Congratulations on your decision to explore the Electronic Health Record (EHR) system selection and implementation process! Doctors and practices across the nation are realizing the potential that EHR systems offer in care delivery and business management. The mass adoption of health information technology in practices has been years in the making. While information technology has affected every part of our lives, the maintenance of patient records has largely been unaffected until now.

### Support for Providers

The Massachusetts eHealth Institute offers expert guidance through the entire process of selection and implementation of your EHR system. From vendor selection assistance to attesting to achieving Meaningful Use, our trusted advisors will work with you and your staff to address common issues and offer best practices. We are working with thousands of providers throughout the Commonwealth that not only guides you the through the selection process but also the Meaningful Use process.

### Benefits of an EHR system

1. Improved patient safety

* Provide instant access to a patient’s lab results, medical history, allergies and medication list
* Flag potentially dangerous drug interactions, as well as verify medications and dosages
* Reduce the need for potentially risky tests and procedures
* Preventive and follow-up care facilitated by alerts, reminders and patient’s electronic access to records
* Provide diagnostic support

1. Increase care coordination

* Enable collaboration between providers who treat mutual patients
* Enhance convenience for patients by sending referrals and patient records to other providers involved in a patient’s care
* Communicate with labs and pharmacies electronically

1. Ability to participate in pay for performance programs

### Efficiencies realized through use of an EHR system

Reduction in paperwork and chart-pulls

Reduction in duplicate testing

Improved medical practice management through integrated scheduling systems that link appointments directly to progress notes, automate coding and managed claims

Centralized chart management, condition-specific queries and other shortcuts

Enhanced communication with pharmacies, labs, clinicians, health plans and public health registries

### Potential financial benefits

Reduction in labor costs due to time savings and efficiencies

Earn incentive payments and avoid penalties from the Centers for Medicare and Medicaid Services (CMS)

Improve coding for optimal reimbursement from payers

Prevent liabilities through improved documentation and centralized information

### Financial Considerations

Today’s physician practice is a business as much as it is a place of care. While the implementation of an EHR system is a challenging and worthwhile endeavor, it is important to realize the true costs associated with an EHR implementation. Expenses go beyond software and hardware costs, as it is common for a practice to decrease patient volume and productivity when first learning to use an EHR system. However, the long-term efficiencies and cost savings can produce a positive Return on Investment (ROI) for the practice. Still, there are incentive programs offered to Medicare and Medicaid providers that subsidizes some of the expenses of implementing an EHR system, but costs vary and are not always fully covered by the incentive alone.

Despite the challenges, it is important to realize there are options to suit any budget. If you opt to pursue the least expensive application on the market just to meet federal and state requirements, this can be done. However, if you want more functionality to manage your patients more efficiently and effectively, there are suitable mid-range priced applications.

Lastly, if you are interested in one of the more robust systems, with all of the optimization an EHR has to offer, you may pay out of pocket and view the incentive as a supplement to your expense.

### Preparing Your Office for the Future of Health IT

EHR systems are an integral part of the future landscape of healthcare. Implementing an EHR system now will position your practice for the following:

Health Information Organization (HIO)

Reporting to CMS

Reporting to Public Health Agent

Accountable Care Organizations (ACOs)

Patient-Centered Medical Homes (PCMHs)

This workbook is designed to help you through the EHR selection process in areas, such as functionality, vendor viability, technology, reputation with clients, supportiveness during the evaluation process and cost. But the most critical part of the vendor selection process is making a decision and going forward with confidence and commitment. If you and your practice are confident in their evaluation process and committed to making the EHR system and the relationship with the vendor work, the groundwork for success is in place.

Please contact us anytime with questions or concerns. MeHI is here to help.

Sincerely,

The Massachusetts eHealth Institute Team

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# Welcome Message

Welcome to the Massachusetts eHealth Institute’s (MeHI) electronic health record (EHR) system vendor selection workbook. To effectively select an Electronic Health Record (EHR) system requires a clear set of steps that need to be followed. Although it may be time consuming, you will learn more about the vendor and the products by following this recommended process. Moreover, you will be able to make an informed decision in selecting the best EHR system for your practice.

The book begins with a worksheet, which is your roadmap to successful vendor selection. Refer to it and populate each section as you achieve the related milestone. You will also find checklists within specific sections, which will help you accomplished the essential tasks within the section.

# Acknowledgements

The Massachusetts eHealth Institute would like to acknowledge the NJ-HITEC without whose efforts this workbook would not be possible.

# EHR Readiness Assessment

From the doctors to the front desk, the implementation of an EHR system will affect everyone in the office. Gauging your practice’s immediate readiness to adopt health information technology is an important and often overlooked part of the implementation process. A quick staff survey will tell you how comfortable staff members are with information technology computers. Some preliminary basic training may be needed before you introduce an EHR system.

This assessment will also help you managing the changes that will take place in the office. You may find the staff is confused about the benefits of an EHR system, or fear they may lose their job as a result of the technology. The survey will disclose this information, while showing your employees that you value their opinions. Your staff will know they contributed to the decision making process and will be more likely to embrace change and the new technology.

## Readiness

The purpose of this assessment is to gather information that can be used to ascertain a practice’s readiness to select and implement an EHR. The responses to this assessment will determine the next steps for a successful implementation.

The following 20-question survey is used with the permission of American EHR, a partnership between the American College of Physicians and Cientis Technologies. Select the response that most closely matches your current situation. If unsure, it is better to underestimate your level of readiness.

Responses are rated on a scale of 1–5:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 =Agree, and 5 = Strongly Agree

| Questions | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| 1. My practice has clearly defined goals for implementing an EHR system that can be measured following implementation; e.g., improve quality, increase productivity/efficiency, qualify for EHR incentives, etc. | Ο | Ο | Ο | Ο | Ο |
| 1. EHR adoption is viewed by the practice as a mechanism to improve care delivery and workflow efficiencies. | Ο | Ο | Ο | Ο | Ο |
| 1. My practice has a good understanding of the benefits and challenges of implementing an EHR system. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice team has clear and documented expectations about the processes and workflows that will change, as well as those that will remain unchanged after EHR implementation. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice has considered the need for a contracted IT specialist to provide hardware/software/network maintenance services after the EHR system has been implemented. | Ο | Ο | Ο | Ο | Ο |
| 1. My practice has considered how an EHR system can change the way clinicians and office staff communicate internally. | Ο | Ο | Ο | Ο | Ο |
| 1. All clinicians and staff are proficient with foundational computer skills, such as typing, email, using a word processor and use of the Internet. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice will be fully staffed during the time of implementation of the EHR system (clinicians and staff). | Ο | Ο | Ο | Ο | Ο |
| 1. The practice does not intend to add clinicians or additional staff during the implementation phase or for three months thereafter. | Ο | Ο | Ο | Ο | Ο |
| 1. An individual who is knowledgeable and enthusiastic has agreed to take on the role of practice champion throughout the EHR selection and implementation process. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice will not be moving or undergoing any major renovations for three months prior to and for 12 months after implementation of an EHR system. | Ο | Ο | Ο | Ο | Ο |
| 1. My practice team works collaboratively and is able to embrace and optimize changes and new processes. | Ο | Ο | Ο | Ο | Ο |
| 1. Every member of the practice team is willing to invest the time and effort in training and skills development to effectively and optimally use an EHR system. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice understands the need to decrease patient load for an initial period of approximately 3 month after implementation of an EHR. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice is sufficiently financially stable and can withstand a temporary loss of productivity to purchase and implement an EHR system. | Ο | Ο | Ο | Ο | Ο |
| 1. Every business partner in the practice understands how the costs of purchasing, implementing and ongoing support of an EHR will be shared within the practice. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice has a strategy for decision making and incorporating feedback from clinicians and staff through the EHR selection and implementation process. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice will meet on a regular basis during the EHR selection and implementation process to discuss and make adjustments to the implementation plan. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice has a good understanding of the process of selecting an appropriate EHR software vendor. | Ο | Ο | Ο | Ο | Ο |
| 1. The practice understands the HIPAA privacy obligations with respect to the management of personal health information in an EHR. | Ο | Ο | Ο | Ο | Ο |

|  |  |
| --- | --- |
| **Total Score:** |  |

**Readiness Score**

**70 – 100:** You are likely well positioned to implement an EHR system. Review recommendations to optimize your readiness.

**56 – 69:** You are close, but not quite ready to implement an EHR system. Review recommendations before proceeding.

**41 – 55:** You are not ready to implement an EHR system and have significant deficiencies that should be addressed before proceeding.

**40 or less:** You are not ready to implement an EHR system and have a low possibility of success.

## Staff and Access to Tools

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Email | | Disease Registry | | Hi-speed Internet | | Document Imaging | | Encrypted Email | | Locally Networked Computers | | eLab Results | | EMR | | eRX | |
|  | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** |
| MD DO | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| RN | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| LPN | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| Front Office | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| Back Office | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| Scheduling | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |
| Other | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο | Ο |

## Labs

1. Estimate the percentage of lab services that are referred to each of the following settings.

|  |  |
| --- | --- |
| **Setting** | **Percentage** |
| Office |  |
| Community Hospital or Medical Center |  |
| Quest Diagnostic |  |
| LabCorp |  |
| Other |  |

1. Estimate the percentage of the practice’s lab reports received by each of the following methods:

|  |  |
| --- | --- |
| **Setting** | **Percentage** |
| Electronic |  |
| Hard Copies (printed in office or delivered) |  |
| Fax |  |
| Other |  |

## Practice Workflow Issues

Please check the workflow issues that cause problems in the practice. Check all that apply.

Ο Medical records unavailable at time of office visit

Ο Unable to stay on office schedule

Ο Poor legibility of medical records

Ο Patients unable to access physician when they want/need

Ο Long patient wait time

Ο Inefficient use of resources

Ο Chart chasing

Ο Phone and fax processing

Ο Results tracking, e.g., labs, referrals

Ο Results follow-up, e.g., labs, referrals

Ο Patient satisfaction

Ο Medication refills

Ο Timely referrals

Ο Appointments unavailable for necessary patient visits

Ο Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Health Information Technology

1. Who will lead the practice’s EHR/health information technology system implementation? Check all that apply.

Ο Physician(s)

Ο Office Manager

Ο Mid-Level Provider(s) (e.g., NP)

Ο Clinical (e.g., RN, MA, etc.)

Ο Administrative (e.g., medical records)

Please provide the name(s) of the lead(s) checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the practice conduct regularly scheduled all-staff (including providers) meetings?

Ο Yes

Ο No

If Yes, what is the frequency of the meetings and which day(s) of the week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the practice tried to implement clinical information systems, such as an EHR or electronic prescribing, in the past?

Ο Yes

Ο No

If Yes, how successful were these efforts?

Ο Very successful

Ο Somewhat successful

Ο Neither successful nor unsuccessful

Ο Somewhat unsuccessful

Ο Very unsuccessful

Who was the vendor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How receptive has staff been to efforts to implement clinical information systems or other practice changes?

Ο Very receptive

Ο Somewhat receptive

Ο Neither receptive nor unreceptive

Ο Somewhat unreceptive

Ο Very unreceptive

1. Does the practice have other projects either currently going on and/or starting soon that might affect the planning for and/or success of the EHR/health IT implementation project?

