Georgia Healthcare Provider
Personas

"Personas are representative **behavior** and **activity** profiles that are **contextual** and **specific** to a particular application or service."

- Todd Warfel, MessageFirst

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia Institute of Technology

Devoted
DIANE

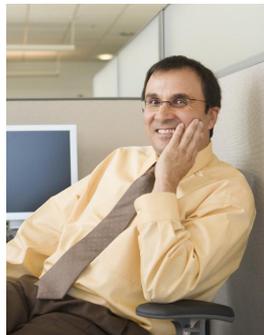Tech-tolerant PCP at a three-physician independent practice

Efficient
ERIC

Tech-savvy pediatrician at a large multi-specialty clinic

Hands-on
HENRY
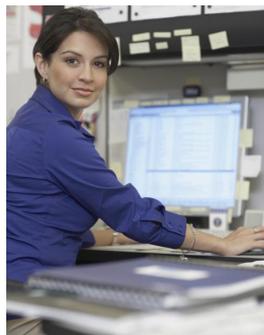
Operations-driven CIO of a small rural hospital

Strategic
STEVE

Future-oriented CIO of a large urban hospital

Practical
PAULA

Systematic office manager at a small practice considering EHR

Caring
KENDRA

Service-oriented nurse at a health system-owned urgent care center

Descriptive
NAME

Summary: Distinguishing feature, Position, Organization

"Representative Quote"

Narrative: Background, Situation, Outlook

Core Qualities

DIMENSIONS

Individual

Dimensions of the individual within the context of their organization

Organizational

Dimensions of the organization within the context of Georgia's health ecosystem

MOTIVATIONS

Goals or future states that the individual works toward or wishes to occur

CONCERNS

Sources of stress or worry

FRUSTRATIONS

Dissatisfaction from unfulfilled needs or unresolved problems

Devoted
DIANE

Tech-tolerant PCP at a three-physician independent practice

Compassionate

Responsible

Observant

Traditional

"We're running up a mountain as hard as we can, and sometimes it's hard to tell if we're making any progress. I just want to give my patients the care and attention they deserve."
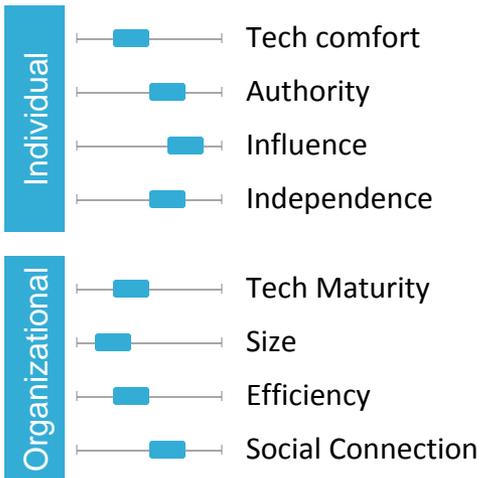
Diane has practiced family medicine for over 20 years in the small town where she grew up. She sees patients "from cradle to grave," over half of whom are on Medicaid or Medicare. Diane and her partners have been approached about selling the practice, but they prefer to remain independent and "do things their own way."

Last year Diane's practice decided to "take the plunge" and go electronic, selecting the EHR that was recommended by their local hospital. Now that they've made the transition "there's no looking back," but the reality of adoption has been a far cry from the slick demos they received when they were comparing systems.

Diane feels that computers are a distraction and make it difficult to give patients her undivided attention. She prefers to use her clipboard in front of patients and enter notes into the EHR in the privacy of her office.

