

# ESSENTIALS FOR HEALTH REFORM: Using Networks to Implement and Improve EHRs and other HIT



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

**Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.**

**These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.**

**These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.**

## **Topics include:**

- **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- **Practice Management Systems vs EHRs**
- **Benefits & Economies of Scale when working with a Network**
- **HIT Planning and Assessment Process**
- **HIT Workflow Redesign**
- **Due Diligence and Vendor Negotiations**
- **EHR Selection and Implementation**
- **Disaster Recovery and Business Continuity Planning**
- **Data Warehousing**
- **Use of Telemedicine**
- **Health Information Exchange and Behavioral Health**

# **Due Diligence & Vendor Negotiations**

# Session Description



This presentation will cover the basics of the Due Diligence and Vendor Negotiation Process, and builds upon the experience of Health Center Controlled Networks who have been developing, implementing, hosting, and supporting safety net providers on advanced Health Information Technology systems for more than a decade.

# CHCA'S EHR VENDOR SELECTION DUE DILIGENCE

- Early 2003:** Began market scan and research
- Mid 2003:** Started Workflow Analysis Process
- Early 2004:** Sent our RFI package to six vendors
- Spring 2004:** Two full day presentations by top two contenders for over 30 providers; began contract negotiations with both vendors
- Summer 2004:** Two full day hands-on demonstrations by vendors with select providers
- Fall 2004:** Announced primary vendor choice; continued negotiations with both vendors
- Nov 2004:** Primary vendor eliminated; continued negotiations with other
- Dec 2004:** Contract signed with Vendor
- Sep 2005:** First Go-Live

# SELECTION PROCESS OVERVIEW

- ▶ **Selection Committee**
- ▶ **Request for Information**
- ▶ **Self-Education**
- ▶ **Dog n' Pony Show**
- ▶ **Request for Proposal**
- ▶ **Scoring Assessment**
- ▶ **In-depth / Situational Vendor Presentations**
- ▶ **Site Visits**
- ▶ **Vendor Selection**
- ▶ **Contract Negotiations**

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# SELECTION COMMITTEE



- ▶ **Physicians, ARNPs, PAs, CNMs, etc.**
- ▶ **Nursing**
- ▶ **Finance**
- ▶ **Operations**
- ▶ **Medical Records**
- ▶ **And More Providers!**

# SELECTION PROCESS OVERVIEW

- ▶ Process Analysis
- ▶ **Request for Information**
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# REQUEST FOR INFORMATION

- ▶ **Tool for self-education**
- ▶ **Items to request –**
  - ▶ **Corporate information**
  - ▶ **General client information**
  - ▶ **Target markets**
  - ▶ **Support / Implementation methodologies**
  - ▶ **Features / Competitive Advantages**



# SELECTION PROCESS OVERVIEW

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# MINI-DEMOS / EDUCATION

- ▶ **Vendors perform mini-demos**
- ▶ **Schedule “Lunch and Learn” sessions**
- ▶ **Deliver via Webex type services**
- ▶ **Education component – not final selection**
- ▶ **Seek out peers, technical assistance**



# KLAS AND OTHERS

- ▶ Investigate their methods
  - ▶ Statistically sound?
  - ▶ Interactive competition?
  - ▶ How are customers found?
  - ▶ Judges relationships to vendors?
  - ▶ Vendors members / sponsors of ranking organization?
  - ▶ Is organization a stakeholder?



# NARROWING THE FIELD

- ▶ **Thoroughly read the RFIs**
- ▶ **The more eyes the better**
- ▶ **Compare and contrast**
- ▶ **Look past the gloss**
- ▶ **Evaluate the quality of responses**
- ▶ **Listen to colleagues**
- ▶ **Reflect upon mini-demo sessions**



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# DOG N' PONY SHOW

- ▶ Top choices invited
- ▶ One day for each
- ▶ Primary attendees – providers, nursing staff
- ▶ Use patient visit scenarios
- ▶ Control the demo