Ο Yes

Ο No

If Yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Adoption

1. What are the overall goals and reasons for implementing an EHR/HIT system that have been communicated to staff?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For each of the groups listed below, indicate their level of support to implement an EHR/health IT system

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Supportive** | **Somewhat Supportive** | **Neither Supportive nor Unsupportive** | **Somewhat Unsupportive** | **Very Unsupportive** |
| **Physicians** | Ο | Ο | Ο | Ο | Ο |
| **Mid-Level Providers** | Ο | Ο | Ο | Ο | Ο |
| **Clinical Staff** | Ο | Ο | Ο | Ο | Ο |
| **Office Manager** | Ο | Ο | Ο | Ο | Ο |
| **Administrative Staff** | Ο | Ο | Ο | Ο | Ο |

1. Indicate which of the following EHR/health IT implementation-related activities the practice has either done or plans to do. Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Done** | **Plan** | **No Plans** |
| **Establish a multi-disciplinary implementation team** | Ο | Ο | Ο |
| **Identify practice’s inefficiencies and problems** | Ο | Ο | Ο |
| **Map out and analyze key and/or problematic processes/workflows** | Ο | Ο | Ο |
| **Develop written list of EHR/HIT system requirements** | Ο | Ο | Ο |
| **Involve staff in EHR/HIT system selection process** | Ο | Ο | Ο |
| **Assess technical proficiency of staff and address identified needs** | Ο | Ο | Ο |

1. Has the practice established a written budget for implementing an EHR/HIT system?

Ο Yes

Ο No

If Yes, what percentage of each of the following areas is your budget allocated?

|  |  |
| --- | --- |
| **Area** | **Percentage** |
| Training |  |
| Implementation |  |
| Software |  |
| Hardware |  |
| Other |  |

1. Indicate how likely the following will be obstacles to the practice’s implementation of an EHR system.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Likely** | **Somewhat Likely** | **Neither Likely nor Unlikely** | **Somewhat Unlikely** | **Very Unlikely** |
| **Physicians/Mid-Level Providers** | Ο | Ο | Ο | Ο | Ο |
| **Clinical Staff** | Ο | Ο | Ο | Ο | Ο |
| **Office Manager** | Ο | Ο | Ο | Ο | Ο |
| **Administrative Staff** | Ο | Ο | Ο | Ο | Ο |
| **Availability of Funds for Purchasing an EHR System** | Ο | Ο | Ο | Ο | Ο |
| **Inadequate Project Management** | Ο | Ο | Ο | Ο | Ο |
| **Inadequate Training on EHR/health IT systems** | Ο | Ο | Ο | Ο | Ο |
| **Insufficient Time to Implement an EHR System** | Ο | Ο | Ο | Ο | Ο |
| **Insufficient Funds for Consultants and Training** | Ο | Ο | Ο | Ο | Ο |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Ο | Ο | Ο | Ο | Ο |

1. Are you anticipating qualifying for federal stimulus funds for Meaningful Use of an EHR system?

Medicaid: Ο Yes Ο No

Medicare: Ο Yes Ο No

Completed by (Name and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Practice and Provider Champion Checklist

EHR system implementation is a project that requires accountability and guidance. Just as large organizations have project managers to keep their projects moving to a successful completion, your practice needs someone to embrace your EHR system implementation process.

Determining a Practice Champion or even multiple Champions will help to ensure your team’s success. The Practice Champion will facilitate online training sessions and become the resident expert. They will oversee the import of patient data into the new EHR system and execute a plan to retire your paper charts. The Practice Champion will act as a liaison to your vendor and be your first resource when technical issues arise with the new EHR system. Make the decision of assigning this role based on technical skills, ability to work as part of a team, willingness to devote time to extensive training, and the gift of patience

In addition to a Practice Champion, select a Physician Champion. If one physician in the practice embraces the adoption of the EHR system the project will have a much higher probability of success. The Physician Champion will be the clinical lead on the project and will have the ultimate decision-making authority when it comes to selecting a vendor and defining an implementation plan.

It is essential that you keep staff informed of the EHR process so they embrace the practice workflow changes they will encounter as a result of an EHR system. Moreover, you will need to identify a staff member(s) who will be involved in the evaluation and selection of the EHR product. Depending on the size of your practice, one individual may take on multiple roles or you may want a second staff member involved. You may also want to consult with professional services, such as a physician, healthcare professional organization or a consulting company, to help with managing these roles. Be sure to set aside time to complete the assessments, review your selection criteria, and meet with vendors to view their products.

### Physician Champion

The physician champion is a physician group member with an interest in moving the group forward to implement an EHR. While this person will play a key role in the process, an in‐depth technical knowledge is not necessary.

|  |  |
| --- | --- |
| Physician Champion Name: |  |

### EHR Committee

The EHR committee should include members from all areas of the practice, including other health care providers and administration. The committee members will be responsible for guiding the practice through the acquisition, implementation and adoption of the EHR system, as well as for communicating to all physicians and their health care teams.

|  |  |
| --- | --- |
| EHR Committee Names: |  |
|  |  |
|  |  |
|  |  |

### EHR Lead

The EHR Lead is responsible for the funding applications, agreements, declarations, etc. This is not necessarily a technical role.

|  |  |
| --- | --- |
| EHR Lead Name:: |  |

### Project Coordinator

The Project coordinator manages the project implementation and may report to the EHR Committee. This person should be detail-oriented and organized, and have a good understanding of the project, as a whole. The coordinator will work closely with vendor staff and be responsible for communicating project status and details within the practice. In-depth technical knowledge is not necessary, but would be an asset.

|  |  |
| --- | --- |
| Project Coordinator Name: |  |

### Technical Coordinator

The technical coordinator requires in‐depth knowledge of hardware, software, networking and security issues.

|  |  |
| --- | --- |
| Technical Coordinator Name: |  |

# EHR, Practice Management Systems and Revenue Services

This section discusses the differences and relationships between EHR Systems, Practice Management Systems and Revenue Services. As you begin to research the various types of EHR systems, you need to decide what type of system you will be purchasing. There are EHR Systems, Practice Management Systems and Revenue Services you should consider during your search.

The requirements of the Meaningful Use Core and Menu Measures do not require you to change your practice management or billing processes. However, many providers will tell you they have found the most value in a complete or “all-in-one” system that includes EHRs, Practice Management and Revenue Services. All-in-one systems that integrate seamlessly can “speak” to each other, eliminating the need for data entry into multiple systems. This can save staff valuable time, while simplifying billing and management functions.

## Components of EHRs, Practice Management and Revenue Cycle Services

What is the difference between an Electronic Health Record (EHR) and a Practice Management System?

Will Revenue Services improve coding and billing?

Do you need a new Practice Management System?

What are the advantages and disadvantages of operating on multiple systems that do not interface?

## Practice Management Systems

Electronic Health Records (EHRs) are designed to maintain most clinical information regarding your patients. A certified EHR system is necessary to meet the requirements of the federal incentive program. The EHR will allow you to use your computer as a tool to clinically manage your patients’ care. EHR’s offer many benefits including ePrescriping, medication management and documentation of encounters.

Many practices currently have some form of a Practice Management System (PMS). These systems have been around for years. A PMS provides the capability to store and manage your patients’ demographic and billing information and typically allow you to schedule appointments and run reports.

If you have used the same PMS for years, chances are it is time for an upgrade. Some were upgraded recently to accommodate the “5010” requirement (improved data capture and information reporting standard for PMS). Others may not be able to meet the requirements of ICD-10. Also, older PMSs may not interface or ”speak too” your new EHR system. If you are unable to interface between the two, you and your staff will need to enter patient information into each system. The duplicate entry into both the new EHR and the existing PMS will slow down your implementation process.

If your practice has been using the same PMS for many years, you may be reluctant to switch to a new application. There is no requirement to change the system to achieve Meaningful Use status. Many vendors will tell you they can easily develop an interface between your existing PMS and the EHR system you are being offered. Sometimes this is free of charge, but in other cases will be built for a fee. Whether or not your vendor can accommodate an interface, you must realize that you will be working in two separate systems. You may run the risk of data disruption and workflow interruption.

You may also be attached to your existing biller, and while you have an interest in a new PMS or EHR system, the revenue services may not be right for you. Once again, this will not prevent you from becoming a meaningful user.

## Revenue Cycle Services

Many PMS and EHR systems’ vendors offer Revenue Cycle Services. These services typically include processing of billing and collection activities. Some vendors will offer revenue services, charging a percentage of your revenue as their fee; others charge a flat monthly rate. These offers will frequently include PMS and EHR systems at no additional cost. Many providers have chosen to adopt a PMS, EHR system and new revenue services simultaneously. This may seem overwhelming, but if you’re motivated and looking to improve efficiency, this may be the solution for you.

The purpose is to keep your options open and know what is available. Listen to each vendor’s offer of various suites of products and services to determine which vendor meets your needs. Realize there are options to suit all budgets and expectations.

# Client-Server, Web-Based, and ASP EHR Systems

When choosing your EHR system, you must consider how you want to access your patient records. To select an EHR system that best suits your practice, it is important to understand the various options available. There are three major methods for accessing your EHR system: Client-Server, Application Service Provider (ASP), and Cloud/Web-Based. Your decision will be based on several influencing factors: the size, location and nature of your practice; security and data backup; cost; speed and efficiency. This chapter will help you understand the different types of EHR systems that are currently on the market.

**Which EHR is Right for your Practice**

Depending on your budgetary constraints and your comfort level with the different architectures, will dictate what system is right for your practice. This section will help you learn the pros and cons of each type of system. If your capital expenditure budget is small, but your operational budget has more flexibility, perhaps an ASP model might be a good fit. However, if speed and 100 percent reliability are key issues, a Client/Server model may be a better option.

**Making the Decision**

Do not base your decision on cost and delivery method alone. Training and support play a major role in your experience as well. Be sure your EHR vendor has an efficient and responsive customer support platform. The vendor must provide technical and programming support with a high response time. The vendor should also be willing to extend training and staff counseling services to help your team adopt the technology and become comfortable with the entire implementation process.

There are some web-based EHR systems now available free of charge. These companies may place advertisements concerning the products and services of third parties on the system. They may also scrub the data you input of unique identifiers to sell to companies for research. These EHRs require “self-learning.” There is no on-site assistance, only web learning and live-chat sessions. While these vendors provide all the tools to succeed, you must educate yourself on how to use the EHR system and incorporate it as a tool within your practice workflow. These vendors do commonly offer on-site training at an additional cost, but the total cost may be just as expensive as any other EHR system.

## Client Server System

Client-server EHR systems are locally installed in your office on a dedicated server within your practice. Many providers choose this method because they are able to control all patient data. They also feel secure knowing technical issues can be handled locally rather than off-site.

The downside to hosting a system locally can be the high cost of maintaining a server. You must be confident that you can address technical issues that arise. This may mean you have to incur the expense of a service agreement with a local technical support company. You will also need to pay close attention to security and data backup, which may also incur more expense.



Figure 1: EHR data is stored on a server in the practice’s office. The computers in the office connect directly to the server.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Secure | Requires a Secure and Locked Room |
| Server in Office | Back Up and Redundancy |
| Fast | Cost |
| Difficult to Steal Data | Updates |
| All Hardware is in One Location | If Vendor is Far – Service May Take Longer |
| Changes are Made Locally | Data Security |
| If Vendor is Local - Quicker Service | Three to Five Year Life Span |
| All Devices are Hard Wired |  |
| Easy to Trace Problems |  |

## Web-based EHR System

Web-based EHR systems are remotely hosted and accessible over a secure web connection, known as Cloud Computing. Cloud Computing refers to the integration of various environments and systems. At a minimum, it refers to the relationship between databases, applications and networks.

Advocates for Cloud Computing claim the Cloud leverages shared resources across networks to deliver timely, secure access to applications and information. There are many similarities between Application Service Providers (ASPs) and the Cloud. Providers who are considering a Web-Based or Cloud solution are usually not interested in spending money to support an on-site service. They would also rather leave the security of the electronic health records up to the off-site professionals.

However, please note that completely Web-Based systems are affected by the service of your Internet Service Provider (ISP). If your ISP has a breach, service interruption or experiences speed delivery issues, your EHR system’s performance will suffer.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Application and Data Hosted from a Secure, Co-Located Site | Refresh Each Page |
| Minimum Hardware Requirements | Fast Internet Essential |
| Internet Access Ubiquitous | RAM Important |
| Users can Access the Entire System in Real-Time | Pop Ups & Advertisements |
| Virus Protection Reasonably Priced | Work Flow Must be Addressed for Internet Access |
| Firewall Reasonably Priced | Hackers |
| Can Access Securely through Any Personal Computer with Internet |  |
| Least Expensive Way to Begin |  |

## Application Service Provider (ASP) EHR System

An Application Service Provider (ASP) also offers a web-enabled EHR system solution. This model often incorporates some hosted aspects of an application that integrates with web-enabled aspects. This means some aspects are stored on your hard drive and it integrates with a web-based portal.