DIMENSIONS

Individual

Tech comfort

Authority

Influence

Independence

Organizational

Tech Maturity

Size

Efficiency

Social Connection

MOTIVATIONS

Meet MU requirements to qualify for incentives and avoid penalties

Leverage EHR as a catalyst for organizational improvement

Listen to and engage with patients without disruption or distraction

Improve continuity of care with local hospital and other providers

Develop technology infrastructure for telemedicine and other modernizations

CONCERNS

Remaining sustainable as an independent medical practice

Recovering costs of purchasing/ implementing EHR and impact on patient load

EHR may never be as simple or flexible as paper

Finding time and money to conduct desired training

Need more support than vendor is willing to provide

FRUSTRATIONS

Felt rushed into going electronic by regulations and competition

Not obvious how to set up and use time-saving features of EHR

Disruptions in access to EHR server force practice to revert to paper

Technical errors make MU attestation more complicated than necessary

Expected EHR integration with local hospital to be available by now

Devoted DIANE

Tech-tolerant PCP at a three-physician independent practice

Diane's Health IT Journey

	KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Awareness	Use hospital EHR during rounds; access via web portal from home and practice Discuss health IT with other physicians at hospital, conferences, etc.	Hospital EHR data only applies to treatment that takes place at the hospital Apprehension about the costs and changes going electronic will entail	Facilities that demo HIT integration between acute and ambulatory settings Case studies of actual EHR implementations by independent practices
Consideration	Host EHR vendor presentations Consult with regional hospital regarding recommendations and incentives Develop budget and locate funding	Estimating and mitigating financial impact of EHR investment Concern about making the wrong decision about which system to select	Standardized guidelines for comparing and evaluating ambulatory EHRs Set realistic expectations about financial/ time investment and transition period
Implementation	Reduce patient load to 50% for two weeks for vendor training Validate that typical provider and clinical support tasks can be peformed using EHR	Sense of urgency – want to get back to normal operations as soon as possible Overwhelmed by amount of change; feel that vendor is in control of the process	Self-paced training materials to familiarize staff with EHR in advance Encourage practices to set aside sufficient time for training and acclimation
Adoption	Incrementally increase patient load over time as staff becomes proficient in EHR Adapt practice workflow to align more closely with EHR	Impatient for EHR to live up to promises, especially cost and time savings EHR forces practice to change habits that worked perfectly well with paper records	EHR user communities where participants can exchange knowledge and ideas Tools to support documenting and standardizing workflow
Meaningful Use & Beyond	Attest for Meaningful Use in collaboration with EHR vendor as part of contract Identify shortcuts and implement custom templates to begin realizing productivity gains as a result of EHR	Despite attesting for MU, practice still does not integrate with hospital EHR Hiring consultants or developing internal expertise to customize EHR is time- and cost-prohibitive	Provide and promote access to Direct and Query-based exchange Repositories of EHR resources where practices can exchange customizations

Efficient
ERIC

Tech-savvy pediatrician at a large multi-specialty clinic

Progressive

Resourceful

Idealistic

Supportive

"Technology has so much potential to improve healthcare. If I can use my phone to pay my bills, post a video, redeem a coupon, and track my workout, how is it that my clinic's EHR still doesn't talk to the hospital?"
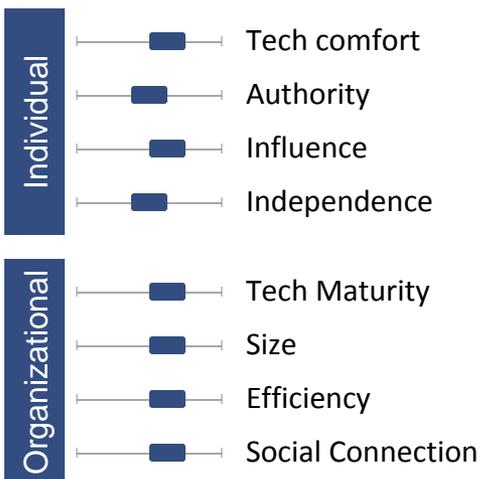
Eric joined a large multi-specialty clinic after completing his fellowship in pediatrics four years ago. He has used EHRs throughout his education and professional experience, and has observed significant gaps in the quality of different systems.

Since the clinic attested for Meaningful Use two years ago, doctors are now penalized if they don't use the EHR. As a representative on the clinic's technology committee and the pediatric group's "super-user," Eric conducts training sessions and takes time out to help other doctors when they get frustrated.

During visits, Eric uses a tablet to enter information and educate his patients and their parents, who he feels are receptive to technology because "computers are an important part of the modern family."

