


Selecting a Vendor

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Stratis Health




Stratis Health is a non-profit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facility improvement for people and communities

Under federal contract, Stratis Health serves as Minnesota's Medicare Quality Improvement Organization (QIO)


Stratis Health is also involved in other state and national projects funded through government contracts, foundation and corporate grants, and health systems

www.stratishealth.org



Regional Extension and Assistance Center for HIT (REACH)

- Project of Key Health Alliance: Stratis Health, National Rural Health Resource Center, and The College of St. Scholastica
 - Strong track record of success in HIT and EHR technical assistance and support
- Working in close cooperation with:
 - North Dakota Health Care Review, Inc. (NDHCRI)
 - University of ND, Center for Rural Health



Defining Priority Providers

- Subsidized services offered to priority primary care providers defined as:
 - Physicians and health care professionals with prescriptive privileges
 - Physician assistants, nurse practitioners, nurse midwives
 - Primarily focused on primary care
 - Family medicine, internal medicine, Ob/Gyn, pediatrics
 - In individual and small practices (10 or fewer professionals with prescriptive privileges)
- Primary care providers in larger clinics also eligible for significant subsidies
- Services available for multi-specialty clinics



REACH Approach

- Process consultation approach
 - Providers gain skills and tools to make their own changes in an informed and sustainable way
- Organizational change factors critical for success
 - Leadership, culture, process, workflow redesign
- A companion to Medicare and Medicaid incentives
 - Assist primary care provider and small hospitals to achieve meaningful use of their EHR
 - Enables eligible providers to become eligible for Medicare/Medicaid incentive payments



REACH Technical Assistance

- Vendor selection and group purchasing
- Implementation and project management
- Practice and workflow redesign
- Functional interoperability and HIE
- Privacy and security
- Progress towards meaningful use
- Local workforce support

To register or find out more information about REACH

<http://khaREACH.org>

877-331-8783, ext. 222



Today's Goals

- Learn how to access, modify and apply HIT tools for your organization
- Identify opportunities to utilize the HIT toolkit resources to improve care
- Formalize a process for adopting technology in your organization



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EHR

- Encompasses broader view of a health record— moving from notion of a location for keeping track of resident/patient care events to a resource with enhanced utility
- Provides longitudinal (i.e., lifelong) access to events that may have influenced a person's health. Virtual core of a health care delivery system information infrastructure
- Merely automating the form, content, and procedures of current resident/patient records will perpetuate their deficiencies and will be insufficient to meet emerging user needs

(Institute of Medicine, Computer-based Patient Record: An Essential Technology for Health Care, 1991, 1997)



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EHR and Health Care Reform

- Includes resident/patient demographic and clinical health information
- Has capacity to:
 - Exchange electronic health information with and integrate such information from other sources
 - Capture and query information relevant to health care quality
 - Provide clinical decision support
 - Support physician order entry



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**STRATIS HEALTH HIT TOOLKITS:
TOOLS YOU CAN USE**



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Purpose of Toolkits


- Kick start your HIT and EHR planning
- Formalize the process
- Reduce your cost
- Serves as surrogate staff
- Achieve your HIT and EHR goals



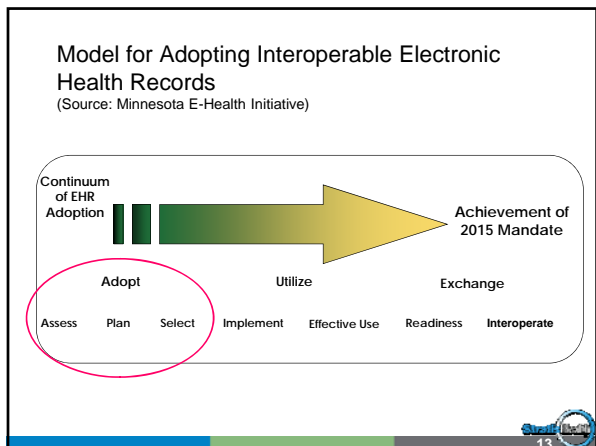
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Use in Your Environment

