



Building The Dream Team

Electronic Health Record Staffing Essentials
Who you absolutely need on your implementation and
on-going management team

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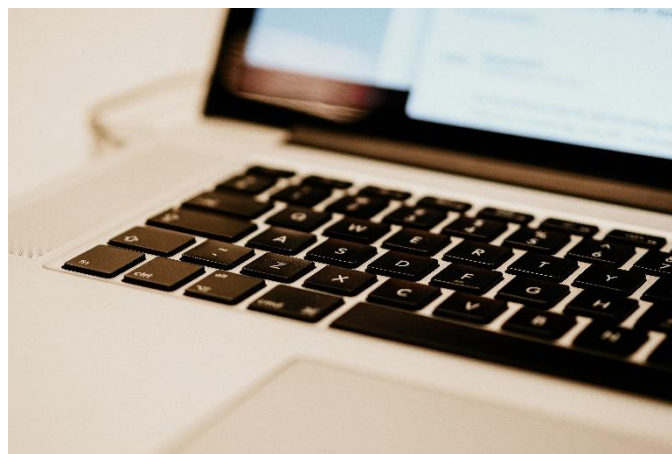
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EHR implementations are hard to do right; some would say an EHR implementation is brutal on an organization. The numbers are NOT encouraging. Over 20% of EHR implementations outright fail and over 79% of staff report that the effort to implement a new EHR was not worth it. 65% of users report that implementation of their new EHR resulted in financial loss (EHR in Practice, 10 EHR Practice Statistics. *Why you have to get it right the first time.* 10/31/17). In addition, over 25% of EHR implementations are not completed (Open Minds, 2017 National BH EHR Survey). While there are multiple reasons for these distressing statistics, one of the most important, predicable and actionable reasons is how you staff your EHR implementation and your on-going project management.



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[EHR Practice, 2017](#)





THE TEAM Members and Roles

In our experience, smaller implementation teams work better; the key is to have the right staff on your team. This does not mean that you ignore input from a wide variety of stakeholders. It means your implementation will move

faster and be more successful with a core team of staff dedicated to the EHR implementation. The Core team should consist of the following:

- Project Manager
- Clinical Lead (able to represent all clinical work, sometimes the COO)
- System Analyst
- Billing Manager/RCM Director

Project Manager (PM): This is THE key position for an EHR implementation. If your organization has an annual budget of \$30M or more a year, this is a full-time dedicated position. The PM has to be involved in all aspects of the project, therefore we highly recommend that the PM be hired before you make the final decision on your vendor. Over the past few years we have been paying close attention to the PM position. We have seen three models work:

Promote from within: The best case scenario is to hire from within the organization. The most successful PM's have been clinical staff who have high computer literacy. They are personable, highly organized, effective teachers, and don't shy away from taking

charge. The advantages of hiring from within are institutional knowledge, a sense of loyalty, and pre-established relationships with staff. (See the sample PM job descriptions on page 11).

Rent one: If you are not able to hire from within, rent one (but get the right one)! It is highly recommended that you hire a PM that has a lot of experience implementing **your EHR**, or at least Behavioral Healthcare EHR systems. While the PM does not need to be an expert in your EHR system at the start, they need to get up to speed fairly quickly and it does not hurt to have someone very familiar with your system from the start. While it is true that all great project managers have a certain skill set, not all project managers are the same. Just because someone was a successful PM for an IT project, does not make them qualified to be your BH EHR PM.

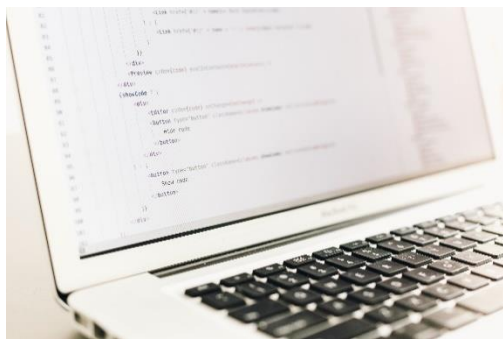
Rent one that will mentor your Program Director: If you think of your EHR as a clinical program; you will need a Program Director. If your EHR PD/PM does not have a lot of project management experience, but otherwise has all of the skills needed, find someone to mentor them on the PM skills.

