

Software Training: A Never-ending Story

Training administrative and clinician users to get more out of applications is an ongoing proposition.

By Bill Briggs, Senior Editor

Continuing medical education, or CME, is the formal certification process designed to keep clinicians' medical knowledge current in an ever-changing field.

CIOs might want to take note of CME PDQ. Health care organizations' rising dependence on information technology could spawn a new level of training: continuing technology education. There's no industrywide plan to implement such a certification program, but there are advocates aplenty for training software users on a continuing basis.

At Saint Barnabas Medical Center in Livingston, N.J., training users to get the most out of software has become a perpetual process. Once they master the basics, administrative and clinical system users now receive regular follow-up training to ensure they make the most of applications designed to improve patient care and operating efficiency and reduce costs.

Bringing people back

Continually revisiting goals set down for a given application helps users tap into the technology's promise, says John Moustakakis, CIO at the 645-bed facility. "It's recurring work we do to keep bringing people back to the vision," he says.

The vision at Saint Barnabas Medical Center and other health care organizations can be as simple as reaching financial or time-savings targets using a department-level application. Or it can be as complex as an organization's I.T. strategic plan to improve operating efficiency with an enterprisewide implementation, such as an electronic medical records system.

Regularly reviewing initial targets is essential, experts say, because few provider organizations take full advantage of applications intended to make their jobs easier, record keeping more accurate or care more beneficial to patients. Many believe that provider organization software users employ only a fraction of a given application's capabilities. The same can be said for payer organizations.

Chief obstacles include other job demands that cut into anything resembling spare time for users to explore and master clinical or administrative software, sporadic use of some I.T. tools that precludes recalling how they work, and lack of follow-up training after initial application rollout.

It's the lack of follow-up that often hurts most, says Karis Shearer, director at StoneBridge Group, a health care I.T. consulting firm based in Minneapolis. Shearer recalls a provider organization training exercise that allowed only for a basic course on an application. "We taught them what they needed to get through their day," she explains. "When we went back four months later they were still using the same part. They didn't know where to go."

Software implementations usually require a large-scale rollout, with many new users needing a modicum of skills to get started. The more tools and details introduced in the beginning, the harder it is to retain, Shearer says. The answer is “chunking,” or delivering bits of training information, over a period of time. That enables users to master a set of skills before moving on, she says.

Many provider organizations rely on outside firms specializing in application training, which is common with large technology rollouts when many bodies are needed but only for a period of weeks or a few months. Others can take on a certain amount of user training if they have an education department, or can piggyback on existing infrastructure, such as nursing education programs.

Whether internal or external, provider organizations need a “strong site support presence to teach users about the bells and whistles over the long term,” Shearer says.

Plumbing the depths of an application requires incremental instruction, enabling users to build on knowledge gained over time. Components include good communication upfront, such as demonstrations and introductions to basic navigation tools, so the formal training is not the first time users are seeing software in action. Trainers should compare existing processes to those in the new system, and describe what the new application can do and what management’s expectations are in terms of user skill levels, Shearer says.

Training techniques must be varied, experts say, because software users require different educational approaches. Some are auditory learners and some visual, so training methods range from classroom lectures to computer-based training to one-on-one tutoring.

Users up to snuff?

Moving beyond the fundamentals entails having all such teaching tools at the ready on implementation, but also afterward in order to refresh skills or introduce new ones. And some provider organizations advocate competency testing along the way to ensure that administrative and clinical users understand how to fully use electronic tools, says Lucy Mancini-Newell, director of clinical solutions for Perot Systems Corp., a Plano, Texas-based I.T. consulting and services company.

Testing user competency is a growing phenomenon and its benefits are measurable. But there can be resistance among users, Mancini-Newell cautions.

“In some venues it has a threatening air,” she explains. “That can be overcome by ensuring users the software tool is going to help them do their job more efficiently. It’s like clinical certification.”

Saint Barnabas Medical Center follows up on software training to gauge user efficiency, says Moustakakis, the CIO. One of his tools is a gap analysis to determine where administrative and clinical systems users fall short of system proficiency.

Moustakakis believes software users don’t probe deeply into applications because they lose momentum after an implementation. “They lose their intensity. In I.T., we keep working on software implementations because that’s what we do. But most users see a rollout and think, ‘I’m going to do this project then I’m done.’”