Much like traditional web and cloud solutions, this type of application requires a very minimal hardware investment. You won’t break the bank on upgrading all of the computers in the office or buying a dedicated server. However, you will still need capable hardware, but nothing close to what a client-server environment would require. You may have some offline capabilities with this type of environment, but you will need to connect via the Internet for full functionality.



Figure 2: For ASP, the application resides on the computer. The laptops have the software application loaded on it. The data is synchronized via the Data Center.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Lower Maintenance Cost | One License Per Provider |
| Updates Automatic |  |
| Local Application |  |
| Application Still Runs if Internet Fails |  |
| Encrypted Data |  |
| Need License(s) to Begin |  |
| Application is Complete – Can Customize as You Proceed |  |

## Differences between Client Server, Web-based and Application Service Provider EHR Systems

|  | **Client-Server EHR System** | **Web-based EHR System** | **ASP EHR System** |
| --- | --- | --- | --- |
| overview | The EHR is installed in the physician’s practice. The physician’s practice provides service maintenance, troubleshooting, data back-ups and security. The physician’s practice has a perpetual license to use the application and makes payments upfront.  Expend money upfront; make sure contract addresses vendor support. | The EHR or other health IT modules, such as eRx or registry, are developed specifically for and accessed via the Internet on a monthly subscription basis. They are designed specifically for multiple, simultaneous users, which lends to a lower cost and more nimble software.  Vendor remains accountable. | The EHR application is hosted on your desktop or laptop. The software vendor supports the application. The physician’s practice typically accesses the application via the Internet. |
| Cost | Large upfront cash outlay (average $25,000–$45,000 per physician), plus annual operating and maintenance expenses from about 12–20 percent of initial costs. Set price.  Larger administrative and training cost.  Maintenance costs are the responsibility of the practice. | No down payment.  Ongoing subscription cost ($0\* to $800 per month) depending on the sophistication of the technology.  Very little administrative cost.  Maintenance included in subscription price. | Little or potentially no down payment (expect an annual fee up to $6,000 per user).  Ongoing subscription cost is typically between $300 and $800 per month.  Very little administrative cost.  Most of the maintenance fees are included in the subscription price. |
| Hardware | Workstations connected to the server.  Direct control of hard- ware and software.  Greater demand on your internal resources. | Workstations, including smartphones with Web browsers.  Reduced hardware cost. | Reduced hardware cost, however, hardware must be able to operate very specific software and may require new purchases. |
| Software | Accessible via software application installed on all local workstations.  User decides when to upgrade to a new version.  Upgrades may be more complex. | Accessible via a Web browser.  Remote access enabled via any devices.  Always uses newest version of software.  May require additional training. | Accessible via icon on desktop.  Downloaded as an application to the hard drive of computer |
| Support Needs | EHR software and server hardware | Vendor responsible for the end-to-end delivery. | For EHR software only. Some fees included in monthly subscription. |
| Access Method | Local access.  Server workload may affect response time. | Broadband Internet connection and browser. | Internet for synchronization. |
| Customization | More customization possible. | Fully customizable | Fully customizable. |
| Security | Server security breaches possible.  Back-ups under user control. | Data in the “cloud” elicits privacy concerns.  Off-site backups. | Data in the “cloud” elicits privacy concerns as well as Internet access and connectivity issues. |
| Data ownership | Provider’s practice owns and maintains its data. | Providers’ practice owns its data.  Negotiate data rights and retrieval in the contract. | Provider’s practice owns its data.  Negotiate data rights and retrieval in the contract. |
| Contract | No term commitment.  Contract covers purchase and ongoing maintenance. | As short as month- to-month. | As long as five years or as short as one with a three-year average. |

# EHR Hardware Options

Deciding on the right hardware to support your transition to an EHR system is one of the most important aspects of this endeavor. Obviously your goal is to get up and running as economically and efficiently as possible, but that may be easier said than done. You have endless options and resources. There is not one solution that is going to be right for every practice. Your unique requirements will dictate your hardware choices. Perhaps you desire ultra-mobility once you go-live; a tablet or iPad may suffice. Maybe you’re concerned that typing will slow you down, a voice recognition device could be the answer. If your primary concern is managing the steady stream of paper coming into the practice electronically, a fax server may fit the bill.

In this section, we will explore some of the most popular hardware options available to support EHRs. Keep in mind, most of this hardware is not required to achieve Meaningful Use of an EHR system, but it may make your transition easier. Sure you need computers in the office, but whether you choose laptops, tablets, or fixed workstations is up to you.

The danger is in not considering your needs. If you do not provide the essentials to support the EHR system implementation, your practice will struggle. Failed implementations are often the result of practices steamrolling ahead with the implementation before they have the right tools in place. It is important to think logically about your existing practice workflow and how things will change post go-live. Use all of your available resources when making hardware decisions.

From desktops to laptops and notebooks to tablets, the options are abundant. Keep your budget and ease of use at the forefront of this decision. You can always add additional equipment when you need it, so don’t break the bank with your initial purchases. After implementation, you will have a better idea of what you need in order to thrive, but make sure you have the minimum of what you need to get started. Review the options in this section and call your NJ-HITEC advisor for guidance.

The following is a description of possible hardware solutions for use with your EHR system. Please ask your EHR vendor to provide the necessary list of hardware for specific products.

The following are some sample questions to ask your vendor before purchasing hardware:

Will the EHR vendor provide the hardware along with the product?

Will the EHR vendor assist you in buying the most optimal hardware?

Will it be cheaper if you use the specifications of the hardware and buy it yourself?

Will it be cheaper to let the vendor bundle the hardware with the EHR solution?

Which computer hardware is the best for the medical software?

## Workstations and Desktops

A workstation or desktop computer usually has a standard configuration consisting of a CPU, monitor, mouse and a keyboard. It is stationary, meaning that it is in one location and cannot be moved from room to room. A desktop computer can work as part of a network, linked to other computers, or as a stand-alone.

When it comes to work stations, you want to envision how you will input data into the EHR system. Your choices are basically as follows:

Fixed worked stations, like a desktop/keyboard set up in the exam room.

Portable workstations, like the carts on wheels (COW’s) that have been used in hospitals for years.

Portable devices, like tablets and iPads.

Each of these options has their advantages and disadvantages. Be sure to test the device before you make a decision, and check with your EHR vendor to ensure compatibility.

### Fixed Workstations

When a device stays in the exam room and is used by multiple providers, you will need to login and out of the system each time you come and go. These fixed devices will normally be mounted on adjustable platforms so each user can easily raise or lower to the most ergonomically correct position for them. If you have multiple exam rooms, but only use one or two at a time, the investment to set up fixed workstations, may not be in your best interest.

### Portable Workstations

Portable workstations may be more convenient for you. However, they will also need a separate power supply, and may be difficult to maneuver around a busy practice.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Desktops are low cost and available from a wide variety of vendors. | You must purchase additional equipment to take full advantage of voice recognition and/or handwriting recognition programs. |
| Desktops have the ability to run practically any software your practice may need. | Desktops take up more space than a laptop or tablet PC. |
| Additional devices such as microphones, speakers, and headsets are readily available at low cost. | You would need to buy a desktop PC for each room in which you need access to your EHR software because desktop PCs are stationary. |
| It is relatively easy and inexpensive to find spare parts and support, or to replace a machine because desktops are standardized. |  |

## Notebooks and Tablets

There are two main types of tablet PCs: a convertible tablet PC, which is a tablet with no attached keyboard (although one can be added) and a slate PC, which is basically a laptop computer with a screen that can swivel and fold onto the keyboard to create the tablet.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| A laptop is small and portable and can easily be turned to allow patients to view information on the screen. | Repairs and maintenance tend to be more expensive because laptops use non-standard or proprietary parts. You may have to send a laptop off-site for diagnosis and repair. |
| Most laptops have a fairly long battery life and/or an A/C adaptor. | Writing with a stylus. |
| Laptops are less obtrusive during patient interviews. | Handwriting dictionaries do not have fully integrated medical dictionaries. |
| Laptops use standard PC inputs such as keyboard and mouse, touchpad, or a stylus. |  |
| Tablet PC’s which are truly portable don’t require a keyboard. You input information on screen with a digital pen or stylus. |  |
| Tablet PCs with integrated dictation capabilities transcribe information directly into the patient record. This will eliminate transcription costs. |  |

## Scanning and Printing

Scanners are available in two types: sheet-fed and flatbed. Although some sheet-fed scanners are usually able to accommodate insurance cards, a flatbed scanner might be advisable, as it can also scan driver’s licenses or other small documents.

## FAX Server

Labs and referrals are just the beginning when it comes to inbound documentation. When you implement an EHR system, you must devise a plan to manage incoming paper. A fax server will make this task simpler. These devices will import incoming documents into electronic form. You can customize your fax server to send documents to specific file folders and locations within your EHR. The servers can recognize familiar incoming fax numbers and automatically assign documents to pre-set locations.

The time saved directly moving data in and out of your EHR system without first having to print it, take it to the fax machine, send it and file that paper can add up to hours per week, not to mention the storage space saved by using this email-to-fax capability. A fax server is really a requirement of an office that is using an EHR system

## iPads and Tablets

iPads and tablets may seem like the most convenient means for capturing data efficiently, as these devices are built for mobility and ease of use. However, they have their own limitations, such as your ability to type on the touch screen, or your EHR system’s compatible with the device. While some vendor systems are not compatible with iPads or tables, others may offer limited usability on some devices. If you have a specific product in mind, be sure to ask your EHR vendor about compatibility prior to signing a contract with them. You should also request a demonstration to view the device working with the EHR system you are considering.

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Ergonomic design and intuitive interface | Limited application platform – not all applications can be accessed through an iPad or tablet |
| Long battery life | Compatibility of iOS devices to support Adobe |
| Larger screen compared to PDAs |  |

## Smart Phones and PDAs

|  |  |
| --- | --- |
| Advantages | Disadvantages |
| Small, light, and portable and often fits into the physician’s lab coat pocket. | Smaller screen size. |
| Ubiquitous network access via Wi-Fi and mobile phone networks. | Fewer applications than tablet PC or Notebook |
| Less obtrusive during patient interviews. |  |
| Long battery life |  |
| Relatively inexpensive. |  |

## Voice Recognition

If you are not confident in your typing ability, you may want to consider voice recognition. The most popular product on the market is called “Dragon” developed by Nuance. There is an off-the-shelf version that is less costly than the medical terminology version marketed by re-sellers of Nuance. However, the medical terminology version is necessary if you plan to implement voice recognition in your practice. Furthermore, these re-sellers will offer hands-on training for a fee.

While some providers have found that the technology does meet their needs, others find that it does not understand their accent and they struggle with it. The re-sellers tell us that the latest version has no problem “understanding” accents, but they say you must put the time in up front to teach the device your accent and nuances.

Dragon is not the only voice recognition solution on the market. Many vendors have developed their own integrated voice recognition that is supported by their specific EHR system. As with any device decision, ask your colleagues, and take it for a test drive. Re-sellers are more than happy to arrange for a demonstration. Discuss with your EHR vendor and voice recognition representative how to dictate your patient information so it is properly entered into your EHR system as structured data.

## Wireless Routers

Wireless routers connect the EHR system to the Internet. Your software and hardware will dictate the type of network you need. You will need a reliable Internet service provider and a high-quality secure wireless network, if you plan to use any wireless technology, such as tablets, PCs, laptops, iPads or PDAs.

While it is easy to purchase a wireless router, connect it to the Internet, and install it in either a home or office setting, it is best to have a network professional install and configure the wireless router in your practice. You want to ensure that you have high security and sufficient wireless coverage throughout all areas within the practice. This gives you the ability to be mobile when you want to use a wireless tablet or laptop moving from room to room.

## WiFi/MiFi

WiFi allows electronic devices to exchange data wirelessly over a computer network. MiFi is a compact wireless router that can be connected to a mobile phone (cellular) carrier and provide Internet access for up to five devices. If your Internet is down, you still can access your web-based EHR system with this device.

## Digital Pens

An electronic digital pen looks and works just like an ordinary ballpoint, but captures handwriting and drawing from paper forms and notes. You can use your own forms printed on plain paper with an ordinary postscript laser printer. The digital pen contains a camera to record the writing pattern on the digital paper. After charting your notes, the pen wirelessly transmits the form to the correct patient’s chart.

