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Converting to a New EMR: Norming, Storming & Forming

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During two recent cardiology consulting engagements, I've led clinical staff through the major change of a computer system conversion, challenged to keep them motivated and forward thinking through the painful process. The terms *Norming, Storming and Forming* have never been more appropriately used than when describing the change journey through the labyrinth of emotions when practice workflows utilized for years come to an end!

Norming: Even bad workflows in a medical practice become a workable habit. Kind of like wearing shoes that are just a little too short for you. Insidious workarounds, like a sticky-note to pass important information that shouldn't be lost, or taking 3 messages for the doctor or medical assistant when one would suffice, become the highly wasteful norm. When the practice's leadership announces a move from paper charts or outdated, clunky technology to a new Electronic Medical Record (EMR) system, initially, people embrace the idea. Of course, that's because they don't realize how long they will endure the chaos!

Storming: Enthusiasm wanes and frustration mounts when staff is saddled with current work while concurrently learning a new system with the switchover deadline looming. Status meetings and training sessions cause eyes to glaze over, and commonly heard statements like: "The paper chart took less time to document in" *(never mind you can't find it half the time);* "Our old EMR took fewer clicks" *(and had less flexibility);* "What?! I have to re-enter the patient's demographics and insurance information?! It's going to take a lot longer to register a patient." Although this last is true due to ramp-up time, clinic management usually substantially reduces the number of appointments the first month or so, sometimes by as much as 50%.

Forming: Cries of alarm fail to sway a determined management team and the new EMR is adopted. The reality is that some staff, not up to the challenge of change, will not make the transition. But gains are made, there are early adapters, and the faster aspects, like more in-depth management and clinical reports, outweigh the initial annoyances. Tools and processes, once manual, are now automated. Gains begin to outweigh the losses and become appreciated – particularly when physicians and staff can leave work on time.

Norming: Many live in the "valley of despair" for 2 to 4 weeks post implementation. Old, comfortable ways seem preferable, despite

the extra work. Then, something remarkable occurs. You overhear comments like: "Wow, I didn't know we could get to that level of detail"; "Check out this short-cut!" Six months later, people feel proficient using the new EMR, and six months after that, the entire team is optimizing the new workflows. Norming returns (without the inefficiencies of the past); medical and line staff are content once again.

Rewards for leadership? You'll witness efficiency gains like the electronic prioritization of critical phone calls that assures the right team member is assigned to answer those calls. Financial reports increase in quantity available and quality of data, giving you more leverage for marketing efforts. Reports make accountability track-able, so you can measure the time to check-in patients or the time for infusion therapy. Then there's the big payoff: the financial reward of receiving *Meaningful Use* checks for having attained and maintained quality indicators that play an important part in healthcare reform efforts; your pay for performance reward. For some medical groups, those government checks will make the difference between a red or a black bottom line.

Best Practices for best results. Map current workflows (clinical, billing, front office and ancillary) to identify deficiencies, bottlenecks and wasteful processes. Then ensure that the new workflows do not carry forward non-value added processes. The medical groups that choose to study and analyze their workflows **prior** to EMR conversion will experience less Storming and more Norming.

This is also the time to anticipate new regulations: with ICD-10 looming in 2014, for example, enter into discussions with your current or potential EMR vendor(s) to discuss how and when they propose to download and offer training on implementation. This complex coding structure can easily take a two-page ICD-9/CPT fee ticket to eight or more!

My personal reward? Witnessing team spirit. During both cardiology assignments, champions emerged and rallied the team. People exhibited technical and creative skills that had been buried due to manual processes or outdated technology. Both forward-thinking organizations are experiencing the reward of less medication errors, providers are able to easily share information, and data is easily accessible off-site.

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