DIMENSIONS

Individual
- Tech comfort
- Authority
- Influence
- Independence

Organizational
- Tech Maturity
- Size
- Efficiency
- Social Connection

MOTIVATIONS

Leverage EHR features to deliver more thorough, timely care

Spend more time with patients by integrating EHR usage into visit

Empower patients with tools that support knowledge and education

Communicate and collaborate more effectively with other providers and clinical support staff

Have access to necessary tools whenever, wherever

CONCERNS

Clinic has insufficient leverage to force vendor to innovate

Lack of EHR integration leads to poor provider coordination

Physicians should focus on the patient, not billing and coding

Software doesn't support unique needs of medical specialty

Risk of missing something important due to overwhelming amount of information

FRUSTRATIONS

Health IT should perform to the same standards as other technologies in his life

Multiple incompatible systems create a fragmented experience

Reports and templates are poorly designed and hard to use

Data entry is cumbersome and requires excessive documentation

Crashes and buggy software are embarrassing and disruptive

Eric's Health IT Journey

Efficient ERIC

Tech-savvy pediatrician at a large multi-specialty clinic

Awareness

Consideration

Implementation

Adoption

Meaningful Use & Beyond

KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Participate in governance decisions and "train-the-trainer" workshops	Recognizes usability problems that are likely to hinder adoption	Empower super-users to evangelize for health IT within their organizations
Cross-reference EHR capabilities against requirements of pediatric department	EHR isn't designed for specialists; some tasks require work-arounds/customizations	Best practices for tailoring EHRs to the needs of specific specialties
Conduct training sessions and promote EHR among pediatric group	Training is time-consuming; some physicians don't make training a priority	Forums and knowledge base for self-service technical support
Develops specifications for EHR customizations to address common tasks	IT team has limited bandwidth to implement desired features	Repositories of EHR resources where practices can exchange customizations
Promote integration with service area HIE, telemedicine, and mobile HIT initiatives at clinic's technology committee	Service Area HIE has been slow to come to fruition	Promote transparency regarding active initiatives through frequent town halls and status updates

Hands-on
HENRY

Reliable

Decisive

Logical

Realistic
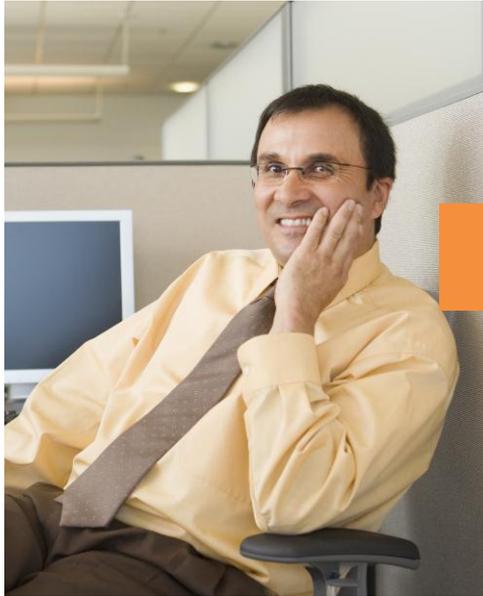
"Managing health IT is like driving an 18-wheeler down the interstate and repairing it at the same time. Patients don't stop needing care when we need to do an upgrade; we just have to keep moving forward."

Henry has always worked in IT and "isn't afraid to roll up his sleeves," as he did recently when he and his small team upgraded the hospital's wireless network. He needs to stretch his dollar as far as he can – the perennial question is "what are we going to upgrade this year?" The hospital depends on Henry's team to qualify for Meaningful Use incentives, which are a critical component of the organization's budget.

