

IBHIS Project Contract Provider Presentation

Resource Materials

September 11, 2006
2:00 p.m. – 5:00 p.m.

Health Services Administration Auditorium
313 N. Figueroa Street
Los Angeles, CA 90012



IBHIS
Integrated Behavioral Health Information System

Evolution of EHR:

- Institute of Medicine Reports
 - 1999 “To Err is Human”
 - Medical errors are a significant problem and most of them can be prevented
 - Information Technology deployment can mitigate that risk
 - 2001 “Crossing the Quality Chasm: A New Health System for the 21st Century”
 - Promotes evidence-based practices and wide-spread adoption of clinical information systems
 - 2006 “Preventing Medication Errors”
 - Electronic prescribing systems reduce medication errors
 - Recommends that all providers have a plan to implement automated prescriptions systems by 2008.
 - Recommends that all providers implement such systems by 2010
- RAND Study on HIT Costs and Benefits
 - www.rand.org/publications/RB/RB9136/
 - Addresses Health Information Technology costs and benefits

Federal / State Initiatives

- 2004: Pres. Bush issues executive order to create the position of National Health Information Technology Coordinator
 - Establishes a goal of an electronic health record for every American by 2014.
- 2006: Pres. Bush issues executive order requiring all providers to exchange information with Medicare and other federal health programs (excluding Medicaid) electronically.
 - Four Federal Agencies must work to adopt interoperability standards
 - All health plans, insurers, and providers doing business with these programs must insure that interoperability standards are implemented as they upgrade their systems.
- 2006: Gov. Schwarzenegger issues Executive Order S-12-06 establishing an eHealth Action Forum to develop a State policy agenda for health information technology.
 - California has established goal of 100% electronic health data exchange among payers, health care providers, and consumers in the next 10 years.

Useful Websites

- www.chcf.org (California HealthCare Foundation)
 - ihealthreports
 - Including: “Electronic Medical Records: Lessons from Small Physician Practices
 - www.ihealthbeat.org
 - Free daily newsletter
- www.satva.org (Behavioral Health Vendors Trade Association)
 - List of vendors
 - White papers / Reports
 - Including: “Planning Your EHR System: Guidelines for Executive Management”
 - “Rebooting Behavioral Healthcare” by Ron Manderscheid
 - “Preparing for a new era”
- www.behavioral.net (Behavioral Healthcare Online)
 - Behavioral Health Management Magazine
- www.calphys.org (California Physician)

KEY FUNCTIONS FOR BEHAVIORAL HEALTH

PRACTICE MANAGEMENT & ELECTRONIC CASE MANAGEMENT		
SMALLER ORGANIZATION	LARGER/MULTI SITE ORGANIZATION	LA COUNTY DMH
<ul style="list-style-type: none"> • Client Eligibility Verification • Client Registration • Financial Determination • Appointment Scheduling • Assessment Management • Treatment/Care Plan Documentation and Tracking • Service Capture • Clinical Reminders • Medication Management/Prescription Writing • Progress Note Management • Billing/Claiming • Accounts Receivable Management 	<ul style="list-style-type: none"> • Client Eligibility Verification • Client Registration • Financial Determination • Referral Request Management • Appointment Scheduling • Assessment Management • Resource Schedule and Case Load Management • Treatment/Care Plan Documentation and Tracking • Service Capture • Clinical Reminders • Medication Management/Prescription Writing • Progress Note Management • Order Communication • Billing/Claiming • Accounts Receivable Management 	<ul style="list-style-type: none"> • Client Eligibility Verification with State • Master Client Index • Client Registration • Financial/Benefits Determination • Benefits Application Support • Appointment Scheduling • Resource Schedule and Case Load Management • Assessment Management • Treatment/Care Plan Documentation and Tracking • Time Tracking • Service Capture • Clinical Reminders • Medication Management/Prescription Writing • Progress Note Management • Order Communication • Billing/Claiming • Accounts Receivable Management • Pharmacy Inventory Management & Reporting • Call Center Tracking & Management • Field Operations Support • Community Reference Database Management • Formulary Reference

ADMINISTRATION			
SMALLER ORGANIZATION	LARGER/MULTI SITE ORGANIZATION	LA COUNTY DMH	
N/A	N/A	<ul style="list-style-type: none"> • Program Contract Management • Program Protocol Linkages • Formulary Management • Credentialing • Program/Provider Network Management • Referral Approval/Authorization Management • Claims Processing & Management • Remittance Management • Grievance/Dispute/Appeals Management • Survey Management 	<ul style="list-style-type: none"> • Compliance Management • State Reporting
TECHNICAL INFRASTRUCTURE & TOOLS			
<ul style="list-style-type: none"> • Basic Hardware & Operating Systems • Basic EDI Exchange Capabilities • Local Area Network • Report Writer 	<ul style="list-style-type: none"> • Moderate Hardware & Operating Systems • Basic EDI Exchange Capabilities • Local & Wide Area Networks • Report Writer 	<ul style="list-style-type: none"> • Large, complex Hardware Platforms & Operating Systems • Servers Farms • Local & Wide Area Networks • County Infrastructure Integration • Strong EDI Infrastructure • Data Warehousing • ETL Tools 	<ul style="list-style-type: none"> • Decision Support Tools • Report Writers • Web Portals <ul style="list-style-type: none"> ○ Provider ○ Client ○ County



For Immediate Release
Office of the Press Secretary
April 27, 2004

Executive Order: Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care, it is hereby ordered as follows:

Section 1. Establishment. (a) The Secretary of Health and Human Services (Secretary) shall establish within the Office of the Secretary the position of National Health Information Technology Coordinator.

