

Tight reins on IT purchases require awareness

Practice management involves more than EHR, EMR expertise.

By Rick Dana Barlow, Editor-at-large

The guise of electronic health and medical records software evaluation and implementation, and the specter of Meaningful Use qualifications certainly can distract a healthcare organization from the bigger picture of information technology impacting practice management.

Yet, relying on IT to help manage business operations and clinical workflow also calls for Meaningful Use to be successful. Consequently, it's important to keep your practice management IT evaluation and purchasing decisions crisp to avert distractions and miscues that might undermine your strategies and tactics.

Just what kind of errors might healthcare organizations commit? *Health Management Technology* poses that question to a group of IT experts for their viewpoints.

The allure of "newness" can be quite attractive, according to Jamie Helt, Senior Manager, Accenture, who previously served as Director of Strategy and Business Development, Dell Healthcare and Life Sciences.

"One of the biggest mistakes is allowing decisions to be influenced by internal parties who have become obsessed with a shiny new object vs. the impact and value of the offering they are evaluating," Helt says. "Class 'marketecture' can make even the savviest of buyers lose sight of the real goals of the organization and make decisions based on cool factors vs. must-have factors. Another frequent mistake is not adequately budgeting for professional services and support to ensure the technology is implemented correctly – and on time – and is fully supported throughout its lifecycle and beyond as needed. One more common misstep is maintaining the status quo and not looking at innovation. Storage is a great example of this: Many times the quickest path to solve increasing storage demands is to add additional disk capacity when there may be better long-term solutions that can provide multiple benefits, [such as] better workflow, cost savings, etc."

Topping the list should be buying without backup or background, insists Mac McMillan, CEO, CynergisTek.

"The number one mistake is not including IT in the process for those that allow decentralized acquisition," McMillan notes. "When we don't do that, we see problems with disaster recovery, with support, and with security. Another mistake is not completely understanding the level of involvement/access the solution provider may have to the system/data post-acquisition, and the impacts that has from a [business associate] perspective. If

hosting/cloud/SaaS options are in play, we need to have a clear understanding of the vendor's environment and their ability to not only meet compliance requirements, but support the provider when necessary in meeting theirs."

Do your homework

Mark Byers, CEO, President and Co-Founder, DSS, can't stress enough the need to fully research your vendor options. He says common mistakes in the IT evaluation, selection, and contracting process for practice management include "not assessing a vendor's commitment to a particular product or asking to see the product roadmap for future endeavors; not assessing the financial bearing of a product or service against the vendor's overall mission; not conducting a feasibility study with the end-users of the proposed solutions and systems; and not having a performance-based contract, so provider organizations do not assume all of the risk."

Lenny Reznik, Director, Enterprise Imaging and Information Solutions, Agfa HealthCare, concurs about myopic decision making.

"All too often, we see decisions being made in a silo – not just in IT but in clinical departments as well," he says. "Solutions that may appear to be focused on IT only or departmental focuses, many times have a big impact on clinical users and patients as well. A good example is in the area of enterprise imaging. We see IT departments implementing a VNA (vendor neutral archive) strategy but [they] don't always take into account the impact on radiologists, cardiologists, caregivers, or patients. A comprehensive enterprise imaging strategy includes a VNA, but also the workflow for capturing all medical images from home healthcare environments, other facilities, and various clinical departments."

Too many organizations are too loosely aligned before they jump head first into enterprise rollouts, observes Charlie Loughheed, President and Chief Strategy Officer, Explorix – which was acquired by IBM at press time and made part of IBM Watson Health.

"Top-down technology mandates are quickly becoming more difficult to en-



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force with traditional project management alone, particularly in the world of clinically integrated networks and value-based care where physician alignment is critical to your success," Loughheed says. "Organizations that recognize that these kinds of rollouts require not just project management, but also proven blueprints for developing strong alignment and support from all the key stakeholders tend to see return on investment much faster."

Long-term views can be short-shifted and short-sighted, too, observes Alan Stein, M.D., Ph.D., Vice President, Healthcare Technology, HP Autonomy.

