Google Vie to Lead Health IT Change

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WASHINGTON — Search engine giant Google has joined software giant Microsoft in an attempt to revolutionize health care information technology, one patient at a time.

Google launched Google Health this spring with the aim of establishing itself as the leading repository of personal health records (PHR) and positioning itself as a primary clearinghouse for clinical information, self-care tools, and provider ratings to help patients make educated health care decisions.

Google Health emerged just as the smoke had cleared from Microsoft’s launch of the HealthVault PHR platform last fall. Both companies see individual patients, not health care systems, as the primary locus of change for health care information, self-care tools, and provider ratings — and both provide secure user-friendly systems for individuals to aggregate all of their health care records, data, diagnostic images, laboratory results, and medical histories. The hope is to put an end to the fragmentation, duplication, and loss of information that already happens informally. “When a new doctor his or her medical history, medication use, and in some cases actual patient appointment schedule to return to normal. Among the most helpful aspects of our EHR implementation is that our vendor, Meditech, arranged to speak with us during weekly teleconferences for 10 months. These meetings started as we were gearing up for implementation and continued for several months afterward. Having this routine contact was very helpful and something that we would encourage anyone considering investing in an EHR system to request.”

We also took the opportunity to test-drive the tablet device that we would be using to enter patient information into the system. This was the thorniest part of the implementation process. Before trying this device for 60 days before we went live helped many of us develop a comfort level with the hardware. Any practice that goes through the implementation of an EHR has to be prepared to take a temporary financial hit. Every physician in our practice had to cut their number of appointments back by half while they became used to using the EHR. It took about 2 months for the practice’s patient appointment schedule to return to normal. To minimize the financial burden, we phased in the roll out by having a couple of physicians make the switch from paper to EHR each week, rather than converting everyone all at once. We wisely had our most computer-savvy one all at once.

No matter how many times your EHR vendor has marketed their product, it’s not going to work as well for one job. If there’s one thing we’ve learned about implementing an electronic health record system, it’s that it doesn’t make sense to train everyone about the big picture.

A brief overview makes sense. But learning all the details about how each employee uses the EHR isn’t necessary and it’s too much information. It overload’s a person’s capacity to learn what is critical to know for one’s job.

Before flipping the switch on our system about a year ago, we devoted 3½ days to training. Our preference had been to avoid closing the office for those days, so training was conducted on-site while the office was kept open for patient appointments. Half of the staff participated in a morning session and the other half an afternoon session. But all too often, people felt the tug of their work responsibilities and didn’t focus on the training. In hindsight, it would have made more sense to close the office for those days and to conduct the training off site.

In our practice, we have seven full-time family physicians, one physician assistant, and two nurse practitioners. Attempting to train each of those employee groups together on how to use the EHR proved counterproductive. A better approach would have been to conduct shorter training sessions geared toward what individuals needed to know to get up and running. After 3-4 weeks of using the system, another session would then have been helpful to address problems and help maximize efficiencies.

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