed to the helpdesk as opposed to one of the other support teams. "How do I use the EHR?" vs. "my computer has locked up" are two very different types of issues which should be reported to different support teams. The former is an issue where a "super user" for a given program or geographic area might provide training to the end user in EHR functionality. However, the latter issue of the computer locking up would appropriately be address by the Helpdesk.

Application Support/Database Administration & IT Development

Organizations should clearly identify a staff member (or contactor) who will be responsible for application support (technical issues) and database administration. These roles, many times combined, assist with production support as well as data analysis.

Before production issues are reported to the vendor, it is important to review any elements of your server configuration or database that may be causing an issue (e.g. the impact an aging server may have on system performance).

The database administrator, working with the EHR Project Manager, can also often assist with ad hoc data analysis in your EHR (e.g. reviewing when specific data may have been changed and by whom, exports of broad sets of data for analysis, and global updates of some data).

The application support/database administrator is also responsible for maintaining the system database and running standard maintenance utilities to optimize system performance. Additionally, this administrator will manage a test environment and work closely with EHR Project Manager installing system patches and upgrades.

Finally, when developing an EHR support model, the organization should identify what resources will be used for additional technical development projects associated with the EHR. Will the organization rely on the vendor, another contractor, or internal resources for development work? Development projects may include custom reports using EHR data, or integrations between the EHR and other organizational resources such as the human resource, payroll, or

general ledger systems. The EHR Project Manager manages custom development projects.

Not having many application or report development needs aside from the EHR, SBHG made a decision to contract development work directly with the EHR vendor. A consulting database administrator has also been contracted for specialized data mining and reporting.

Conclusion

When implementing an EHR, the development of a strong support model is critical to the success, accuracy and consistency of system use. Most organizations lack the resources for multiple staff members to accept sole responsibility for the deployment, management, training and support functions of the EHR. As a result, it is important to engage available resources and staff throughout the organization to take responsibility for these functions.

Creating a distributed support model that engages and empowers end users and system "owners" to work collaboratively with IT to support the EHR is an extremely effective solution for EHR governance and support. This model encourages a dynamic EHR deployment and support model which results in continuous improvements and expansion in the use of the EHR.