## ID Scanners

There are many ID scanners on the market that are capable of scanning business cards, insurance cards, medical cards, drivers licenses, ID cards and much more. Many practices find that an insurance card reader makes their job much easier. When you scan an insurance card, the scanner will extract all information and save both the image and the patient data into the patient’s record as structured data.

Scanning takes only a few seconds, saving time and reducing the possibility of data entry error. In your search for the right device, ask your EHR vendor for a recommendation. Many products are designed to easily attach a card image to the patient’s billing or medical record, and some vendors have integrated particular scanners into their systems.

# EHR Certification Checklist

The EHR Incentive Program requires providers to implement a certified EHR system within their practice. There are over 1,400 fully certified applications on the market. Some applications are not fully certified and require the support of other applications to become “modularly certified.” This modular certification is acceptable, but you will need to know how to prove your EHR system meets the standards. It is easy to assume that any application being marketed meets the standards of certification, but often vendors do not fully completed the certification process. Choosing a non-certified application will delay your achievement of becoming a Meaningful User.

This chapter will help you understand the process of determining the certification of your EHR system and how to obtain the certification identification number needed for the successful attestation of Meaningful Use.

It is essential to keep your staff informed of the EHR process so they embrace the practice workflow changes they will encounter, as a result of installing and meaningfully using an EHR system. Moreover, you will need to identify a staff member or members who will be involved in the evaluation and selection of the EHR product and begin including them in the process. Depending on the size of your practice, one individual may take on multiple roles or you may want a second staff member involved. You may also want to consult with professional services, such as a physician, healthcare professional organization or a consulting company, to help manage these roles. Be sure to set aside time to complete the assessments, review your selection criteria and meet with vendors to view their products.

The Office of the National Coordinator (ONC) [Certified HIT Product List (CHPL)](http://onc-chpl.force.com/ehrcert) provides a list of complete EHR systems and EHR modules that have been tested and certified under the Temporary Certification Program. This electronic list, maintained on ONC’s website, contains the names and version numbers of all of the EHR technology products certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB).

The purpose of this list is to create an authoritative source to allow eligible providers and other entities to identify software that meets the Centers for Medicare and Medicaid Services (CMS) EHR incentive program eligibility criteria. There are two types of EHR system certifications:

**Modularly Certified EHR System** - This certification means and individual component(s) of the software has been certified.

**Completely Certified EHR System** - This certification means that the EHR system incorporates all 25 Meaningful Use criteria in a single database solution.

Using a completely certified EHR system removes the concern of interoperability issues between software modules, as well as addresses the need to capture all required Meaningful Use measures.

## Certification Checking Process

The following steps will help you determine if the EHR system you selected meets the ONC certified criteria:

1. Visit <http://onc-chpl.force.com/ehrcert>.
2. Click on “Ambulatory Practice Type”
3. Using the drop down menu, search for the specific product in the provider’s shortlist by using one or more of the following

* Product name,
* Vendor name
* CHPL product number

1. Once you locate the product, cross check the version number.
2. Look under the “Product Classification” to find the product’s type of certification.
3. Click the product name to see if there are check marks against all of the criteria and Clinical Quality Measures (CQM).
4. If some CQMs are missing a checkmark (only six CQMs are mandatory for complete certification), ask if the vendor can report the rest of the ambulatory clinical quality measures.
5. Make a note if any additional software is necessary to achieve Meaningful Use using the particular EHR system. If supplemental software is needed, ask the vendor if there is an additional charge.

### Completely Certified EHR System

1. If the product is ONC certified, click the product name to see if there are check marks against all of the criteria and the Clinical Quality Measures (CQM).
2. If some CQMs are missing a checkmark (only six CQMs are mandatory for complete certification), ask if the vendor can report the rest of the ambulatory clinical quality measures.
3. Make a note if any additional software is necessary to achieve Meaningful Use using the particular EHR system. If supplemental software is needed, ask the vendor if there is an additional charge.
4. Make not of the CMS EHR Certification ID:

* Go back to the page where the product was listed and click “Add to Cart.”
* Click the “CMS EHR Certification ID” button to display ID number. You will need the Certification ID number during the attestation process.

**Please note**: The product’s percentage capability to achieve Meaningful Use will be mentioned under the “CMS EHR Certification ID” button This should be 100 percent to obtain the CMS EHR Certification ID.

### Modularly Certified EHR System

1. If the product is modularly certified, click the product name to identify the gaps (missing check marks) and make note of those gaps.
2. Find the product again in the list and click “Add to cart.”
3. Go back to the product search page and click “Search” under “Search by Criteria Met.”

**Please note**: You can use the criteria search below to look for products that will fulfill the criteria that are unmet by the product(s) in your cart. The certification bar provides a summary of the criteria met by items in your cart. Products in the cart that have met the criteria are highlighted in blue and unmet criteria are highlighted in gray.

1. Place your mouse over the individual letters to learn more about each criterion.

**Please note**: Certification criterion 170.302(w) is optional for certification purposes. If the “w” is grayed out in your certification bar, the product(s) in your cart can still meet 100 percent of the required certification criteria.

1. Click the list of requirements that were earlier identified as gaps and click “Search Matching Products.” This will generate the list of products the provider can install to bridge the gap. The provider may choose to select one or more products.

**Please note**: If you would like to see only the modular products that can bridge the gap, click the “Show Modular Products Only” check box.

1. To get the CMS EHR Certification ID for a modular certified product, do the following:
2. Once the second and/or more products are selected, go back to the page where the product(s) was listed and click “Add to Cart.”
3. Check if you have met 100 percent of the required criteria (see note below).
4. Click the “CMS EHR Certification ID” button to obtain the ID number. You will need the Certification ID number during the attestation process.

**Please note**: The product’s percentage capability to achieve Meaningful Use will be displayed under the “CMS EHR Certification ID” button. This should be 100 percent to obtain the CMS EHR Certification ID.

1. If some CQMs are missing a checkmark (only six CQMs are mandatory for complete certification), ask the vendor if they can report the rest of the ambulatory clinical quality measures.
2. Make a note if any additional software is necessary to achieve Meaningful Use using the particular EHR system. If supplemental software is needed, ask the vendor if there is an additional charge.

# AmericanEHR.com Online Vendor Selection Tool

Every practice will approach the process of selecting a vendor slightly differently. However, MeHI offers an array of tools to help offices through the growing list of certified applications to find the EHR that suits you best. Developed by the American College of Physicians and Cientis Technologies, [AmericanEHR.com](http://www.americanehr.com/) is a free web-based program that assists you in the selection and implementation of an Electronic Health Record (EHR) system. [AmericanEHR.com](http://www.americanehr.com/) provides physicians, state and federal agencies, vendors and funding organizations across the United States with the necessary tools to identify, implement, and effectively use an EHR system. AmericanEHR.com online features include the following:

EHR Readiness Assessment Tool

EHR Comparison Engine and Rating System

Request for Proposal (RFP)

EHR Blog

Education Tools including Webinars, Podcasts and eNewsletters

**Please Note**: Ratings are dynamically generated as verified physicians, physician assistants and nurse practitioners complete an extensive survey administered by AmericanEHR.com along with their professional societies. AmericanEHR.com does not endorse or indicate a preference for any EHR system. The goal is to provide unbiased information on all of the participating EHR vendors.

## The Medical Community

The medical community includes single physician practices, large multispecialty clinics, the informatics and academic groups that provide guidance and support, and all individuals that play an active role in the delivery of healthcare.

AmericanEHR.com works with national and state professional organizations where each organization contributes to questions that help ensure the EHR systems requirements are specifically addressed.

Organizations like the Health Information and Management Systems Society (HIMSS) are also a part of this community who creates educational content for the selection, adoption and use of EHR systems by health providers and their practice teams.

You can also share and learn from the experiences of your colleagues. EHR Peer Groups support each other by sharing their experiences on the following topics:

Using EHR systems to achieve enhanced clinical outcomes

Functional use of specific EHR systems

Achieving and reporting on Meaningful Use

## Readiness Assessment Tool

Evaluate your preparedness for an EHR system implementation through the EHR Readiness Assessment Tool. This tool will help you and your practice assess a number of critical areas and gauge the effort and commitment required to make EHR adoption easier and more successful. You can take a simple 20-question assessment that serves as a guide for you to understand your readiness to implement an EHR system. You will receive extensive feedback and recommendations based on your responses.

The EHR Readiness Assessment Tool also helps your practice evaluate and compare products and user ratings based on your selected specialty and other search criteria. You can identify the EHR that best suits your specialty and practice size by using a broad search tool to evaluate and compare EHR systems.

|  |  |
| --- | --- |
| Feature | Description |
| EHR Top 10 Ratings by Practice Size | Compare the product features against an average benchmark |
| Advanced Search | Narrow your EHR product search |
| EHR Certification | Narrow your search to certified EHRs |
| EHR system type | Narrow you product search to a specific type of EHR, such as SP/Web-based EHR, PQRI Reporting, Combined Project Management |
| EHR Product and Vendor Directory | Learn more about the products and vendors you selected |
| Automated Request for Proposal (RFP) | Send a request for pricing and information to the selected vendors |

## EHR Pricing

AmericanEHR.com provides a link to EHR system pricing information. This pricing information was developed and is maintained by the Maryland Health Care Commission. This data is only a guide to the pricing, as the pricing details can vary state by state. Consider the following factors when pricing an EHR:

|  |  |
| --- | --- |
| Consideration | Description |
| Licensing/Subscription Fee | Determine whether the license/subscription fee is based on an individual clinician or per Full Time Equivalent (FTE).  Determine if there is a licensing fee for additional staff beyond a certain number. |
| Practice Management System | If purchasing a combined EHR/Project Management system, additional fees should not be applicable for a practice management system interface. |
| Patient Portals | Some vendors may have tiered pricing for portals based upon level of functionality.  Ensure you have a clear understanding of the portal functionality of your intended EHR system. |
| Training | Define the exact amount of training the vendor will provide upon the purchase of an EHR system. |
| Financing | Understand your Financial Incentive Program. |

## Educational Tools

[AmericanEHR.com](http://www.americanehr.com/) offers webinars and podcasts on current topics related to EHR system adoption and use. Topics range from operational issues related to the use of EHR systems to national roundtable discussions. The webinars discuss the challenges of EHR system implementation, as well as the methodologies use by the practices to implement the EHR system technology.

### Webinars

**Select the Right Hardware for an EHR based Practice**: Choosing between desktops, laptops or tablets are just some of the choices you will encounter when selecting hardware for your EHR-based practice. There are many issues you need to address, such as the type of EHR software, the office network and the physical space available.

**Chart Conversions**: One of the challenges faced by practices adopting an EHR system is converting the existing paper charts to the EHR system. This webinar offers guidance on addressing this issue.

### Podcasts

**Successful, Change Management strategies**: This podcast reviews best practices for selecting and implementing an EHR in a small Practice.

## Vendor Selection Checklist

| Task | Complete |
| --- | --- |
| EHR Readiness Assessment Tool | Ο |
| Reviewed Documentation Recommended at Completion of the EHR Readiness Assessment Tool | Ο |
| Reviewed the EHR System Top 10 Ratings by Practice Size | Ο |
| Reviewed the EHR System Comparison Page | Ο |
| Reviewed EHR System Advanced Search Side-by-Side Comparisons | Ο |
| Submitted RFPs to Three to Five Prospecting Vendors | Ο |
| Reviewed the EHR System Pricing Information | Ο |

# Request for Proposal

Experience has shown us that selecting and implementing an EHR system is best managed like most other IT projects. After the planning and decision-making, set timing objectives and solicit responses through a Request for Proposal (RFP). An RFP is a document that defines the functionalities essential to your practice. You then send the RFP to prospective vendors asking them to provide information about their company and product. This document will help you to shortlist the vendors.

## Key Factors when Selecting a Vendor

Vendor Background

Experience and Personnel

Data Collection and Processing

Number of Customers and Level of Satisfaction

Cost/Performance/Service

Meaningful Use – Is it inclusive?

