After working with Healthcare EMR’s and systems for over 32 years, I’d like to think I learned by my mistakes and the mistakes of many others. Fortunately, we have been able to successfully implement over 50 EMR’s of various shapes, forms and sizes. Below you will find my compilation of the top reasons why you can have challenges with your Epic Implementation. Stop them before they occur. I challenge you to print this list and refer to it any time you get into a project crunch. You’ll be surprised that most of your issues will fall into one of the following categories.

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### 16 Things that can get you in trouble with your Epic Installation

1. **IT should never be “In Front” of the project.** This is not an IT project. It is a Clinical and Business project. IT is here to run the plays not to call them. May times your IT Department will start to take charge of your project. This is a recipe for failure. Each of your project areas should have (1) Clinical / Business Owners (2) Epic Counterpart (3) Project Team Members (IT or Project). This “triangle for success” will insure the success of your project.

2. **Lack of a comprehensive, detailed project plan.** Our last successful Epic implementation had over 6000 detailed tasks listed at Project Kick-off. During the project we tracked each of these items. On Day 1 of the Go Live all the items were marked completed. As an Executive you should demand a copy of your detailed project plan weekly; you may not understand each task, but you’ll know it has your teams focus.

3. **Poor tracking tools.** During your implementation, your team will be tracking thousands of “Build” items. Teams frequently lack adequate tools to track their design, build, and testing. Epic’s tools are weak and focus on “the doughnuts” or other tools that do not accurately reflect where you are in your project.

4. **Project Structure.** Build a Project Structure with rock solid reporting and decision making tools. Track issues and key decisions carefully. You will need these during your implementation, but more importantly after the project is completed. Document everything with the right tools. Status reporting is critical with tools that add value to the process. Don’t use tools just to say you are using them.

5. **Processes, take them seriously, early in the project.** Well-defined and documented business and clinical processes is key to your implementation. It is too late to look at your processes as you enter the implementation phase of your project.

6. **Testing too late.** We have found many hospitals start testing during their “Testing Phase” of the project. That is too late. You need to build a structure that uses a “Test as you Build Methodology”. We insist on regular POT – Proof of Testing during each phase of design and build. Your team will appreciate that effort when they go into “Go Live” with zero defects or issues.

7. **Loss of revenue.** By far the most important aspect of your revenue neutrality and enhancement is:
   
   a. **Daily Revenue Tracking.** You need to track at a detail departmental charge level what you do today, what happens in testing and during your “Go Live”. We’ve built and use many daily charge tracking systems that immediately notify key business and clinical leaders via text and email when charge anomalies occur. We’ve seen customers not charge for certain procedures and supplies for months after an implementation. Lost charges go directly to your bottom line. Folks will say that is not how it happens with Maryland and other Federal Reimbursement. You know better. Eventually you will get behind the 8 ball. (See Maine Medical Info at the bottom of my document. not good)

   b. **Build a Revenue Capture Swat Team** that identifies revenue blips as you approach and during Go Live.
c. **Revenue Testing tied to Clinical Events.** You will need automated tools to track every clinical event or procedure and be able to identify electronically when there are anomalies. Maine Medical and many other facilities waited weeks after their implementation to attempt to balance charges and activity. This approach is too late and will cost you millions.

d. **Test Everything.** Test every procedure, exam, charge using your new software and compare it to your current charging processes. You will leave a lot of money on the table unless you do this correctly.

e. **Do parallel revenue testing** using automated tools if possible.

8. **Don’t focus on Epic’s “Good Install” discount too much.** Do an ROI on Epics “Good Install” policy. Many times “Epics Good Install” is just not worth the extra expense. You can still follow standard “Good Install” practices without all the extra resources built into their model. Epics techniques and means of tracking your “Good Install” are loaded with flaws. They will underestimate many areas that are out of their scope while focusing on getting their product implemented. A “Good Install” results a successful implementation and not just Epic Check Boxes.

9. **Manage your Epic Team closely.** An important factor in project delays and issues will be your Epic Team. Epic has grown quickly and tries to attract the best and brightest smartest “kids”. 80% of your assigned resources will be fine. 20% will need to be replaced. Epic’s training programs and field work cannot replace the years of experience required for a successful implementation. You’re the customer. Replace any Epic marginal resource as soon as possible. You will not have any “Gray Headed” folks from Epic.

10. **Delays.** Delays do not occur 1 week before a deadline is missed. With the right tracking tools you will be able to identify you potential delays and take corrective action early to avoid any missed deadlines.

11. **Training.** Your Training Team needs to have clearly defined and documented processes. Use “Usability Labs” to prototype user acceptance and ability to function within the system you are building. Conduct the “Usability Labs” early and often. Navigation and “smooth flow” is often missed by analysts and teams that are heads down in the build process.

12. **Epic is not always right.** Remember, you are the Hospital Executives responsible for a successful implementation. Your Epic Team for the most part will be relatively inexperienced. The Team may have experience 2 or 3 Epic installs at most under their belts. This is your system and your results. Epic does not have a “listening” training program. Many on your team will be hell bent on doing it their way. Calm and careful data driven decision will make your project successful. And remember, Judy Faulkner did not invent Healthcare Systems. She just took an opportunity and ran with it.