For most users, looking deeply for new tools in an application is not a natural process, Moustakakis contends. That’s made worse by health care I.T.’s evolution in the past 15 years.

"There used to be a lot more I.T. department and vendor involvement in designing and implementing software projects," he says. Those roles have shifted to users. "But that's not their expertise," he notes. "Many users see the project as finite and at some point they move on. That's why we bring people back in and re-evaluate their skills."

Saint Barnabas Medical Center follows a "train-the-trainer" pattern of software education, relying on vendors or consultants to instruct medical center training personnel who then teach others in the organization. The medical center **is one of eight hospitals in Saint Barnabas Health Care System, headquartered in West Orange, N.J.**

Several years ago, the delivery system faced an urgent OR management information system rollout. Moustakakis' I.T. people and training staff from two hospitals and some of its 26 ambulatory care centers worked with Wakefield, Mass.-based Picis Inc. in making the switch, brought on by the sunseting of the organization's previous OR system.

The Picis implementation was accomplished in **five months** as the vendor trained information system administrators, nurses and schedulers. They, in turn, trained the rest of the staff.

Keep the train running

Trainer training took place at two hospitals and the ambulatory care centers, and vendor training staff "played a big role" in the rollout's success by training users morning, noon and night, whenever they were available, Moustakakis says.

Some organizations, such as The Children's Hospital of Denver, built their own clinician-user training staff. Repetition is vital when teaching users to get the most from complex applications, including electronic health records system, says Rita Kau, clinical information systems training manager at the 260-bed facility with 12 other care locations.

That's because some users are more active learners than others. "Most of them learn what they need to do their jobs and that's it," Kau says. "About half stay that way and half will try other things, looking for faster ways of doing things."

To get users at The Children's Hospital of Denver beyond the basics with enterprisewide rollouts, like an electronic medical records system from Epic Systems Corp., Madison, Wis., Kau and her staff of 12 trainers focused on "go-live" training. First up was the ambulatory records system.

Application rollout was a 12-week process, with weeks six through nine devoted to teaching basic functions, she explains. And there is more to come.

Because users are generally inundated after their initial training, Kau and her staff wait awhile and then introduce follow-up sessions. "They need a base to do their work on the system," she says. "Then a month or so after that we go back and ask them what they are having trouble with."

Then more sophisticated training ensues. "To get to the next level we offer advanced charting tools," Kau says. "Users learn so much in the first class, but they need more." Training schedules are more flexible for the advanced training, set to accommodate users at multiple days and times.

Additional training pays off in greater efficiency, Kau notes, even though users are not necessarily wielding all the tools at hand. Some users discover shortcuts, such as what she terms "smart phrases." They enable a user to import whole paragraphs into notes and reports with minimal keystrokes, such as a dot and an abbreviation.

Some providers find training clinicians and administrative staff separate propositions, if only because physicians and nurses are harder to pin down in one spot for any extended period. Regardless of users' job responsibilities, in most cases the goal is to convey the benefits of gaining greater command of applications.

Acting like an adult

"In general, it all goes back to adult learning patterns," Kau says. "You have to help them see why they need to know this and how it is directly related to their job."

The Children's Hospital of Denver's training traditionally was instructor-led, but the recent addition of a computer-based training specialist means programs will be rewritten to enable targeted learning.

Users will be able to select specific training sessions either as first-time classes or for periodic review.

One of the training challenges the computer-based program will help resolve at the hospital—and other teaching institutions—is with mobile medical residents. Some are in the hospital only a few weeks, and attending a weekly electronic records system session can be difficult for overextended residents.

One on one

As a result, trainers do a lot of one-on-one sessions. "We also want something available online they can get from our intranet and the Internet," Kau says. "Then they can go through training at their convenience."

Some organizations have stratified training programs, such as Temple University Physicians, a 425-physician group practice that is part of Temple University Health System, Philadelphia.

For Tracey Clark, associate director of payer relations, her software users all are in administrative roles at the organization's group practices and clinics.

Temple University Physicians trainers go to the "students," because group practice staff can't leave their facilities. Staff are trained on several applications, including NaviNet claims and authorization modules from NaviMedix Inc., Cambridge, Mass.

After NaviNet software is installed and accessible via a desktop shortcut, initial training is aimed at fundamental tasks, such as verifying insurance eligibility with participating carriers, Clark says.