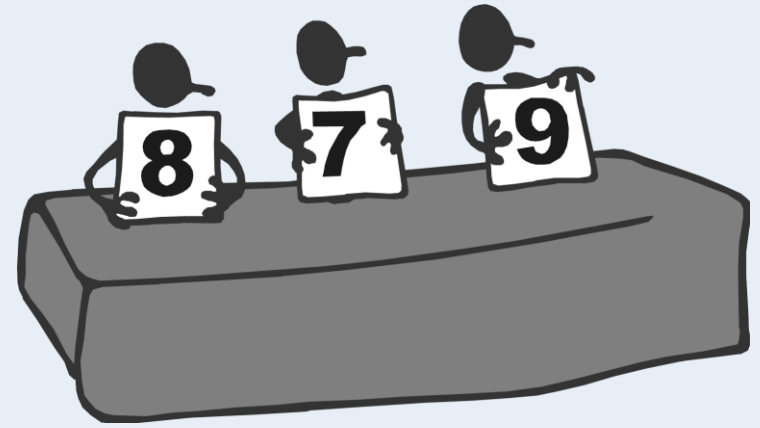


# USING PATIENT VISIT SCENARIOS



- ▶ **At least 6 sample visit scenarios**
- ▶ **Cover the spectrum of service types**
- ▶ **Provide 3-4 days prior to demo**
- ▶ **Establish moderator / interaction**
- ▶ **Use a Scorecard**

# THE DEMO SCORECARD



- ▶ **Limit scope**
- ▶ **Cover scenarios and only key areas**
- ▶ **All providers participate in scoring**
- ▶ **Weight each area or item**
- ▶ **Allow free text comments**

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# REQUEST FOR PROPOSAL

- ▶ **Only top vendors**
- ▶ **Must be very controlled**
  - ▶ **Give single point of contact**
  - ▶ **Dictate format for responses**
  - ▶ **Adhere to deadline**
- ▶ **Document vendor questions and replies**
  - ▶ **To share or not to share with all?**



# REQUEST FOR PROPOSAL



- ▶ **Provide short- and long-term projections**
- ▶ **Technical infrastructure**
- ▶ **Current in-house staffing and support plans**
- ▶ **Leadership**
- ▶ **Contracting entity**

# CRAFTING THE RFP PACKAGE

## Vendor Information:

- ▶ Request references that will provide satisfactory as well as dissatisfied responses
- ▶ Commitment to your local market?
- ▶ Are references or show sites paid?
- ▶ Project management samples

# CRAFTING THE RFP PACKAGE

## Functional Requirements:

- ▶ **Very Important RFP Component!**
- ▶ **Expand with details**
- ▶ **Designating “required” vs “optional” requirements**
- ▶ **Attaches to the contract**
- ▶ **Use HRSA guidelines as starting point**
- ▶ **Clinicians must provide input**



HEALTH RESOURCES AND SERVICES ADMINISTRATION  
ELECTRONIC HEALTH RECORDS: SELECTION GUIDELINES FOR HEALTH CENTERS

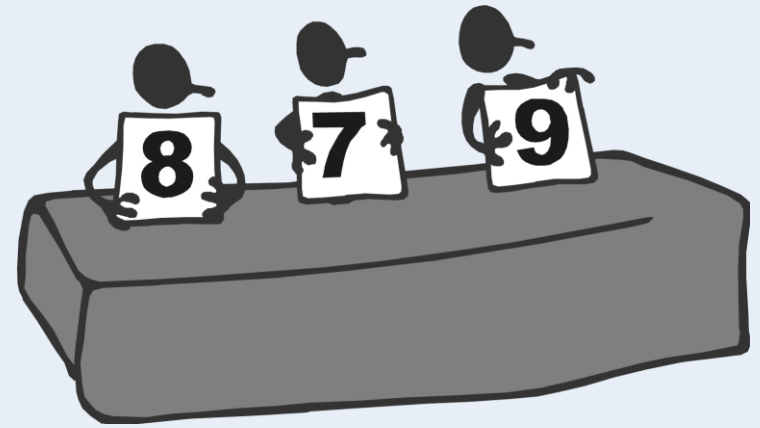
Specifications	PR I	MU	RES P	Yes, Include d	Yes, Addition al Cost	N o	Comments / Clarifications
<b>1 Meaningful Use (as defined in CMS' Final Rule for the Medicare &amp; Medicaid EHR Incentive Program)</b>							
1.1 The system supports the entire Meaningful Use Final Rule. Each of the specification target dates is met with ample time to allow for template modifications, data entry and report production	H	X					
<b>2 General</b>							
2.1 The system supports both a total paperless function and a hybrid function (part paper, part electronic) where the contents of the electronic record can be printed for inclusion in the paper chart.	H						
2.2 The system interfaces with a variety of digital and analog dictation systems (state devices).	H						
2.3 The system date and time stamps all entries.	H						
2.4 The system includes automatic translation of codes to data. For example:							
2.4.1 ICD-9-CM	H						
2.4.2 DSM-IV	D						
2.4.3 CDT	D						
2.4.4 CPT (4 and 5)	H						
2.4.5 ICD-10 (As of 1/15/10, current CMS deadline for implementation of ICD-10 is 10/1/13)	H						

