

# Change is Such Hard Work

By Jane Purvis, MD, FRCPC

**B**illy Crystal would certainly agree. After working in the same building for 20 years, and being on the same Electronic Medical Record (EMR) since 2005, I decided to move my office and simultaneously switch EMR providers. The EMR landscape has changed vastly since I first started using one. The building I was previously located in was an early adopter of the Ontario Family Health Team model of care and half of the physicians were family physicians. We all shared the EMR, such that we could see each other's notes, labs, and the like. This had pluses for patients being referred to me from within the building, but unfortunately offered no advantage for the majority of my patients who were referred from elsewhere. The old EMR was useful to store my patient data, but was frequently buggy. Often, when there were updates, it would respond by becoming non-operational. It had no rheumatology-friendly add-ins. I was hearing better and better things about some of the other programs, so I decided to make the switch. Given that this also involved leaving my building for a new office, I signed a contract and made a plan to "go live" in six months with my new EMR on the first day in our new location. We had no patients booked and had arranged a trainer to be on site for our first three days. This trainer was brought on as a transition implementation facilitator, primarily (I thought) to deal with the logistics of the move (*e.g.*, telephones, construction), but she was also very well versed in EMR and computer issues should need arise.

As our moving day grew closer, the new EMR vendor let me know that they wanted to get started with the data extraction process, which was going to involve my old vendor sharing data with the new. This was the start of our



Not all transitions are smooth...

problems. I had to fork over an extra \$2,000 to my old vendor for them to slowly give my data to the new company, yet, on the day of my move, there was no data in my new EMR. For the next eight weeks I had to use my old EMR to look back at what was in the patient charts, and use the new EMR at the same time going forwards. The training that we had arranged on our "go-live" date had to be cancelled, while the

training we had after that was fragmented and frustrating. Luckily my implementation person had the hours to spend on the phone working through all our issues, and she also negotiated some extra training hours for myself and my staff. I would say we were fully functional on the new EMR by the end of February, eight weeks after our "start date".

Lessons learned? Change is such hard work! Hire people who know what they are doing. If I had to do all the phone calls to the EMR people myself, we would have been lost. I did not know what I needed or how to get it. If I was ever to change EMRs again, I would insist on a signed schedule with firm milestones each week, and fallback plans if targets could not be met. If my transfer had started eight weeks earlier, it would have been much better. My new EMR is certainly better than the previous one for my uses, but the transition process could have been so much better. Remember, patience is a virtue!

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