Physician Roles in CPOE
The Physician Champion

Dan Morgenstern, MD, MBA
Principal
Computer Sciences Corporation
Agenda

Introduction

Why Physicians?

Physician Champions

MD Champion Tasks and Responsibilities in CPOE

Communicate

Educate

Advocate

Coordinate

Questions, Comments, Discussion
Who am I?

Dan Morgenstern, MD
Simple Country Doctor

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Who am I?

Dan Morgenstern, MD, MBA
- MD, Albert Einstein College of Medicine
  - 25 years of practice:
    » Private solo as well as group
    » Academic – US, Israel
    » Cardiac, thoracic, vascular, trauma and general surgery, wound care
- “Recipient” of a failed Hospital Clinical Information System Installation - twice
- MBA, Auburn University-Montgomery AI
  - Major course of study: Information Systems
- Left practice in 2003 – result of the malpractice crisis
- Health Care Consulting since September, 2003
  - Clinical Transformation
  - Workflow Process Analysis and Redesign
  - Clinical Master Plan Development
  - Medical and Clinical Staff Education
  - Clinical Issues Resolution, Implementation Support (go-live)
  - Vendor Selection Assistance
  - Clinical Content Development
  - Physician/Clinician Adoption
Who are you?

- Name
- Institution
- Role in your institution’s CPOE project
- Your goals for this session
- How did a nice guy/gal like you end up in a place like this?
- Your goals for this session
Where are you vis a vis others?

http://www.himssanalytics.org/stagesGraph.html

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cumulative Capabilities</th>
<th>2007 Final</th>
<th>2008 Final</th>
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<tbody>
<tr>
<td>Stage 7</td>
<td>Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing in use</td>
<td>0.0%</td>
<td>0.3%</td>
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<td>Stage 6</td>
<td>Physician documentation (structured templates), full CDSS (variance &amp; compliance), full R-PACS</td>
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<td>0.5%</td>
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<td>Stage 5</td>
<td>Closed loop medication administration</td>
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<td>2.5%</td>
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<tr>
<td><strong>Stage 4</strong></td>
<td>CPOE, CDSS (clinical protocols)</td>
<td><strong>2.2%</strong></td>
<td><strong>2.5%</strong></td>
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<td>Stage 3</td>
<td>Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology</td>
<td>25.1%</td>
<td>35.7%</td>
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<td>Stage 2</td>
<td>Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support, may have Document Imaging</td>
<td>37.2%</td>
<td>31.4%</td>
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<tr>
<td>Stage 1</td>
<td>Ancillaries – Lab, Rad, Pharmacy – All Installed</td>
<td>14.0%</td>
<td>11.5%</td>
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<td>Stage 0</td>
<td>All Three Ancillaries Not Installed</td>
<td>19.3%</td>
<td>15.6%</td>
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<td><strong>Total Hospitals</strong></td>
<td><strong>n = 5073</strong></td>
<td><strong>n = 5166</strong></td>
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</table>
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Why Physicians?

• Society has conferred unique ethical and medico-legal privileges on doctors based on their training and expertise, allowing them to care for patients

• In the course of such care, doctors generate virtually all
  – Patient-care related activities
    • Medications
    • Treatments
    • Procedures
  – Variable costs
  – Healthcare-derived income in hospitals as well as outside profit centers (rehab, mental health etc)
Why Physicians?

• Such enormous leverage is brought to bear on individual patients through the “writing” of physicians’ orders in medical records which contain
  – Documented thought-process involved in patient care
  – Requested diagnostic and therapeutic instructions (orders)
  – The resultant values
  – And still more instructions based on previous results

• Others may also generate “orders”

However, the overwhelming preponderance of such order writing rests with medical staff.
Why Physicians?

• EMR together with CPOE represent
  – Electronic version of time-honored patient chart
  – Areas where doctors conduct the majority of their “hospital patient-care business.”

• Very large majority of “hospital patient-care business” transacted in the EMR and CPOE – will be under purview of physicians

• It is this duality of the EMR and CPOE that makes the physician so crucial to the success of a Clinical Information System implementation

• The medical staff is the preponderant end-user of CPOE and directly influences other end-users’ utilization of the overall system
Why Physicians?

• Simply put, physicians’ pivotal role in healthcare make them the “make or break” constituency as far as Clinical Information Systems Projects are concerned.

• They must be involved in all aspects of the project.
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Why Physicians?

**Physician Champions**

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What is a Physician Champion?

• The “physician champion” is often thought of as a
  – Technically savvy physician
  – “Physician super-user”

• There may be some overlap of these roles
What is a Physician Champion?

- In truth, physician champions are better viewed and defined as

  Individuals with a significant and well-developed enthusiasm for the application of information technology to clinical medicine and surgery

- This makes it easy to
  - Identify and nurture such individuals
  - Set realistic and appropriate task expectations
  - Define responsibility and authority
Why a Physician Champion?

- The involvement of the end-user in the design, adoption and utilization of the final product determines to an overwhelming degree the success or failure of the implementation.

- The physician occupies the central role in the diagnostic and therapeutic processes which constitute healthcare and can be considered to be the end-user par excellence of a CIS.
Why a Physician Champion?