<http://hrsa.gov/healthit/ehrguidelines.html>

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# THE RFP SCORECARD



- ▶ **Tie back to functional requirements**
- ▶ **User friendly, allow for comments**
- ▶ **Committee to weight each area**
- ▶ **Limit areas – High priority focus**
- ▶ **Grade RFP response thoroughness and quality**

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# THE SITE VISIT

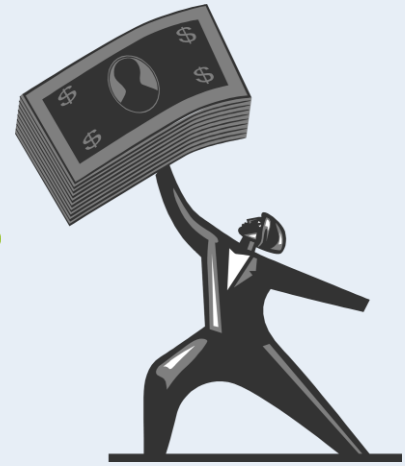


- ▶ **Compensated show site?**
- ▶ **The team – (Minimal) Provider, nursing, IT**
- ▶ **The team – (Optimal) + Executive leadership, operations, finance, billing**
- ▶ **“To-See-and-Ask List”**
- ▶ **Ask for references**

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# INVESTMENT / RECURRING COSTS



- ▶ **What is included in the license fee?**
  - ▶ **Formulary subscription / updates?**
  - ▶ **Drug interaction subscription / updates?**
  - ▶ **Database licensing?**
  - ▶ **Patient education materials?**
- ▶ **Perform five year investment / cost analysis**

# LICENSE FEES

- ▶ **Must understand licensing**
  - ▶ **Per Physician**
  - ▶ **Per Provider**
  - ▶ **Per Named User**
  - ▶ **Per Concurrent User**
- ▶ **Thoroughly understand vendor definitions**
- ▶ **Thoroughly understand how they audit license compliance**





# SUPPORT STRUCTURE

- ▶ **Hours of operations**
- ▶ **Methods of support**
- ▶ **User community**
  - ▶ **Local**
  - ▶ **Regional**
  - ▶ **National**
- ▶ **Special Interest Groups**
- ▶ **After hours support access / costs**
- ▶ **Service Level Agreements (SLAs)**

# CORPORATE COMPARISONS

- ▶ **Positioned as a buyer**
  - ▶ **Acquisitions build benefit to customers or dilute resources?**
- ▶ **Positioned for a buy**
  - ▶ **Future less known – new buyer impact?**
- ▶ **History of reorganizations?**
- ▶ **History of management changes?**

# CONTRACT COMPARISONS



- ▶ **To Vendors:**

*“Put your money where your mouth is”*

- ▶ **Get it in writing**
- ▶ **Comparison tracking**
- ▶ **What’s not included**

*If they won’t put in writing what they verbalize, walk away!*

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# CONTRACT TERMS

## License:

**“Subject to the provisions of this Agreement as well as the payment of all applicable license fees for the term of this license, Vendor grants to Customer and Customer accepts a limited, personal, nonexclusive, nontransferable, non-assignable Object Code license to use the software for Customer’s internal use only.”**

The above is a sample of common “licensing” language that might be found in a EHR agreement. It is important that you understand the scope and application of the license.

