

## This is Getting Serious

**A**t a recent meeting, my boss, Jay Crosson, MD, was heard to say, "This is getting serious."

Indeed it is. Some time during 2004, every region will have launched a part of the KP HealthConnect suite of systems. Issues and problems that were theoretical in 2003 now have real operational significance. Everyone in the organization will need to learn new software, learn new ways of performing their work, and begin to think about how to build the future of Kaiser Permanente (KP) using this new set of tools.

The implementation of complex software like KP HealthConnect can usefully be divided into three phases: adaptation, sophistication, and transformation. Adaptation is the process by which people get comfortable with the basics—performing the essential tasks of patient care and other parts of our operations through a limited, "get-through-the-day" approach to learning the software. "I've got to document my work, write orders, and manage results, and I probably won't learn anything else until I learn how to do those things." Once a user has adapted to the software, they can move on to sophistication. This advance involves a richer exploration of all the features and functions of the software, making it possible to perform those basic tasks and produce better results—of higher quality, safer, or more efficient. Transformation occurs when a user or group of users figures out how to do something completely new, something perhaps that couldn't have been done before, by using the new tool.

All of us who have worked to implement electronic health record software in KP during the past two decades have expended a great deal of energy making sure that all users adapt. Adaptation is essential. If people cannot use the system to do their basic work, the implementation will fail. We also know that most users remain at that stage, because additional investments in training are required to help them progress to a more sophisticated level of use. Sophistication is desirable because the system will not benefit members or staff in any substantial way if all that is achieved is limited automation of current processes. We want users to take the fullest advantage possible of the capabilities of the software.

The real goal is transformation. What we really want is to do new and better things as we work with members, abetted by the software. Here, it is more a question of creating an environment that fosters the creative use of the tool, observing the impacts of that creativity, and widely propagating the successful ideas while pruning out the unsuccessful ideas or the old processes that the new approaches have supplanted. When transformation becomes our routine, the implementation of KP HealthConnect can truly be characterized as successful.

We have asked some noteworthy experts to help describe approaches to moving our KP HealthConnect users through adaptation to sophistication and beyond to transformation. George Halvorson shares his vision for the

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**The dynamic duo of KP HealthConnect, Drs Andy Wiesenthal and Louise Liang have served as point persons for the top leadership of the medical groups and the health plan in ensuring a successful implementation of KP HealthConnect in all of KP's regions.**

future and how KP HealthConnect plays a key role. Peter DeVault, from Epic Systems, gives us the benefit of our vendor's broad experience in implementing their system, and Homer Chin, MD, who helped lead implementation of Epic in the Northwest, shares some valuable lessons learned from their experience. Paul Wallace, MD, Executive Director of KP's Care Management Institute, describes how KP HealthConnect combines with our capacity to understand medical evidence to enable our clinicians to do the right thing. There are also some historical tidbits,

commentaries from various champions of KP's implementation initiatives, and more. We thought you would enjoy having the benefits of all these experiences, and we welcome hearing from you about your own.

Thinking about my role in the development and implementation of electronic health records at KP brings to mind a Jerry Garcia quote—"What a long strange trip it's been." I have been on it for a long time, and, as I contemplate the rich possibilities described in the articles that follow, I am excited about the next leg of the journey. ♦