

*Ontario Medical Review  
Electronic Medical Records*

## Successful EMR adoption: optimizing your workflow

*By Stephen McLaren, BSc, MD, CCFP, FCFP*

**M**uch has been written about the adoption of electronic medical records. If you Google “EMR benefits,” “EMR acquisition,” or anything related to EMRs, you will have a weekend of reading ahead of you. If you are looking for a helpful workbook approach to EMR Adoption, then refer to Ontario MD’s Transition Support Program for a host of valuable tools (visit Ontario MD.ca and follow the links).

Regardless of what you read, two common themes emerge: the first is “speed, speed, speed” of the performance of your overall IT solution; the second is “focus on workflow.” You need to address both so that your EMR does not slow you down while you work toward the ultimate goal of a chartless office.

Speed assessment requires site visits and examining a real-life install that closely resembles your office in size and scope (we’ll discuss the “speed” aspect of EMRs in a future article).

The second prominent theme — workflow assessment — is described below.

### *Workflow assessment*

One time-tested and proven approach to assist workflow focus is the technique of taking something apart, piece by piece, and then reassembling it from its component parts to understand how it works. It is something we have all done, although usually outside the context of our practice, perhaps with a hobby or athletic skill. This technique is helpful when looking for a suitable EMR, implementing it, upgrading with new modules, and optimizing as the years go by.

### *Understand your existing workflow by deconstructing it*

To best understand your current office workflows, you need to deconstruct them. The purpose in deconstructing is to gain knowledge of how things work and, more importantly, to expose areas of weakness or inefficiency, bottlenecks in the flow of paper, patients or staff, and areas of high risk for error or omission.

This is a kitchen table exercise. Include those who work with you — the office manager, office assistants, allied health professionals, and any IT resources you currently have. This will ensure that all perspectives are brought to the table.

You will need a sketch of your office floor plan, some coloured markers, an open mind and a critical eye.

Pick a standard practice workflow (see sidebar on p. 37) and complete its life cycle. For example, if you look at appointment workflow, start from the initial request through to appointment follow-up and capture each step in between (arrival, health card validation or direct pay clarification, roster status and demographic validation/updates, patient movement from reception to waiting room then exam room,



clinical team member movements, and then back out to reception to schedule follow up). Sketch it out, draw a schematic, follow the patient and staff through the office, and really take it apart.

Critically deconstruct your workflow from the perspective of the patient, the provider, and the health-care system.

Each viewpoint is valid, and within a workflow the focus may shift from one viewpoint to another. When in doubt where to weight your decisions, I suggest the patient's perspective will ultimately serve all well.

### *Reconstruct your workflow to optimize IT*

Now that you understand the details of a workflow, you must reconstruct it with desirable EMR features in mind. Aim for substantial improvements and think about the complete life cycle of the workflow.

You identify desirable features when you envision what an EMR could do or how it could help. When you start thinking about where a feature would be used, you have moved to reconstructing a workflow with an EMR.

Most workflows involve more than one person, so seek to maximize clinical time for clinicians, and to shift administrative activities to non-clinical staff. You may find that a certain EMR feature seems laborious, adding time or effort at some points of a workflow, but other parts end up being so improved that the reconstructed workflow is demonstrably superior.

### *Next steps*

Workflow deconstruct/reconstruct will help you identify EMR features that are the best ones for you to focus on to achieve more desirable workflows, resulting in improved patient care and office efficiency. Having done this hard work, you will be prepared to make an appropriate product selection, increasing your chance of EMR selection success. And once selected, implementation will succeed when you harness your EMR's features by training for workflow to yield superior clinical and business processes.

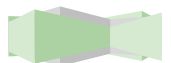
Even if you are a well-established EMR site, the deconstruct/reconstruct technique remains valid, especially when you have a significant EMR upgrade, or change in practice model, or just desire to optimize a component of your practice.

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*If you would like a Peer Leader to answer your questions and support your adoption of an OntarioMD certified product, a service which is free for physicians, e-mail: [peer.leader.program@ontariomd.com](mailto:peer.leader.program@ontariomd.com).*

The EMR Adoption column is co-ordinated by OntarioMD, a subsidiary of the Ontario Medical Association, funded by eHealth Ontario. For more information on EMR Adoption, visit [www.ontariomd.ca](http://www.ontariomd.ca), e-mail [emrfunding@ontariomd.com](mailto:emrfunding@ontariomd.com), or call toll-free 1.866.744.8668. *Dr. Stephen*



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Standard Practice Workflow

1. Demographics, billing and tracking
2. Scheduling
3. Incoming document management
4. In-office messaging
5. Encounter notes
6. Laboratory ordering and results
7. Medication and allergy management
8. Consultation requests
9. Third party requests
10. Data output, practice analysis, and population (roster) health

