Why Do Health Systems Flop With CPOE?

ASK YODA

By Francine R. Gaillour, MD, MBA, FACPE

The “Yoda factor” is the difference between “trying to do CPOE” and “doing CPOE.”
If your CPOE strategy is stalling, it might not be technology’s fault.

Computerized physician order entry has gained momentum over the past two years as the “must have,” “must do,” IT strategy for many hospitals and integrated delivery systems.

If so many people are dedicated to the cause, why is it that so many health systems are stuck or stalled? My theory is that CPOE failure has less to do with technology, and more to do with what I call “the Yoda factor.”

Leading horses to water

I was amused earlier this year to read in the same month these two contrary news releases:

1. Large East Coast health system achieves 100 percent physician order entry, with over 3,000 physicians and nurses successfully entering all orders.
2. Large West Coast health system pulls plug on physician order entry after three months, citing patients were at risk from confusion stemming from physician use of the system.

What’s the deal here? Why can one health system lead 3,000 horses to the holy water and have them drink, while another health system is stumbling out of the starting gate?

When it comes to failures of CPOE implementation, the usual reasons cited are:

- The CPOE system wasn’t mature enough.
- The physicians tried it but it didn’t save them time so they stopped.
- We ran out of money.

- We didn’t address the cultural issues.
- Private physicians can’t be mandated to do anything.

All of these reasons could be valid, are often true, and yet are missing the one “success criteria” that is at the core of achieving a huge vision.

The Yoda factor

What I’m talking about is the “Yoda factor,” which is the difference between “trying to do CPOE” and “doing CPOE.” In the “Star Wars” movies, when Jedi Knights-in-training complain that rising above their current abilities is too hard, Master Yoda admonishes them with: “Try not. Do or do not. There is no try.”

How does the wisdom of Yoda apply to health care systems trying to rise above the health care status quo? Based on my work with health care leaders over the years, there are four reasons why “try-ers” fail and four reasons why “do-ers” succeed.

When I interview executive team members in the course of a change readiness assessment, a big red flag is a comment like: “Let’s see how the physicians like the system first and then we’ll move forward.” What this betrays is low emotional commitment. Try-ers then set themselves up for failure by:

- Pilot testing with users that are safe, but not “extrapolate-able” to the masses
- Creating confusion with dual entry (Is it on paper or online? On which unit?)
- Asking for voluntary participation, rather than setting expectations for full roll out
- Never optimizing CPOE screens for full-on, physician workflow 24 hours a day, 7 days a week

Do-ers, on the other hand, believe in Yoda’s dictum of “Do. There is no try.” From the start, their leaders make the assumption that the system works and people are capable. Do-ers succeed because they:

- Set high expectations for clinician participation and do not relent
- Plan for hospital-wide, phased-in implementation and stick to a unit by unit roll-out schedule
- Spend massive amounts of time on workflow design, testing and training
- Have 24/7 support

The differences in do-ers versus try-ers may seem subtle, but the subtleties are at the core of transformational leadership: a can-do attitude, an assumption that people are capable, and the courage to ask others to rise to their capabilities.

So, are you a do-er or try-er? If you’re not sure, heed Yoda and get some outside assistance and get your organization ready for change. As Yoda might say, “Hard to change, a culture is.”

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