(b) The National Health Information Technology Coordinator (National Coordinator), appointed by the Secretary in consultation with the President or his designee, will report directly to the Secretary.

(c) The Secretary shall provide the National Coordinator with appropriate staff, administrative support, and other resources to meet its responsibilities under this order.

(d) The Secretary shall ensure that the National Coordinator begins operations within 90 days of the date of this order.

Sec. 2. Policy. In fulfilling its responsibilities, the work of the National Coordinator shall be consistent with a vision of developing a nationwide interoperable health information technology infrastructure that:

(a) Ensures that appropriate information to guide medical decisions is available at the time and place of care;

(b) Improves health care quality, reduces medical errors, and advances the delivery of appropriate, evidence-based medical care;

(c) Reduces health care costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information;

(d) Promotes a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes;

(e) Improves the coordination of care and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective infrastructure for the secure and authorized exchange of health care information; and

(f) Ensures that patients' individually identifiable health information is secure and protected.

Sec. 3. Responsibilities of the National Health Information Technology Coordinator. (a) The National Coordinator shall, to the extent permitted by law, develop, maintain, and direct the implementation of a strategic plan to guide the nationwide implementation of interoperable health information technology in both the public and private health care sectors that will reduce medical errors, improve quality, and produce greater value for health care expenditures. The National Coordinator shall report to the Secretary regarding progress on the development and implementation of the strategic plan within 90 days after the National Coordinator begins operations and periodically thereafter. The plan shall:

(i) Advance the development, adoption, and implementation of health

care information technology standards nationally through

collaboration among public and private interests, and consistent with

current efforts to set health information technology standards for use by the Federal Government;

(ii) Ensure that key technical, scientific, economic, and other issues affecting the public and private adoption of health information technology are addressed;

(iii) Evaluate evidence on the benefits and costs of interoperable health information technology and assess to whom these benefits and costs accrue;

(iv) Address privacy and security issues related to interoperable health information technology and recommend methods to ensure appropriate authorization, authentication, and encryption of data for transmission over the Internet;

(v) Not assume or rely upon additional Federal resources or spending to accomplish adoption of interoperable health information technology; and

(vi) Include measurable outcome goals.

(b) The National Coordinator shall:

(i) Serve as the Secretary's principal advisor on the development, application, and use of health information technology, and direct the Department of Health and Human Service's health information technology programs;

(ii) Ensure that health information technology policy and programs of the Department of Health and Human Services (HHS) are coordinated with those of relevant executive branch agencies (including Federal commissions) with a goal of avoiding duplication of efforts and of helping to ensure that each agency undertakes activities primarily within the areas of its greatest expertise and technical capability;

(iii) To the extent permitted by law, coordinate outreach and

consultation by the relevant executive branch agencies (including

Federal commissions) with public and private parties of interest,

including consumers, providers, payers, and administrators; and

(iv) At the request of the Office of Management and Budget, provide

comments and advice regarding specific Federal health information

technology programs.

Sec. 4. Reports. To facilitate the development of interoperable health information technologies, the Secretary of Health and Human Services shall report to the President within 90 days of this order on options to provide incentives in HHS programs that will promote the adoption of interoperable health information technology. In addition, the following reports shall be submitted to the President through the Secretary:

(a) The Director of the Office of Personnel Management shall report within 90 days of this order on options to provide incentives in the Federal Employee Health Benefit Program that will promote the adoption of interoperable health information technology; and

(b) Within 90 days, the Secretary of Veterans Affairs and the Secretary of Defense shall jointly report on the approaches the Departments could take to work more actively with the private sector to make their health information systems available as an affordable option for providers in rural and medically underserved communities.

Sec. 5. Administration and Judicial Review. (a) The actions directed by this order shall be carried out subject to the availability of appropriations and to the extent permitted by law.

(b) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity against the United States, its agencies, its entities or instrumentalities, its officers or employees, or any other person.

GEORGE W. BUSH

THE WHITE HOUSE,

April 27, 2004.

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For Immediate Release
Office of the Press Secretary
August 22, 2006

Executive Order: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs

- [President Bush Discusses Health Transparency in Minnesota](#)
- [Fact Sheet: Health Care Transparency: Empowering Consumers to Save on Quality Care](#)
- [In Focus: Health Care](#)

By the authority vested in me as President by the Constitution and the laws of the United States, and in order to promote federally led efforts to implement more transparent and high-quality health care, it is hereby ordered as follows:

Section 1. Purpose. It is the purpose of this order to ensure that health care programs administered or sponsored by the Federal Government promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and better incentives for program beneficiaries, enrollees, and providers. It is the further purpose of this order to make relevant information available to these beneficiaries, enrollees, and providers in a readily useable manner and in collaboration with similar initiatives in the private sector and non-Federal public sector. Consistent with the purpose of improving the quality and efficiency of health care, the actions and steps taken by Federal Government agencies should not incur additional costs for the Federal Government.

Sec. 2. Definitions. For purposes of this order:

(a) "Agency" means an agency of the Federal Government that administers or sponsors a Federal health care program.

