A CASE STUDY

DEPLOYING KP HEALTHCONNECT IN COLORADO

Enabling a Rapid and Successful Launch

By John H. Cochran, MD

The promise of information technology as an improvement tool in health care can only be realized long after the systems are selected, designed, and implemented. At that point, one comes to understand that success requires a greater focus on the commitment and enthusiasm of the people who will use the system than on the technology itself.

The importance of people and leadership in successfully deploying an electronic health record was one of the key learnings from the Colorado Permanente Medical Group's transition to KP HealthConnect in 2005. In that year, we faced the challenge of completing the entire implementation in one month—a seemingly impossible timeframe driven by the need to quickly replace an existing EHR system, which had been in place for seven years and was not functionally sustainable. Operating the old and new systems simultaneously was not a realistic option, so the speed of the transition was critical.

In Colorado, our journey with health IT had begun in the 1990s with an internally designed electronic health record system developed in partnership with a national vendor. A lot of time and energy had been spent in the development and design of this system before it was implemented over several months in 1998. Extensive user input had been part of the process of getting the product designed and built. Over

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the next several years, the region learned to use the system and initiated the development of a disease registry to manage care in new and transformative ways.

In 2002, Kaiser Permanente's national leadership team, with the support of regional leaders, decided to adopt Epic System's electronic health record as the single national IT solution for all regions in both the ambulatory and inpatient settings. The Colorado region was scheduled to go live on KP HealthConnect in the fall of 2005. The rapid transition necessitated a strong commitment of physician leadership, focus, and support if we were to manage this disruptive and rapid change while maintaining access and performance in a very busy delivery system.

The requirement for speed in the context of a complex change environment meant that certain essential processes, competencies, and leadership behaviors had to be present from the outset. Balancing patient access and high standards of care against the need for a rapid system implementation is ultimately an artful process that draws on preparation and leadership. Following were the essential steps in the process.

Context Building

To ground a group of professionals in the need to make major, disruptive change, it is essential for leaders to share information and context about why this difficult change is essential. This is not a single convincing speech or memorandum. Rather, it is about a commitment to an iterative communication journey of proposing, listening, reacting, and learning in order to arrive at a shared understanding of why change is essential.

Building Capacity for Change

The design of the IT system should be optimized for the user. While there are limitations in "off-the-shelf" products such as the one purchased by Kaiser Permanente, the experience of the users is essential to inform modifications to the system. In our case, the development of the system involved a national "collaborative build" of the system's programs and clinical content (see Chapter Two). This involved regional users and national leadership teams working collaboratively to create a product that would meet the needs of each of the organization's eight regions, with a careful balance between national standardization and regional variation. This process, which continues to be used as we improve the system, optimizes the development of highly user-acceptable solutions.

There must also be commitment to provide extensive training in many formats. In addition to basic small-group class training, which was highly interactive and produced a strong sense of group learning, users were also offered DVDs and online training to help learn about the appearance and functionality of the system.

Throughout this process, we observed the development of a true learning community among our physicians and other clinicians as we progressed toward the go-live date.

Throughout the training, the commitment of leadership needs to be clear and visible, including support for physicians who bring both technical skills and clinical translational expertise to the training process. In addition, senior leaders must play a substantial role by demonstrating their own understanding and competence with the system. In our case, all senior leaders were expected to become accomplished users of the system and were visibly deployed to work in the clinics and departments as implementation proceeded. During the implementation, senior level leadership meetings were put on hold and leaders were strongly encouraged to stay out of their offices and be accessible in the clinics.

Clarity of Vision and Goal

Once the organization shares the context for change and adequately prepares users through training, senior leaders need to re-emphasize the vision and goals of the implementation clearly and without equivocation as the organization moves toward the initial launch. A clear and unwavering plan with milestones and deadlines helps to put everyone on notice about where to focus. We developed a very detailed implementation schedule that included additional "just-in-time" training.

To optimize opportunities to get off on the right foot, we carefully selected clinics for early deployment that we knew were staffed by eager "early adopters" who would most likely embrace the system, use it effectively, and be good models for other clinics to mirror. These early-adopter clinics provided a nucleus of super-users who became part of a human relay team that moved on to subsequent clinics in the deployment schedule to act as peer experts and share their knowledge of the nuances of the system with their colleagues. This ongoing process of having super-users visit each clinic was extremely valuable in demonstrating to new users how their peers were able to successfully use the system and rapidly return to seeing patients at a more normal pace.

Execution—Success—Trust—Momentum

After the first few clinics and departments began to use the system, a buzz of optimism began to develop among the various informal networks that were checking in to see if this was something that was going to crash and burn or go forward and result in a positive change. The region was communicating within itself an increasing level of confidence, enthusiasm, and trust, all of which were contributing to a growing sense of momentum. That momentum ultimately translated into an extraordinarily speedy deployment. But there is no question that the speed was made possible by all of the careful antecedent work—the context-setting, the clarity of goals, the training and

capacity building, and the careful scheduling of early adopters and subsequent super-user support. All of it was essential to dispelling anxieties and skepticism and creating demand and enthusiasm among the clinicians to get the system up and running.

The KP HealthConnect deployment in Colorado took four weeks and two days—a remarkable achievement for a delivery system of more than eight hundred physicians working out of twenty-two medical offices and other facilities. Scott Smith, MD, one of the key leaders of the implementation, sent a voicemail to all clinicians as the implementation concluded, saying, "Thank you to all of you. You have just broken the world's record for deployment of an IT system. Welcome to the starting line."

Dr. Smith's point was that successful EHR deployment and user training is only the beginning of the real opportunity, which is to use the tool to transform the quality, service, and efficiency of health care delivery.