Compare Vendor Responses

Score the Responses

## Sample Letter to Vendor

Dear (Name of Vendor):

Our practice is in the process of selecting a (INSERT TYPE of SYSTEM i.e. ASP/Client Server/Hybrid). After an extensive marketplace review, we have identified your company as one of a small group of vendors we would like to evaluate for selection. We are asking all invited participants to complete a brief questionnaire and provide a product quotation form prior to scheduling demonstrations.

Once you have reviewed the information included in this RFP, you will need to agree to participate in or decline the RFP process. You are required to accept or decline by (INSERT DATE).

Once you have completed the RFP, you can submit your proposal to our practice for review. You must submit your response by (INSERT DATE & TIME). After review of the RFPs with our selection team, we will be selecting finalists for product demonstrations.

Our current schedule for RFP and additional purchasing activities is as follows:

Deadline for Submission of RFP: (INSERT DATE)

Deadline for Acceptance of RFP: (INSERT DATE)

Deadline for Submission of RFP: (INSERT DATE)

Notification of Finalists for Product Demonstration: (INSERT DATE)

Scheduling of Product Demonstrations: (INSERT DATES)

We are very excited about the prospect of learning more about your products and your company. You have been identified by peers and experts in your field as one of the leading providers of EHR and practice management systems. I will be functioning as the primary contact for all interactions with EHR system vendors. Please feel free to email (email address) or phone (contact number) me with any specific questions you may have.

Sincerely yours,

Name

Title

## Vendor Check List

|  |  |
| --- | --- |
| Name of Vendor: |  |
| Key Contact: |  |
| Title/Position: |  |
| Telephone Number: |  |
| Email: |  |
| Address: |  |

### General Features

| Feature | Response |
| --- | --- |
| Can the EHR system accommodate and potentially improve my practice workflow? |  |
| Does the EHR system offer a variety of data entry options, such as dictation, voice recognition, structured notes, etc.? |  |
| Can I make subsequent edits and addendums to clinical documentation? |  |
| Does the EHR system alert me about unfinished portions of the clinical documentation and can I bypass it if necessary? |  |
| Can I access other such clinical information as previous labs and progress notes from a patient’s “electronic chart” while charting? |  |
| Does the EHR system allow me to multi-task, including creating tasks or ordering labs while charting? |  |
| Does the EHR system allow me to forward patient information to staff, other physicians and hospitals via e-mail, electronic faxing, or messaging? |  |
| Does the EHR system ensure that only authorized clinicians can sign clinical documentation? |  |
| Can your product handle a patient that presents another set of symptoms after the first encounter? For instance an “Oh by the way” patient. |  |
| Can I import templates that other users have designed? |  |

### Lab Results and Management

|  |  |
| --- | --- |
| Features | Response |
| Can I complete a lab order within a few clicks? |  |
| Can the EHR system send lab orders electronically to laboratories and hospitals in my local market? |  |
| Can I pull up and review lab results within a few clicks? |  |
| Can the EHR system receive lab results electronically from laboratories and hospitals in my local market? |  |
| Does the EHR system notify me of abnormal lab results and provide normal ranges? |  |
| Can the EHR system show me the trending of results over time? |  |
| Can I create and/or customize “off-the-shelf” order sets? |  |

### Decision Support

| Features | Response |
| --- | --- |
| Does the EHR system use clinical information from all parts of the chart to provide decision support? |  |
| Does the EHR system alert me when patient data indicates intervention is recommended? |  |
| Can I access medical literature, clinical guidelines, etc.? |  |

### Disease Management, Population management and Reporting

| Features | Response |
| --- | --- |
| Assuming good data entry for all patients, can I query the EHR system and identify patients that have a particular condition or are on a certain medication? |  |
| Can I query at the patient, physician, clinic, and site level? |  |
| What level of technical skill is required to write my own reports? |  |
| Does the EHR system allow the tracking of patients for follow-up and send out reminders? |  |
| Can query or report results be exported to other data formats? |  |
| Can I create ad-hoc reports or am I limited to ones provided off-the-shelf? Can I customize these reports? |  |
| Does the reporting module handle “and/or” queries together? |  |
| Can it group lab results at the physician and clinic level? |  |
| Is the reporting functionality an integral part of the EHR package? |  |
| Can reporting functionality be done using third party software? For example - Access, Crystal Reports, Paradox, etc. |  |

### Health Record management

| Features | Response |
| --- | --- |
| Can I look up a patient by a number of different criteria, for instance, name, MRN, SSN, etc.? |  |
| Does the EHR system provide a summary view of a patient’s health status? |  |
| Does the EHR system handle other such clinical documents as x-rays, reports, etc.? |  |
| Does the EHR system allow me to maintain patient lists including problems, allergies, medications, etc.? |  |
| Can I organize patient information within the EHR system in a similar way to paper charts? |  |

### Clinical Tasking and Messaging

| Features | Response |
| --- | --- |
| Can I access and manage various tasks such as sign progress notes and review labs, within a few clicks? |  |
| Can I task or message someone else in the practice? How many clicks? |  |
| Does EHR system alert me of overdue tasks and urgent lab results? |  |
| How disruptive are the alerts? Are they customizable and can they be overridden? |  |
| Can I manage tasks and messages from computers other than my own? |  |

### Financial Considerations

| Features | Response |
| --- | --- |
| Approximately how much could the EHR system cost per provider (MD, PA, NP)? |  |
| Do you offer an Application Service Provider (ASP) option, purchase option, or monthly subscription option? |  |
| Approximately how much do the software licenses cost? |  |
| Do you offer milestone payments? |  |
| Approximately how much will on-going maintenance and upgrades cost? |  |
| How often will a support person(s) be available once the EHR system goes “LIVE” in case of any system difficulty? |  |
| How are the licenses issued? Concurrent user versus per practitioner? |  |

### Back office

| Features | Response |
| --- | --- |
| Who owns the data? |  |
| What if I want to change vendors? How can I get my data exported? |  |
| What are your data import and export capabilities? |  |
| Can records be exchanged with other HL7 compliant EHR systems without writing a special interface? |  |

### Interfaces

| Features | Response |
| --- | --- |
| Can your product interface with Lab software? |  |
| Can your product interface with other practice management software packages? |  |
| Can your product interface with lab and diagnostic equipment? |  |
| Do you provide previously written interfaces as part of the standard software package? |  |

### Training

| Features | Response |
| --- | --- |
| Do you offer onsite training? |  |
| Do you offer Web training? |  |
| Do you offer supplemental training for new employees? |  |
| If so, how much does the supplemental training cost? |  |

### Customer Service

| Features | Response |
| --- | --- |
| What type of customer service is available for the standard maintenance fee? |  |
| Is customer service available beyond standard business hours? |  |
| If it is, is there a cost and approximately what would that cost be? |  |
| How are customer service issues that cannot be resolved by phone handled?  Using a contracted local service firm?  Sending a technician out?  Dialing into the server? |  |

### Security

| Features | Response |
| --- | --- |
| Is the software secured by user name and individual passwords? |  |
| Does the product protect remote logins by encryption? |  |
| Does the product limit access to records based on role and /or job description? |  |

### Legal Health Record Issues

| Features | Response |
| --- | --- |
| Does the product allow the auditing of records for those who access them, when, and for how long? |  |
| Does the product have the provision to track changes to EHRs?  Corrections  Errors  Amendments/Additions |  |
| Is the EHR system HIPAA compliant? |  |
| Does the product comply with the Rules of Evidence for Health Records? |  |
| Does the product comply with the Rules of Evidence under all circumstances? |  |
| Is the EHR system authenticated for legal admissibility? |  |

### Billing System

| Features | Response |
| --- | --- |
| Handle multiple clearinghouses? |  |
| Split claims between insurers? |  |
| Track split claims for posting? |  |
| Identify payments by the patient or insurer? |  |
| Document preventative medicine provided to the patient? |  |
| Handle Healthcare Finance Administration rules for diagnoses without the loss of information? |  |
| Assist in E&M coding without overriding the doctor? |  |
| Identify billing errors before the bill is sent? |  |
| Handle family billing? |  |
| Notify the doctor of billing rules being violated and the revenue impact in the encounter? |  |
| Support sliding fee scales? |  |

# Demonstration Scripts, Scenarios and Scorecards

While we recommend seeing three to four demonstrations before making your decision as to what EHR system to purchase, more may be necessary. Either way, it can become difficult to remember one system’s functionality over another’s, which is why you want to make sure you document each demonstration using scorecards to take notes and grade each vendor.

Most healthcare practices have multiple providers, an office manager, nurses, medical assistants and support staff. Coming to a consensus between all parties on one EHR system may seem difficult. However, using the scorecards to tally up final numbers on each vendor will result in an objective selection.

The following is an example of a patient scenario you may use to begin your scenario development specific to your practice. You can then give this scenario to the vendor(s) who will demonstrate the functionality of their EHR beginning with entering the patient data through to producing reports. In addition, we have included five separate scorecards you can use to rate vendors and conduct side-by-side evaluations. This will help alleviate the confusion of one vendor’s products from another.

While the vendor may want to take control of the demonstration, showing the best features, you will want to guide the demonstration towards what is most important to your practice, such as the clinical aspects, reporting or anything unique to your practice.

## Tips on Scheduling Vendor Demonstrations

The focus of the system selection phase of your EHR implementation should be on vendor demonstrations. These demonstrations will give you a chance to understand the look and functionality of the EHR application. The purpose of the demonstration is to provide you with an overview of the application and allow you ask the vendor questions.

1. Three to five demonstrations is the optimum number to see, as with any less you may not get a feel for the functionality that exists on the market and any more may cause you to lose track of the subtle differences between vendors. If after seeing all the demonstrations you still are unsatisfied with the products, select another group of three to five and repeat the process.

Because attending demonstrations can be a tedious process, schedule them out over a two to three week period.

1. When the vendor contacts you to set up the demonstration, be clear about which products you would like to see, such as EHR system only or EHR and Practice Management Systems.
2. The vendor will offer either an onsite demonstration or a WebEx demo. At this point, either one is appropriate. However, if you are planning an onsite demo, you’ll most likely need an Internet connection and a video screen so the vendor can present the system. Be sure to ask the vendor what other equipment is needed for the demonstration.

If you are planning a WebEx demonstration, you’ll need a telephone with speakerphone, a computer that is connected to the Internet, and a screen or some way for everyone to view the demonstration.

1. Practices vary on which staff members are invited to the vendor demonstrations. At a minimum, your physician champion and practice manager should attend. Ideally, the entire implementation team would be invited.
2. The demonstration should last approximately 1.5 hours for the EHR portion. If you are requesting a demonstration of the EHR and the Practice Management System together, you’ll want to allow more time. Come prepared with a list of questions for the vendor (see the Questions for EHR Vendors section for model questions). Ask each vendor the same questions so you can get a feel for how the EHRs compare with each other.

Also come prepared with some clinical scenarios or specific workflows for the vendor to “walk through.” The scenarios will give you a chance to see the EHR in action.

You may also ask the vendor to show you how certain reporting tasks would be possible. For example, how does the application report on patients with a particular disease, medication or lab result? You may also want to ask questions with multiple search parameters, such as, how the application reports on patients with diabetes who, within the past year, have had a HbA1C > 9.0%.

1. During the demonstration, try not to interrupt the vendor with questions too often. It’s sometimes hard not to ask everything that comes to mind, but the vendor will need to pace the demonstration within the allocated time so you can view all the information. If you’re question(s) have not been answered after seeing a particular function to the end, then ask you questions(s).
2. Once you have seen all your vendor demonstration and have narrowed your choices down to the serious contenders, request references from each vendors. These references will be other customers that use the EHR product and have had a good experience. Your implementation team can schedule phone call interviews with these references to get an idea of their experience.
3. After the product demonstrations and reference phone calls, you’ll be able to further narrow your list of EHR vendors. Experts say you should enter contract negotiations with at least two vendors to provide the necessary leverage to get the best deal. For these remaining few vendors, you’ll want to request references from your vendors for practices that you can visit onsite. These may or may not be the same references you called previously for telephone interviews.

## Providing Scenario to the Vendor

Provide to the vendor information similar to the example below so they can populate the system before the demonstration.

The purpose of this demonstration is to understand the workflow capabilities of the program, highlighting current Meaningful Use criteria, and the ease of documenting and tracking PQRI quality measures. Please follow the provided scenario as closely as possible. There will be time afterwards to highlight any additional features your software has to offer.