(b) "Federal health care program" means the Federal Employees Health Benefit Program, the Medicare program, programs operated directly by the Indian Health Service, the TRICARE program for the Department of Defense and other uniformed services, and the health care program operated by the Department of Veterans Affairs. For purposes of this order, "Federal health care program" does not include State operated or funded federally subsidized programs such as Medicaid, the State Children's Health Insurance Program, or services provided to Department of Veterans' Affairs beneficiaries under 38 U.S.C. 1703.

(c) "Interoperability" means the ability to communicate and exchange data accurately, effectively, securely, and consistently with different information technology systems, software applications, and networks in various settings, and exchange data such that clinical or operational purpose and meaning of the data are preserved and unaltered.

(d) "Recognized interoperability standards" means interoperability standards recognized by the Secretary of Health and Human Services (the "Secretary"), in accordance with guidance developed by the Secretary, as existing on the date of the implementation, acquisition, or upgrade of health information technology systems under subsections (1) or (2) of section 3(a) of this order.

Sec. 3. Directives for Agencies. Agencies shall perform the following functions:

(a) Health Information Technology.

(1) For Federal Agencies. As each agency implements, acquires, or upgrades health information technology systems used for the direct exchange of health information between agencies and with non-Federal entities, it shall utilize, where available, health information technology systems and products that meet recognized interoperability standards.

(2) For Contracting Purposes. Each agency shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information technology systems, it shall utilize, where available, health information technology systems and products

that meet recognized interoperability standards.

(b) Transparency of Quality Measurements.

(1) In General. Each agency shall implement programs measuring the quality of services supplied by health care providers to the beneficiaries or enrollees of a Federal health care program. Such programs shall be based upon standards established by multi-stakeholder entities identified by the Secretary or by another agency subject to this order. Each agency shall develop its quality measurements in collaboration with similar initiatives in the private and non-Federal public sectors.

(2) Facilitation. An agency satisfies the requirements of this subsection if it participates in the aggregation of claims and other appropriate data for the purposes of quality measurement. Such aggregation shall be based upon standards established by multi-stakeholder entities identified by the Secretary or by another agency subject to this order.

(c) Transparency of Pricing Information. Each agency shall make available (or provide for the availability) to the beneficiaries or enrollees of a Federal health care program (and, at the option of the agency, to the public) the prices that it, its health insurance issuers, or its health insurance plans pay for procedures to providers in the health care program with which the agency, issuer, or plan contracts. Each agency shall also, in collaboration with multi-stakeholder groups such as those described in subsection (b)(1), participate in the development of information regarding the overall costs of services for common episodes of care and the treatment of common chronic diseases.

(d) Promoting Quality and Efficiency of Care. Each agency shall develop and identify, for beneficiaries, enrollees, and providers, approaches that encourage and facilitate the provision and receipt of high-quality and efficient health care. Such approaches may include pay-for-performance models of reimbursement consistent with current law. An agency will satisfy the requirements of this subsection if it makes available to beneficiaries or enrollees consumer-directed health care insurance products.

Sec. 4. Implementation Date. Agencies shall comply with the requirements of this order by January 1, 2007.

Sec. 5. Administration and Judicial Review.

(a) This order does not assume or rely upon additional Federal resources or spending to promote quality and efficient health care. Further, the actions directed by this order shall be carried out subject to the availability of appropriations and to the maximum extent permitted by law.

(b) This order shall be implemented in new contracts or new contract cycles as they may be renewed from time to time. Renegotiation outside of the normal contract cycle processes should be avoided.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

GEORGE W. BUSH

THE WHITE HOUSE,

August 22, 2006.

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Office of the Governor

ARNOLD SCHWARZENEGGER
THE PEOPLE'S GOVERNOR

EXECUTIVE ORDER S-12-06

07/25/2006

WHEREAS all Californians should have all appropriate personal health information available to them, and also to their treating professionals in the medical office, hospital, pharmacy or emergency room; and

WHEREAS the aftermath of Hurricane Katrina demonstrated the need for timely, secure and accessible health information, particularly for our nation's most vulnerable – elderly, disabled, and low income populations – and the potentially life-threatening effects of that failure; and

WHEREAS the control of health care costs is key to a long-term strategy of reducing State expenditures and maintaining the ability of California's large and small employers to provide health care coverage to their employees; and

WHEREAS health information technology offers great promise as one means of enabling a goal of affordable, safe and accessible healthcare in California by: (1) ensuring health information is available at the point of care for all patients while protecting the confidentiality and privacy of the information; (2) improving safety, reducing medical errors and avoiding duplicative and unnecessary medical procedures; (3) improving coordination of care among hospitals, clinics, skilled nursing facilities, home care agencies, pharmacies, physicians and other health professionals; (4) providing consumers with their own health information to encourage greater participation in their health care decisions; and (5) ensuring access to specialists in a more timely manner for rural and underserved areas through technologies such as telemedicine; and

WHEREAS the federal Department of Health and Human Services estimates that, in addition to improving the quality of chronic care management and reducing errors, increasing health information technology could reduce duplicative care and lower health care administrative costs, achieving potential savings of \$140 billion per year or close to 10% of total health spending in the United States; and

WHEREAS California has established a goal to achieve 100% electronic health data exchange among payers, health care providers, consumers of health care, researchers, and government agencies in the next 10 years; and

WHEREAS State leadership can promote and encourage legislative and regulatory actions, encourage coordinated efforts in the private health care sector, further public and private partnerships for the development of a statewide health information infrastructure, and maximize federal and regional financial participation to support the goal of adopting an eHealth information infrastructure; and

WHEREAS California and other states should collaborate and assume a leadership role nationally in the establishment of health information technology standards and implementation priorities; and

WHEREAS there are numerous different and conflicting standards in collecting and reporting personal health information within the health care community that currently makes it impossible to properly share patient health care information.