*Source: William P. Dillon, Esq.  
Messer, Caparello & Self, P.A.  
Tallahassee, Florida*

# CONTRACT TERMS

## Warranties:

- ▶ **Either owns or is authorized to license software**
- ▶ **Conformance to product specifications**
- ▶ **Free from material defects**
- ▶ **Services and installation performed in accordance to professional standards**
- ▶ **Operation of the software**
- ▶ **Product updates to comply with changes in the law**
- ▶ **Integrity of data**
- ▶ **Length of warranty period**
- ▶ **Third party warranties**
- ▶ **Pending litigation**
- ▶ **Software Escrow**
- ▶ **Identify specific Vendor staff who will be on site**
- ▶ **Others**

*Source: William P. Dillon, Esq.  
Messer, Caparello & Self, P.A.  
Tallahassee, Florida*

# CONTRACT TERMS: LIMITATION OF LIABILITY ISSUES

- ▶ **Licensor – Seeks to Limit all forms of Liability**
  - ▶ Actual direct damages
  - ▶ Liable only to customer, not clients of customer
  - ▶ Limit the time in which claims may be brought
  - ▶ Limit the amount for which it might be held liable
  - ▶ Others
- ▶ **Licensee – Seeks to expand basis of liability**
  - ▶ Carve out specific certain types of claims
  - ▶ Expand liability for injury to customers
  - ▶ Expand time for claims
  - ▶ Expand amount for which Licensor might be held liable

*Source: William P. Dillon, Esq.  
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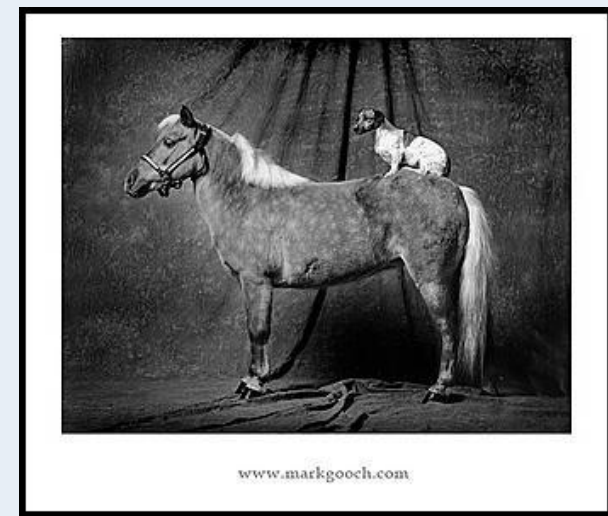
# NEGOTIATE WITH BOTH VENDORS

- ▶ **A lot of work! Saves time later.**
- ▶ **Negotiator must be armed with knowledge**
- ▶ **Conduct with integrity**
- ▶ **Document, document, document**
- ▶ **Thoroughly reread every version of contract sent**
- ▶ **Involve attorney before signing**



## DOG N' PONY #2?

- ▶ **Don't be afraid to require**
- ▶ **Use to clarify functional differences**
- ▶ **Limit participants**
- ▶ **Use that scorecard**
- ▶ **Document key differences**
- ▶ **Have vendor append functional requirements document**



# RESOURCE IDEAS

*AAFP's Center for Health Information Technology:*

[www.centerforhit.org](http://www.centerforhit.org)

*Health Information Management Systems Society  
(HIMSS):*

[www.himss.org](http://www.himss.org)

*AAP Child Health Informatics Center:*

[www.aap.org/informatics/chic.html](http://www.aap.org/informatics/chic.html)

*HRSA EHR Selection Guidelines*

<http://hrsa.gov/healthit/ehrguidelines.html>

# Questions?



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INNOVATIVE HEALTH TECHNOLOGY SOLUTIONS

[www.hcnetwork.org](http://www.hcnetwork.org)