Populate your system with the information below prior to the demonstration.

**Patient**

Daisy Duck, DOB 1/4/40

Married, mother of three, retired

HIPAA form signed 5/1/06

**Problems**: Hypertension Diabetes Type II Esophageal Reflux

**Medications**: HTCZ 12.5 mg qid Lopressor 100 mg bid Prevacid 30 mg hs Metformin 500 mg bid

**Allergies**: Penicillin> Urticara

**pmh/psh/Fh/soc.hx.**

Diabetes Hypertension GERD

Three normal, spontaneous vaginal deliveries

Hospitalized once for Pneumonia in 1998

Nonsmoker

Last Tetanus 1998

Influenza vaccine 10/04

Pneumovax 1999

Mammography 1999

## Information to be Entered During Demonstration

Do not provide this information to the vendor prior to the demonstration, as you will want to watch them enter it during the demonstration so you can see how the system handles it.

**Complaint**: Follow up care to patient on diabetes, hypertension, and reflux. Patient states FBS elevated at home

**pe**

Weight - 180 Height - 5’9’’ BP 180/95, repeat 130/78

P 89

R 28 regular unlabored

T 97.6 F

General: no distress noted

**HEENT**: nasal congestion

**Lungs**: clear to auscultation

**Abd**: soft on palpation, nontender

**Neuro**: alert, orientated x3

**Foot** **exam**: (visual) normal

**Lab**

Accuchek in office 220

Urine for microalbumin: negative

Previous lab (> 6 mos ago) HgbA1C: 8

**Assessment**

Hypertension, controlled Diabetes Type II

GERD

Diabetic teaching reinforced in regards to diet and home monitoring of blood sugars Patient Instructions provided

Health Summary provided

F/U in three months

**Plan**

Rx  
HCTZ 12.5 mg qd x 6 months; Lopressor 100 mg bid x 6 months; Prevacid 30 mg q HS x 6months; Discontinue: Metformin 500 mg bid x 3 months; Add: Actos 10mg daily

Lipid Profile (fasting) HgbA1C

Referral to Dr. Mickey Mouse for dilated eye exam

Referral to Dr. Olive Oil for Pap smear

Pt to call back in one month if no improvement in FBS

## Evaluating the Scenario

|  |  |
| --- | --- |
| Vendor Name: |  |
| Date: |  |

Use the Evaluation Matrix to evaluate each vendor’s demonstration.

Vendors should be able to walk through this scenario once they have entered the background data provided. Allot time for the vendor to demonstrate other features of interest after the scenario is completed.

Instructions: Note difficulties in performing the documentation tasks, and score the ease of each task from 1 (very difficult or time-consuming) to 5 (easy and quick). Make sure to pay attention to the number of mouse clicks and screen changes it takes to complete one task and check for visibility of key information and the intuitiveness of the user interface.

| Scenario | | Tasks | Score (1-5) |
| --- | --- | --- | --- |
| Patient calls to schedule a follow up appointment for diabetes, HTN, GERD  Duty: Receptionist | | Scheduling of patient  Documentation of visit reason  Health maintenance prompts  Ability to auto confirm appointments  Prompts to remind patient to fast due to blood sugar |  |
| Patient arrives in for appointment  Duty: Receptionist | | Insurance information entered/ Insurance card scanned  Signed HIPAA release  Eligibility checked electronically  Health history gathered?  Patient checked in/ Alert to MA that patient is in waiting room |  |
| MA sees alert and rooms the patient  Duty: MA | | Patient identified  Patient visit status updated  Patient chart pulled up |  |
| MA reviews visit reason and patient chart  Duty: MA | | Patient chart  Easily identify visit reason  Preventive care prompts and action |  |
| MA documents chief complaints Diabetes, HTN, GERD  Duty: MA | | Multiple chief complaints  Entered in a note template or in MA view |  |
| MA Documents:  Weight, 180 Height, 5’9” BP, 180/95 Pulse, 89 Temp, 97.6F  MA Reviews:  Allergies, Penicillin>Urticara Medication List, HCTZ 12.5 mg.qid, Lopressor 100 mg bid, Prevacid 30 mg hs, Metformin 500 mg bid  Duty: MA | | BP- lying, sitting, standing (Prompts for out of Range)  Pulse- oral, radial, pedal, femoral  Temperature- Fahrenheit, Celsius  Height-feet/inches, centimeters  Calculates and displays BMI  Allergy documentation – food, drug, environment  How are medications updated? |  |
| MA Reviews:  PMH – Diabetes Type II, Hypertension, GERD  Surg/Hosp Hx –hospitalized Pneumonia  1998  Family Hx – mother L & W, father dec. CHF, 3 children normal vag. Deliveries Social Hx – nonsmoker, retired Immunizations – Tetanus 98, flu 10/04  Pneumovax 99  Advanced Directive – signed 1/3/02  Preventative Care – mammogram 99  MA completes entry  Duty: MA | | Content specific to each Hx item  Ease of documenting year and relationship to patient  PQRI prompt for smoking status |  |
| Physician is prompted that patient is ready  Duty: Physician | | Physician prompt easily identified  Identify correct patient chart  Patient chart/ medical Hx easily accessible |  |
| Physician looks at CC, PMH and past visit  Duty: Physician | | Chief complaint entered by MA visible/can it be edited?  Option to default PMH into note  Ease of viewing past visit  Alerts/reminders when a note is opened |  |
| Physician opens new note and documents HPI  Duty: Physician | Follow up Diabetes, Hypertension,  GERD. Patient states experiencing elevated fasting blood sugar at home | How is information documented? – point and click, keyboard, voice recognition  What is the format, i.e., SOAP, problem oriented  Is the note template customizable? |  |
| Physician reviews/ updates PMH/PSH/ FH/Med.list/ Soc.Hx/Allergies/ Immunizations Duty: Physician | Diabetes Type II, Hypertension, GERD | Are templates customizable by practice, by provider?  Risk factor tracking  Tracking family history |  |
| Meds: HTCZ 12.5 mg qid, Lopressor 100  mg bid, Prevacid 30 mg hs, Metformin 500 mg bid | Medication maintenance (active, discontinued, and why) |  |
| Allergies: Penicillin>Urticara | Allergy documentation – food, drug, environment  Can allergies be tied to alerts? |  |
| Three normal, spontaneous vaginal deliveries | Recalls patient’s last menstrual period, statuses such as post- hysterectomy, post–menopausal or pregnancy all without user re-entry |  |
| Hospitalized once for Pneumonia in 1998 | Integrates scanned images, consultation reports  What interfaces does the product currently support? |  |
| Nonsmoker | PQRI Prompts |  |
| Last Tetanus 1998 | Easily viewed  Overdue for DT, physician orders |  |
| Influenza vaccine 10/04 | Easily viewed |  |
| Pneumovax 1999 | Easily viewed |  |
| Mammography 1999 | Reminders based on health plan, protocols, preventative health indicators |  |
| Physician documents Physical Exam  Duty: Physician | Resp. 28 regular and unlabored | Ease of navigation and documentation  Free text entry available if needed |  |
| Repeat B/P: 130/78 | Ease of navigation and documentation  Free text entry available if needed |  |
| General: no distress noted | Ease of navigation and documentation |  |
| HEENT: nasal congestion | Ease of navigation and documentation  Free text entry available if needed |  |
| Lungs: clear to auscultation | Ease of navigation and documentation  Free text entry available if needed |  |
| Abd: soft on palpation, nontender | Ease of navigation and documentation  Free text entry available if needed |  |
| Neuro: Alert, oriented x3 | Ease of navigation and documentation  Free text entry available if needed |  |
| Foot exam: (visual): normal | Automatic suggestion of orders to satisfy protocols?  Free- hand drawings?  Free text entry available, if needed |  |
| Physician documents lab Duty: Physician | Accuchek in office  220 | Trending & graphing of discrete results data  Graphing of results to medications & other clinical data  CPOE |  |
| Urine for microalbumin: negative | CPOE |  |
| Previous lab (>6 months ago) HgbA1C: 8 | Most common list of orders - varied by provider  Order sent electronically  Results received electronically |  |
| Physician documents assessment Duty: Physician | Viral URI | Ease of coding |  |
| Hypertension, controlled | Access to patient education information  Ease of coding |  |
| Diabetes Type II | Reports of patient population profile  Comparative reports  Protocol adherence reports  Ease of coding |  |
| GERD | Ease of coding |  |
| Physician documents plan  Duty: Physician | Rx: HCTZ 12.5 mg qd x 6 months, Lopressor 100 mg bid x  6 months, Prevacid 30 mg q HS x 6 months, Discontinues Met- form in 500 mg Add: Actos 10 mg daily | Does it maintain multiple formularies, a formulary linked to patient benefits? How often formularies updated?  Drug- Allergy, Drug-Drug interaction checking  Drug database, dosage algorithms  Ability to adjust how many or what kind of alerts  Access to online Rx reference tools  E-prescribing of prescriptions |  |
| Lipid Profile (fasting), HgbA1C, Referral to Dr. Mickey Mouse for dilated eye exam, Referral to Dr. Olive Oil for Pap smear | CPOE  Future orders  Transmit patient record electronically with encryption (CCR/CCD)  Referral letter generated/Tracked |  |
| Patient to call back in  30 days if no improvement in fasting blood sugar. Routine follow up in 3 months | Health summary for patient  Patient instructions provided |  |
| Physician chooses charge level  Duty: Physician | | Current diagnosis and procedure codes built-in  E&M coding advice to providers based on documentation  Data validation procedure to diagnosis, procedure/diagnosis to patient age and gender  Billing/coding interface |  |
| Physician completes and signs note  Duty: Physician | | Prompts unfinished patient chart documentation  Spellchecking  Provider alerts for missing chart elements  Records locked after signature  Ability to make amendment to record  Option to put note on hold |  |
| Billing  Duty: Biller | | Invoice creation  Claim scrubbing  Electronically submit claim  Payments received distributed with adjustments  Electronic remittance advice  Collections |  |

|  |  |
| --- | --- |
| Questions | Score (1-5) |
| Can you submit insurance claims electronically? |  |
| Can you provide patient health status on request? |  |
| Can you provide clinical summaries per visit? |  |
| How do you provide care summaries for referrals? |  |
| Can you provide data exchange with immunization registries? |  |
| Can you provide surveillance data to public agencies? |  |
| Can you report quality measure to CMS? |  |
| Do you have relationship with any HIO’s? |  |

### Questions for the Vendor

These questions address issues other than product functionality. Some of these questions may be important for you to ask early in the vendor selection process, and others may be more appropriate to ask when you are choosing between two or three vendors.

|  |  |
| --- | --- |
| Vendor Name: |  |
| Date of Demonstration: |  |
| Sales Contact: |  |

**Questions about the Company**

1. How long has your company been in business? How many employees do you have?
2. Of those employees, how many are dedicated to the research of new products, sales, and ongoing support? What is the R&D budget?
3. How long has the EHR product been offered? Was it bought from another company? Was the Practice Management System bought from another company?
4. What were your total sales last year? Last quarter? How many sales people and trainers are assigned to this region?
5. What is your total customer base? Of those, how many are new within the last year?
6. Does the company hold regular user meetings?
7. Is your company involved now in any litigation with a customer? Has your company been fired from a job in the past three years?

**Questions about the Product**

1. Is your software sold modularly or does it need to be purchased as a complete package? What functions are available? Can you add functionality as the need grows?

|  |  |
| --- | --- |
|  | Practice Management |
|  | Inter-office Messaging |
|  | ePrescribing |
|  | Lab Viewing/Reporting/Graphing |
|  | Other |

1. What operating platform does the product work on?
2. Is the product used anywhere in a multi-site implementation?
3. Will your company guarantee in the contract that the software will comply with all current and future federal and state mandates? HIPAA? Does the software have a HL7 lab interface?

