



EHR Readiness Assessment

Overview

This tool is designed to help physicians assess where they are in their readiness to implement an EHR. With a more accurate portrait of your readiness, practice will be better prepared to design an implementation plan which meets the specific needs of the practice.

Instructions

1. The Assessment can be completed by the leadership team or key staff in the practice.
2. Interpret and review Readiness Assessment results.

Intpretation of Results

Each area is divided into three stages of Readiness. The three stages are: Highly prepared, represented by a green light, Moderately Prepared, represented by a yellow light, and Not Prepared, represented by a red light.

For each element, identify what best describes your practices' current status, and note the color value associated with that level in the column on the right. Any area that scores below moderately prepared should be addressed before proceeding with your project. The physician practice should view the green light areas as the target to strive towards in EHR implementation.

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Collaborative Summary EHR Readiness Assessment

Organizational Readiness for EHR

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared	Score		
		Red Light	Yellow Light	Green Light	Red Light	Yellow Light	Green Light
Organizational Culture	Overall perception of EHR	Viewed as a requirement by insurance companies, government, or IPA	Seen as a technology to achieve workflow efficiencies.	Primarily a technology to enable healthcare quality improvement and strategic business goals.			
	Physician involvement	Limited physician involvement in EHR decision making	MD approves need for EHR - MD attends product demonstration	MD(s) is active in EHR planning and acquisition. Physician(s) identified as champion.			
	Staff Involvement	Driven by one staff member - office manager and physician leadership	Small committee driving EHR decisions and organizing staff	All staff have a role in the project, and each person's input is considered in goal development			
	Patient Involvement	Not discussed	Considered, but no strategy for improving the patient experience has been documented	Practices includes patient experience as part of primary goals. Including patient feedback in planning process through patient survey, patient participation in planning, or patient focus group.			
	Procedures for patient EHR interaction as well as methods for correcting/editing patient information	Not discussed	Discussed in detail and resolution plan begun	A plan is in place to develop communications for patients and external organizations.			
	Project plan development: accountability, timeline, dependencies, role assignment for all aspects of EHR deployment	Not established or assigned; not planning to use a project plan internally	Are generally understood, and have been developed, prioritized, and assigned. Using the vendor-supplied project plan to manage activities.	—Roles, dependencies, milestones, and timeline have been assigned and expectations are captured in project plan. —Practice is committed to managing internally-developed project plan.			

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Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared	Score		
		Red Light	Yellow Light	Green Light	Red Light	Yellow Light	Green Light
Management and Leadership	The Executive team	Relies on vendor information in product selection	EHR planning delegated to managers or a specific team.	Devotes substantial time to planning for quality improvement with EHR technology.			
	The Executive team	Interested in exploring EHR, but having trouble justifying cost and committing to purchase.	Studied the cost / benefits of implementing an EHR and can justify the investment	—Leadership links the EHR investment to the practice's business strategy, mission and vision and finds ways for the EHR to support them. —Cost benefits tied to ROI model.			
	Financial	EHR is seen as an expense and not as an investment - ROI not discussed	ROI modeling discussed and EHR is viewed as an investment with criteria of an ROI within an appropriate timeframe for practice	EHR is an investment and over a longer timeframe, incorporates non-quantifiable returns such as efficiency, increase in staff personal time, and better patient experience			
	Financial	EHR budget not identified or discussed	EHR budget funded using flexible funds	Annual budget addresses capital earmarked for EHR acquisition and ongoing maintenance			
	Strategic Plan	No specific strategic plan. Projects viewed as individual efforts.	Strategic planning process separate part of overall practice planning and has identified need for IT to reach goals	Strategic planning process has been an integral part of the organization and has resulted in a Strategic Plan that guides EHR procurement.			
	Quality Improvement	No clear objectives and not connected to use of EHR	Quality / CM goals established but not clearly defined	—Quality / CM documented as a key objective in the practice. —Strategic Plan as measured by improvement of clinical measures over a defined timeframe			
	Care Management (CM)	—No clear understanding of how CM may benefit practice or immediate area for focus —Clinical practice champion not identified —Staff not assigned to QI/QA process	—Clinical practice champion identified —Incorporation of CM strategies at key staff, EHR or quality meetings viewed as important —Identified potential area of focus for initial CM strategies	—Identified specific committee/meeting with CM oversight responsibility (includes clinical practice champion) —Identified new or current clinical area to focus on with EHR utilization			