- Tools are provided in standard Microsoft applications: Word, Excel, PowerPoint
- Tools contain references to other tools
- Tools are copyrighted but available for your use
- Modify the tools as you may desire for your own use



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- ### Parts of the Toolkit: Adopt
- Tools to help you assess, plan for, and select HIT and EHR
 - readiness assessments
 - project management aids
 - goal setting tools
 - instructions on current workflow and process mapping
 - support for understanding the HIT marketplace, issuing a request for proposal, and conducting due diligence for selection and contract negotiation

- ### Adopt - Assess
- How to use the toolkit (Handout, PPT, Webinar)
 - HIT Governance
 - Vision and Strategic Planning for HIT (Handout, PPT, Webinar)
 - Communication Plan
 - HIT Attitudes Assessment
 - Computer Skills Survey
 - Total Cost of Ownership/Return on Investment Analysis
 - IT Staffing Inventory
 - IT System Inventory
 - HIT Security Risk Analysis and Controls Assessment
 - Contingency Plan Assessment
 - Application Interface Inventory
 - Financing Resources

Computer Skills Survey

Computer Skills Survey

As we have been discussing, we are excited about potentially adopting more health information technology (HIT). This survey will help identify who needs what type of computer skills training. For each function, check whether you need basic training, refresher training, or you feel you have mastery of the function and do not need training. If you are not familiar with what is being asked, check "Need Basics".

Please complete this survey and return to: [insert name](#) by: [insert date](#)

Functions	Need Basics	Need Refresher	At Mastery Level
Basic computer use (e.g., turn on computer, launch a program, reboot a computer when necessary, maintain power source by charging batteries, insert and safely remove a USB drive)			
Computer navigation (e.g., mouse, touchpad, icons, drop down menus, stylus, touch)			
Basic computer functions (e.g., enter user ID and password, change password, open an application, find and view a document, print a document, use help function, use of Windows)			
Windows navigation (e.g., task and tool bars, move, resize, and close windows)			
Email (e.g., read mail, send mail, forward mail, secure)			



Adopt - Plan

- HIT Steering Committee
- Meetings, Agendas, and Minutes
- Clinical IT Leadership
- Project Management
- Project Manager Job Description
- Goal Setting
- Change Management
- Workflow and Process Redesign (Handouts, PPT, Webinar)
- Chart Conversion Planning



Job Descriptions

STRATIS HEALTH HEALTH INFORMATION TECHNOLOGY TOOLKIT NURSING HOMES

Section 1.2 Adopt - Plan

Project Manager Job Description

Position: HIT Project Manager

Reports to: _____

HIT project manager coordinates all activities of HIT projects, from readiness assessment and planning through vendor selection, to completion of implementation. The HIT project manager also may have responsibility for managing HIT maintenance and ongoing improvement.

Key Functions and Responsibilities

1. Aid in educating the organization about HIT, and help assess readiness. Where organizational issues, computer skills, or general knowledge about HIT need improvement, work with the organization to correct issues, build skills, and acquire improved understanding.
2. Conduct workflow and process mapping analysis to identify potential functions for the type of HIT support being sought, such as EHR.
 - a. Conduct an inventory of any existing information systems to ensure they can connect with the HIT being sought.
 - b. Trace the flow of processes that will be impacted by the HIT to understand how they are



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Section 1.2 Adopt - Plan


Workflow and Process Redesign

(See accompanying Webinar and PowerPoint handouts)

Change due to health information technology (HIT) needs to be managed not only to help individuals overcome their concerns and adopt the technology well, but also to ensure that the change brought about by the technology is the right change for your organization.