• One of the more important players on the “doctors’ side” is the *physician champion*

• It is a significant part in the “CIS/EMR/CPOE production”

• It is definitely a “speaking part” and it can tip the balance of the project either toward success or failure
Why a Physician Champion?

- CPOE is a clinical – not an IT – project
- As such, the owners of the processes affected by the project – and thus the project itself – are clinicians
- Physicians are the leaders of the clinical staff of any hospital
- The medical staff, as owners of the project, are represented by a physician champion or sponsor
  - Makes the clinical nature clear and unambiguous
  - Underlines the importance of the project in the provision of care to patients
  - Ensures that physician requirements and needs to deliver that care will be addressed
Why a Physician Champion?

• Note that ownership implies more than just the “deed” to the property
  – Participation and responsibility accrue to the medical staff and the champion as well
    • Design
    • Testing
    • Training
    • Utilization
    • Maintenance
  – Responsibility needs to be coupled with appropriate authority
Identification of Physician Champions

• Contacts with medical staff members during committee and clinical departmental meetings will lead to the identification of physicians who have voiced positive opinions regarding information system technology.

• Discussions of patient safety, efficiency and quality of care delivery may lead physician leaders to seek out members of the hospital executive team to initiate or facilitate consideration of clinical information systems.

• Physicians who have taken concrete steps in their offices to implement EMR’s will also emerge as likely champion candidates.
Identification of Physician Champions

• Medical staff leaders (department chairs, CMO’s, Chiefs of Staff) should not constitute the total “pool of applicants” nor should they automatically be anointed as champions

• The common denominator is one of interest and enthusiasm in the concepts that will form the foundation of a clinical information system project

• Note that technological and computer prowess is not a necessary – or even at times desirable - attribute
  – User-friendliness should not be defined by the most techno-savvy
  – Communication needs to be in terms average physicians can comprehend
Identification of Physician Champions

• Desirable attributes for physician champions
  – Leadership and respect within the medical community are desirable for the role of physician champion
  – Can be developed in individuals not possessing those qualities a priori

• Doctors will be rapidly propelled into leadership positions by
  – Interest in the project
  – Willingness to engage peers in dialogue about issues
  – **Possession of up-to-date, accurate project information**
Effectiveness of the Champion

- The credibility of the champion will be a direct function of the reliability of the information that he/she can impart to medical colleagues.

- It is imperative that both executive and project teams avoid over-sell, rosy scenarios and wishful thinking, in terms of timelines as well as functionality.
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Representative Physician Champion Tasks

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Representative Physician Champion Tasks

• Communicate
  – Act as a liaison between physician community and Executive/Project Team
  – Help craft communication plan
  – Interact with physician audiences in collaboration with executive champions

• Educate
  – Present/sponsor educational sessions for medical staff
  – Monitor physician training
  – Share lessons learned – site visits, colleagues, etc
Representative Physician Champion Tasks

• **Advocate**
  – Represent the interests of the physician community
  – Present positive image of system and benefits to colleagues
  – Direct project-related physician activities
    • Engagement
    • Adoption
    • Adaptation to change

• **Coordinate**
  – Chair Physician Advisory Committee (PAC)
  – Act as or appoint liaison to P&T committee, other quality improvement groups
  – Monitor physician utilization statistics
  – Identify and address areas of resistance
  – Act as coach to physicians and PAC
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Physician Champions
MD Champion Tasks and Responsibilities in CPOE

Communicate

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Questions, Comments, Discussion
• **Communicate**
  – Act as a liaison between physician community and Executive/Project Team
  – Help craft communication plan
    • Office of Project Communication
      » Physician
      » Nursing
      » Ancillary personnel
      » Hospital marketing
  – Interact with physician audiences in collaboration with executive champions
    • Medical staff meetings
    • Committee meetings
    • Board meetings
    • Open (to the public) meetings
Physician Champions as Communicators

Bi-Directional Facilitators and Ambassadors

• E/P team to medical staff:
  – Never “uni-directional mouthpieces” for E/P pronouncements
  – Attention to quality, quantity, accuracy & relevancy of information received from E/P teams
  – Should never have credibility questioned by colleagues because of faulty information

• Medical staff to E/P team
  – Ability of champion to bring concerns, needs and suggestions of medical staff to the E/P team
  – Guarantee peers a fair hearing of those concerns
Physicians’ views cannot be treated *pro forma*
- They must be taken seriously
- Doctors represent a crucial and influential end-user group
  - Often constitute the difference between project success and utter failure

The ability to attract physician buy-in and active participation in the large amount of work required to make the project successful depends in large part on the champions’ *credibility and willingness* to “lobby” on behalf of the E/P teams
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Questions, Comments, Discussion
• Increase own knowledge of CIS in general and the selected vendor-product in particular
  – Vendor-conducted training sessions
  – Site visits
  – Seminars
  – Courses
  – National meetings
  – Early access to a training or prototype environment
  – Participation in committee and work-group sessions

• Become familiar with basic concepts in
  – Project management
  – Process re-engineering
  – Workflow analysis
  – IT design concepts
Physician Champions as Educators

