

Implementation of Health Information Technology : Workforce Preparation

Minnesota e-Health Summit 2009:
The Road to Effective Use of EHRs in Minnesota
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The College of St. Scholastica



- The School of Nursing
 - Post-baccalaureate, On-line RN to BS and Traditional Undergraduate programs, Masters and DNP
- The School of Health Sciences
 - Health Informatics and Information Management, Occupational Therapy, Physical Therapy, Social Work, Exercise Physiology, and Athletic Training
- The Center for Healthcare Innovation
 - Professional Education, Applied Research
 - Public Policy, Strategic Partnerships

Activities



- ATHENS EHR Project
- Academic Electronic Health Record Subscription Service
- Personal Health Record Project
- Rural Hospital EHR Optimization Project
- Nursing Education, Practice, and Retention Project
- HIIM and Nursing have nationally recognized undergraduate and graduate programs
- Health Sciences and Nursing are nationally recognized for technologically enhanced learning environment
- Center for Healthcare Innovation works with colleges and universities around the country to implement EHRs into the classroom
- Faculty involved in:
 - RHIOs, CCHIT, e-Health Advisory Committees, National Rural HIT Coalition

We were meant for this work...



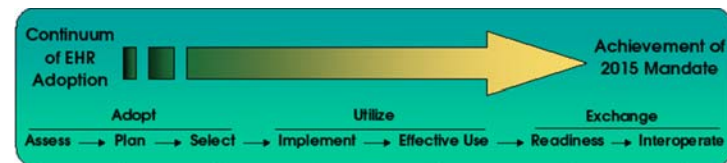
**SISTER
EHR**

Health Care Reform and HIT



- Currently the US system is:
 - Expensive, we spend more on healthcare than any other nation
 - Ineffective, many low quality outcomes on standards comparable to other countries
 - Fraught with high rates of medical errors
 - Not universally available
 - Structured in a manner unsupportable with impending workforce shortages
- HIT and EHRs have the POTENTIAL to:
 - Reduce costs
 - **Improve the quality of care** by delineating areas for improvement
 - **Save lives**
 - Improve access
 - **Redesign the work of providers to focus on critical activities**

MN e-health Mandate



Barriers to Adoption



1. Cost
2. Lack of Standards (interoperability)
3. Privacy and Confidentiality Concerns
4. **Resistance to Change**
5. **Workforce Issues**
6. Complexity of the Change

Meaningful Use/Effective Use



- The emphasis has to be on defining meaningful use in a way that emphasizes **USE**, not simply adoption.
 - We are “drowning in data, but starved for knowledge.”
- Meaningful use must be defined **dynamically**, be tied to health reform goals, and accommodate a phased-in approach:
 - Decision-support
 - Health information exchange
 - Quality reporting

Critical Success Factors for Staff: Davies Program



Leadership

- Stability in leadership for the implementation project
- Clinical leadership, as opposed to administration or IT
- Physician engagement
- Need a Champion!!

Critical Success Factors for Staff: Davies Program



Value focus

- Practical and incremental implementation
- Focus on high-quality care
- Decision support for staff

Time and Training



- “it’s going to take 10 times longer than you think”
- When staff are very busy, learning process is slow and frustrating
- If possible, use real people to people approach...coaching/cheerleading

Need Great support



- Healthcare clinicians who are “problem solvers”
- Health Information Management professional to guide data
- Technology experts – “if it doesn’t work...work won’t get done”
- Management expertise around change

Critical Focus



- Not just an IT project But it is a quality improvement project which involves large amounts of change

Building the Workforce for Health Information Transformation (2006)



Success will be:

“A work force capable of innovating, implementing and using health communications and information technologies will be critical to healthcare’s success.”

A Report published jointly by AHIMA and AMIA:
www.ahima.org/emerging_issues/workforce_web.pdf

Questions??



For more Information

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