Clinical Lead: The clinical lead or leads will be program directors, VP's or other senior staff with great knowledge of the levels of care, performance specifications, regulatory requirements, forms, workflows and reports. Occasionally you will find a front line staff person with great skills that you can leverage; they take to the software quickly, and have clear insight into how to make the system more efficient and clinically supportive. Most agencies under-estimate the amount of time needed from the Clinical lead(s) for a successful implementation.

System/Data Analyst: If your agency has an annual budget of \$30M or more, we also highly recommend a part to full time system analyst. This

is the person that assists the PM in keeping the project moving forward. They help with everything from data conversion technical support to resource management (rooms, meeting schedules) to system testing. An in depth knowledge of the agency's reporting needs is critical.

Billing Manager/RCM Director: Another key player on your implementation Core Team is your lead billing/revenue cycle management staff person. Many organizations under estimate the importance of the Billing Manager's role and time commitment needed to implement a new EHR. Keep in mind that this role may be split between your Billing Manager that traditionally has dealt with third party reimbursable payers/services and your Contracts department. Any EHR worth the cost you will pay should be able to track your service delivery and produce the data needed to bill out and support your unit based and



cost reimbursement contracts. We have found it helpful for some agencies to back fill a portion of the Billing Manager's day to day responsibilities to others in the Billing Department during the EHR implementation and go

live phase. Many organizations opt to bring the third party reimbursable programs live first in order to expedite the reduction of the number of EHR systems the Billing Department has to deal with simultaneously. This also equates to a large amount of your Biller's time up front in the implementation process.

Verify Billing Data! A word of caution – many agencies assume that the billing/RCM staff person intimately knows the billing procedure codes, maximum units, charges, expected rates and other vital data. Keeping track and up to date with these data is very challenging. Don't assume your current system contains all the correct data you need to transfer to

your new system. We highly recommend you start with the most recent contracts and program specifications and verify your billing set up data.

Other internal roles needed:

- **Project Sponsor:** This is the person that at the end of the day stands in front of the senior management team and/or the Board and says, “I’m responsible for the EHR implementation working.” The Sponsor should have a deep knowledge of the EHR contract terms, timelines, interdependencies and internal resource needs. She does not need to be at every meeting but does need to be in regular contact with the Project Manager. One of the more challenging aspects of the Project Sponsor’s job is insuring that the EHR vendor delivers all promised and contractually obligated functions and enhancements in a timely manner. Going live with your Detox program without the new bed-board module can stall an implementation.
- **C-Suite Staff:** CEO, CFO, COO, CIO. You don’t need (or want) the CEO in every meeting. You do need her to know what is going on and to be 100% in favor of bringing on a new EHR. The other members of your Executive Team should also be fully aware of the project timeline and progress. Too often we have worked with agencies where a new program will be bid on, be rewarded, management will acquire office space, hire staff, and then the EHR PM is told of the new program that will require a reworking of the entire project plan. Be sure to keep everyone in the loop.

While your Billing Manager/RCM will be dealing with the revenue aspects of the implementation, your CFO needs to be involved in the set up of financial reporting and transfer of data to the General Ledger. For some agencies this can be a complicated and time

consuming process. Also keep in mind that payroll and productivity reporting always takes longer than anyone budgets for!

- **Clinical leads for each level of care and Subject Matter Experts (SME):** These staff know workflows, regulations, performance specifications, outcomes, reporting needs and other program requirements. You may need the clinical director, a clinician, front desk receptionist or other staff. While your system analyst can conduct the initial forms testing, your clinical leads and SME's should spend as much time as possible testing the clinical forms and workflows.

Other roles include: Others from your organization will be involved in the implementation on an as needed basis. These may include:

- Front Desk
- Medical Director
- Compliance
- Medical Records
- IT
- Help Desk
- Report Writer
- Trainers
- Testers
- Super Users
- Data Entry
- Form Builder
- Quality Assurance



EHR Vendor PM: Another key player is the project manager from the EHR vendor. This is your main contact to the vendor. Many agencies simply take the person they are given (usually based on geographic region, not talent). Treat this as another negotiation point during contracting. You want the A team from the vendor. You want the PM, Billing expert and other Subject Matter Experts that know your state, your levels of care, and billing; forward and backward. You do not want the new PM that use to be a billing manager at an agency that uses the software that started last week; from a different state! Several years ago we were involved in an implementation and went through FOUR vendor project managers in eight months. While you don't have the same control over the Vendor's selection of PM's for your project, you do have some control.



