A Tale of Two CPOE Deployments

by CHRISTINA BEACH THIELST, FACHE

In 2005, Beverly Hills-based Cedars Sinai Medical Center pulled the plug on its computerized physician order entry (CPOE) implementation after much physician frustration. Some believe insufficient planning and training was the downfall, while others point to physicians’ resistance to change.

To realize the true benefits of CPOE, there must be direct hands-on involvement from physicians in the planning, deployment, and adoption processes. The technology is, by design, fairly rigid and incorporates controlled processes that won’t always accommodate even appropriate deviations. It is a technology that requires careful planning, training, and ongoing refinement so that it continually aligns with natural physician workflows and adds real value to patient care.

Today, we understand the challenges of the technology much better. Having learned to create pre-identified order sets and templates ahead of go-live dates, we see more physicians who are comfortable with information technology. But getting all physicians to change their practice patterns still isn’t easy.

Effective healthcare leaders realize training and ongoing support helps physicians align CPOE with their normal workflows and increases the likelihood that new individualized work processes become established. It can be time-intensive and more expensive, but the reward is greater compliance and less physician resistance. Even when mistakes in the planning process are identified, an effective support mechanism can quickly eliminate implementation challenges and facilitate the corrections that turn potential failure into success.

Continuum of CPOE

Another healthcare system to roll out CPOE in 2005 was Continuum Health Partners—a 2,700-bed, five-hospital system in New York City. According to Eli Tarlow, corporate director of IT service delivery and responsible for implementing a service
desk in 2008, having a help desk staffed with proficient healthcare technology analysts has kept higher salaried hardware and software professionals from being pulled away to respond to how-to questions from providers.

Continuum’s leaders want physician calls for support to be handled in a manner that keeps the experience positive, and they also want the IT department focused on new implementations and the organization focused on issues related to operational change. The service desk keeps the technology from becoming an issue by addressing questions almost immediately, so it doesn’t stop physicians from providing care to their patients. Physicians who are locked out or need to reset passwords get assistance before being tempted to borrow another physician’s password or designating someone on their behalf to navigate the technology and enter orders.

And, all physicians, regardless of their work schedule, have access to the same level of support – day, night or weekends.

Once technology adoption issues are resolved, physician questions become more detailed and turn toward leveraging the system functionality to further improve outcomes. Jeff Wojtowicz, the service desk implementation manager at CareTech Solutions, provides 24/7 support to 30 hospitals, including those in the Continuum system. He finds early questions from physicians typically relate to training issues because the doctor didn’t attend sessions or has forgotten how to place a hold on an order or add a patient to his census. Over time, as physicians develop competency using CPOE, Wojtowicz sees them more readily identifying component changes that can improve the system, workflows and practices. The service desk trends these requests to help the organization prioritize continual improvements to the system.

Both Tarlow and Wojtowicz agree that analysts working the service desk must have a broad knowledge base and be proficient at responding to the variety of level-one requests. There should also be scalability and flexibility to accommodate spikes in call volume and the periodic clinical- or technical-heavy questions. They acknowledge the importance of marketing the service desk internally to ensure that physicians can easily access the available support no matter when they happen to be providing care and challenged with the technology.

In the end, we may be able to point to the importance of provider training and support, but when it comes to CPOE, we should also recognize that it lasts forever.

### OnCE Technology Adoption Issues Are Resolved, Physician Questions Become More Detailed

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### Expert Exchange

This special section of HIT Exchange offers expert perspective on understanding the provider audience before planning a CPOE rollout.

#### Question: What impact should provider demographics have on your CPOE implementation strategy and tactics?

**Answer:** One of the big questions an organization struggles with, when implementing CPOE, is the “big bang” versus gradual implementation approach. It’s hard to pull off a big bang at a community hospital unless it has robust informatics support, solid physician engagement, ample training support, and the full engagement of leadership. Teaching hospitals, by virtue of having resident physicians in-house, seem to do this easier.

It’s important to understand your physician population, and then ask yourself how you will manage this transition. How is your governance? What protocols are in your current paper order sets that will need to be addressed before your CPOE go-live? Do you have a mechanism for publishing protocols? How will you get your physicians to training, especially if many of them are private physicians?

CPOE is not about data entry. It’s a way of re-thinking clinical care and re-engineering workflows that support the best evidence-based practices. If early CPOE discussions aren’t managed well, this can turn into an antagonistic “us-versus-them” discussion. If they are managed well, the cooperation and improvements in care can be breathtaking.

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