Henry looks for vendors that can provide integrated products that meet a range of needs. He acknowledges that the EHR they implemented two years ago isn't as polished as some of the competitors, but it was affordable and meets their needs. Storage, backup, security, and bandwidth are a significant part of his overhead, and he has been happy to see "cloud" services become more mature and affordable.
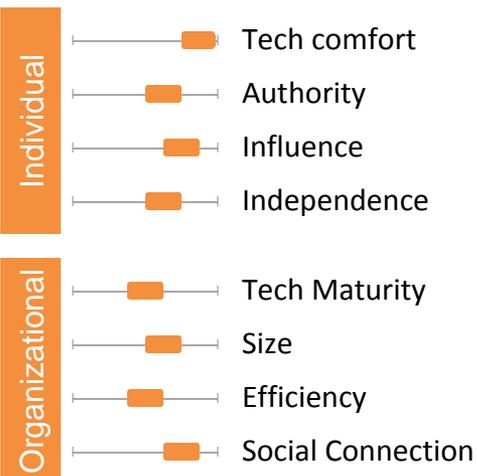
DIMENSIONS

Individual

- Tech comfort
- Authority
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Organizational

- Tech Maturity
- Size
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- Social Connection

MOTIVATIONS

Balance operational demands with long-term strategic objectives

Qualify hospital for Meaningful Use incentives

Maximize return on investment for limited IT budget

Reduce demand for in-house support and maintenance overhead

Support local practices through EHR transition

CONCERNS

Remaining sustainable as an independent regional hospital

Practices expect hospital to absorb costs of EHR integration

Responding to threats to critical infrastructure (security, power, hardware failure, etc.)

How to promote technology without alienating practices that the hospital depends on for referrals

Recruiting and retaining talent

FRUSTRATIONS

Day-to-day responsibilities make it difficult to focus on the big picture

Small team is overwhelmed by the variety of technologies they have to manage and support

Incremental EHR implementation is disruptive but budget is insufficient for a full-scale rollout

Need more support for developing complex policy and governance
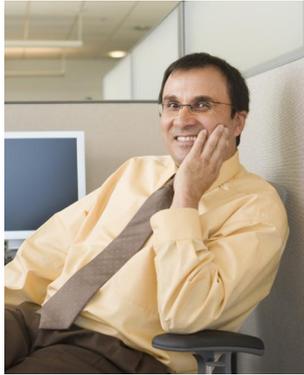
Hands-on HENRY

Operations-driven CIO of a small rural hospital

Henry's Health IT Journey

	KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Awareness	Receive information about Meaningful Use incentives for hospitals Attend events about small-hospital EHRs hosted by rural healthcare network	How much of hospital's future budget will be accounted for by MU incentives? How much capital is needed to upgrade, and what other systems are affected?	Leverage partnerships with GA HITREC, Hometown Health, and other organizations for outreach
Consideration	Consult with and vet EHR vendors Compare EHR features and integration capabilities with existing/legacy systems Prioritize features to stay within IT budget	Absorbing additional/recurring costs of implementing custom interfaces How does the possibility of acquisition impact HIT investment decisions?	Standardized guidelines for comparing and evaluating small-hospital EHRs Model policy and governance that Henry can reference and customize to his needs
Implementation	Define rollout strategy; incrementally release by department/feature Specify and test against use cases, including key integration points	Getting physicians sufficiently trained and bought in Risk of disruption to critical operations; have all contingencies been accounted for?	Empower CIOs to evangelize for EHR/HIT within hospital and catchment area Templates for system specifications and operational plans
Adoption	Develop targeted compliance strategy to ensure that each physician meets threshold for MU incentives Support integration of local practices	Certain individuals and departments are reluctant to change Local practices may be reluctant to invest in HIE on top of existing EHR expenditures	On-demand reporting of EHR usage among hospital practitioners Facility to demo HIT integration between acute and ambulatory settings
Meaningful Use & Beyond	Plan for next iteration of EHR rollout to additional departments Research development of a service area HIE and participation in a statewide HIE	Maintaining system integrity as features/ systems come online Is development of a service area HIE viable, and what is the potential value to the hospital and community?	Resources to support cost/benefit analysis of implementing service area HIE Opportunities to engage and consult with various service area HIEs