**SFREC**

***Connecting for Care***

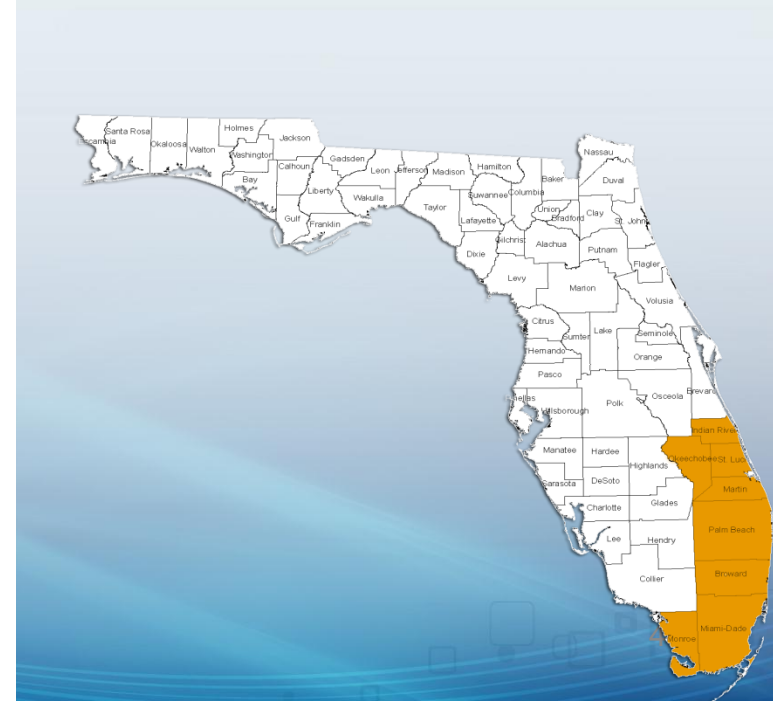
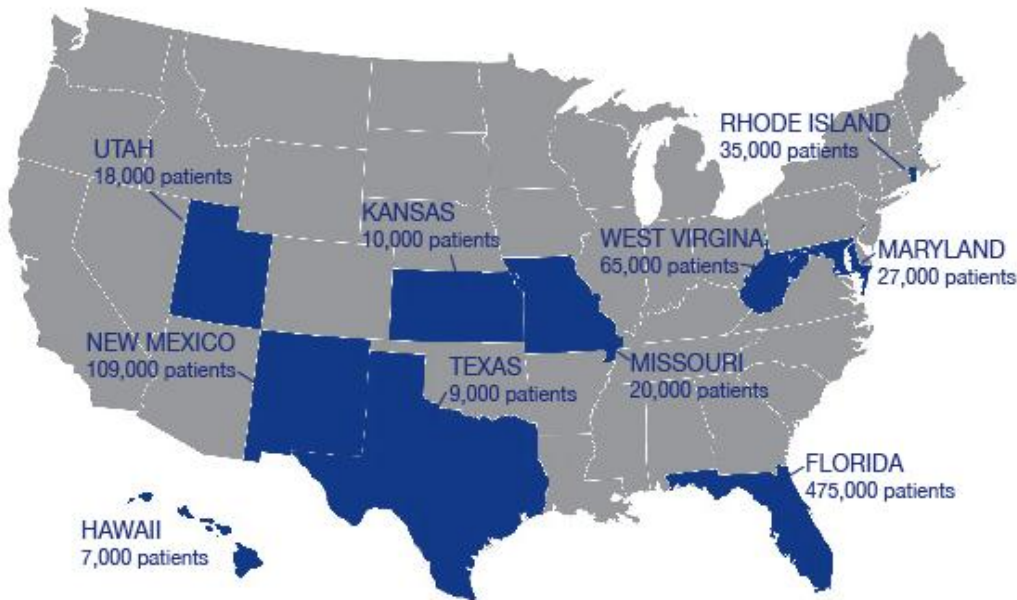
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**SOUTH FLORIDA REGIONAL EXTENSION CENTER®**

[www.southfloridarec.org](http://www.southfloridarec.org)

# Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients
- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500



# HCN Health Information Technology Services

- **Electronic Health Record**
  - Medical / Dental / Behavioral
  - Custom Provider Templates
  - School Based Dental
  - School Based Medical
  - Document Imaging
  - Voice Recognition
  - CCD
- **Network Administration**
  - Hosting Services
  - Back office / Email Support
  - Disaster Preparedness
  - Infrastructure Design (LAN/WAN)
  - Web Design/Mgmt
- **Implementations and Training**
  - Project/Change Management
  - Training and Staff Development
  - Best Practices Matrix
  - Reimbursement Coordination
- **Support Services**
  - 24hr Service Desk (Hardware/Software)
  - Project Management
  - Vendor Escalation
  - BETA Testing
- **Business Intelligence**
  - Meaningful Use Reporting
  - Clinical Reporting
  - Fiscal Reports (Black Book)
  - Web based Reporting Tools
  - Practice Management Support





