

Assess Needs, Readiness Before Selecting an EHR

Health care providers, others offer advice on buying an electronic health record for your practice.

BY MARY ELLEN SCHNEIDER
Senior Writer

BOSTON — Choosing an electronic health record for your practice involves a comprehensive readiness and needs assessment, according to participants in a congress sponsored by the American Medical Informatics Association.

A group of about 100 physicians, nurse "informaticians," clinical informaticians, pharmacists, consultants, and others met during AMIA's spring congress to brainstorm ideas about how best to select an EHR. Participants in the work group, who had a range of experience with EHRs, contributed their advice, which was then condensed into a short presentation given at the close of the AMIA meeting.

Here are some of the recommendations from the AMIA work group:

Readiness Assessment

Develop an information strategy. The first step is to figure out the organization's information strategy by determining goals, the information needed to achieve those goals, and how the information needs to be accessed.

"If you don't have an information strategy, first and foremost, you're really not ready," said Eric Rose, M.D., a physician consultant for IDX Systems in Seattle,

who presented the recommendations from the AMIA workshop on selecting an EHR.

Develop an education strategy. Once an information strategy is in place, the practice needs an education strategy for getting everyone up to speed on the EHR product selection process.

Let everyone in the organization know this is a business transformation process, not an IT project.

Don't try to nail down costs too precisely. While it's important to have a budget, practices also need to recognize that some of the costs will be unpredictable, the group advised.

Determine the capabilities, willingness, and expectations of everyone in the practice.

Needs Assessment

Next, practices should assess their needs in terms of features and functions, the work group concluded.

Focus on "pain points" to uncover functional requirements. "Don't ask people what you want the EHR to do for you, ask people where does it hurt," Dr. Rose said.

Figure out the organization-wide goals and objectives to determine EHR needs.

Assess your in-house IT expertise to determine desirable features. If the practice employs a skilled database analyst, it may not need an EHR with built-in reporting functionality, Dr. Rose said.

Use available resources on successful needs assessment processes. For example, the Healthcare Information and Management Systems Society has an EHR selector at www.ehrselector.com.

Consider site visit locations other than those suggested by the vendor. Do your own research to find out who's using a vendor's software.

How to Write an RFP

Once the practice has taken stock of its needs, they can begin to write a request for proposals (RFP).

Keep it simple.

"The more complex your RFP is, the more complex the responses will be," Dr. Rose said.

Address all aspects of the practice's relationship with the vendor in the RFP. An RFP should ask: What training options are available? How much will training cost? How do software upgrades work? How will the vendor work with third-party vendors?

Ask vendors to differentiate themselves from the competition. The RFP is one way to get vendors to tell you what they can offer that is different or better than other companies.

Involve all clinical disciplines in RFP development.

Establish a straightforward, replicable assessment process before sending out the RFP. Practices should be able to redo the RFP in case the procurement process is derailed or one of the key staff members leaves the practice.

Site Visits and Demos

When a practice has narrowed down its choice of vendors, the physicians and administrators may want to begin demonstrations and site visits to test the products.

Consider site visit locations other than those suggested by the vendor. The AMIA group recommended doing your own research to find out who is using a vendor's software. Don't just call the references on a vendor's list, seek out independent sources, the work group reported.

Call ahead when conducting site visits. Practices should try to make the most of the visit by calling ahead and making sure they are visiting a similar organization. The site visit team should collect contact information to bring back for those staff members who couldn't attend the site visit but may want to ask follow-up questions over the phone.

In scripted demonstrations, hold back some portion to be revealed at the time of the demo. The AMIA group suggested that practices ask a few unplanned questions to get around some the lack of transparency in the scripted process.

Make scoring simple and explicit. ■

Feds Push Nationwide Electronic Record System Forward

BY DEBORAH LEVENSON
Contributing Writer

The Department of Health and Human Services took more steps toward a nationwide electronic health record system when it issued requests for proposals for key system components and announced formation of an advisory committee.

The department said it is seeking vendors to create processes for setting data standards, certification, and architecture for a Web-based system and to assess patient privacy and security.

While issuing the request for proposal, HHS also announced formation of the American Health Information Community (AHIC), a 17-member public/private organization that will give the department input and recommendations on making health records digital, interoperable, and secure.

Headed by HHS Secretary Mike Leavitt, AHIC will include representatives of consumer groups, providers, payers, hospitals, vendors, and privacy interests.

These announcements came as HHS also issued a report endorsing a decentralized, Web-based system linked by uniform

communications and a software framework of open standards and policies. The report summarizes public comments on how to move forward on an EHR system.

Dr. Leavitt called the report "first specs" for the system, which should include:

- ▶ Use of existing technologies, federal leadership, prototype regional exchange efforts, and certification of EHRs.
- ▶ Regional implementation and harmonization.
- ▶ Incremental evolution with "appropriate" incentives, coordination, and accountability.
- ▶ Focus on patients and sufficient privacy safeguards.

The report, request for proposal, and AHIC announcement follow several suggestions made by a Government Accountability Office report issued late last month. That report recommended deploying the national EHR system in small increments, building on what already works, and using common standards.

The report also pointed to lessons learned by the Department of Defense, Department of Veterans Affairs, Denmark, Canada, and New Zealand in setting up health care information technology.

Those lessons suggest the need to obtain full endorsement of top leadership in

health organizations, including support for funding, according to the GAO.

The VA and DOD adopted health information technology systems in part because they gave clinicians and payers an early and influential role in health information technology projects and kept them involved throughout the projects' phases. VA and DOD experiences also highlight the need to limit initial deployment to a few test sites to allow time to assimilate lessons learned before full deployment, GAO said.

International lessons also include the need to focus on creating standards first, finding regional incentives to motivate physicians to use IT, proactive resolution of privacy issues, and adequate funding.

Other countries' experiences suggest a strong central organization to lead the entire health IT implementation process and integration of federal efforts with hospitals before undertaking a larger national plan, the GAO report said.

The Certification Commission for Healthcare Information Technology is working with HHS on certification issues and is expected to define a basic process for EHRs in ambulatory settings this summer. In September, HHS plans to issue a first release of an information architecture that will allow data sharing across federal health organizations, some states, and some private entities, according to the GAO. ■

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