NOW, THEREFORE, I, ARNOLD SCHWARZENEGGER, Governor of the State of California, by virtue of the power and authority vested in me by the Constitution and statutes of the State of California, do hereby issue this Order and direct as follows:

1. The Secretaries of the Health and Human Services Agency and Business, Transportation and Housing Agency and the State Chief Information Officer shall convene a California eHealth Action Forum to solicit input and participation in the development of a state policy agenda to improve health and health care through the rapid implementation of health information technology.
2. The Secretaries of the Health and Human Services Agency and the Business, Transportation and Housing Agency and the Director of the Department of Managed Health Care will devise financing strategies to allocate at least \$200 million in investment funds and \$40 million in grant monies previously secured from California health plans to benefit the diverse needs of rural communities, medical groups, and safety net providers, and shall also oversee the implementation of a mix of public/private financing alternatives to facilitate rapid adoption and sustainability of health information technology for hospitals, physician groups, physicians, and other health care providers.
3. The Secretaries of the Health and Human Services Agency and the Business, Transportation and Housing Agency, the Director of the Department of Managed Care and the State Chief Information Officer will work with public and private sector stakeholders to develop a sustainable business model for an eHealth network connecting rural health clinics to medical centers throughout the state using telemedicine and other technology.
4. *The eHealth Action Forum will develop a comprehensive State policy agenda for health information technology by taking the following actions:*
 - Define the goals and values of health information technology for the purposes of State policy and planning.
 - Inventory the various initiatives underway in the State related to health information technology and assess opportunities for building on those efforts, and replicate those projects that prove the feasibility and business case for health information technology and health information exchange.
 - Identify the appropriate role of State government in the development of health information technology and health information exchange versus those activities more appropriately coordinated through other entities.
 - Facilitate statewide adoption of standards and interoperability requirements for e-Health to enable the secure exchange of health information across the State and nation.
 - Identify areas where State laws and regulations hinder, rather than facilitate, adoption of health information technology, and recommend strategies to remove such barriers.
 - Identify and develop strategies for the continued protection of confidentiality and privacy of health information in an electronic environment.
 - Identify opportunities and strategies for a public/private partnership approach to create financially viable and sustainable business models for health information technology projects in the State.
 - Develop options for advancing the implementation of health information technology through the State's role as a major purchaser, provider (State facilities) and regulator of health care services.
 - Develop with stakeholders performance metrics to measure the success of the implementation of health information technology throughout the State.
5. The Secretaries and the Chief Information Officer will report back to me within 60 days after the Forum and present an action plan that outlines how the State of California will implement a comprehensive health information technology program by July 1, 2007.

IT IS FURTHER ORDERED that agencies under my direct executive authority shall cooperate in the implementation of this Order. Other entities of State government not under my direct executive authority, including the Insurance Commissioner, the University of California, the California State University, California Community Colleges, constitutional officers, and legislative and judicial branches are requested to assist in its implementation. In particular, the California Public Employees Retirement System is the major purchaser of health care for State active and retired employees and is in a unique position to facilitate the use of health information technology in the delivery of care. Therefore, the California Public Employees Retirement System is requested to participate in the Forum and assist the Secretaries and the Chief Information Officer in the implementation of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its departments, agencies, or other entities, its officers or employees,

or any other person.

IT IS FURTHER ORDERED that soon as hereafter possible, this Order shall be filed with the Office of the Secretary of State and that widespread publicity and notice shall be given to this Order.



IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 24th day of July 2006.

Arnold Schwarzenegger
Governor of California

ATTEST:

BRUCE McPHERSON
Secretary of State

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ELECTRONIC HEALTH RECORDS

Preparing for a new era: EHR standards for behavioral healthcare

It's a time-consuming but important process—and hardworking thought leaders are making the effort

by TOM TRABIN PHD, MSM

We have moved into an era wherein widespread adoption of electronic health record (EHR) systems has become a national priority. President Bush recently underscored their importance to the nation's healthcare system in his 2006 State of the Union address. Department of Health and Human Services (HHS) Secretary Mike Leavitt declared EHRs to be among his three top priorities when he launched the American Health Information Community in June 2005.¹

The Institute of Medicine (IOM) has defined EHRs as encompassing:

- the longitudinal collection of electronic information pertaining to an individual's health and healthcare;
- immediate electronic access—by authorized users only—to person- and population-level information;
- provision of knowledge and decision support to enhance the quality, safety, and efficiency of patient care; and
- support for efficient processors of healthcare delivery.²

The importance of EHR systems to patient safety and quality of care has been well established.³ Nevertheless, the rate of adoption has been slow. The obstacles most often cited are cost-related factors, risk aversion, and insufficient knowledge of how to manage a successful implementation. Underlying and contributing to these obstacles are a lack of nationwide standards for the collection, coding, classification, and exchange of clinical and administrative data.⁴ It is a daunting task to address all these challenges and promote widespread adoption of EHR systems. To intensify and coordinate efforts to accomplish this nationally, President Bush established the Office of the National Coordinator for Health Information Technology in 2004 and appointed David Brailer, MD, PhD, as its leader.