13. **Go Live Cost Estimates** – Do not underestimate the size and cost of your Go Live. We have seen many customers underestimate Go Live cost by millions of dollars. Let me know if you would like to review you estimate. I have very good cost model.

14. **Your other systems will lose focus.** Remember, you are probably not replacing all of your hospital systems and processes on Day 1 of Epic. You Epic Team will view these systems as Red-Headed step children. You can’t afford to take that approach. Insist on these systems being blended into your Enterprise Model.

15. **Integrated Areas always underestimated.** They are important and always take a lot of time and effort. Having well organized teams and leaders that are integrated into your Project Structure early will minimize delays and cost overruns. These areas include but are not limited to: (1) Business Continuity (2) Clinical Readiness (3) Core Measures (4) Charging (5) Conversions (6) SER – Security / Providers (7) Printing (8) Reporting (9) Device Integration (10) Dress Rehearsal and Usability (11) Hospital Outpatient Departments (HOD’s) (12) Facility / Corporate Structure (13) EAP / LMR Build (14) Meaningful Use Statistics Capture (15) Results Routing and many more.

16. **Plan for Optimization early.** The fact is no project is perfect. Don’t focus on a perfect project. There will be plenty of time for perfection. That is what Optimization is for. You should focus on a sound clinical and business product that will work. The fact is you will need to change much of your system after “Go Live”. After “Go Live” your staff will be exhausted and your Epic resource will be gone. You will be moved to Epic Support shortly after “Go Live”. Give your team a break and allow the product to stabilize and settle in for some time. 2 to 3 months should be adequate. Start a formal Optimization Project after you have a stable, steady state environment and your team is refreshed.
How much does an Epic implementation really cost? Many times millions more than expected!

Aforementioned is based on my experience and that of many of my associates. Many of the folks assigned to our project have experience with failed or marginally successful projects in the past while not working for us. Ironically, we know of folks who work at the facilities listed below. I’d venture to say that they would agree with my statements above. Following are some of the horror stories where Executive said “it won’t happen to us, we got it!” … but it did. None of these are our customers, unfortunately.

_In the Becker Health IT & CIO Review dated July 1st, 2015 by Akanksha Jayantahi the following cost overruns and marginal Epic Projects were noted: (this does not list the Epic “disaster projects” such as Maine Medical (noted below))_

“Partners HealthCare: $1.2 billion
Boston-based Partners HealthCare is one of more recent implementations, going live the first week of June to the tune of $1.2 billion. This is the health system’s biggest investment to date. The implementation process took approximately three years, and in that time, the initial price tag of $600 million doubled.”

“Lehigh Valley Health Network: $200 million
LVHN started its switch to Epic’s platform in February 2015, but the full transition will take between four and six years. Harry Lukens, CIO of the Allentown, Pa.-based system, told _The Morning Call_ the total investment dedicated to the installation includes software, hardware, data conversion and additional personnel.”

“Mayo Clinic: "Hundreds of millions"
In January 2015, Rochester, Minn.-based Mayo Clinic announced it selected Epic's EHR and revenue cycle management platforms and planned to drop its Cerner and GE Healthcare contracts to do so. The value of the contract was not disclosed by the health system or the vendor, but stock analysts told the Kansas City Star it is worth “hundreds of millions of dollars over several years.” Additionally, the headline of the _Star_ report reads "Cerner loses Mayo Clinic contract worth hundreds of millions of dollars to Epic," indicating a ballpark estimate of the new contract’s value.”

“Lahey Hospital & Medical Center: $160 million
On March 28, 2015, the Burlington, Mass.-based hospital completed its two-year implementation of Epic's EHR system. Two months later, Lahey Health said it was laying off 130 people at three hospitals to close the budget gap. In the six months ended March 31, the health system had lost $21 million, partly due to preparatory EHR implementation costs.”

“Lifespan: $100 million
Providence, R.I.-based Lifespan announced plans to implement Epic's EHR in March 2013, and the health system went live April 2015. Lifespan initially projected the implementation to cost $90 million, but in a Rhode Island Public Radio report, John Murphy, MD, executive vice president of physician services, alluded to a total closer to $100 million.”

_In the Healthcare IT News dated July 31st, 2013 by Bernie Monegain, Editor-at-Large the following “Go-Live” gone wrong highlights the importance of Daily Revenue Monitoring mentioned in my “Top 16” above._

_Bernie wrote:_ “Maine Med’s go-live last December of its estimated $160 million Epic EHR system seemed at first to go off without a hitch. But four months later, the hospital network’s CIO, Barry Blumenfeld, MD, was out of a job and, in an April 24 letter to employees, Maine Medical Center President and CEO Richard W. Petersen announced a hiring freeze, a travel freeze – and a delay in the further rollout of the EHR throughout the rest of MaineHealth.

This is being done to concentrate and focus our information systems resources to finding solutions to our revenue capture issues, Petersen wrote.”

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