Strategic
STEVE

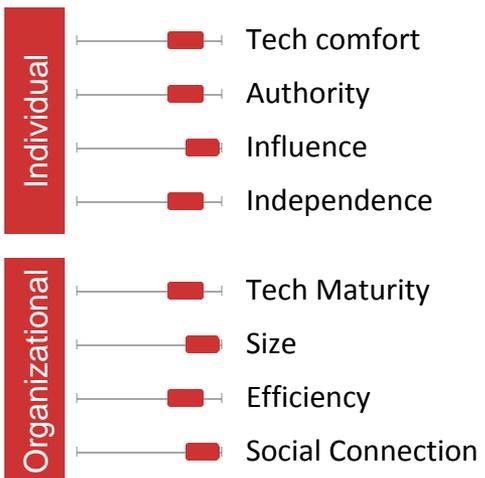**Confident**

Analytical

Creative

Visionary

"Ultimately, health IT shouldn't be about technology at all – it should be about putting the patient first. Change is difficult, but it paves the way for innovation and better care."

Steve is the CIO/SVP of a large urban hospital and is active in CHIME, the professional association of health CIOs. After consulting for several years, he earned a Masters in Information Systems and has been in healthcare for the last decade. Steve spends much of his days "running from one meeting to another" and delegates most operational responsibilities to his trusted team leads.

Steve sees things "from the 30,000-foot view" – understanding how strategy, governance, and policy fit together from a systems perspective. He stays "tuned in" with his hospital and the healthcare industry through his strong professional network, and uses key performance indicators to inform decisions. As a diplomat and negotiator, he knows that "engagement is critical," and works to involve "the right people at the right time."

DIMENSIONS

Individual
- Tech comfort
- Authority
- Influence
- Independence

Organizational
- Tech Maturity
- Size
- Efficiency
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MOTIVATIONS

Cultivate a patient-centered healthcare ecosystem

Improve adoption success through planning and engagement

Align adoption strategy with business objectives

Realize efficiencies through standardization and process improvement

Support analytics for accountable care, strategy, and research

CONCERNS

Remaining agile in a dynamic marketplace and regulatory environment

Identifying business models for expanding health IT into the community and beyond

State health initiatives may overlap or compete with hospital efforts

Planning for beyond the foreseeable future

Building a strong, balanced team

FRUSTRATIONS

Need for hospital-wide interoperability makes it difficult to maintain pace of innovation

Difficult to achieve consensus on decisions that affect so many people

More demand for training and customization than department is able to accommodate

Ambulatory health IT has been slow to catch up with hospitals

Strategic STEVE

Steve's Health IT Journey

Future-oriented CIO of a large urban hospital

|	KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Awareness	Assess organizational readiness and perform gap analysis Perform cost/benefit analysis of various approaches to EHR implementation	Organizational readiness includes intangibles such as political landscape What pace for adoption is appropriate? What side effects should be anticipated?	Cultivate relationships with CIOs through direct outreach, CHIME, and other orgs. Meaningful Use information targeted to hospital staff who will be affected by EHR
Consideration	Define vision and roadmap for EHR/HIT in collaboration with hospital leadership Identify staffing needs for EHR; define new roles, hire and cross-train accordingly	Need top-down buy-in that this isn't "just another IT project" At present, demand for experienced health IT talent outstrips supply	Position health IT as a vehicle for organizational improvement and innovation Health IT recruiting resources and strategies
Implementation	Lay the foundation for long-term vendor partnerships Document, assess, and optimize hospital workflows and processes	For large hospitals, once a vendor has been selected change is extremely difficult What's the best way to get staff buy-in on significant changes to workflow?	Enterprise-level vendor selection guidance; directory of which EHRs hospitals are using Best practices for auditing, tracking, and influencing workflow and processes
Adoption	Develop a clinician-centered approach to training and support Work with stakeholders to develop strategies for adoption/promotion	Initially, only a portion of training is likely to be retained and put into practice Some clinicians aren't at the hospital routinely enough to use EHR comfortably	Augment hands-on training with online training modules to support self-paced learning and performance tracking
Meaningful Use & Beyond	Develop analytics to drive healthcare and business decisions Develop service area HIE to integrate hospital EHR with local practices and telehealth partners	EHR data is difficult to connect to reporting tools Practices are ambivalent about who should bear the costs of HIE integration	Promote open standards and interoperability between EHRs Cost-sharing models for HIT investments; make practices aware of incentive programs
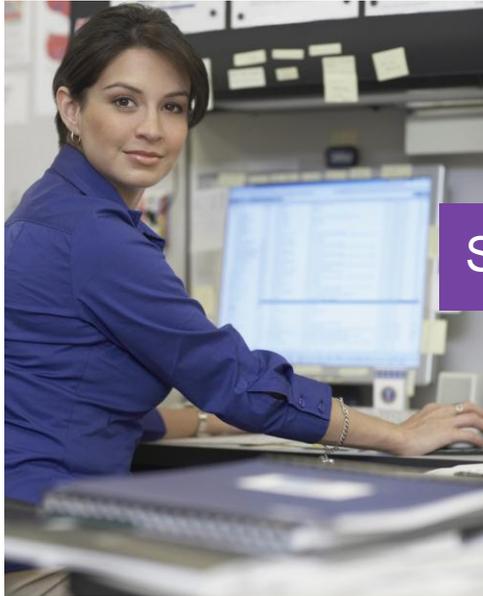
Practical
PAULA

