Implementing computerized physician order entry (CPOE) in a facility is a multifaceted experience. Aside from learning all the twists and turns of the software, one must learn the soft skills of communicating with others properly; especially the physicians.

Consultants in healthcare IT tend to have a variety of experience with physicians and technology. That being said, one can expect a wide range of responses when introducing CPOE for the first time. From personal experience, age and education level did not define a physician’s capability. At a recent client, one of the best users was 79 years old and one of the most resistant was a new, 30-year-old graduate.

Throughout my experience with CPOE, I can categorize physicians into four types of categories.

1. “It is about time” - These physicians are on the cutting edge of technology and know what is expected of them. Many in this group used CPOE either in school, office, or a previous hospital. These are the perfect candidates to be your Physician Champions for your project.

2. “I am not so sure” - These physicians are familiar with some technology such as smartphones and/or PCs. They are not sure this is going to help them because their current practice seems to work just fine. They can be easily converted once their confidence is raised and benefits are realized.

3. “Yeah, right” - These physicians are not so savvy with technology. They don’t see any benefit to making changes, especially if it involves them changing. These are the ones who will not be a believer until they see it in action.

4. “Never going to do it!” - These are the resistant physicians. They may say they’ll take their patients across town if they are forced to use CPOE. They will kick and scream, making up excuses as to why they don’t want to be a “glorified” secretary. These will be your challenge converts. They will be the last to train and last to have anything good to say. Oddly enough, many times these physicians end up being your best assets on the system.

These are just a few reactions that can be expected from physicians. So, what is the best way to present CPOE? Begin by assessing which physicians are most respected by their colleagues, and engage them.

Form a Physician Advisory Group (PAG) and get members from across the different disciplines and make sure you have your Physician Champion as your leader. Having two Physician Champions is even better to maintain coverage, in case one is not able to attend. Train the Physician Champions on using CPOE, and include all the associated benefits. Have them present a demonstration to the PAG; include a question and answer session. Do not expect everyone to be happy at the start. Follow up the week of the meeting with a drop-in session for physicians to test the new system. At my client, we offered a drawing for a free car detailing for each physician who dropped in and “took a test drive” with CPOE. Have a script for
them to follow to keep them on track. Ask them for feedback and be prepared for a variety of responses. Remember, not everyone will be a convert; it will take time for each type of physician based on their past experience with technology.

As decisions are made for software designs, ensure physicians are involved. They are going to be more receptive to a system they had input in designing. This also helps them better understand how the system works and its capabilities. Give physicians access to a test system, and ask them to give feedback. Give them an easy way to supply feedback, such as a SharePoint site or shared email. Some of the main concerns might be: “How will this affect my time? How much longer will this take? How many keystrokes will it take? What is in it for me?” Be prepared to answer these questions.

Once the system is designed and the physicians have approved, training should occur. Training physicians will be another challenge, as scheduling training into their already busy day can be tough. Many times, physicians are called for an emergency during scheduled time. Flexible time is important to allow them the time they need to get the training. Make sure a check off sheet is used; keep it on file for skills each physician has mastered. It may take several training sessions to complete all the training they will need to be proficient in the system.

After training is go-live day. The best type of support comes from super-users who can be at the elbow support for physicians. Have the PAG physicians go-live first to give the system a first workout and to discover/remove any kinks before the rest of the physicians go live. By this time, some amazing results might be observed. I have seen many at recent clients; for example:

- **Quicker response time** – The physician is at the desk entering orders. He enters an order for a portable chest x-ray. While he is still sitting at the desk, Radiology comes up, takes the x-ray, and leaves. The physician is amazed at the turnaround time.

- **Patient safety** – The physician is ordering a new medication and he gets a warning of a drug interaction with a current medication. He verifies this is correct and orders an alternative medication.

- **Shorter hospital stay** – The physician dials in from home and reviews the patient’s chart. He enters orders for his patients while drinking coffee at the breakfast table. He goes to the hospital and since multiple providers have access to the chart at the same time, the test results are already returned from the orders he placed. He then continues his treatment plan for his patients based on the latest results.

- **Patient safety** – The physician enters an order for a diet and it is delivered correctly to the patient. This is a physician who is known for illegible handwriting and errors have been made in the past.

- **Patient safety and cost efficiency** – The patient has an admitting physician and a consulting physician. Both physicians can readily see what has been ordered on the patient from any PC in the hospital, in their office, or from home. This prevents duplication of orders.

As you can see, the benefits of implementing CPOE are great. A product that can help hospitals and physicians be more efficient while simultaneously increasing patient safety is a system that each hospital should invest in purchasing.