**Pricing Questions:**

1. How are the licenses issued? Concurrent user versus per practitioner?
2. What is the cost per practitioner (or concurrent user) for entire package?
3. What does the price include?

|  |  |
| --- | --- |
|  | Software |
|  | Hardware |
|  | Training |
|  | Maintenance |
|  | Upgrades/further training/maintenance |
|  | Travel for your employee |
|  | Other |

1. How much will on-going maintenance and upgrades cost?

**Interface Questions:**

1. Can your software interface with Practice Management Systems? Lab systems? Is there an added cost for these interfaces?
2. What existing interfaces are up and running?
3. Can I speak with a provider or administrator a clinic presently using these interfaces?

**Implementation Questions:**

1. Will your company assume all aspects of implementation (i.e., hardware and software)?
2. Does the training occur onsite or at your facilities? Is this training included in the overall cost?
3. Are you willing to be flexible with your training methods (e.g., individual versus group training based on our needs)?
4. Is your software tailored for physician specialties (e.g., ob/gyn)? What sort of customization, if any, is needed for specialties?
5. Describe the process of transition to EHR. What are some of the difficulties? What can I expect?
6. (If interested in voice recognition) Describe how your voice activated system works. How easy or difficult is the transition? Will I need to have an “auditor” for some time after I move to voice activated notes?
7. At what point in the process does the salesperson transition to implementation specialist?
8. How often will a support person(s) be available once the system goes “live,” in case of any system difficulties?

**Ongoing Support Questions:**

1. What is the frequency and depth of upgrades?
2. What is your process for enhancement requests?
3. What happens if the system fails? How do I reach you, and how accessible is your decision support?

**Technical/Maintenance Questions:**

1. What personnel and qualifications do I need to support and operate this system?
2. Does your system include any database reporting tools or special links to popular reporting products that run under Windows? Which ones?
3. Does this system work over the Internet or do I need to purchase a server?
4. Does the system require regularly scheduled (e.g., daily, monthly) down time for backups, system maintenance, etc.? Briefly explain.
5. What safeguards (e.g., fault tolerance, hardware redundancy) are included that eliminates unplanned downtime?
6. What are your data retention capabilities, if any, and recommendations for maintaining history online?

## Test Drive and Referrals

Once you have narrowed you selection to two to three EHR systems and vendors, you will want to get some hands on experience. Your test drive may take place in a variety of forms - some vendors will give you an opportunity to login to a test environment; you may attend a site visit with a practice that is currently using the EHR system.

The following are suggestions on getting the most out of your test drive experience. We will discuss arranging and guiding site visits, telephone inquiries with other providers, and test exercises for you to truly get the feel for the EHR system. Once you’ve completed your test drive, you should go back to your vendor with specific feedback and concerns.

Some vendors will give you access to a demo environment or “sandbox” to test their EHR system. You will want to test the system with real-life scenarios, to get a good feel for how the system will work in your environment.

### Reference Checking

|  |  |
| --- | --- |
| **Practice Background** | |
| Name and location of the practice |  |
| Number of providers |  |
| Primary products (modules) purchased |  |
| **Project Background** | |
| ASP vs. Client Server |  |
| Big Bang vs. Incremental |  |
| Date of go-live |  |
| Duration of implementation (e.g., how long from contract signing to go-live) |  |
| Provider data entry method |  |
| Interfaces deployed |  |
| Rx management |  |
| Chart transition strategy |  |
| **Project Performance Parameters** | |
| Are all of your clinical staff using the EHR? If not, what are the obstacles? |  |
| Have paper charts been retired or are they in the process of being retired? If they are retired, how long did that process take? |  |
| What impact has the EHR had on physician productivity—in terms of number of visits? |  |
| Has the EHR had a positive, negative, or neutral impact on revenue? |  |
| Biggest positive surprise about the project |  |
| Biggest negative surprise about the project |  |
| Things you would do differently if you had the opportunity to do it over again? |  |
| **Vendor Selection** | |
| Why did you select your EHR vendor? |  |
| Who else did you consider? |  |
| Vendor Ratings: The following questions should be provided a score of 1 to 5 with 5 representing the best |  |
| How would you rate the vendor’s product? |  |
| How would you rate the vendor’s implementation services? |  |
| How would you rate the vendor’s ability to complete special projects (e.g., interfaces)? |  |
| How would you rate the vendor’s technical support services? |  |
| **Meaningful Use** | |
| Are you planning to participate in the ARRA EHR Incentive Program? |  |
| Do you feel comfortable that you will be able to meet Meaningful Use guidelines with your vendor? |  |
| **Narrative Responses** | |
| Special likes about the vendor |  |
| Special dislikes about the vendor |  |

# Final Demonstration Scorecard

Scorecards are essential in guiding you and helping you narrow your choices. Vendors are effective at demonstrating their product, but you want to make sure you are judging the application on what is most important to your practice.

After you have completed reviewing the three to five demonstrations, use the final demonstration scorecard to rate each demonstration and compare them side-by-side, considering features, functionality, support, cost and implementation. The scorecards are weighted by essential criteria on a scale from 1 (poor) to 5 (excellent). This is meant only as a guide to aid you in making the final decision. Add any additional items you feel are important to your practice. There may be other aspects of an EHR system that are important to your practice not included on the scorecard.

**Instructions**: Score each vendor on a scale from 1 (poor) to 5 (excellent) on each of your prioritized items. Total your ratings for each vendor for comparison. Use the blank rows at the end of the worksheet to ask your own questions.

| Functionality/Usability | Vendor A | Vendor B | Vendor C | Vendor D | Vendor E |
| --- | --- | --- | --- | --- | --- |
| Vendor Name |  |  |  |  |  |
| Charting | | | | | |
| Can the system accommodate (and potentially improve) my workflow? |  |  |  |  |  |
| Can I easily build and/or customize “off-the-shelf” templates? |  |  |  |  |  |
| Does the system offer a variety of data entry options, e.g., dictation, voice recognition, structured notes, etc.? |  |  |  |  |  |
| Can I make subsequent edits and addendums to clinical documentation? |  |  |  |  |  |
| Does the system alert me about unfinished portions of the clinical documentation and can I bypass it if necessary? |  |  |  |  |  |
| Can I access other such clinical information as previous labs, progress notes, etc. from a patient’s “electronic chart” while charting? |  |  |  |  |  |
| Does the system allow me to multi-task, e.g., create task, order lab, etc. while charting? |  |  |  |  |  |
| Does the system allow me to forward patient information to staff, other physicians, etc. via e-mail, electronic faxing, messaging, etc.? |  |  |  |  |  |
| Does the system ensure that only authorized clinicians can sign clinical documentation? |  |  |  |  |  |
| Prescriptions | | | | | |
| Can I complete a prescription within a few clicks? |  |  |  |  |  |
| Can I look up medication information and is this information valuable? |  |  |  |  |  |
| How extensive (and how sensitive) is the system’s interactions checking capability, e.g., drug-drug, drug-allergy, drug-food? |  |  |  |  |  |
| How accurate is the system in identifying drug-condition warnings, e.g., pregnancy? |  |  |  |  |  |
| Can I refill a medication within a few clicks? Can previous sigs be viewed from the refill screen? |  |  |  |  |  |
| Can the system send prescriptions electronically to pharmacies in my local market? |  |  |  |  |  |
| Lab and Results Management | | | | | |
| Can I complete a lab order within a few clicks? |  |  |  |  |  |
| Can the system send lab orders electronically to laboratories, hospitals, etc. in my local market? |  |  |  |  |  |
| Can I pull up and review lab results within a few clicks? |  |  |  |  |  |
| Can the system receive lab results electronically from laboratories, hospitals, etc. in my local market? |  |  |  |  |  |
| Does the system notify me of abnormal lab results and provide normal ranges? |  |  |  |  |  |
| Can the system show me trending of results over time? |  |  |  |  |  |
| Can I create and/or customize “off-the-shelf” order sets? |  |  |  |  |  |
| Decision Support | | | | | |
| Does the system use clinical information from all parts of the chart to provide decision support? |  |  |  |  |  |
| Does the system alert me when patient data indicates intervention is recommended? |  |  |  |  |  |
| Can I access medical literature, clinical guidelines, etc.? |  |  |  |  |  |
| Disease and Population Management | | | | | |
| Assuming good data entry for all patients, can I query the system and identify patients that have a particular condition, are on a certain medication, etc.? |  |  |  |  |  |
| Does the system track patients for follow-up and send out reminders? |  |  |  |  |  |
| Can I create ad-hoc reports or am I limited to ones provided off-the-shelf? |  |  |  |  |  |
| Can I customize these reports? |  |  |  |  |  |
| Does reporting module handle “and/or” queries together? |  |  |  |  |  |
| Health Record Management | | | | | |
| Can I look up a patient by a number of different criteria, e.g., name, MRN, SSN, etc.? |  |  |  |  |  |
| Does the system provide a summary view of a patient’s health status? |  |  |  |  |  |
| Does the system handle other such clinical documents as x-rays, reports, etc.? |  |  |  |  |  |
| Does the system allow me to maintain patient lists, e.g., problems, allergies, medications, etc.? |  |  |  |  |  |
| Can I organize patient information within the system in a similar way to my paper charts? |  |  |  |  |  |
| Clinical Tasking & Messaging | | | | | |
| Can I access and manage various tasks, e.g., sign progress notes, review labs, etc. within a few clicks? |  |  |  |  |  |
| Can I task or message someone else in the practice and do it with a few clicks? |  |  |  |  |  |
| Does system alert me of overdue tasks and urgent lab results? |  |  |  |  |  |
| How disruptive are the alerts, are they customizable and can they be overridden? |  |  |  |  |  |
| Can I manage tasks and messages from a computer other than my own? |  |  |  |  |  |
| Financial Considerations | | | | | |
| Roughly how much could the system cost my clinic? |  |  |  |  |  |
| Can you offer an Application Service Provider (ASP) option, purchase option, or monthly subscription option?  Roughly how much do the software licenses cost? |  |  |  |  |  |
| About how much will on-going maintenance and upgrades cost? |  |  |  |  |  |
| How often will a support person(s) be available once the system goes “LIVE” in case of any system difficulty? |  |  |  |  |  |
| How are the licenses issued? Concurrent user versus per practitioner? |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL SCORE |  |  |  |  |  |

# Contract Negotiations

While contract negotiations may seem a bit overwhelming, much of the standard wording does not need to be changed. However, there are some items you may want to amend. The following is a checklist and questions to ponder as you enter the negotiation process. We also recommend you have an attorney review the contract before signing.

Some things to think about and ensure are clearly defined in the contract are training, a plan to retire paper charts, implementation support services, etc. Also, make sure the vendor supplies you with a timeline for implementation, including development and testing of all external interfaces for billing software (if applicable), labs and ePrescription. The timeline should also include a clear definition of roles and responsibilities of all the parties responsible for software and hardware installation, updates, training, etc.

## Negotiation Tips

1. Prepare yourself to negotiate with vendors by keeping in mind the following:

* Remembering everything is negotiable;
* Beware of concentrating on cost issues too early;
* Try to find win-win solutions whenever possible;
* Request a complete set of product documentation and arrange for users to read it;
* Prepare a contingency plan; and
* Define performance criteria, remedies and dispute resolution processes in terms you can understand and measure.

1. Remember, everything is negotiable; however, focus on those areas most important to the organization. **You** are in charge of the negotiation process.
2. Do not concentrate on cost issues too early. Once the vendor agrees to a cost, they have an easier time either refusing other issues or re-opening costs, if an issue has a cost impact.
3. Try to find win-win solutions whenever practical. Remember that once the contract negotiation is over, you will be in a partnership with this vendor. A one-sided win is never successful.
4. Request a complete set of product documentation and arrange for users to read it. This will help clarify what you are buying in terms of features and functions. Legally speaking, most vendors usually specify that what you are buying is the product as defined in the documentation; hence you need to read it.
5. Before getting too deep into contract negotiations, consider a final due diligence product demonstration to respond to any final questions or concerns you may have about product capabilities.
6. The terms of the agreement can have financial implications far beyond the price. Carefully negotiate the following contract items:

* Payment Terms Equal Pay for Performance
* What/When is Final System Acceptance
* Maintenance/Support Fees & Inflation Clauses
* Price Protections
* Fixed fee for Implementation?
* Expense Controls/Cap?
* Term or Perpetual License if an Application Service Provider (ASP)

1. Define performance criteria, remedies and dispute resolution processes in terms you can understand and measure.
2. Plan for contingencies.