Systematic office manager at a small practice considering EHR adoption

"I keep the practice running on an even keel so Dr. Rutledge can focus on his patients. They say 'if it ain't broke, don't fix it' – if we go electronic, I want to make sure it's a step forward, not backward."

Paula is the office manager of a small practice owned by Dr. Rutledge, who is approaching retirement age. She has used a practice management system for almost a decade and spends much of her time on the computer, but the clinical side of the practice is still paper-based. Paula manages insurance, billing, and bookkeeping and supervises the receptionist.

Several EHR vendors have reached out to the practice, and EHRs have become a regular topic of conversation among physicians at the regional hospital. Since Paula is good with computers, Dr. Rutledge has tasked her to research EHRs and do a cost/benefit analysis. She's received information about a number of products, but if it weren't for her attention to detail it would be hard for her to tell the difference between them.
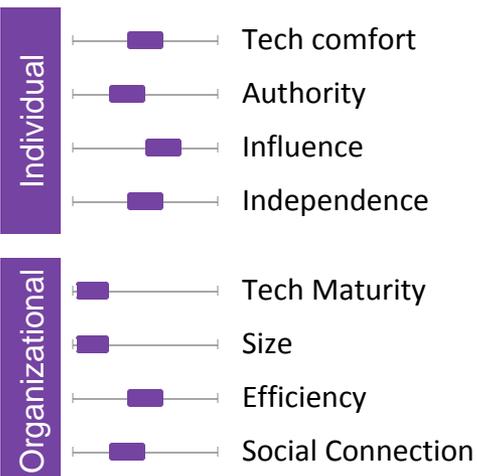
Dependable

Thorough

Precise

Focused

DIMENSIONS

Individual
- Tech comfort
- Authority
- Influence
- Independence

Organizational
- Tech Maturity
- Size
- Efficiency
- Social Connection

MOTIVATIONS

Oversee finances so that providers can focus on patient care

Identify EHRs that won't break what already works or cost too much

Ensure that everyone does their part for claims to be processed and submitted on time

Store and access patient records simply, securely, and reliably

Close the loop on interactions with payers and other third parties

CONCERNS

Upgrading from paper to electronic may cost more money than it saves

For what it costs, EHR should be interoperable with other local providers and hospital

Expect EHR to improve upon features of current practice management software

Between software, hardware, training, and productivity, true cost of EHR is difficult to determine

FRUSTRATIONS

Difficult to ascertain differences between EHRs or true costs involved

Physician doesn't want to spend the rest of his career paying for technology upgrades

