

Readiness Assessment for HIT[1]

How do you know if your clinic is ready for an electronic health record or ePrescribing?

Successful transition from paper-based charts to an e-prescribing system or electronic health record (EHR) requires organization-wide commitment, significant process change and ample human and financial resources. As with implementation of any information technology, readiness for e-prescribing or EHR is extremely important. Lack of organization-wide readiness and unrealistic expectations about what the process entails contribute to a high failure rate of health information technology (HIT) adoption. This assessment is designed to help you evaluate whether your practice is ready to move forward with HIT adoption, and if so, whether stand-alone e-prescribing or an EHR might be a better fit.

Instructions for Completing the HIT Readiness Assessment

Answer each question in the following tabs from the perspective of one site or organization that will adopt the same product. For each question, identify the option that best describes your current status. If none of the options is an exact match for your organization, try to identify the description that is the closest to your current situation. Your honesty is essential. It is better to underestimate than overestimate your organization's capacity.

There are different ways to complete this assessment. One strategy is to discuss the items in a group and come to consensus on the response. This method can give members of your team a chance to share their perspectives within the group, but it may also make some feel pressured to respond in a particular way. Alternatively, members of your practice can complete the instrument independently. One person would then summarize the results by calculating the number of responses to each question across members of your practice. In either case, it is important to get input from multiple stakeholders who will be affected by the new system.

After completing the instrument, read the instructions for tabulating and interpreting your answers.

[1] Adapted from *the Community Clinic EHR Readiness Assessment* developed by Object Health, available at http://healthit.ahrq.gov/portal/server.pt/document/890596/community_clinic_ehr_readiness_assessment_tool_pdf

Tool 4.1 HIT Readiness Instrument

Table 1. Readiness Assessment of Business Goals and Organizational Culture

Business Goals	1. The practice has goals that are...	Not defined or not necessarily linked to any HIT adoption	Somewhat linked to the successful adoption of HIT	Very tightly linked to adoption of HIT	
	2. The practice has objectives for efficiency and quality that are...	Not defined or broad and/or vague	Specific and measurable	Specific and measurable	
Organizational Culture	1. Our practice's past experiences in implementing major organizational changes have been...	Limited or largely unsuccessful in achieving our goals, or we have no previous experience	Largely successful in achieving our goals	Highly successful in achieving our goals	
	2. Staff attitudes toward HIT...	Are mostly negative	Are generally positive	Are very positive	
	3. When it comes to collaborating on special projects or on planning and decision making, our clinical and administrative staff...	Haven't collaborated or have difficulty working together	Work well together	Work well together	

Tool 4.1 HIT Readiness Instrument

Table 2. Readiness Assessment of Leadership and Planning for Implementation

Readiness Area	Readiness Component	A	B	C	Response (A, B, or C)
Leadership	1. The chief sponsor for HIT is ...	The officer manager	A physician champion	A physician champion	
	2. Physician leaders ...	Are not experienced with HIT	Have some experience with HIT or have studied HIT systems and implementation processes	Have had substantial experience with HIT	
	3. Physicians and other practice leaders ...	Have mixed or negative attitudes toward the adoption of the system	Are generally supportive of adopting HIT and believe that the benefits outweigh the costs	Are enthusiastic about adopting HIT and set a clear vision for how HIT can achieve the practice's goals	
	4. The HIT planning and implementation processes will be led by...	A staff member who lacks support from practice leadership	A physician champion or other leader who is respected by clinical and administrative staff	A physician champion or other leader who is respected by clinical and administrative staff	
Planning for the Implementation	1. Our office staff is willing to spend...	No time planning for HIT implementation	2-3 months planning for HIT implementation	4-6 months or longer planning for HIT implementation	
	2. Our office staff is...	Unwilling to make changes to patient-oriented work flow processes	Willing to make some changes to patient-oriented work flow processes	Willing to make all necessary changes to patient-oriented workflow processes	
	3. During go-live, our practice ...	Could not withstand any reduction in productivity and/or patient visit volume	Could tolerate some reduction in productivity and/or patient visit volume for a short period of time (e.g., a few days)	Is ready to reduce productivity/patient visit volume for a longer period during implementation (e.g., several weeks)	