* Is your organization going to change: grow, shrink, refocus, etc.?
* Ensure the contract has provisions for the vendor to keep the product current with federal, state and regulatory requirements.
* What if the vendor leaves the business (software replacement clause, escrow, etc.)?

1. The following is a list of issues to be aware of as you negotiate:

* Last minute product substitutions when vendors push you to buy a newer and better product than the one you have evaluated – If a newer version is going to be released soon, even though it may have features you desire, you generally do not want to be among the first to go live with the latest version. Get the stable version implemented and adopted, then you can migrate to the newer version. Some vendors will offer you a better deal to be among the first to implement a new version, but this is often not the best deal if you wind up struggling to get it implemented, and potentially have to pay more in implementation overage costs.
* Evergreen clauses (automatic renewals).
* Vendor evoking the Sarbanes-Oxley Act as a payment-scheduling tactic – Sarbanes-Oxley only applies when vendors can post payments, not when you owe payments.
* Front loaded the payment schedule – While you want a payment schedule that is, at a minimum, tied to the performance of the system and ideally backloads payments. Some tips to consider include the following:

A schedule that calls for a percentage for the down payment and a percentage for installation of the software - This effectively calls for a down payment of both percentages. Installation is only installing the software on hardware, which may not even be performed at your location. Together the down payment and installation fee should not exceed 20 percent of the total cost.

Tie payments to key milestones of performance, such as completing system testing, training and going live. Avoid tying payment to specific dates, although you may be required to meet certain deadlines to achieve the milestones or payment penalties may be applied. An organization can be as much to blame for delays as the vendor, so be sure you hold up your end of the deal after the contract is signed

Hold at least 10-20 percent of the total payment until a period of time after the go-live date. Ideally for a clinical information system this would be 90 days following go live for a certain percentage of users; e.g., 90 percent having fully adopted the system.

## Contract Negotiation Tool

This tool was developed to assist providers in negotiating a favorable contract with their EHR system vendor of choice. Ideally, the individual negotiating for a health information technology (health IT) project should have prior experience in contract negotiation. Whether you plan to use a consultant and/or an attorney to assist you, or designate one or more staff members to negotiate such as the chief financial officer, procurement manager or other individuals reviewing this checklist can assist you in preparation for contracting and help you understand the process.

### Preparing for the EHR Contract Negotiation

| Task | Complete |
| --- | --- |
| 1. If applicable, approval to proceed with vendor negotiations from your Board of Directors or others required body. | Ο |
| 1. Determine the vendor or vendors with whom you want to negotiate a contract for products/services. | Ο |
| 1. Determine kick-off strategy. | Ο |
| 1. Finalize who will be included in the negotiation process. | Ο |
| 1. All contract elements specified in your RFP are included in the offered contract including the best offer from the vendor. | Ο |
| 1. Annotate any issues that arise during the selection process that you may want to negotiate or attach to the contract. | Ο |

1. Do you have approval to proceed with negotiations from your board of directors or others approval body, as required?

Your Health IT steering committee should present their recommendation for a vendor of choice to both senior leadership and the board of directors, if applicable. The Health IT steering committee can aid in the approval process by describing the process to select the vendor and the due diligence performed. Explain the attributes of the product you are recommending, including a realistic picture of strengths and weaknesses, accurate cost estimates, and how much you think you can negotiate for the price and services provided, and the level of effort associated with implementation, including other costs; e.g., IT application staff, phone system upgrades, physical changes to exam rooms, creating a wireless environment.

This presentation is not for leadership to make the selection, but to approve the selection make by the steering committee. Leadership has not been through the same level of due diligence as the steering committee; nor will they likely be the end users. However, they have to pay for the system and weigh this expenditure against all other factors.

1. Will contract negotiation be performed with one vendor or two?

Even if you have a clear “winner,” you probably want to consider your second choice as a viable option in the event of contract negotiation failure with the first. Vendors negotiate all the time; your organization does not negotiate at this level very often. As a result, vendors can sense when you have only one vendor of choice or if you are confident enough to have another waiting in the wings. If you are undecided between two final vendors, negotiating with both vendors simultaneously is possible, though difficult. You may forget all the details of what you negotiated with one versus the other, which could be costly if negotiation assistance and legal counsel are engaged.

1. Will price or terms be the kick-off strategy?

Starting with price can put the organization at a disadvantage when negotiating terms. If you strongly desire one vendor that is clearly out of your price range, give the vendor an opportunity to meet a ballpark budget before starting full negotiations. In general, the best process is one in which all issues are presented to the vendor at one time. This approach will allow the vendor to adjust the cost based on your terms.

1. Who will be included in the negotiation process?

Legal counsel should always review the final contract, but may not be the ideal resource for identifying clinical information system issues. An experienced consultant or coach can be very helpful.

1. Ensure all the contract elements specified in your RFP are included in the offered contract, including the best offer from the vendor that is tailored to your situation; i.e., the specifics of what you are buying and revised pricing?

Ensure the vendor understands that the response to the RFP and implementation plan will become part of the contract, and allow the vendor to make any changes necessary to conform to this requirement.

1. Keep track of any issues that arise during the selection process you may want to negotiate or attach to the contract. For example, if the vendor said they would do something unique for you, such as add a feature/function affirm in writing the system will be able to handle that requirement.

If you have such promises in writing from the salesperson, these promises can be attached to the contract, but make sure the contracting agent from the vendor understands what is attached.

### Tasks During Negotiation

| Task | Complete |
| --- | --- |
| 1. Set up a spreadsheet or table to capture concerns regarding the contract. | Ο |
| 1. Prepare a list of issues. | Ο |
| 1. Develop a negotiation strategy and target timeframe. | Ο |
| 1. Submit a written list of issues to the vendor and schedule a target date for their written response. | Ο |
| 1. Conduct formal negotiation sessions after reviewing the revised contract. | Ο |
| 1. Clarify exactly what you are buying and what the vendor is selling. | Ο |
| 1. Conduct implementation planning concurrent with contract negotiations and attach the plan to the contract | Ο |

1. When you receive the contract[[1]](#footnote-1), set up a spreadsheet or table to capture your concerns. This can be as simple as the following example.

|  |  |  |  |
| --- | --- | --- | --- |
| Line Number | Topic | Issue/Concern | Vendor Response |
| 2 | Partied | Incorrect spelling of the name of the organization throughout contract |  |
| 32 | Maintenance Fees | What is the basis for the annual fee increases? |  |
| 92 | Modules | What is the alerting module? Is this included in the price? |  |

1. Develop a list of issues building off the list started during the selection process. Add issues based on a thorough review of the contract, such as the following:

* Product Capabilities
* Cost and Payment Terms
* Technical Issues
* Installation & Implementation
* Legal Issues, including the HIPAA Business Associate Agreement
* Other Business & Contractual Terms

1. Develop a negotiation strategy and target timeframe. Do not back yourself into a corner with an unrealistic deadline.
2. Submit a written list of issues to the vendor and schedule a target date for the vendor’s written response. Consider conducting a meeting to present and clarify issues.
3. Conduct formal negotiation sessions after reviewing the revised contract.

* This is an iterative process that typically takes at least three drafts, sometimes more.
* Ask for redlined drafts showing changes from prior draft.
* Take good notes during the meetings, covering both intent and specific wording offered to resolve issues.
* Assure that the vendor’s written response is consistent with its verbal one.

1. Clarify exactly what you are buying and what the vendor is selling, including the following:

* Hardware – What devices?
* Software – What applications?
* Implementation Support
* Interfaces
* Data & Chart Conversions
* Customizations
* Networks/Infrastructure
* Testing
* Training

1. Conduct your implementation planning concurrent with contract negotiations, and attach the plan to the contract. At a minimum, the implementation plan should include the following:

* Project Phasing (if any)
* Project Start & Go-Live Dates
* Key Milestones
* Level of Effort for Buyer
* Level of Effort for Seller
* Recommended Project Organization Chart

### Approval to Sign

| Task | Complete |
| --- | --- |
| 1. Obtain approval to sign the contract | Ο |
| 1. Confirm required financing. | Ο |
| 1. Make sure key staff member placement is completed. | Ο |
| 1. Contract signed by your Board of Directors (if applicable) or others required. | Ο |

1. The final step in contracting is obtaining approval to sign the contract. This applies to both the vendor and your healthcare delivery organization. The salesperson will likely have latitude to negotiate price and terms within a given range. Beyond that, approval will be required from a sales manager. After all the final elements of the contract are agreed upon by both parties, the final contract must be reviewed and approved by the sales manager or other persons within the vendor organization.

2. through 4. Once the vendor-approved version of the contract is presented to you, you may need to have it approved by your CEO and/or Board of Directors. Many factors can come into play at this point, including whether financing has been obtained, a grant award has been made, other capital requirements preclude approval, or a key staff member is unable to be hired. Be aware that the contract usually has a “valid until date,” after which it will need to be renegotiated. Obviously, you want to avoid this, but extenuating circumstances can preclude approval. To aid the approval process, communicate regularly about contract negotiation progress and prepare a summary of key terms.

### Post Negotiation Tasks

Assuming a successful contract is negotiated and approval is obtained, the contract becomes a living document that should work for you.

| Task | Complete |
| --- | --- |
| 1. Ensure any changes, major tasks, or responsibilities on the final version of the contract are implemented and monitored closely. | Ο |
| 1. Review key terms and conditions of the contract with the vendor’s implementation manager/ specialist. | Ο |
| 1. Periodically review the contract to refresh your memory on terms, conditions, and special items you have negotiated. | Ο |

1. On the final version of the contract, highlight any changes you have succeeded in obtaining, major tasks or responsibilities to which you have agreed, and key terms/conditions you feel need to be closely monitored. Move these to your own implementation plan so you can monitor them.
2. Review key terms and conditions of the contract with the vendor’s implementation manager/ specialist. Do not assume the implementation manager will have read it. Typically they are familiar with the standard contract and may not have read your final contract with any special terms.
3. Periodically, review the contract to refresh your memory on terms, conditions and special items you have negotiated. The contract can help clarify issues during disputes.

## Contract Checklist

### Prior to Contract Negotiations

| Task | Complete |
| --- | --- |
| 1. If applicable, approval to proceed with vendor negotiations from your Board of Directors or others required body. | Ο |
| 1. Determine the vendor or vendors that you want to negotiate a contract for their products/services. | Ο |
| 1. Determine kick-off strategy. | Ο |
| 1. Finalize who will be included in the negotiation process. | Ο |
| 1. All contract elements specified in your RFP are included in the offered contract including the best offer from the vendor. | Ο |
| 1. Annotate any issues that arise during the selection process that you may want to negotiate or attach to the contract. | Ο |

### During Negotiations

| Task | Complete |
| --- | --- |
| 1. Set up a spreadsheet or table to capture concerns regarding the contract. | Ο |
| 1. Prepare a list of issues. | Ο |
| 1. Develop a negotiation strategy and target timeframe. | Ο |
| 1. Submit a written list of issues to the vendor and schedule a target date for their written response. | Ο |
| 1. Conduct formal negotiation sessions after reviewing the revised contract. | Ο |
| 1. Clarify exactly what you are buying and what the vendor is selling. | Ο |
| 1. Conduct implementation planning concurrent with contract negotiations and attach the plan to the contract | Ο |

### Approval to Sign

| Task | Complete |
| --- | --- |
| 1. Obtain approval to sign the contract | Ο |
| 1. Confirm required financing. | Ο |
| 1. Make sure key staff member placement is completed. | Ο |
| 1. Contract signed by your Board of Directors (if applicable) or others required. | Ο |

### Post Negotiation Tasks

| Task | Complete |
| --- | --- |
| 1. Ensure any changes, major tasks, or responsibilities on the final version of the contract are implemented and monitored closely. | Ο |
| 1. Review key terms and conditions of the contract with the vendor’s implementation manager/ specialist. | Ο |
| 1. Periodically review the contract to refresh your memory on terms, conditions, and special items you have negotiated. | Ο |

1. In addition to a hard copy of the contract, the vendor should supply you with an electronic version. This will allow you to add line numbers for reference, if the vendor has not already done so. [↑](#footnote-ref-1)