Several articles have appeared about unintended consequences of computerized provider order entry (CPOE) in hospitals. Concerns also have been written about electronic health records (EHRs) not having the significant level of impact on quality as once expected. Belief that there is value in HIT and EHR is strongly supported, especially where clinicians have adopted the necessary workflow and process changes. HIT with substantive clinical decision support has reduced adverse drug events and near misses, improved productivity, and aided organization bottom lines. Two key factors recognized in many of the articles—both expressing concerns and promoting value—include:


- **Workflow and process changes** must be understood and managed. For example, one article described increased mortality at a children's hospital that had implemented a commercial CPOE system. Its deaths were largely due to overdoses of drugs as a result of inadequate calibration of dosing for pediatric services. Sadly, the hospital had not taken the steps initially to understand



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Adopt - Select


- HIT Code of Conduct
- Vendor Selection (Handouts, PPT, Webinar)
- Requirements Analysis
- Request for Proposal
- RFP Analysis
- Key Differentiators
- Due Diligence: Demonstration Plan
- Due Diligence: Site Visit Plan
- Due Diligence: Reference Check Plan
- Vendor of Choice
- Contract Checklist



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Code of Conduct

- Review prior to sending RFPs
- Modify and make your own if you wish
- Post in prominent location(s)
- Communicate to all staff



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Request for Proposal (RFP)

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Section 1.3 Adopt - Select

Request for Proposal

Use this request for proposal (RFP) template to structure your request for vendors to send you proposals on the specific health information technology (HIT) you are interested in acquiring.

Instructions for Use

1. Review the template to see if it contains information you wish to seek from the vendors—adding, changing, and deleting as necessary. Retain or modify any italicized examples.
2. Delete italicized notes that are intended as instructions only.
3. Complete the Cover Page and Section A prior to sending to vendors.
4. Refer to other tools in the toolkit's Adopt-Select section for selecting a vendor (1.3 Request for Proposal Analysis and Key Differentiators, 1.3 Due Diligence).

Date: _____

Re: Request for Proposal for (insert description of product, e.g., home health EHR, teletrage system) _____

Due Date for Response: Provide vendors 4 to 6 six weeks to complete _____

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RFP – Functional Specifications

- Identify functional specifications you require
- Compare/reconcile to common EHR functions
- For your RFP:
 - Highlight yours for use during review
 - List only those on your list

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RFP – Decide in Advance *IF* . . .

- Vendor calls with questions, wants a site visit
 - This can be an opportunity to get a very thorough response
 - Do you offer same to all?
 - *In all cases, there is one contact person at your clinic*
- Vendor asks for more time
 - Will you grant to that vendor?
 - Will you grant to all other vendors?
 - Will it depend on reason?
- Vendor responds late,
 - Will you accept?
 - Based on notification or lack thereof?
- Vendor responds via boilerplate
 - Reject?
 - Review as best you can?
- Vendor does not respond
 - Will you contact?
 - Will you pursue via other means?
 - Will you ignore?

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Who to Send RFP

- All vendors
 - Ideally a short list of 3-5
 - Including:
 - Corporate or designated contact person at vendors you might license from
 - Corporate or designated contact person at ASPs
 - Designated person at providers who are offering licenses of a vendor
 - Value Added Resellers (VAR), if choosing that option
- Avoid “going back to the well”
 - Do your homework up front to reduce bias
 - If you reenter the marketplace, do so across the board

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RFP – Performance Requirements

- Review scenario:
 - Modify
 - Key to your goals
 - Key to your functions
- Consider
 - Adding more
 - Using use case format
 - Using CCHIT

CCHIT Use the following scenario or create one or more of your own to determine how the vendor's functions support your benefits expectations.

Performance Requirements

16. Describe how your EHR performs functionally in response to the questions within this scenario. Because of increasing pressure with mobility, a 74-year-old member decides to move closer to family members and transfer her medical care to a new clinic. At her first appointment in the new clinic the member says she struggles with the medication she is taking for her blood pressure. She also reports a long history of not taking her medications, even as prescribed, and a history of not taking her medications. At this time, the clinician (a clinical specialist) reviews her blood pressure with the patient, and opens time talking with the patient to develop a list of current and historical health issues. There was no time for a physical examination and there were no acute health problems, so the physical examination was deferred. A mammogram was ordered to occur a week prior to the next appointment.

