



From Medscape Business of Medicine

## Getting Doctors and Staff On Board With EHR

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### Introduction

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Physicians often give logical-sounding reasons for not adopting an electronic health record (EHR), but sometimes there are additional reasons they don't express that aren't financial or practical. This is particularly a problem when your practice involves several physicians and staff members, where it's common for some to stonewall or to subvert the efforts to move ahead with EHRs.

It's important to align your team before launching any major change initiative, but especially one that demands as much widespread change and precision as the installation of an EHR system. You'll need to address 3 areas to gain buy-in: financial resources, practical applications, and emotional responses.

If you find that physicians and administrators are spending what you consider to be excessive hours churning over the financial and practice areas, it's possibly due to unidentified emotional responses to the change initiative.

If you're frustrated by your colleagues' refusal -- overt or covert -- to move ahead, it's vital that you *find and address the unstated reasons that are causing them to resist*.

The most common reason I've seen for practice members to avoid the move to an EHR is that they are fearful and/or angry. However, practice members don't necessarily reveal these emotions, but rather mask them with objections about financial or practical concerns. Unless the factors leading to their discomfort are addressed, they will not move forward on the initiative.

For example, the managing partner of a 5-partner gastroenterology practice put EHR on the agenda as something that needed to be adopted. The partners discussed the financial and practical considerations every month for 2 years, always demanding more research and postponing decisions.

In the 24th month, consultants talked with the practice members to identify their specific concerns. They made these comments:

1. I don't know whether I can learn this.
2. Am I setting myself up for malpractice?
3. What if I hit the wrong buttons or delete something important?
4. If I'm going to spend time learning, I'd rather spend it learning something that's going to make me a better physician.
5. I've been in practice for many years, and no one is going to make me change now.
6. No one has the right to tell me how to practice.
7. I don't have time for this.

The managing partner had been unaware of those concerns. Once the issues were on the table, he addressed his partners' fears and anger with concrete data. The partners were able to look at the facts, reach consensus, and move ahead.

In another practice of 10 cardiologists, the practice had purchased and installed an EHR system, but they were unable to launch because many staff members had failed to meet their objectives for start-up. In the 6 months since installation, the practice had experienced a 21% increase in sick days and early departures; morale had dipped dramatically; and a significant percentage of staff members were falling behind on completing their training modules. Every day, staff members were appearing in the practice administrator's office with complaints about lack of teamwork and their inability to "keep up" with regular duties. Through confidential surveys, we discovered that many staff members resented the physicians for unrelated issues, leading to a resistance to support the practice goals.

Consultants called a full-practice meeting, and learned that staff members perceived that they were unappreciated by their physicians and felt angry and unwilling to do more than what they considered should be done. Problems also existed between clinical and administrative departments, which led to miscommunication, mistrust, and resistance to working together on the EHR initiative.

In the meeting, they were able to talk through the difficult issues and improve communication.

## **Improving Communication**

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### **Improving Communication**

Practice managers can open the channels of communication and pave the way for buy-in by following these steps.

#### **Clarify Communication**

Distinguish between *opinions*, *facts*, and *feelings*. Begin by collecting the *facts* (financial and practical) in regard to what your practice needs and what is available to you. Collect *opinions* in regard to available options from people you trust. When presenting the facts and opinions to your team, make sure to correct any confusion between opinions ("*This will take years*") and facts ("*Statistics show that practices the same size as ours are fully functional in an average of 6 months*").

Invite discussion of *feelings* by asking questions, such as "*What are your objections?*" and "*What worries you about doing this?*" When you are able to help people to separate out their opinions, facts and feelings, you will achieve more rapid consensus about the best course of action.

#### **Help Develop Individual Motivation**

Enable each person to become self-motivated by helping him or her to recognize the personal benefits of change. The most common mistake is when people try to sell others on the benefits as *they* see them. You will get more commitment and energetic involvement when you encourage everyone to identify the positive ways in which a change to EHR will help them personally. Ask questions, such as, "*If you mastered the skills of our new EHR system, what would that get for you?*" and "*How would your day-to-day life improve?*"

## Recognize Achievement

Nothing encourages commitment faster than recognition of individual effort. If you see people even *holding* the EHR manual, compliment their willingness to learn. When you find a mistake, compliment the user for making an effort, and then offer ideas to do even better next time. Reward 30-, 60-, and 90-day (and beyond) EHR users with success chips or achievement certificates.

A practice administrator in a general surgery practice gave stickers when her team completed training modules. The physicians acted nonchalant, but they still lined up for their stickers. The more recognition you give, the more everyone will strive to excel.

## Identify and Resolve Interpersonal Conflict

Uncover resentments that may be hampering progress by asking, "*Do you have any unresolved conflicts with anyone else on our team?*" and "*What keeps you from being willing to resolve that problem?*"

You can help solve these issues by facilitating discussions in individual meetings, although the most powerful and efficient route is through a large-scale meeting. Using the power of the group, you can enable everyone on your team to identify their personal and team motivations for change, resolve long-standing resentments, and build a team action plan for your EHR initiative.

If you're leading a group alignment meeting, it's important that you establish clear communication guidelines for your team that include respect for others, an agreement to avoid all threats and belittling, and a firm commitment to honesty and the achievement of consensus.

If you're uncomfortable following any of the above recommendations, you may want to contact a consultant who specializes in team alignment for change initiatives to help you ferret out problems and remotivate your colleagues and your staff.

## Authors and Disclosures

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