"A common mistake in technology purchases is to consider specific present needs while omitting the more ambiguous future requirements for extensibility and scalability," Stein says. "Technology purchases can have a substantial cost of ownership. It is crucial to consider how well a solution may be adapted to other needs within the organization. Does the same technology apply across different clinical domains? Does it have a role in patient engagement? Can it support widely varying use-cases from different audiences? Am I underestimating the level of education and process investments required after deployment to enable end-users?"

Look inward

The needs of the few should not outweigh the needs of the many, according to Bob Baumgartner, Director, Product Marketing, McKesson Technology Solutions.

"Probably one of the most important mistakes is focusing simply on the needs of a small subset of users and not understanding how the solution will play into the entirety of the enterprise solution," he notes. "[Another is] focusing on some past feature/function that they are comfortable with, instead of determining the most beneficial workflows for the future before they determine their needs and requirements."

Baumgartner also advises users not to focus so much on the price. "With the consolidation and rapid changes both in the healthcare and vendor environments, there is a tendency of troubled vendors offering pricing that is unsustainable in the long term."

Staff perspectives do matter, insists Andy Saffarian, Senior Manager, Healthcare Vertical Marketing, Samsung Enterprise Business Division.

"As healthcare enters this new digital arena, care providers need to focus on the end-user experience and provide easy access to the right data at any time," he says. "For example, EMR software is meant to be used by doctors, nurses, office staff, and patients. A common interface needs to handle complex functions with an extremely easy-to-use interface on any de-

vice, anywhere and anytime, regardless of form factor. As healthcare evolves to become more digital, providers need to be aware that digitization of their patient health records is just the beginning of a long journey."

Kent Rowe, Vice President of Sales, ZirMed, concurs about the importance of the end-user experience.

"Don't downplay the complexity of interfacing and integration, especially for purchases that affect the workflows of [full-time equivalents]," urges Rowe. "Talk to staff so that you understand the impact on their workflows. Then do the math. ... An extra 10 minutes a day for 10 FTEs is around 400 hours of lost productivity per year, and probably a fair amount of employee frustration, too."

Rowe advises healthcare organizations to think critically about their IT evaluation and selection process. "Streamline it so you can arrive at a good decision more quickly," he says. "If you're scheduling demos, site visits, and reference calls, what's the core additional information you actually need in a Request for Proposal document? Talk to the IT decision-makers in your organization. What do they pay attention to when they receive a proposal?"

Resist the herd

If anything, Rowe urges resistance to the herd mentality.

"Sometimes the industry standard is the best, but you can't simply assume that it is. Technology develops too quickly," he says. "Base your decision on what you believe is the right fit for your organization, not on what your peers are doing. Those who want to do something different often get pushback, so you have to be willing to take a stand and explain your position."

Maintaining the status quo may not be feasible either, according to Bird Blitch, CEO, Patientco.

"It's easy to do nothing or simply choose an IT solution that the hospital down the road uses," Blitch says. "That, however, doesn't necessarily move you down the proverbial path of progress. After all, everyone needs better, faster, and easier results. The status quo may seem easier in the short run, but those who take calculated risks will find that they have a significant competitive advantage over those who take the easy road."

"The bottom line is for providers to think differently. The healthcare environment is changing, and quickly too. One of the biggest mistakes you can make is to play it safe instead of doing what's best for your hospital, both now and in the future. As the industry changes, so must your thinking around how to support the IT that runs your business."

Healthcare organizations should rec-

ognize, however, that IT purchasing can be "incredibly complicated" and that it is "virtually impossible for any organization to thoroughly investigate each IT solution," admits Barry Chaiken, Chief Medical Information Officer, Infor.

"Many organizations are forced to choose vendors based upon factors unrelated to the IT," he says. "In lieu of investing hundreds of man-hours researching an IT solution, organizations should devote a reasonable amount of time doing three activities: Explore the software and its capabilities, research the use of the IT by multiple other organizations, and invest the time understanding the business practices and culture of potential partners looking for a good fit."

"The task is not to identify the shortcomings of each potential partner to eliminate them, but to fully understand the strengths and weakness of each solution partner, so that the appropriate steps can be taken to mitigate any risk," Chaiken says. ▲



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