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Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared	Score		
		Red Light	Yellow Light	Green Light	Red Light	Yellow Light	Green Light
Operational	Workflow Redesign	Not discussed	Areas for potential redesign discussed and identified	Redesign areas identified and prioritized; "quick win" issues resolved prior to EHR installation; planning process is in place for workflow redesign and change management approaches.			
	Workflow Redesign	Current and proposed processes not developed.	Current and proposed processes generally understood and incorporated into product evaluation	Existing and future processes documented in process maps or procedures manuals and requirements are included in product evaluation process; EHR to complement. Workflow plan developed for document management and chart migration prior to pre-implementation phase			
	Care Management (CM)	<ul style="list-style-type: none"> —Inventory of current CM tools and strategies not completed. —Current paper CM processes not identified or minimally effective or small scale. —Staff minimally engaged in CM processes 	<ul style="list-style-type: none"> —Patient population identified for CM strategy deployment. —EHR seen as a means to further identifying care management strategies. —Paper CM strategies somewhat effective. —Staff moderately engaged in CM processes 	<ul style="list-style-type: none"> —CM priorities identified and goals are set. —EHR seen as an enabler to more efficient means for providing CM. —Staff identify their role in improving patient outcomes through CM processes 			
	EHR policies, procedures and protocols	EHR policies for security and use have been considered but not directly addressed	Security and use policies addressed; plan in place for development	Developed protocols for security access rights, medical record correction, system downtime and contingency, data ownership, storage requirements, and use.			
	EHR vendor relationship management	Staff are involved in aspects the EHR decision-making process and product evaluation but do not use vendor selection tools (RFP/RFI) or have vendor selection or negotiation experience	<ul style="list-style-type: none"> —There is a general understanding of industry product features and functions but there is little to no vendor selection or negotiation experience. —Utilize publicly available RFP as a guideline to determine product priority functions. 	Management and/or staff are experienced in EHR vendor contracting, product analysis, and measuring the product's ability to meet practice's goals for future. Product requirements have been documented in a detailed RFP			
	Staffing needs for EHR implementation	Little to no analysis to date	High level staffing plan developed.	<ul style="list-style-type: none"> —Staffing model documented against proposed EHR requirements for training and implementation. —Model included in project plan. 			
	Training plan	Vendor directed.	<ul style="list-style-type: none"> —Gaps in staff skill-set is included in planning process. —Staff discusses training schedule with vendor. 	<ul style="list-style-type: none"> —Practice-directed EHR implementation and training plan (designed to complement dips in productivity and staff knowledge gaps) developed and placed within contract as addendum. —Training needs communicated to vendor and built into training plans. 			

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Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared	Score		
		Red Light	Yellow Light	Green Light	Red Light	Yellow Light	Green Light
	Training programs for project managers and IT staff involved in EHR adoption	Not been included as part of the EHR initiative.	Identified as necessary by management.	Identified to ensure these staff possess appropriate skill sets.			

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Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared	Score		
		Red Light	Yellow Light	Green Light	Red Light	Yellow Light	Green Light
Technical	Use of Existing Technology	Practice management system (PMS) used only for scheduling and billing.	PMS is utilized for general practice management, including productivity reporting and efforts to improve patient access.	PMS fully optimized and updated. Additional modules and updates that support patient management purchased; reports generated on patient populations. May also be converting from previous EHR.			
	Hardware needs assessment	Need for new hardware is understood but not evaluated.	Practice has compared current hardware to vendor minimum requirements. Some understanding of the amount of hardware that needs to be replaced or added.	Completed by outside vendor and requirements included in the EHR acquisition process			
	IT Management	Relies heavily on external resources for IT planning, decision-making, and implementation of hardware and software.	Some experience with interface development and data conversion but relies on the vendor to detail the project milestones and tasks	Dedicated staff/good relationship with IT vendor with strong experience in interface development, data conversion and managing consultant resources to fill existing knowledge gaps.			
	IT staffing for EHR training, implementation, maintenance, and infrastructure issues	Relying on hardware/network vendor for all IT knowledge.	Have some understanding of computers in the office. Computer skills assessment completed for all staff members.	—Process for IT and EHR issue-resolution developed. —Developing IT and EHR 'super-users' to consolidate expertise in the practice.			
SUMMARY Readiness Score:				0	0	0	