Experiencing pressure from regional initiative to adopt specific EHR

Difficult to keep up with changes to billing codes and processes

Practical PAULA

Paula's Health IT Journey

|	KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Awareness	Receive phone calls and mail from EHR vendors Speak to other office managers about EHRs in the course of work responsibilities	Vendor marketing collateral is biased Practice is still skeptical of going electronic; concerns reinforced by other practices working through implementation challenges	Promote EHR adoption through tools and marketing materials from non-commercial, unbiased sources (e.g., DCH website, GA HITREC)
Consideration	Attend demos of small-practice EHRs hosted by vendors Compare EHR offerings and perform cost/benefit analysis for Dr. Rutledge	In-person demos may not be nearby; don't want hard sell Objective evaluation is difficult; true cost is difficult to determine	Informal "show and tell" webinars by and for practitioners Evaluation checklists and EHR cost calculators for decision support
Implementation	Manage EHR vendor relationship; negotiate licensing and support contract Supervise and facilitate hardware and EHR installation and configuration	Contract negotiation can be complex and require deep subject matter expertise Hardware investment was expensive; want to get the most out of it	EHR contract boilerplate and access to unbiased consulting services Highlight additional opportunities to use technology to improve efficiency
Adoption			
Meaningful Use & Beyond			

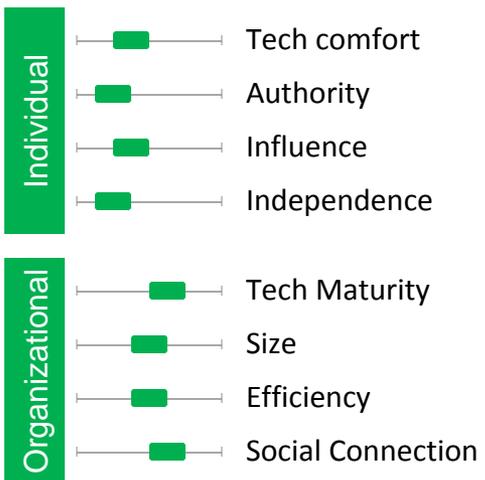# Caring
KENDRA

Personable

Empathetic

Detailed

Loyal
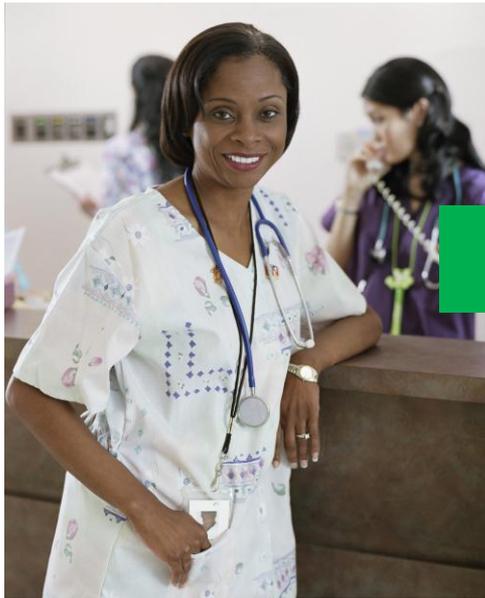
"I've wanted to be a nurse since I was a kid, and I've never changed my mind. When it comes to computers, I go with the flow – the important thing is to give the best care I can to my patients."

Helping patients is what gets Kendra out of bed every morning. Though it's not her favorite part of the job, she understands that insurance, referrals, and other paperwork are necessary and important. She uses an EHR "day in and day out;" her clinic's software was determined by the health system when they were purchased three years ago. Kendra and other nursing staff are currently working with a consultant to standardize the way they do vitals, flu shots, and other routine tasks to improve patient load and keep things flowing smoothly.

Computerized services such as x-rays, labs, and prescriptions "have been really nice," and she likes being able to instantly pull up and search patients' histories. Kendra is comfortable with the EHR features she uses on a daily basis, although she frequently feels that computers make things harder than necessary.

DIMENSIONS

Individual
- Tech comfort
- Authority
- Influence
- Independence

Organizational
- Tech Maturity
- Size
- Efficiency
- Social Connection

MOTIVATIONS

Set patients at ease during times of stress and discomfort

Streamline patient/provider interaction by acting as intermediary

Simplify routine tasks (vitals, samples, referrals, etc.) with EHR

Coordinate care and build relationships with other practices

Educate patients on their health and treatment process

CONCERNS

Healthcare has become less about people and more about billing and technology

People become complacent when they put too much trust in technology

Technology undermines rapport among organizations

Doctors and nurses may fill in arbitrary data to satisfy form validation criteria

FRUSTRATIONS

EHR workflow is too rigid (switching patients, deferring tasks, etc.)

