

## Background

The Minnesota legislature appropriated funds for planning and implementation grants for electronic health record (EHR) systems and health information exchange projects.

In 2008, nine collaboratives, six community clinics and one health information organization received \$3.5 million in matching grants for the adoption of interoperable EHR systems or health information exchange projects.

Planning grants up to \$50,000 went to: Cedar Riverside People's Center, Minneapolis; Community Health Information Collaborative, Duluth; Community Memorial Hospital collaborative, Cloquet; St. Gabriel's Hospital collaborative, Little Falls; Sleepy Eye Medical Center collaborative, Sleepy Eye; and Upper Mississippi Mental Health Center, Bemidji.

Implementation Grants up to \$500,000 were awarded to: Community-University Health Care Center, Minneapolis; Lakeland Mental Health Center, Fergus Falls; Lakeview Medical Clinic collaborative, Sauk Centre; LifeCare Medical Center collaborative, Roseau; Neighborhood Health Care Network, St. Paul; Northern Minnesota Network, Isanti; Open Cities Health Center, St. Paul; Saint Elizabeth's Medical Center collaborative, Wabasha; and SISU Medical Systems collaborative, Duluth.

## Lessons Learned

Critical lessons learned from the grantees can help inform future efforts and help achieve Minnesota's overall progress toward the goal of widespread EHR adoption, effective use and health information exchange.

### Adopt: Assessment, Planning and Selection

- Encourage broad staff participation even though it may reduce direct patient care time.
- Address organizational decision-making differences within collaborative; building consensus is time consuming but crucial to a successful EHR implementation.
- Promote EHR project participation and ownership by both leadership and staff.
- Consider a network for purchasing and support, this is especially recommended for smaller organizations.
- Partner with others to take advantage of lessons learned and to help avoid pitfalls.
- Keep organizations focused on the shared goal of improved patient care.
- Engage an experienced, trusted consultant; whose guidance and external perspective are valuable to attaining commitment across organizations—often complicated by organizational differences.
- Assess network hardware and broadband infrastructure needs prior to implementation and consider upgrading both.
- Review requirements for quality reporting.
- Address long-term funding and sustainability plans at the start.
- Create a detailed work plan for keeping the overall project on task.
- Compare EHR products using other users and vendor demonstrations as knowledge sources.
- Modify an existing EHR product if there is not yet one available for your setting.
- Evaluate vendor implementation and training plans as well as their EHR system.



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## Utilize: Implementation and Effective Use

- Implement an EHR using a comprehensive plan as it is essential for effective use; implementation may require more resources and ongoing effort than initially anticipated.
- Build time into the implementation plan to compensate for delays due to vendor issues or other developments.
- Include users from multiple departments to gather the most comprehensive perspective.
- Evaluate existing databases thoroughly prior to installing upgrades or new modules.
- Identify potential system problems and find permanent solutions rather than temporary workarounds; small problems during implementation may be perceived as bigger system problems by eventual users.
- Identify data that needs to be retrievable; build appropriate standards into template design before implementation.
- Identify and secure technical expertise prior to EHR implementation.
- Incorporate transparency between medical and IT departments so the EHR group has all the information needed to be effective.
- Plan for employees to implement EHR modules while continuing patient care; consider adding resources to assist with day-to-day activities.
- Avoid relying exclusively on vendor recommendations; identify needs and request adaptations to fit those needs.
- Use an internal server rather than an ASP model via internet portal for e-prescribing.
- Overestimate the training time needed.
- Allow enough time to practice after implementation and before “going live.”
- Communicate and plan for workflow changes; focus on patient care rather than the impact on staffing hours or reviews.
- Establish standards that allow for communication among different locations.

## Utilize: Implementation and Effective Use (continued)

- Integrate information technology into clinical operations through enhanced communications and training.
- Being flexible and keeping the ultimate goal of improved patient care in focus is the key to success.

## Exchange: Readiness and Interoperability

- Building interfaces between EHR systems requires coordination with facility-wide goals to ensure full commitment and success.
- Using national standards is critical to achieving interoperability—a certified EHR is a first step.

## For more information

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