- At care at the new clinic progresses, potentially with referrals to specialists, how will clinicians know whether or not the patient has an adequate understanding of her condition?
- How is information in documents from the local clinic incorporated into the EHR at the new clinic?
- How is the patient's list of medications (including prescription and non-prescription) made readily available to achieve the clinician's coordination with any potential new medications and/or referrals – both to a mail order supplier and a local retail pharmacy?
- How are clinic staff members made aware of the results of the mammography exam, or failure to keep the appointment?

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RFP – Technical Requirements

- Some vendors prefer not to supply this level of detail, but does give you basis for comparison
- Some vendors put this on their web site
- Review template and consider reviewing questions and removing those not applicable to your environment



RFP – Training and Documentation

- These are the keys to success
 - Training
 - Documentation
 - Testing
- Be sure to get a good understanding of what options are offered



RFP – Important

- Contractual considerations are what your RFP is all about
- Tips:
 - Request pricing in a separate, sealed envelope/file
 - Presumably, you've sent to vendors in "your price range"
- In advance of sending RFP, or at least before receiving responses
 - Understand the governance structure
 - Who has authority and responsibility?
 - This will also take you through your system build and testing sign off



RFP Analysis – Decide How to Review

- Qualitative review
 - Seems easier to perform
 - Addresses subjective qualities of products
 - Introduces subjectivity in an already subjective process
 - May be more difficult to reach clear decision
- Quantitative review
 - Reviewers need to be trained in scoring
 - Are all reviewers equally educated on EHR?
 - Will adjustment of scores be allowed based on acquiring further education? Or is this a means of introducing bias?
 - Lessens subjectivity
 - Seems easier to reach clear decision, but some are uncomfortable with a "numbers" process
- Consider using some of both



RFP Analysis

- Consider all responses equal – until proven otherwise
- Use the RFP to review primarily:
 - Functionality
 - Technical requirements
 - Some vendor characteristics
- You really will not be able to effectively assess support or ease of use from the RFP responses
- You really will not be able to effectively assess price until you settle on functionality, implementation strategy and level of support
 - This is why the price is sealed



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RFP Analysis – Setting Up Review Process

- Some form of formal review process is helpful
- Always return to your
 - Processes
 - Goals
 - Differentiating functions
- Reviewing ease of use is important
 - However, ease of use can be quickly substituted with “why can't the product do this”
 - Consider the stability of your users; much turnover may require an easier to use product
 - Consider “scoring” ease of use as a separate function
 - Use same # of points from 1 = difficult to use to 5 = easy
 - Avoid making this the sole determinant



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RFP Analysis – Technical Review

- Review after functionality is reviewed
- Consider asking the technical review domain team (which should include both IT staff, management, and potentially a consultant)
 - Summary of pros and cons for each vendor
 - Recommendations for any modifications in a given vendor's infrastructure (e.g., lessons learned from one vendor for another)
 - Identification of what additional training IT staff will need
 - Identification of what outsourcing may be needed for what purposes



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RFP Analysis – Vendor Characteristics

- Many of the vendor characteristics will need to be affirmed through due diligence processes
- Review the following items you asked for (and hopefully which were supplied) to develop a list of questions:
 - Vendor staffing
 - Implementation plan
 - Documentation
 - Support policy
 - Contract



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RFP Analysis – Demonstrations

- In most traditional selection processes,
 - Functionality and technology are reviewed first,
 - Then demos are performed to zone in on validating responses in key areas
- Asking for demos before reviewing the RFP responses or after reviewing the responses and before reaching consensus on due diligence phase
 - May speed up process
 - But can have a halo effect on more of the review than desired



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RFP Analysis – Reaching Consensus

- Some steering committees will take a quick poll at the start of the review session to determine if there is consensus on dropping any vendors
 - If so, don't hesitate to drop. There is no point in wasting further time for that vendor
- For remaining vendors,
 - Review scoring
 - Discuss outliers
 - Decide on which vendors to move forward with due diligence
- Contact any vendor who does not make first cut and let them know you appreciate their time and effort but that you have determined their product is not right for you.
- Remind members of steering committee about need to follow code of conduct, single spokesperson, etc.

