Health Care's Digital Transformation: The Critical Role of the Clinician

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The Vanderbilt Center for Better Health
Transforming Healthcare Through Informatics

Global momentum is quickly building for the widespread adoption of electronic health records and related information technology (IT) to improve health care quality, safety and operating efficiencies. Support for this movement has taken hold in many parts of the world. Canada, the United Kingdom, France, Italy and Singapore are well into country-wide initiatives to build national electronic health record systems and other health care IT tools. In the United States, support starts at the very top, with the president and congressional leaders endorsing electronic health records as a critical component of solutions aimed at dramatically enhancing care while reducing costs.

Despite the enormous opportunities, the effective use of IT in health care has been challenging for all involved. Some reports suggest that the success rate for clinical IT projects in actually achieving their stated objectives may be less than 50 percent. For clinical IT to fulfill its potential of helping to transform health care, an understanding of success factors is critical. To that end, Accenture collaborated with the Vanderbilt Center for Better Health to identify the critical success factors for clinical IT adoption. The study suggests a number of key strategies that appear to have significant effects on the adoption of new technologies by clinicians.

The seven "secrets" of successful clinical change

Vanderbilt researchers interviewed nearly 50 executives and clinicians at 22 hospitals and health systems in five countries that have implemented clinical IT systems — electronic health records, computerized provider order entry, and clinical decision support — across some or all of their institutions. Participating institutions included Calgary Health Region, Intermountain Health Care, Kaiser Permanente, Palo Alto Medical Foundation, Partners HealthCare System, the South Australia Department of Health, and the US Veterans Health Administration. The researchers also conducted a literature search, examining 75 articles, white papers, case studies and other materials. The study focused on adoption of clinical IT in hospitals and integrated health systems, and did not analyze small physician practices (unless they were part of the hospital or integrated delivery systems).

Perhaps the most important finding is that, regardless of the formal relationship to the institution, physician engagement and support is a critical variable in the overall success of an implementation. Whether the relationship with the hospital is loose or the physicians are employees of the hospital, leaders of the implementation effort need to gain the understanding, support and involvement of the physician community in order to be successful. Physicians need to understand how the implementation will help them and their patients. Their critical concerns need to be addressed in the process of tool selection, planning and implementation.

Maybe not big news, we know. What is news from this research is how few people really do this well. But the research showed very clearly that the institutions who took this step into account had a far greater likelihood of success than those who did not. Most actually went back to this idea, and the ones listed on the following pages, only when an implementation failed and they had to regroup. We also know that doing this right takes more time and effort, and therefore costs more money at the start, but experience suggests that it's more expensive to have an implementation fail after a year than it is to start slowly.

"I cannot emphasize enough that it's important to engage the clinicians — doctors and nursing staff — as partners and have them managing the IT people versus the other way around. If it is an IT product, either real or perceived, it's the wrong approach," notes one doctor. A clinical IT program needs to advance a broader objective for care delivery and be a means of accomplishing a broader goal that clinical and corporate leadership share.

From this insight, and the experiences and perspectives of other successful implementations, seven hard-won lessons for implementing clinical IT projects emerged:

1. **Alignment of clinical and administrative leadership**
   First and foremost, clinical and executive leadership must agree on the goals and expected results of clinical IT projects. In fact, our research found that executives and clinicians are most likely to agree when a clinical IT initiative is presented as part of an overall strategy. Says one physician, "We had a vision of where we wanted to go, and it was part of an integrated plan that involved all of the clinical leaders. It was not a standalone project or just an IT project."

2. **Effective, early engagement of clinicians**
   Real and substantive involvement of the clinicians in early planning as well as throughout the project is essential. Clinicians expect their input to weigh heavily on the selection, design and deployment of the system. In choosing physician input, it makes strategic sense to enlist medical leaders who have influence over broad groups of their peers as champions for the project as well as IT-savvy doctors who may be more willing to act as early adopters. Says an IT executive, "At its base, the system has been designed from the clinical physician perspective, which has allowed us to get buy-in."

3. **Unique relationship between physicians and the institution**
   As the face of the medical institution to patients, physicians have an undeniably unique role. For example, they often bear the major burden in adopting electronic health records, computerized provider order entry and other new IT systems. These systems often require physicians to make real changes to their ingrained work behaviors and practices if they are to accomplish safety and patient care objectives.

   It's been well documented that attempts to mandate physician use of IT tools can lead to resentment, lack of trust and even behavior that undermines the IT initiative. Instead, leading institutions have begun focusing on ways to help physicians understand how the tools can improve their practice and patient outcomes. Many institutions reported that sharing information about the improved information access, ability to coordinate patient care and other benefits achieved by early adopters helped persuade many "wait-and-see" doctors to use the new technology.

4. **Unwavering commitment to success**
   Leaders can champion a successful project by showing strong resolve and holding project managers accountable for progress and implementation deadlines. Institutional leaders that spent time at the outset identifying potential challenges and developing strategies for dealing with them fared better than their peers. In particular, leaders must emphasize that the clinical implementation project represents a strategic imperative for the organization and that there is no turning back.

5. **Deploy to new places when the benefits are clear to clinicians**
   Institutions have successfully used a variety of deployment approaches, from going live simultaneously across an entire institution to moving across units over time. Whatever the deployment strategy, however, many health systems did not implement the new system until a critical mass of clinical leaders in that specific unit, practice, service or facility agreed the technology would benefit the group. To win this critical mass of support, many organizations facilitated collaborative sessions between the administration, IT leadership and the clinicians and only went ahead with the project when there was agreement that implementation would be a win for all parties.

6. **Individualized approaches to training and support**
   While some organizations started with classroom training for clinicians, virtually all 22 institutions in the study have migrated to individualized training and support. With severe time constraints, physicians respond better to training that adapts to their schedules. When several institutions began sending trainers to physicians for one-on-one help, their willingness to adopt the system rose dramatically. Moreover, using the actual system in real-life patient care settings improved the actual, as well as the "perceived," effectiveness of the training.

7. **Tight feedback and enhancement cycles**
   The ability and commitment to gather and incorporate feedback from users after the initial rollout are vital for continued clinical use of the system. Institutions that quickly enhanced technology based on the experiences of early adopters improved the system, its benefits and its credibility. Paying attention to the feedback clinicians provide on how to make the system produce even greater benefits for patients, clinicians and the institution is a key strategy for driving adoption as quickly as possible.

The new technologies being introduced now offer the promise of better and more consistent patient care with fewer problems and costs. Regardless of the country where new technology is being implemented, the more of these critical success factors that a hospital can incorporate into a large-scale technology implementation, the more likely it will be to drive adoption and produce better outcomes for clinicians and patients.

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About the Vanderbilt Center for Better Health

The Vanderbilt Center for Better Health was launched in June 2002 with a goal of helping doctors and hospitals improve quality and lower the cost of health care. The Center uses health care organizations around the country as test beds for improvement initiatives. It has a particular focus on how information technology and biomedical informatics can support innovation and improvement. The Center conducts conferences and research and provides advisory and consulting services. The Center is part of the Vanderbilt University Medical Center in Nashville, Tennessee.

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