# **O-health information**

TECHNOLOGY EXTENSION CENTER

Oregon's Regional Extension Center





*Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.*

[www.ochin.org](http://www.ochin.org)

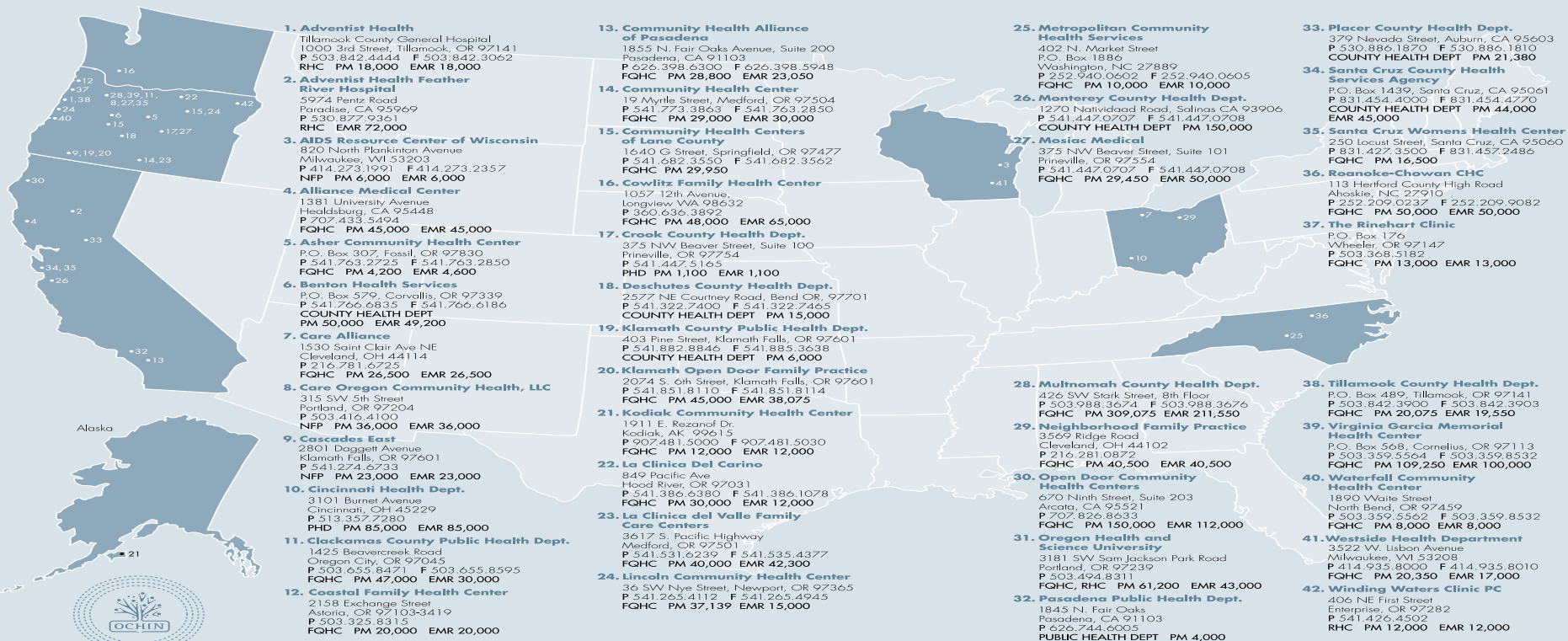


# Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits

## The OCHIN Collaborative

CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN





# OCHIN PRODUCTS AND SERVICES

- **Practice Management**
  - ✓ Scanning solutions
  - ✓ FQHC customizations
  - ✓ Special and community Library Reports
  - ✓ Flexible build and configuration
  - ✓ Automated patient notifications
  - ✓ Revenue cycle management
- **Electronic Health Record**
  - ✓ Integrated community health record-medical, dental, behavioral health, school-based clinics
  - ✓ E-prescribing
  - ✓ Decision support tools
  - ✓ Case/care management tools
  - ✓ Integrated lab interfaces
  - ✓ Advanced role based security
  - ✓ Voice recognition
  - ✓ Reporting and benchmarking tools
  - ✓ Document management
  - ✓ Continuity of Care Record (CCR)
  - ✓ Patient Personal Health Record (PHR)
- **Implementation, Training and Products**
  - ✓ Project management
  - ✓ Information systems implementation
  - ✓ Network design
  - ✓ HIT integration & interoperability
  - ✓ Billing and revenue cycle management
  - ✓ Staff PM/EHR training
  - ✓ Web-based training modules
- **Support**
  - ✓ Project Management
  - ✓ 24/7 service desk
  - ✓ Advisory and consulting services
  - ✓ Meaningful Use reporting tools
  - ✓ Clinical reporting tools
  - ✓ Specialty build for grant
  - ✓ Vendor escalation
- **Practice Based Research Network**
  - ✓ Safety Net clinical research & clinical collaboration opportunities

*Community Health Centers*

# ALLIANCE

[www.CHCAlliance.org](http://www.CHCAlliance.org)