Summit Recommendations

The behavioral healthcare field has specific interests and concerns pertaining to EHRs that probably would not be addressed without an organized effort. In 2005, the Software and Technology Vendors' Association (SATVA) and SAMHSA worked together to organize and cohost the National Summit on Defining a Strategy for Behavioral Health Information Management and Its Role Within the Nationwide Health Information Infrastructure. More than 140 behavioral healthcare leaders were invited from a comprehensive range of stakeholder groups to meet in Washington, D.C., on September 29 and 30 to begin laying the foundation for a nationwide information infrastructure for behavioral healthcare services. (You can access the complete set of Summit presentations and workgroup summaries in clear audio recordings with, if applicable, synchronized slide presentations at www.mhsip.org/itsummit/index.htm.)

Summit participants concluded that the behavioral healthcare field should set development of EHR standards as a top priority. They recommended the following:

BEHAVIORAL HEALTH

M A N A G E M E N T

Friday, September 8, 2006

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BIG OR SMALL, EHRs BENEFIT ALL

The smaller behavioral health players stand to gain from electronic health records, too

By **KATHERINE E. PERES, PHD**

In September, SAMHSA and the Software and Technology Vendors' Association (SATVA) hosted the National Summit on Defining a Strategy for Behavioral Health Information Management and Its Role Within the Nationwide Health Information Infrastructure. Behavioral health leaders came together for two days to discuss challenges and strategies for behavioral health providers to move forward with electronic health record (EHR) implementation.



Speakers such as David Brailer, MD, the federal government's national coordinator of health information technology, as well as provider, payer, and regulatory agency representatives, emphasized that the behavioral health community must move forward with defining standards and implementing EHRs within all behavioral health organizations. If the field doesn't act, general healthcare—and not the behavioral health community—will determine how mental health and substance abuse health records are included in the Nationwide Health Information Infrastructure.

The diversity of behavioral health organizations is one of the primary difficulties involved in successful EHR implementation. Because behavioral health services are more dependent on human resources than physical infrastructure, perhaps more variations in size and configuration exist in behavioral healthcare than in any other healthcare specialty. This variability results in significantly different self-perceptions among behavioral health providers, especially when it comes to IT and EHR adoption.

As a behavioral healthcare software vendor for the past 20 years, we have observed great disparity in self-appraisal. Organizations ranging in size from solo private practices to community mental health centers (CMHCs) with multimillion dollar budgets view themselves as "small." For the purpose of this article, "small" means any organization that believes it cannot implement an EHR because of its size and lack of resources—financial, technologic, or human. These organizations believe implementing IT systems diverts already insufficient resources from essential services. Because of resource inadequacy, IT spending and efforts might be concentrated on billing and reporting systems; adopting an EHR is not a priority.

Breaking out of the "small" mentality is essential for behavioral health organizations. EHR implementation should not be a goal only for large provider groups and CMHCs. In fact, one could argue that small organizations have *more* to gain from EHR implementation than their larger colleagues. For example, organizations in which efficient use of everyone's time and energy is at a premium stand to gain speedier data entry, decision support, accurate documentation of services and treatment outcomes, assistance in continuous quality improvement, better reporting to oversight entities, secure reimbursement, and more following EHR implementation. Purchasing software to automate only billing does not provide the best return on investment. Thus, all behavioral health organizations must plot their move from paper record keeping toward a complete EHR.

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During the past three years, this department in *Behavioral Health Management* has detailed valuable insights about implementing an EHR. All the strategies—such as forming an implementation committee, surveying staff on their needs, involving executives throughout the process, and securing clinicians' full participation—are crucial to successful EHR implementation in smaller behavioral health organizations, as well as in larger ones.

One size does not fit all, however; the product and implementation must be scaled to an individual organization's budget and staff resources. Start by forming an EHR implementation committee to assess staff's needs and review products. In a very small organization, this committee might have two or three participants. Since EHR products must evolve to meet interoperability and standardization requirements, the vendors you are considering should be aware of future needs and be part of the process of developing standards. As an integral part of the behavioral health community, SATVA members are actively involved in the development of standards for participation in the National Health Information Infrastructure. As such, most members will be adapting their products to meet those standards.

If you read previous columns and felt overwhelmed, do not give up. You can work with your software vendor to move toward an EHR. With the right product, commitment to the process, and appropriate follow-through, an EHR implementation can be as effective and important for smaller behavioral health organizations as for larger ones. **BHM**

Katherine E. Peres, PhD, is Vice-President of Synergistic Office Solutions, Inc., a provider of practice management software for small to midsize provider organizations. For further information, visit www.sosoft.com.

To send comments to the author and editors, please e-mail peres1105@behavioral.net. To order reprints in quantities of 100 or more, call (866) 377-6454.

IN THIS DEPARTMENT [members of the Software and Technology Vendors' Association \(SATVA\)](#) examine information technology trends impacting the behavioral health field. The views offered here do not necessarily reflect the official views of SATVA and its members. For more information about SATVA, contact Executive Director Tom Trabin, PhD, MSM, at tom@trabin.com or (510) 236-6868, or visit www.satva.org.

[BACK](#)

- Behavioral healthcare perspectives should be represented within general healthcare standards development organizations and within all EHR and regional health information network programs initiated through HHS and its agencies.
- A public-private and broadly representative behavioral health group should be formed that can coordinate and harmonize data standard work pertaining to behavioral healthcare, as well as coordinate incentive strategies for widespread EHR adoption.
- Basic clinical specifications for a behavioral health EHR should be defined and serve as the core of a broader set of behavioral health-specific software certification standards.