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Due Diligence

- Primary purposes
 - Validate responses in RFP
 - Ensure functionality demonstrated is real and alive
 - Obtain information on vendor characteristics from actual users:
 - Implementation strategy worked
 - Team members helpful
 - Service and support issues
 - Do they like the product?
 - What would they have done differently?
- Secondary purposes
 - Gain tips on chart conversion, roll out, change management/adoption strategies
 - Identify other lessons learned
 - Use your leverage for the good of all

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Due Diligence – Preparation

- Review/develop key selection criteria
- Understand what the vendor is selling vs. what you are buying!
 - Prepare to investigate all aspects and determine what you really need
- Determine what due diligence you will do:
 - Demos
 - Site visits
 - Reference checks
 - Vendor corporate visits
 - External reviews of technical specs, contract, etc.
- Gather tools to assure objectivity and reduce "halo effect"
 - Review these for questions from the selection committee
 - Rehearse if necessary
- Develop roles for individuals to play:
 - It's difficult for everyone to look at everything
 - But assure that each person has a "natural" role as well as a "back up" role

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Due Diligence – It's Not Just About Functionality

- Key selection criteria should include
 - Key functionality differentiators
 - Individually (all 10-20 you've highlighted)
 - Logical groupings, e.g.,
 - Physician used functions
 - Workflow
 - Reporting
 - Ease of use
 - As a group
 - Technical characteristics
 - Vendor characteristics
 - Other, but not price or terms – these are negotiable
- 8 to 12 is a very manageable number of key selection criteria

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Example Key Selection Criteria

Priority Rank	Key Selection Criteria	Vendor Scores				Notes/FU
		A	B	C	D	
5	Key functions meet group's benefit expectations					
4	Vendor has been in existence at least 5 years					
4	Vendor support is local and rated excellent by users contacted					
3	Training modality fits our practice					
3	Technical architecture is web enabled					
3	Vendor has continuous R&D budget					
2	Clinical culture recognizes primary care practice needs					
1	Vendor willing to meet our financing needs					



Due Diligence – Vendor Characteristics

- Stability (not constantly buying and selling)
- Longevity (could mean older technology)
- Research and development (15 – 25%)
- Clinician staff (physicians, nurses, others)
- Legal issues (lawsuit pending, previous settlements)
- Market competitiveness (aggressiveness, awards)
- User groups (size, location, type, impact)
- Service and support quality
- Frequency of upgrades (too few vs. too many)
- Responsiveness to users (willing to make changes, too willing to make changes)
- Qualifications of implementation team (and allow replacements)
- Implementation strategy (how much do you do/want to do?)
- Roll out requirements (big bang vs. phased)
- Location (near vs. far – how have they overcome far?)
- Finance offerings



Due Diligence – Demonstrations

- Who
 - Key stakeholder groups:
 - Steering committee, to gain an overall appreciation for the product
 - Domain teams, to fully understand the clinical implications
 - I.T., to evaluate staff capabilities and ease of maintenance and customization
 - Finance, not to negotiate the contract but to understand the price proposal
 - Vendor fairs
- When
 - Group or sequential
 - Addressing shift needs
- Where
 - On site
 - On line
- What
 - Scripts
 - Live feed
 - Show and tell
- Why
 - Educate the masses
 - Build rapport with vendor staff
 - One-on-one with representatives
 - See it (again), touch it, feel it



Due Diligence – After the Demos

- Conduct a debriefing meeting immediately after each demo or set of demos
 - Scan any vendor fair score cards to determine general level of interest, any key questions others may have missed
 - All decision makers should attend debriefing
 - Everyone should present initial findings and impressions. Use nominal group process to avoid “group think” or introduction of bias. Remember your code of conduct
 - Preliminarily rank vendors and drop any that clearly do not meet your needs
 - Identify follow up questions
 - For vendors
 - For site visits
 - For reference checks
- Send a thank you note, outlining next steps and timeframes as applicable

