

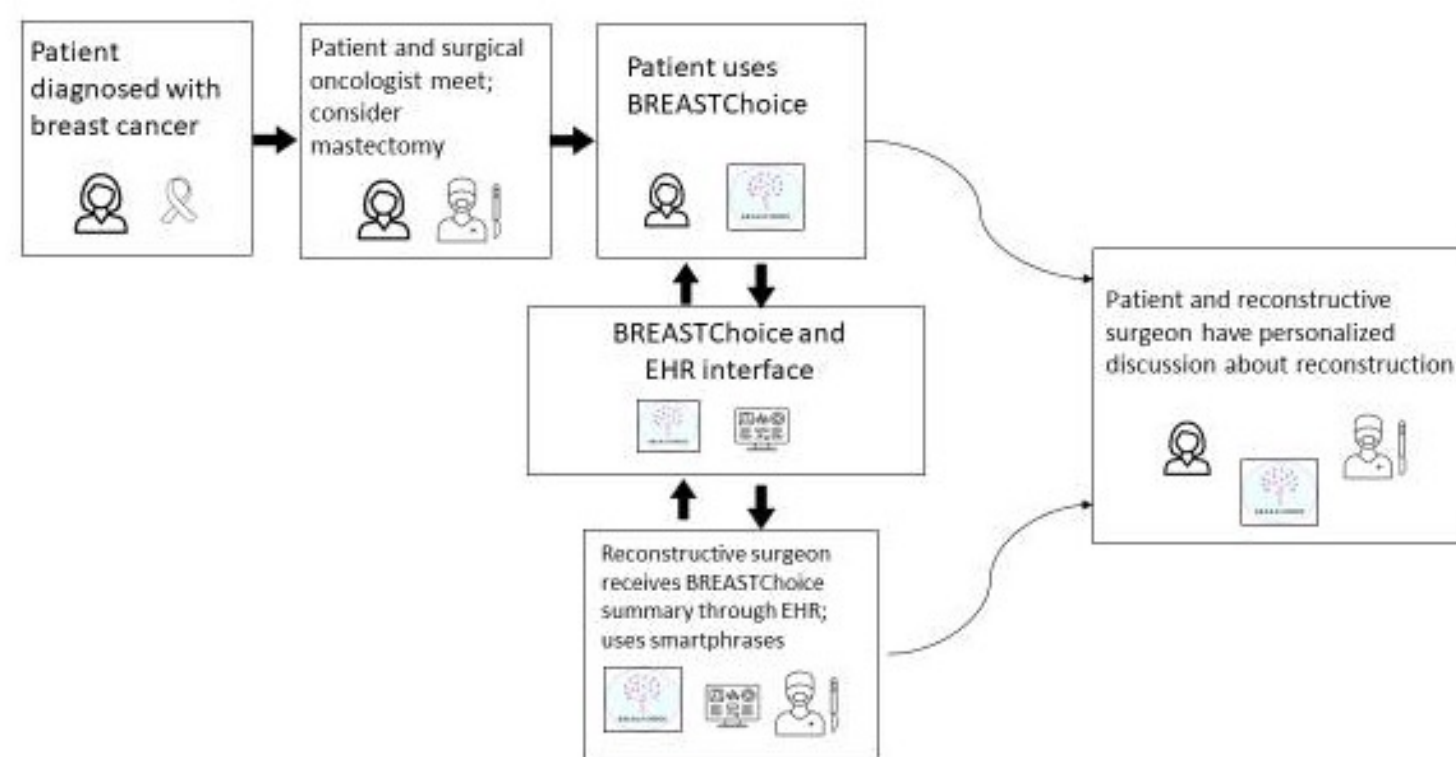
Lessons Learned Integrating A Breast Reconstruction Decision Tool into the Electronic Health Record (EHR)

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What We Did

- We integrated BREASTChoice into electronic health record (EHR)
- We created a process at one site, transferred it to another
- Process took 18 months

Thank you to everyone who has participated in the study and supported this research!



This diagram shows how different people accessed BREASTChoice after EHR integration

Timeline



Example Challenges

- Unique, dynamic patient, clinician, and informatics needs
- Policies and procedures pertaining to EHR can be hard to find at times
- Patient decision aid EHR integration is novel and challenging to program. Few established processes.
- Local/site-specific characteristics influence integration

Example Solutions

- Best practice alert reminded surgeons to view tool.
- Swimlane diagram mapped timing, people, and EHR integration
- One site only allowed data to be integrated by clinician "accepting" then "viewing" it; other automatically added it. Prepare for local policies.
- Hold regular check-ins with teams, even briefly
- Be clear when documenting and coding EHR integration steps

Lessons Learned

- Engage patients, clinicians, IT throughout project
- Map processes (clinical, research, informatics)
- Preview institutional policies, create repository of contacts, policies and procedures
- Plan for delays
- Perhaps keep patient-facing parts outside of the EHR
- Plan for & record local changes



More Information

<https://breastchoice.wustl.edu/home-2/study-information/>