IOM Recommendations

A month after the Summit, on November 1, the National Academy of Sciences released the first IOM report to comprehensively review and address issues in the behavioral healthcare field. In *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, an entire chapter was devoted to information management issues. Among the recommendations were the following:

- HHS should create and support a continuing mechanism to engage mental and substance use (M/SU) healthcare stakeholders in the public and private sectors in developing consensus-based recommendations for the data elements, standards, and processes needed to address unique aspects of information management related to M/SU healthcare. The recommendations should be provided to the appropriate standard-setting entities and initiatives working with the Office of the National Coordinator for Health Information Technology.
- Public- and private-sector persons and organizational leaders in M/SU healthcare should become involved in, and provide for staff involvement in, major national committees and initiatives involved in setting healthcare data and information technology standards to ensure that the unique needs of M/SU healthcare are designed into these initiatives at their earliest stages.

Establishing EHR Standards Through HL7

Health Level Seven (HL7) is a healthcare informatics standards development organization accredited by the American National Standards Institute and by the International Organization for Standardization. In early 2004, HL7 released a draft of proposed EHR standards. Recently, the Certification Commission for Healthcare Information Technology (CCHIT) used those standards to propose an approach for certifying EHR software, thereby heightening the stakes for EHR standards dramatically. CCHIT did not involve the behavioral healthcare field in its initial development of EHR criteria for ambulatory care settings, and consequently modifications are needed so the criteria can be applied meaningfully to our field's specific interests and concerns.

In December 2005, HL7 held a balloting process on more than 700 criteria for EHR functions within its 2004 proposed draft standards. SATVA and SAMHSA responded quickly. We each joined HL7 and worked intensively together through December on the ballot, participating in more than 20 hours of conference calls. We first oriented to HL7 terminologies and procedures with the help of a consultant expert, and then reviewed each of several hundred criteria with inclusion of other stakeholders through the Behavioral Health Standards Workgroup. We reached consensus on all our voting decisions, and for criteria we voted to change we virtually agreed to new wording and written rationales. As required, SATVA and SAMHSA each submitted separate ballots, but our votes were the same so as to present a strong and unified voice.

In January 2006, SATVA and SAMHSA representatives participated in the HL7 tri-annual Working Group Meeting in Phoenix. This weeklong meeting was exactly what its name implies—a series of working group meetings from morning through evening to develop informatics standards. It is beyond the scope of this article to summarize all the types of standards development efforts ongoing within HL7. Our behavioral health contingent focused almost exclusively on the EHR standards, which required reconciliation of the original draft standards with more than 3,000 lines of comments and ballot votes from HL7 members worldwide. We progressed through approximately 20% of the work during that week, and then participated in several weekly conference calls throughout January and February to complete the task. The plan is to bring the revised ballot of standards to another vote soon, and begin a final reconciliation process shortly thereafter at an HL7 Working Group Meeting with follow-up conference calls.

Those of us participating on behalf of the behavioral healthcare field want to ensure that our recommendations are incorporated into the finalized standards so they are sensitive to behavioral healthcare interests and concerns. However, our work won't stop there. The standards currently under development constitute an all-inclusive "superset," not all of which will apply to any one organization or specialty area. The subsequent steps will be for specialties such as behavioral health to establish our own HL7 Special Interest Groups and build Conformance Profiles applicable to our own specialty areas and types of settings. We will accomplish this by incorporating applicable criteria from the superset and adding new criteria if needed according to

HL7 procedures. Once our Conformance Profile work is completed, CCHIT may use it to define what functions must be present in a software product for it to be certified as an EHR system for behavioral healthcare settings. Stay tuned for future articles on this work and information on how you can become involved.

To be successful at this HL7 standards development effort requires an intensive time investment, but the experience is both interesting and professionally rewarding. HL7 participants come from all over the world and are well-informed, hardworking, and welcoming. The work of standards development for behavioral healthcare requires integrative thinking that draws from knowledge of technology, clinical processes in varied settings, and political issues and trends pertaining to behavioral healthcare. The eventual impact of this work on behavioral health consumers, providers, services, and software will be profound.

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LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

Disclaimer
September 11, 2006

Information in this package from Outlook Associates, LLC (Outlook) is provided for your information as part of Outlook's engagement with the Department of Mental Health (DMH) in support of the Integrated Behavioral Health Information System (IBHIS) project. It is not intended to be advertising for or an endorsement of Outlook by DMH and in no way implies a requirement to use services provided by Outlook.

Worried About Choosing Your Next System?

Outlook Associates has extensive experience in systems planning, evaluation and selection, vendor contract negotiation and systems implementation. We have conducted comprehensive, in-depth evaluations and selections as well as more abbreviated processes, depending upon each client's specific needs, timelines and budgets. A structured, proven approach to your evaluation and selection process can help ensure you find a system that facilitates improved operational performance, provides better management data, reduces error rates, grows with evolving organizational needs and justifies your financial investment.

Outlook Associates developed the following evaluation and selection process, which is customized to each client's unique needs, to help achieve these critical goals and select the system that best meets business requirements.

1. Requirements Definition

The process begins with meetings with key management to clarify business objectives, growth plans, strategic partners, and working relationship guidelines. This establishes the general parameters for system needs and serves as a basis for the evaluation and selection process. These meetings are followed by a series of interviews and joint sessions with designated management, department heads and users in order to begin identifying system requirements.