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Due Diligence – Site Visits

- Who to visit
 - Similar size, number of sites, specialty mix
 - Same Practice Management System
 - Same version of product
 - Other similar source systems
 - To get all this, it may be necessary to “mix and match”
- Who visits
 - Key representatives from organization (3 to 5, or a sufficient number to represent all key facets of product)
 - Arrange one-on-one meetings with physicians, other clinicians, practice administration and IT. Plan to spend from half to three-quarters of a day.
 - Vendor representatives should limit their participation to introductions
- Interpreting results
 - Reference sites are often the best of the best and are often more inclined to be open about lessons learned

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Due Diligence – After the Site Visits

- Conduct a debriefing meeting immediately after each site visit
 - If possible, meet with selection committee (if different than visit team). Otherwise, meet as a visit team (without the vendor) and record initial findings and impressions. Use nominal group process if necessary to avoid “group think” or introduction of bias. Remember your code of conduct
 - Rank vendors again, although it is unlikely that any will be dropped at this point
 - Identify follow up questions
 - For vendors
 - For reference checks
- Send a thank you note to the site

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Due Diligence – Reference Checks

- Use vendor supplied reference checks and attempt to find others
 - Attend users group meeting; ask around
 - Use reference checks to expand your network of contacts. A follow up call to the site visited is not really a separate reference check; but ask them who they called.
- Call, write, or both
 - If calling, set up a specific time and stick to it. This yields most spontaneous answers.
 - Writing is more formal and will yield less spontaneous results, but may be applicable if there are specific issues.
 - Sending an outline of discussion in advance of a call can be helpful, but don't send the questions in advance.
 - Attempt to do all calls in close proximity to one another, but allow intervening time for debriefing.
- Do reference checks before, simultaneous with, or after site visits
- Weight responses from reference checks in relationship to site visit information

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Due Diligence - Vendor Corporate Site Visits

- Meet corporate staff
- Supplier relations
- Legal issues
- Pending litigation
- Financial records/audit reports
- Other corporate information
- Should be consistent with level of product being acquired

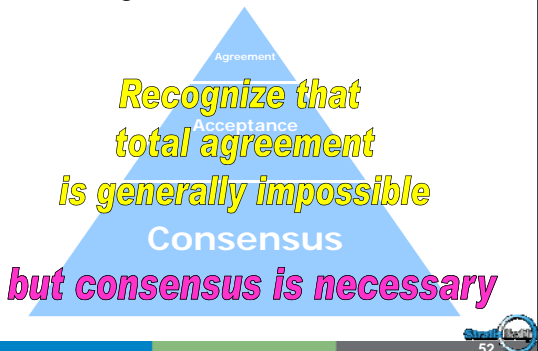
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Getting to the Vendor of Choice

- Sometimes there is a clear leader, and this can be tested at this point
- If there is a great divide, introduce objective tool
- If there is strife, introduce quantitative measures

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Vendor of Choice – Reaching Consensus



Vendor Selection – Communications

- Following the group's reaching consensus on a vendor of choice (VOC):
 - Develop a very clear communication plan for staff, board, vendors, colleagues
 - Follow code of conduct to the letter
- Communications:
 - VOC, or even that a VOC has been identified, should not be communicated outside of decision making group in order to prevent leaks to vendor, who then gains advantage in contract negotiation
 - One spokesperson is essential to convey consistent message to vendor(s)
 - If it is clear a vendor did not make the cut, communicate to that vendor
 - If there is a VOC and back up VOC you can either:
 - Negotiate with both
 - Or, negotiate with VOC and keep other alive
 - May depend on cost and closeness

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Opportunities for Improvement

- EHR adoption and implementation should be part of an overall strategic plan
- Infrastructure needs to be well functioning
 - Leadership
 - Governance
 - Project Management
 - Staff buy-in
- Goal setting and measuring benefits throughout the process is vital
- Process map and re-design are essential to successful use
- Effective change management is the cornerstone

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Thank You!

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