• Present/sponsor educational sessions for medical staff
• Monitor physician training
• Share lessons learned – site visits, colleagues, etc
• Note:
  – Detailed “click stream” knowledge is not the goal at this point
  – Familiarity with the “jargon” enables
    • Ability to converse comfortably with the E/P team and medical staff members
    • Beginning the education process for those constituencies
    • Meaningful participation in decision-making and design questions
• Significant number of articles on CPOE have appeared in medical literature
  – Many studies are flawed
  – Many are unfavorable

• They may constitute the total “knowledge base” of medical staff members
  – Negative influence *a priori* towards the CPOE project
  – Reinforce an already deeply ingrained attitude of “*Primum non nocere*” and skepticism towards new technology

• Nothing will impact as favorably such an atmosphere as
  – Well-versed physician peer who can educate colleagues in a fair, open and credible fashion
Why is all this important?
- Builds/augments the “super-user” community needed at go-live
- Provides stronger basis for champion activities in the medical community
  - Advantages and ease of use of the system become more apparent
- Aids design and build team
  - These enthusiastic “early users” provide feedback at project stages where corrections, changes, etc are much easier and cost effective to implement
- Cements – in a visible manner – the positive relationship between physician champion and E/P team - and by extension between medical staff and executive suite
All these activities will pay dividends that far exceed any costs associated with them.
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Physician Champions as Advocates

- **Physician Champions represent**
  - E/P teams’ representatives to the medical staff
  - Medical Staff’s advocate to the project team
  - *Driving force behind physician buy-in and participation in any CIS project*

- **These tasks will be influenced by “past medical history”**
  - Relationship between executive suite and medical staff
  - Experience with information system projects and installations

- **These form a backdrop for champion advocacy tasks**
  - Backdrop will not always be positive
  - Will necessitate greater effort on the part of executives and project leaders to project – and maintain – not only image but *reality* of need for true physician participation
*Champions advocate for the project by*

- Representing the interests of the physician community
- Presenting positive image of system and benefits to colleagues
- Direct physician engagement with particular emphasis on
  - Adoption
  - Adaptation to change
- Accurately imparting information
- Recording and communicating reactions
- Identifying physicians who are willing and able to do required work of translating their peers’ needs and requirements into reality:
  - Serving on physician advisory committees
  - Building clinical content
  - Analyzing workflow
  - Participating in validation and testing activities
  - Designing and proofing training materials
Physician Champions as Advocates

• **Physician credibility and responsibility are paramount**
  – Champion and the medical staff members involved in previously mentioned activities should be *free* of outside interference by other components of the E/P team
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Physician Champions as Coordinators

• **Champions should:**
  – Be involved with resource determination and allocation as they relate to the medical staff requirements and duties
  – Oversee functioning of - and serve on - Physician Advisory Committee
  – Delegate representative authority to other physicians to sit on other project committees
  – Serve as central clearing house for all physician-related activities and concerns
  – Develop and execute communication and education plans for medical staff
  – Coordinate with clinician committees, groups and individuals to ensure uniformity of message and purpose across clinical care staff
Physician Champions as Coordinators

• Significant roles include
  – Sitting on highest oversight Executive/Project team
  – Chairing Physician Advisory Committee (PAC)
  – Coordinating with P&T committee, other quality improvement groups
  – Monitoring physician utilization statistics
  – Identifying and addressing areas of resistance
  – Acting as coach to physicians and PAC
  – Coordinating roles, tasks and deliverables of all subcommittees of PAC
  • Content
  • Training
  • Validation
  • Go-live
  • Other standing and ad hoc groups
• These activities do not cease after go-live has passed
  – IT involvement is expected for the life of the system
  – So too should physician involvement continue

• Requests, enhancements and modifications should - and need to - have physician input to ensure their success

• Individual champions may come and go
  – Role of the champion will constantly need filling
  – Simplest, most successful manner of maintaining supply is to demonstrate its importance by continuation of previously mentioned actions
  – Make it a desirable position/role
The hallmark of a truly successful partnership between medical staff and hospital administration champions identify and nurture their own successors.
Sample Duties List for Physician Champion (I)

- Oversee **all** clinical aspects of the project
- Provide education to physician groups on
  - CPOE in general
  - Use of clinical decision support tools
  - How physicians in other organizations are using technology to enhance practice
- Collaborate with the executive and physician leadership to define principles that identify the extent to which physician use of EMR/CPOE is required and adoption incentives as necessary
- Make medical staff policy, bylaws and/or rules and regulations recommendations to Clinical Executive Leadership
Sample Duties List for Physician Champion (II)

- Participate in setting agenda for clinical decision support
- Advocate universal CPOE and encourage physician utilization
- Reinforce communication between clinicians and administration
- Draw up and oversee physician adoption strategy
- Coordinate with clinical and quality improvement committees
- Monitor physician training
- Spearhead education initiatives
- Identify and address areas of resistance
• Monitor physician utilization statistics
• Suggest, collect, review and prioritize system change requests
• Review system enhancements
• Coach site (unit/service/department) champions and physician leaders
• Act as change agent
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