Outlook Associates will provide a "baseline" Request for Proposal (RFP) that outlines Functional Requirements, Technical Requirements, Interface Requirements, Implementation Plan Requirements and Vendor Requirements. This tool will guide your selection team in thinking through all areas of needs and capabilities. It will be then be customized to meet your specific business requirements and form the basis for the requirements sections of your RFP document.

2. Vendor Pre-screening

Outlook Associates will assist in developing "critical evaluation factors" based on the defined requirements in order to pre-qualify vendors. Each of these factors will be assigned a relative importance weight resulting in a vendor "short list" to be included in the detailed RFP response and evaluation process.

3. RFP Distribution and Response

Outlook Associates will produce the RFP documents, instructions, CDs and other information for vendors and handle the distribution and coordination. We will respond to all vendor clarification questions and facilitate receipt of RFP responses without exposing you to premature and time-consuming vendor marketing calls and inquiries.

4. RFP Evaluation and Scoring

During the vendor response period, Outlook Associates will assist you in prioritizing and weighting detailed Functional, Technical, Interface, Implementation and Vendor Requirements Sections of the RFP, as well as individual RFP questions identified as crucial, to ensure that the critical areas of your business requirements are emphasized. We will score the vendor responses using your defined priorities and weighting to arrive at recommended semi-finalist vendors.

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5. Vendor Reference Checks

Outlook Associates will provide sample reference check questions and assist you in customizing them to fit your specific business and systems needs. Upon your approval of the semi-finalist vendors, we will assist in performing telephone and in-person reference checks with semi-finalist vendor clients.

6. On-Site Demonstrations

Outlook Associates will provide you with sample demonstration scenarios and assist you in customizing them to fit your specific business and systems challenges. These scenarios provide a structure for an “apples to apples” comparison of the semi-finalist systems. The vendors will each be invited to provide a comprehensive system demonstration and review using the scenarios provided, in order to show how the proposed system would support your business. Outlook Associates will coordinate the demonstrations, participate in the evaluation, assure vendors follow prescribed outlines and accurately represent capabilities, assist in tabulating evaluation results and document any gaps identified in the functionality of the systems.

7. Vendor’s Client Site Visit

Outlook Associates will assist you in determining which vendor client sites are most closely related to your business structure and operations. We will coordinate the arrangements for the site visits and attend, with your team, the on-site visits. These visits allow you to observe the systems in use and question system users on vendor and operational issues and concerns.

8. Selection of “Vendor of Choice”

Outlook Associates will assist you in evaluating and summarizing the following criteria to determine your vendor of choice:

- Vendor RFP response and score
- Notes from vendor reference checks
- Results, notes, scores and gap analysis from on-site vendor system demonstrations
- Notes from the site visit(s) to existing vendor clients
- Acquisition and implementation costs

9. Contract Negotiation Assistance

This typically begins with a critical, non-legal assessment of the vendor’s standard contract. Based on our previous negotiations with many of the health care vendors, we prepare written comments concerning key points which should be added, deleted or amended. We then work with you to develop a negotiating strategy designed to maximize the cost-effectiveness of the selected approach and to minimize the associated implementation and operational risks. Outlook Associates will advise you on areas where the vendor is flexible and areas where concessions may be more difficult to obtain. By understanding the vendor’s previous negotiating strategies, we can minimize the time required for you to complete negotiations.

After you have agreed on the negotiating strategy, we will participate in discussions on contract terms with the selected vendor. We will review the vendor’s subsequent contract drafts to ensure that they include the specific terms agreed to in our discussions. In addition to Outlook participation, we strongly recommend that the client use an attorney with expertise in information systems contracts to review and comment as the negotiations proceed.

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Effective System Selection

Organizations seek to purchase new health care information systems to meet a number of critical business and patient care goals. These usually include improved financial performance, access to better management reports and patient care data, reduced error rates, regulatory compliance and other significant benefits that justify their dollar investments. However, too often, the goals are never quite achieved and acquisition and implementation costs are far greater than planned. Common reasons for this situation often include:

- ❑ Department-driven system selection processes that do not consider the fit and integration of the system into the overall business and patient care picture.
- ❑ Focusing on what is not working in the current system rather than the pluses and minuses when comparing it to a new system.
- ❑ Infatuation with the “bells and whistles” presented during a system demonstration and not looking carefully enough at the fundamental capabilities.
- ❑ Letting features and functions drive the system selection process without adequate consideration for underlying technology, vendor viability and the IT support required to support the system ongoing.
- ❑ Choosing the lowest priced system without taking into account the costs of customization, maintenance and support that can result in a much higher total cost of ownership.

The following 10 tips for successful system selection can help you avoid these pitfalls and achieve the goals you set for your new information system.

1. Define All Functionality Requirements – Current and Future

When an organization makes the decision to replace an existing information system, almost everyone has an opinion on what does not work within the current system. It is natural to try to find a new system that doesn't have those same shortcomings. However, in the process of evaluating new options, it also is important to recognize the features of your current system that do work very well or that adequately meet your needs. By keeping in mind both the strengths and the weaknesses of your current system, you will be in a position to recognize any trade-offs and to make the best comparison of functionality between your existing system and the other options you are considering.

Additionally, keep in mind the changing needs of health care and take the time to think through your organization's projected future needs three to five years out. The new system will be with you for many years and new functions will be needed to accommodate your organization's growth and evolution. These should be carefully considered during the system evaluation process and should carry significant weight into the final selection.

