



White Paper: **Go-Live**  
Physician Engagement:  
Before, During, & After Go-Live



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Whether organizations are installing their electronic medical record or adding enhanced functional Physician Engagement to meet regulatory demands, most of them have a few key goals in mind: increasing revenue, a smooth transition, and happy patients. Just as organizations are feeling the pressure to implement at a faster pace, physicians are also feeling the pressure to improve quality, reduce costs and maintain a stable revenue stream; often in multiple settings. One sure-fire way to help ensure all of those goals are met is to create engagement with your staff throughout the duration of the installations, and nowhere is that more important than with your physicians.

So if it's a no-brainer to establish engagement and, dare we even say, excitement, then the tough question everyone needs to ask is “how is it done”? We've got an answer to that question, and it's one that's best explained by looking at three different phases: pre go-live, during go-live, and post-live.

## Pre Go-Live

It's never too early to start involving staff, especially physicians. Bringing them in as early as the sales process can be helpful. As important as getting involvement is, getting it from the right physicians is a must: it is imperative to identify those who will invest themselves in the process, those that will ask tough questions and push back if necessary, those that are viewed as leaders throughout the hospital and the ones with the trust of their staff.

This is also important during the decision making process pertaining to your organization's workflows. By bringing them into the decision making process early, you ensure that questions and issues which could be raised with little preparation are brought to the forefront early, and that the involvement of leaders will create buy-in and excitement before you eventually go live.

In addition to simply involving physicians, it can be extremely beneficial to create a program that helps to prepare your staff for the impending changes. Identifying

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leaders for each department or specialty ahead of the build phase not only ensures involvement across the entire hospital, but allows your project team members to have a direct link to concerns that may arise later in the project that need to be addressed quickly or have a high level of complexity. It’s also imperative that you capture information on key pre-live business metrics (such as CPOE percentage or actual revenue vs. expected) in order to provide concrete data on how well, or poorly, your staff are coming along; your vendor may have information to show them how it relates to their peers elsewhere and spurring on competition is never a bad thing.

## During Go-Live

Communication is important throughout the installation, and nowhere is it more important than at Go-Live. Issues are going to occur and there will be frustration, but making sure end users feel heard and that their problems are valuable feedback to the electronic medical record (EMR) is a must. If physicians don’t feel heard, they may abandon the record and go back to old habits, which is a habit that can be difficult to overcome. Trust is also necessary at Go-Live, if your physicians and other end users feel that they aren’t being supported and that the EMR isn’t valuable to them then there is a chance a lack of buy in and use could hinder the effectiveness of your program. If you’re coming from a paper world, it is often helpful to be proactive; hiring at the elbow support for your physicians can make a world of difference and can have them feeling the love in a hurry. If your end users feel heard and trust that the project is the right thing to do, you will have lots of buy in which you can parlay into a successful future.

## Post Go-Live

After the initial Go-Live phase is over, your project will move into the optimization phase. It might feel easy to let your foot off the gas and slow down, either on issue resolution, communication or a mix of the two, but this is typically not a successful approach. The communication between all departments and the project teams should continue in order to facilitate both the efficient resolution of existing issues and also to add new pieces to the optimization strategy. If an issue can’t be addressed quickly, or at all, that must be explained to end users – failure to do so can damage the trust that’s so crucial to success. Even though your organization is live, the project truly never ends. This is important to remember – if you are as serious and proactive to growing your EMR post-live as you are before you go live, you will be in a great position to be a leader not only in your area, but in the industry as well.

## Conclusion

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If all of that doesn't sound easy, well, unfortunately that's because it usually isn't. But those organizations that can get it done will see very positive results. At the HCI Group, our staff prides themselves on putting an emphasis on communication and building trust and our staff is fully capable of helping you determine and execute a plan for building engagement as early as you need, acting a resource for at the elbow support at Go-Live, or stepping in to provide prompt solutions for issues and requests in the optimization phase.

To schedule a time to speak with HCI's Physician Adoption Practice Leadership please call HCI at 904-337-6300 or email [info@thehcigroup.com](mailto:info@thehcigroup.com)

### About The HCI Group

The HCI Group is a global health IT company with headquarters in Jacksonville, Fla. and international headquarters in the United Kingdom. It offers a broad scope of IT solutions across the U.S., U.K., Middle East and Australia, helping hospitals plan, implement and sustain enterprise information technology systems over the long term.

Its services include enterprise IT system implementation and training, and specialty service lines in optimization, clinical adoption, integration and testing, Go-Live and advisory services. The HCI Group's clients include Johns Hopkins, Tenet Healthcare and UMC Health System (Texas Tech) in the U.S., as well as health systems in the United Kingdom and the Middle East.