Tool 4.1 HIT Readiness Instrument

Table. 3 Readiness Assessment of Finance and Budget and Accountability

Readiness Area	Readiness Component	A	B	C	Response (A, B, or C)
Finance and Budget [2][3]	1. For HIT system acquisition, we are prepared to spend...	Nothing or very little	Approximately \$3000 per prescriber[4]	Approximately \$20,000 – \$50,000 or more per full-time provider[5]	
	2. For ongoing maintenance and support of an HIT system, we are prepared to spend...	Nothing or very little	Up to \$700 per prescriber per year after the first year[4]	Up to \$10,000 or more per full-time provider, per year after the first year[5]	
Accountability	1. Clinical and administrative staff to analyze product options and contract terms and negotiate with the HIT vendor...	Do not have the skills, are not available, or are reluctant to fulfill these roles and responsibilities	Have some relevant experience, are available, and are willing to fulfill these roles and responsibilities	Are highly skilled, are available, and are eager to fulfill these roles and responsibilities	
	2. Clinical and administrative staff to plan the implementation and manage the system over time...	Do not have the skills, are not available, or are reluctant to fulfill these roles and responsibilities	Have some relevant experience, are available, and are willing to fulfill these roles and responsibilities	Are highly skilled, are available, and are eager to fulfill these roles and responsibilities	

[2] This assessment does not account for possible cost savings that your practice might achieve through the use of e-prescribing or EHR.

[3] Numbers are approximate based on 2005-2009 dollars. HIT system acquisition includes hardware, software, software licenses, IT infrastructure, vendor services, and other implementation costs (e.g., project management costs, data conversion/abstracting, training, facilities upgrades). It does not include costs of lost productivity or reduced patient volume during and following the go-live period.

[4] Gorman Health Group, 2007

[5] Case Western Reserve, 2008

Tool 4.1 HIT Readiness Instrument

Table. 4 Readiness Assessment of IT Management and Support

Readiness Area	Readiness Component	A	B	C	Response (A, B, or C)
IT Management and Support	1. IT staff have...	Limited experience with HIT and rely heavily on external resources for IT planning and decision making – or, we do not have an IT staff or external IT support	Experience with HIT but tend to rely on the vendor to detail the tasks and activities	Substantial experience with HIT	
	2. IT staff...	Will determine IT infrastructure and/or hardware requirements without involvement in the process – or, we do not have an IT staff or external IT support	Have been educated about our business objectives for HIT and may be involved in decision-making to determine IT infrastructure and hardware requirements	Have been educated about our business objectives for HIT and will be involved in decision-making to determine IT infrastructure and hardware requirements	

Interpreting Your Answers

This page gives an overview of your answers. It is designed to help you assess (a) how ready you are for any HIT adoption and (b) whether stand-alone e-prescribing or an EHR might be a better fit.

The grid below tallies your "A", "B", and "C" responses in each section.

Readiness Area (Number of items)	Total Number of Responses		
	A	B	C
Business Goals (2)	0	0	0
Organizational Culture (3)	0	0	0
Leadership (4)	0	0	0
Planning for the Implementation (3)	0	0	0
Finance and budget (2)	0	0	0
Accountability (2)	0	0	0
IT management and support (2)	0	0	0
Total	0	0	0

There are no hard and fast rules about interpreting your answers to the questions. As a rule of thumb, a large number of "C" responses suggests that your practice is well positioned to implement e-prescribing and probably is ready to implement EHR.

A large number of "B" responses suggests that your practice is ready to move forward with e-prescribing, but your practice probably is not yet ready for full EHR adoption.

A large number of "A" responses indicates that your organization needs to further develop its current processes, attitudes, and plans before pursuing HIT adoption. Implementing an HIT initiative at this time would likely result in failure. Your practice can use your answers as a guide to identifying what aspects of the organization need to be modified and to plan for those changes before moving forward with HIT.

Finally, even if the results suggest that your practice is ready to adopt HIT, take a good look at those statements that received "A" and "B" responses. These areas are candidates for improvement, and by addressing these you will further the chances of achieving a successful implementation.

"Deal Breaker" Questions

The table below shows your responses to "deal breaker" statements. While your answers to some of the other items may put your practice into a stronger or weaker position to adopt HIT, your responses to the "deal breaker" statements are critical to success. Any "A" responses you selected for these items are shown below; if you selected "B" or "C" for these items, then the "Response" column will be blank.

Any "deal breaker" statements that were rated in the "A" column should be addressed and rectified before your organization moves any closer to planning to adopt HIT. A lack of readiness in these areas may require education about HIT, financial planning, staffing changes, engaging a consultant, or other interventions.

You selected the following possible deal breakers:

Item	Response
Organizational Culture	
2. Staff attitudes toward HIT ...	-
Leadership	
1. The chief sponsor for HIT is ...	-
3. Physicians and other practice leaders ...	-
Planning for the Implementation	
1. Our office staff is willing to spend...	-
2. Our office staff is...	-
3. During go-live, our practice ...	-
Finance and budget	
1. For HIT system acquisition, we are prepared to spend...	-
2. For ongoing maintenance and support of an HIT system, we are prepared to spend...	-