EMR transition and data migration case study

The changing electronic medical records landscape has many clinics in a position where they are considering transitioning to a new EMR. We recently had the opportunity to sit down with a physician leader in a primary care clinic that newly switched EMRs.

The following is the clinic's perspective on the drivers, challenges, opportunities and lessons learned related to their EMR transition.

Choosing an EMR

What was the driver for your decision to consider switching EMRs?

- Uncertainty of the future of the current EMR
- Dissatisfaction with current EMR performance and features while recognizing the need for continuity of care and custodial obligations

What was your overall approach?

- Investigate marketplace for potential options and make a decision to stay with an existing vendor or sign a contract with a new vendor and transition to a new EMR.
- Focused on features such as support, clinical workflow appropriateness, ability to support patient panel, cost, stability of EMR, integration with provincial assets and initiative, data retention responsibilities.

What were the key considerations for your clinic in narrowing down your EMR selection for demos and discussion?

- Wanted a major more mature vendor in Alberta that is already compliant with CII/CPAR and the Patient's Medical Home.
- Relied on physician (including locum) experience with other EMRs.
- Wanted to make the move by year end.
- Narrowed down to two choices – both of which offered big incentives.

What was the decision process?

- All staff (office manager, LPN, MOAs) and physicians received the demos and provided the opportunity for feedback/input.

How deep of a dive did you do before making your decision?

- Physicians already understood their panel so looked at how the panel was managed.
- Identified the key processes that needed to work well.
- Clinic was clear on what was important and unique to their clinic.

Once you made your decision, what were the immediate next steps?

- Signed the contract and negotiated a go-live date based on when data transfer could be done by both vendors.

Any advice on dealing with an outgoing vendor?

- Be respectful, professional and honour past relationships.

EMR Transition

How was the transition support from the new vendor?

- The data migration team was fantastic, but we had to prod them for a list of outstanding issues.
- The EMR transition manager gave the clinic a list of things to do.
- At and after go-live the vendor could have used better tracking of issues – the clinic had to do that on its own.

What responsibilities were completely your clinic's?

- New BA numbers
- PIA

How did you assign tasks?

- We assigned data migration tasks such as checking charts.
- The EMR vendor provided the process but the clinic had to do the work.
- We contracted a resource for the PIA.

Do you have any post go-live suggestions?

- We closed the clinic for 1.5 days.
- We suggest a slow opening with no phones on while vendor is still providing go-live support.
- In-person is far superior to online go-live support.

What were some of the key challenges?

- Referral letters didn't transition cleanly, nor referrals still in process.
- Hard to decipher prescription history and had to re-prescribe most medications.
- Sign over features are a challenge:
  - No way to sign out patient messages to locum or staff.
  - No sign-out feature for task managing - no way for a locum to see tasks unless individually redirected.
  - As a result, no one can see these unless they go into the patient's chart directly.

Data Retention and Migration

How did you arrive at the decision to keep a backup of the database?

- The migration of data to the incoming EMR captured 90% of the patient information.
- To meet the CPSA guidelines the clinic also decided to keep an electronic version of the patient files in a secure location for emergencies and in the off chance that a piece of information not converted was needed in the future.
- We knew there would be gaps (e.g., referral letters, prescription history) while realizing that the backup was not likely needed daily on an ongoing basis.
- Cost wasn't an issue. The incoming vendor created the backup for a cost of $250 in the form of an encrypted data stick – this includes scanned attachments.

Did you identify the gaps in advance?

- The vendor's data analyst assigned to the clinic had a list of things that he was aware of – some knowledge but not complete knowledge
- It took the test conversion before the gaps were identified, and there are a few gaps that weren't identified until much later, like spouse's name and family relationships.

Did you have to prepare the data in your current EMR in any way?

- Not beyond just cleaning up where they could – organically when patients came in.

How many test cases did you have?

- Test conversion was the full database and three people were heavily involved, performing a thorough review.
    - Several patient charts were reviewed completely.
    - Specific charts were identified in advance for additional review (e.g., prenatal, WCB).
- The problems were identified, fixed where possible and then a final full transfer was performed.

What were the biggest challenges?

- The data transfer took two days longer than expected due to the amount of data.
- Despite significant preparation, there was still some missing data when the transfer was complete.
- Referrals were a big part of the problem.
- Most meds needed to be re-prescribed.
- Printers

How long did you keep an instance of your outgoing EMR?

- Single user for six months.
- This included billing reconciliations.

Lessons Learned

- Recognize that changing EMRs is a significant change; be prepared to allocate the time needed.
- Hire an IT contractor rather than someone in the clinic allocating time to it.
    - There is a lot of work around printers and internet.
- Apply for BA numbers in a timely manner – it's part of project plan but in tiny print – don't rely on project manager.
- Insist on ongoing tracking – post go-live – from very beginning.
- Don't assume that issues will be tracked, or project plan is complete.
- Budget lots of time up front for data conversation meetings and review process.
- Invest in training; all clinic staff and physicians invested significant time in training, this helped tremendously in mitigation issues as they arose.
- Be prepared for 20+ hours per person so ensure you understand charting but also things like panel management, analytics, CII/CPAR, virtual care, patient communications and forms.

- Be aware that there will be things you miss from old EMR; often these can't be identified in advance (e.g., unstructured data).
- Negotiate for onsite training and post go-live support.
- Don't stop learning after your training is complete – allocate ongoing time to learn the ins and outs of the EMR and share tips with other users in the clinic.