"We train staff from the beginning and don't overwhelm them," Clark says. A week after the first training session, Clark sends a trainer for follow-up to answer user questions. The organization also is able to monitor user activities from the software to see if they are using the system and what information they seek.

"For those who are not utilizing the system, we go back for more training," Clark says.

Learning to use the system is not typically the source of problems, she notes, because initial training only takes 10 minutes. Getting the practice staff to use the application regularly can be harder, but also something that can be measured.

If a practice's management reports a payment slowdown from key payers, sometimes high rejection rates are the reason. High rejections often can be traced to office staff neglecting to

check patient eligibility up front, Clark notes. "The software puts the revenue cycle back in their hands."

To help reduce software training and encourage broader use, Temple University Physicians has standardized on vendors where possible. In addition to NaviMedix, the group uses billing and other software from IDX Systems Corp., Burlington, Vt. All practice staff must pass a test on each module in the system, including scheduling, before they get a log-in ID.

For those using multiple modules in the IDX software package, training could last up to eight days, Clark says.

Uniformity in applications cuts the training task, she adds. "The more people who are using one tool the less training we have to do."

Consolidating applications is one way to lighten the burden on information systems users, adds Mancini-Newell, the consultant. The point at which software users can no longer absorb more instruction varies as much as the techniques to teach them, which is what makes the training issue complex.

"The topic is education," she notes, "but the huge layer underneath it is human behavior." •

Sidebar

Payer schools software users online

Last year, Blue Cross Blue Shield of Massachusetts wanted to teach its health plan members how to use a new online health benefits enrollment system without sending trainers to their businesses. Enter "shark" mail.

"Instead of meeting with our accounts onsite, we sent a 'Brainshark' to walk them through this new application," says Jim Brown, director of business technology strategy. Brainshark is shorthand for a 10- to 40-minute interactive training presentation sent to software users via e-mail. The presentations can include text, graphics and audio components.

The technology comes from Brainshark Inc., based in Waltham, Mass. Once users are in the online enrollment application, they can access smaller presentations from the vendor, designed as self-help tools.

Since 2002, Blue Cross Blue Shield of Massachusetts has been using Brainshark technology to cut internal and external training costs associated with software training and other educational needs. For example, the Boston-based payer, with 2.7 million covered lives, had to teach all 3,700 employees—along with each new employee—the science of patient information confidentiality as laid out by the Health Insurance Portability and Accountability Act.

"That would have been cumbersome to schedule and orchestrate," Brown explains. "We figured it would cost about \$58 per person to get them into a classroom for about an hour." The Brainshark method costs about \$2 per person.

Any tools that foster the learning experience help encourage users to get the most from their software, experts say. Most users at the Blues plan have a general awareness of the core set of tools or capabilities available, Brown says.

Dig?

"But they don't understand all the functionality a system can provide," he contends. "Most users are only scratching the surface of an application. Then they get comfortable and don't delve into other areas unless they need to."

Software users at payer organizations suffer from predicaments similar to their provider counterparts, such as being overwhelmed by the number of applications they must learn and the broad range of functions available, Brown says. Because they are too wrapped up in their day-to-day work to explore and test software tools—and don't have enough time—they are not comfortable with the software.

Brown's past life includes software training and he says people tend to fall into one of two camps. "They either like the challenge of learning to use software or they don't."

Getting users to dig deeper requires providing tools that are easy to use, such as navigation menus, and simplifying technical language so they can find what they are looking for.

How application users are trained is as important as what they learn, says Karis Shearer, director at StoneBridge Group, a Minneapolis health care I.T. consulting firm. "The more learning styles you can target, the more of the population you'll hit."

Health care organizations need to provide multiple means of training to suit different learning styles. That includes classroom and computer-based training or reading a manual. "Some people only learn if a trainer sits behind them and tells them how the application will fit into their workflow," she adds.

Brown advocates brief online training sessions and clear examples of how software applies to users' work. Training systems enable users to view presentations when they wish and to access sessions later for review, "not sit through another training class," he says.

The Blues plan also hires external training companies to go into physician offices when necessary to ensure there is still a human touch. "We have to supply them the information they need in a clear, understandable format," Brown says, "so they can navigate and find information on our Web site. But we also have to make it personable."