Health Center Controlled Network

Est. 1999



**AHIT**  
— THE CENTER FOR THE —  
ADVANCEMENT of HEALTH IT

[www.AdvanceHealthIT.org](http://www.AdvanceHealthIT.org)

Regional Extension Center

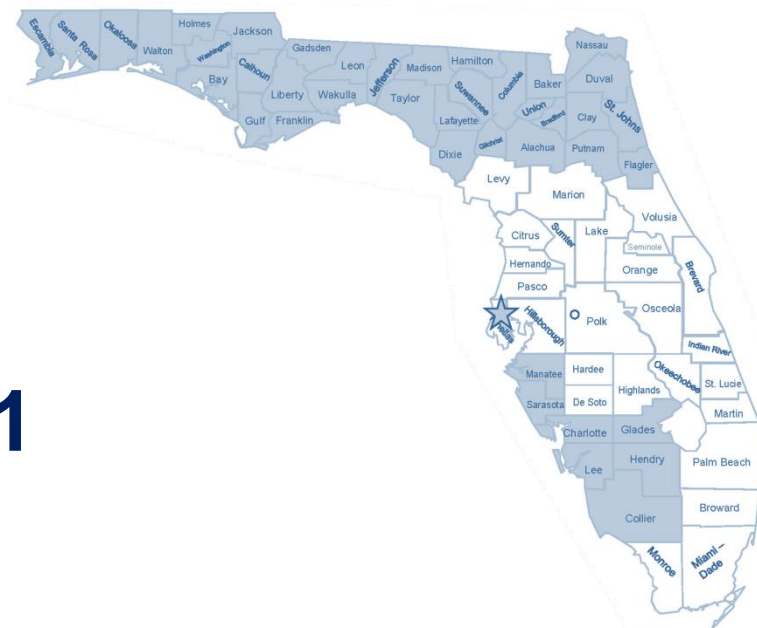
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## Core Health Information Technology Offerings

- ▶ **Practice Management System** *(including Practice Analytics)*
- ▶ **Electronic Health Records**  
*(240,000+ Patient Records)*
  - ▶ ePrescribe
  - ▶ Lab Orders / Results
  - ▶ Specialty Provider Referrals
  - ▶ Quality Reporting
- ▶ **Electronic Oral Health Records**  
*(including Digital Imaging)*

## Professional Services

- ▶ **Project Management / Implementation Support**
  - ▶ Leadership and task level monitoring
  - ▶ End to end project / system design
  - ▶ Workflow / Process Consideration
  - ▶ On-site Go-Live Choreography
- ▶ **Training**
  - ▶ Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
  - ▶ Competency exams
- ▶ **Report Writing / Administration**
  - ▶ Custom QA/QI, Peer Review, and Operations reporting
  - ▶ Meaningful Use – Workflows, Provider-level detail, and gap analysis
- ▶ **EHR Development / Enhancement**
  - ▶ Clinical Committee directed
  - ▶ Interface management to support HIE and other functionality to the provider desktop
- ▶ **Technical Assistance & Support**
  - ▶ Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
  - ▶ 24x7 System Availability
- ▶ **Tier 1 Data Center Partner**
  - ▶ Server Redundancy
  - ▶ Privacy / Security Monitoring & Management
  - ▶ 24x7 Server Monitoring / Network Administration



## Service Area Counties: 41

### Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign
- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (*Designed to help overcome the financial barrier to EHR adoption*)