Link to TCO: Most agencies we have worked with have underestimated the amount of time needed to successfully implement their new EHR. We have found it important to build the time and cost into the Total Cost of Ownership (TCO) calculation as you budget and plan for your new EHR. Your vendor should be able to help you estimate the time each person will require. You can also ask your peers. The larger vendors have active user groups that are happy to share their wisdom (and battle scars) with you.

One more resource – Other users. Most agencies have active user groups. Don't wait until you are implemented to begin to tap into this vast well of knowledge. Post questions, ask for best practices, get lots of input. The vast majority of today's EHR systems are highly complex and have more than one way to do many tasks. You do not need to re-event the wheel and be unique in your approach. Find out what is working. If

the vendor has regional or national user group meetings, go to them even while you are implementing. The networking and knowledge transfer you will gain is well worth the time and expense.

When to hire a consultant? Some agencies decide or can't afford to have a full time EHR Project Manager implement the system, and decide



instead to hire or assign an internal PM toward the end of the implementation to maintain the system. This is when an outside Project Manager is needed. A few vendors may continue to say that as long as you have a project sponsor, their project team (the vendor's staff)

will be able to handle the implementation – they are wrong! Having our own highly skilled Project Manager who will only be focused on your agency is vital. If you are going to hire an outside project manager, pick carefully. If possible, find one that has implemented your EHR before; the more the better.

A word of caution: Outstanding EHR Project Managers are in high demand. As soon as an internally hired EHR PM updated her LinkedIn profile to include her new position, she received several recruitment calls. If you want to keep your new EHR PM/PD, pay her adequately and continue to help that person grow in her position and be engaged in the agency.

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Take Aways:

1. Get the best PM you can afford and treat that person well.
2. Keep your Implementation Team lean.
3. Insist on the best PM from the vendor.
4. Use the acquired knowledge of other users.

Sample Project Manager job Description

Position: Internal EHR Project Manager

Job Status: Full Time

Reports to:

Major Areas of Responsibility:

- Oversee the day to day management of the ERH system
- Help organize and assist in the continuing role-out of the system
- Coordinate and assist in training efforts
- Test and coordinate updates and introduce new features to the staff for consideration and implementation
- Assist in new form development
- Assist managers and other users in maximizing the effectiveness of the EHR system
- Attend all EHR (and related) meetings
- Liaison with the vendor and vendor support
- Remain informed about industry changes that will affect the design and use of the EHR
- Document changes to the system

Qualifications:

Leadership and Communication Skills:

- A thorough understanding of the agency's mission, goals, and processes
- Excellent time management skills
- Effective communication skills
- The ability to motivate a team
- Strong work ethic
- Excellent project management skills
- A positive attitude that will ensure that there is good energy around the EHR
- Listening skills
- Flexibility, adaptability and problem solving skills

Industry knowledge:

- A behavioral healthcare/social services background and a good understanding of workflow and programs
- An understanding of payment structures and billing practices
- Be able to learn a thorough understanding of Behavioral Healthcare compliance standards

Technical skills:

- Familiar with the EHR application or obtain an expert level of knowledge
- Highly skilled at other applications (Excel, Word, SQL, Report Writing)

Education: Bachelors, Master's preferred

Resources:

Creating a Leadership Team for Successful EHR Implementation (2012).
The National Learning Consortium. Available at this [link](#).

Oshlag, J. Best Practices for Implementing an EHR in Behavioral
Healthcare. 2011. Solutions Press. [Link](#)

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About the Author

Jordan Oshlag is the President of Solutions in Behavioral Healthcare, LLC. Solutions offers consulting services in EHR selection, contracting, implementation support, project management and system optimization. Solutions also offers advanced reporting support. Jordan has over 30 years of experience in Behavioral Healthcare and has helped many organizations to successfully select and implement EHR systems. He can be reached at Jordan@SolutionsInBH.com.

Input Welcome

Email your thoughts, additions, best practices and implementation experiences to Jordan@Solutionsinbh.com.



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