Difficult to annotate or add emphasis to EHR forms

Data from faxes must be re-entered to be searchable

Can't see everything at a glance - have to scroll through multiple pages

Software doesn't support ePrescribing of Schedule II drugs

Kendra's Health IT Journey

Caring
KENDRA
Service-oriented nurse at a health system-owned urgent care center

Awareness

Consideration

Implementation

Adoption

Meaningful Use & Beyond

KEY ACTIVITIES	KEY ISSUES	OPPORTUNITIES
Attend training sessions on health system's outpatient EHR Habituate to using EHR for tasks that previously used paper-based records	Software is unfamiliar Workflow may be jarring or inconsistent with established habits	Tools to record and share screencasts of common activities within practices Evaluation program to track usage; incentives for compliance
Develop strategies for using EHR that minimize impact on patient experience Identify ways to accomplish common or repetitive tasks as efficiently as possible	Computers in treatment areas can be intrusive – difficult to multitask, maintain eye contact, may be forced to turn back to patient to enter information	Suggest exam room layouts that are condusive to technology Workflow-driven templates to simplify data entry
Leverage EHR integration with health system's HIE to access patient records	Notes and information from previous patient visits may be incorrect or out of date	Provide self-service tools for patient to review and validate information Ability to flag and correct/reconcile inconsistent records

Devoted DIANE
Tech-tolerant primary care physician

Efficient ERIC
Tech-savvy pediatrician

Hands-on HENRY
Operations-driven small hospital CIO

Strategic STEVE
Future-oriented large hospital CIO

Practial PAULA
Systematic office manager

Caring KENDRA
Service-oriented nurse

Diane	Eric	Henry	Steve	Paula	Kendra
Compassionate	Progressive	Reliable	Confident	Dependable	Personable
Responsible	Resourceful	Decisive	Analytical	Thorough	Empathetic
Observant	Idealistic	Logical	Creative	Precise	Detailed
Traditional	Supportive	Realistic	Visionary	Focused	Loyal

Individual Dimensions

TECH COMFORT
Diane
Eric
Henry
Steve
Paula
Kendra

AUTHORITY
Diane
Eric
Henry
Steve
Paula
Kendra

INFLUENCE
Diane
Eric
Henry
Steve
Paula
Kendra
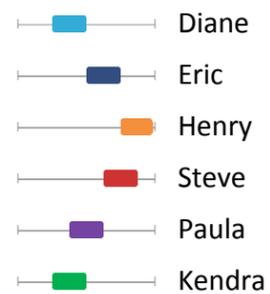
INDEPENDENCE
Diane
Eric
Henry
Steve
Paula
Kendra
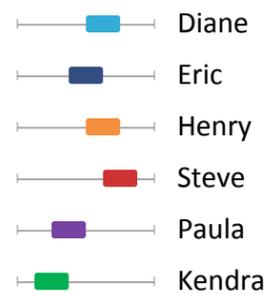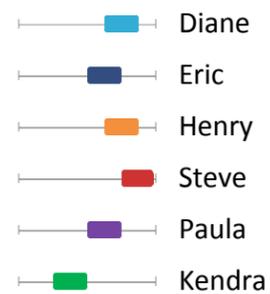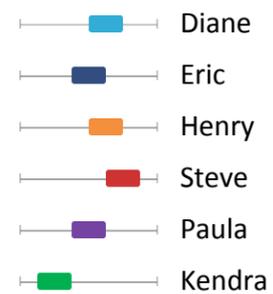
Organizational Dimensions

TECH MATURITY
Diane
Eric
Henry
Steve
Paula
Kendra

SIZE
Diane
Eric
Henry
Steve
Paula
Kendra

EFFICIENCY
Diane
Eric
Henry
Steve
Paula
Kendra

SOCIAL CONNECTION
Diane
Eric
Henry
Steve
Paula
Kendra