

## ***Checklist for Implementation of Electronic Health Records:***

*Group Notes from Workshop, October 26, 2012, Reston, Virginia*

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### ***EHR TRANSITION (From Legacy EHR or Paper)***

1. Select Physician EHR “champion” (Technology Savvy)
2. System Choice and Implementation committee
  - i. Clinical
  - ii. Front desk
  - iii. Billing
  - iv. Physician
  - v. IT rep (internal or contracted – not vendor)
3. Determine what is desired in EHR
4. Determine integration abilities (hospitals, labs, radiology, ASC)
5. Certified EMR, references, onsite visit to inspect
6. Determine reporting requirements and if additional programs need to be purchased to achieve
7. Determine backup process (redundancy, Cloud?)
8. PM and/or EHR same time? (Not Recommended)
9. Process Alignment
  - i. How will EMR change what and how they do things – Identify efficiencies and meaningful use requirements (i.e. review of meds list – who will do)
  - ii. Go Live date (realistic, allowing time for master file build)
10. What will be converted?
  - i. If Demographics Only
    1. Define process to update missing information
  - ii. Scanning decisions (if paper record)
    1. Testing (labs – x-rays)
    2. Consult notes
    3. How far back – records
    4. How long to keep old records – where stored – will they shred old records after a time – how long
  - iii. Conversion of Electronic Record
    1. Entire old record?
    2. Mapping of data points
    3. If not possible – print out and scan pertinent information
    4. What is pertinent?
11. Training planning
  - i. Schedule – too soon/too late by department
  - ii. Master file setup
  - iii. Clinical staff, billing staff front desk
  - iv. Develop Training materials for reference
12. Building master files
  - i. Who will do
  - ii. Security and access (who can add info to pt. accounts/ insurance list, etc.)

- 13. Building process**
  - i. Hardware decisions, wireless, scanners, integration with B/P monitor or other testing equipment
  - ii. Building Templates (Have all providers agree on basic visit template)
- 14. Go live schedule**
  - i. All providers – one at a time or all at the same time
- 15. Billing**
  - i. Job descriptions
    1. Who will do what
  - ii. Claims processing
    1. Clearinghouse set up
  - iii. Designate supervisor and point of contact for vendor
- 16. Testing for claims**
  - i. Change vendor numbers by insurer
- 17. Legacy A/R**
  - i. Who will work
  - ii. For how long
  - iii. Balance transfers and when
  - iv. Month end process and reports
- 18. Budget**
  - i. System Cost
  - ii. "Add-On's" required to make system do what is needed
  - iii. Lost production during conversion and training
  - iv. Cost of training
  - v. Cost of maintaining two systems
  - vi. Cash flow management
  - vii. Develop hardware upgrade/replacement plan
  - viii. Cyber Insurance
- 19. Administrative**
  - i. Older doctor nearing retirement wants to stay on paper – how to handle
  - ii. If use of a scribe – how will cost be allocated
  - iii. Who owns data if doctor leaves practice
- 20. Continuous process improvements**
  - i. Contingency Plan if system is down
  - ii. Changes in job descriptions as process develops
  - iii. Changes in policies and procedures as process develops
- 21. HIPAA and other security compliance**
  - i. Security provisions
    1. Access Policies and Procedures (need to know)
    2. Limit download and outside email access
    3. Interoffice email encrypted
    4. Protection of staff as patient records
    5. Technical – firewalls – tracking access
      - a. Passwords and rolls
      - b. Tracking access
      - c. Time out monitors
      - d. Privacy Screens
      - e. Locations of monitors

- f. Breach reporting process
- 6. Patient access to records process (HIPAA)
- 7. BAA for vendors
- 8. Once live, obtain outside risk assessment and make changes according to results.

**22. Policies**

- i. System design
  - 1. Data access
  - 2. Patient flow
  - 3. HIPAA
- ii. Old records
- iii. Changes to existing policies to reflect EMR