2. Understand Other Related Requirements and Issues

In addition to the specific functional requirements for business operations, there are many other key issues to review in selecting a new system. How will this system support your organization's long-term data collection and reporting needs? What are the technology requirements for a new system? You'll want to consider how the system needs to fit within your current technology environment so that communication, data sharing and data access goals can be met. What is your ideal timeline for implementation and is the timing contingent on staffing or staff availability? Does your organization have specific vendor qualification and contracting requirements that must be met?

Finally, the business functions you plan to automate will interface with other business functions, perhaps in other departments or even within your own department. The points of interface are important to keep in mind. How will the new system help to bridge this interface? Will customizations be necessary to integrate systems?

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3. Document Requirements Prior to Scheduling Product Demonstrations

System vendors are always anxious to have the opportunity to show their products to prospective customers, and they may encourage you to schedule a demonstration as soon as possible. By preparing appropriately for this important step in the evaluation process, you will be in a position to make the best use of your time – and theirs – during the demonstration meeting. Before setting up any such meetings, you should carefully document and prioritize all of your requirements. Also, to be most effective, schedule all the vendors to make presentations within a defined two to three week period.

Once the demonstrations are set, develop an evaluation tool. It is very easy in the course of a demonstration to become focused on some functions and options and to forget others that may be equally critical. Also, vendors are careful to demonstrate their products in such a way as to highlight the strengths and hide or avoid exposing the weaknesses. This can contribute to a system evaluation that overlooks key issues.

The best way to assure that a thorough and equal evaluation of each system is performed and that nothing critical is overlooked is to create a standardized checklist of all required and desired features and capabilities and to use the same checklist for each system under consideration. This type of tool will help you guide the vendors to demonstrate all the features and functions you need to see in order to make a meaningful comparison of systems. Using this checklist for guidance, you may also want to develop scenarios for vendors to follow in demonstrating certain key features or functions. Again, this will help you perform a true “apples to apples” comparison of the various systems.

4. Know Your Options

There are numerous vendors and systems on the market for most organizations and most business functions. Don't buy the first one you see without looking at the others. Try to keep an open mind during the evaluation process so that you don't prejudice a decision too early.

5. Keep in Mind Your Organization's Strengths and Weaknesses

In selecting a new system, it helps to know not only what the system vendor brings to the situation, but also your own organization's strengths and weaknesses that might affect the success of the implementation. Do you have the technical skills to support a complex platform? Do you have the programming resources to write the interfaces without vendor assistance? What types of resources exist internally to support the system and to manage and guide the implementation? How much training do your end-users generally require?

6. Evaluate the Total Picture

Along with your careful evaluation of product features and functions, you should research equally all vendors to discern their financial stability, their customer support capabilities and reputations, and their market experience. All of these elements must be weighed to make an informed decision.

7. Talk to Several Independent Reference Sites

Reference checks are frequently done to verify features and functionality during the system selection phase. But it is equally important to query the references on how the contract process and implementation went with your vendor(s) of choice. This information will help you anticipate a particular vendor's weak points and negotiate for appropriate safeguards in the contract.

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8. Visit at Least One Site Where the System is Installed

Significant insight into how well the vendor and the system will work for your organization can be gained by visiting current system clients whose sites are most closely related to your own business structure and operations. These visits allow you to observe the systems in use and question system users on vendor and operational issues and concerns. Additionally, if you decide to pursue a contract with the vendor, these visits provide you an excellent opportunity to form a relationship with other people who are already familiar with the system and implementation process and can be an excellent source of information and support as you proceed with your own implementation.

9. Know Your Total Costs

Be sure to discuss costs with all vendors who are under serious consideration and do so – at least at a high level – fairly early in the evaluation process. These discussions should include license fees, subscription options, projected implementation and training costs, technical support costs and any additional consulting fees that the vendor predicts might be required. Once you narrow the field, you will want to validate the ancillary costs with experts or with other similarly situated organizations that have implemented the systems being considered.

The other reason to address costs early in the game is to avoid arriving at a decision only to find out that it cannot be supported by your budget. Knowing where things stand on the financial side is important to the management of the evaluation process and will aid in smooth contract negotiations, as well. Vendors are very motivated to sign new business. If your vendor of choice knows of any circumstances that might change or delay your decision, they may be willing to devise favorable financial terms that allow you to move forward with the contract.

10. Negotiate Contracts Carefully

Negotiating a successful contract with a systems vendor requires much more than just achieving favorable financial terms. Implementation and support details must also be spelled out carefully in the formal written agreement. There are enough challenges and risks involved in system selection and implementation without the added burden that results from getting off on the wrong foot with your vendor. A clear, thorough contract will ensure a positive start to your relationship with the vendor and help avoid misunderstandings later.

Patricia Lohman, CEO

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Laurie Guariglia, RN

Evaluating and Selecting an Electronic Medical Record System

A Guide for Small Physician Practices

Revised October 2004

- ⌘ This systematic, proven approach provides an effective understanding of the application and technology options available within the current market and a guide for selecting the best system to meet your needs for a successful transition to an EMR-based practice.
- ⌘ Designed to be used by small physician practices as a hands-on guide throughout the planning, evaluation and system selection processes.
- ⌘ Appendices include HIPAA information and resources, a technology and networking primer, worksheets, questionnaires and other tools to help guide your successful evaluation and selection process.



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Preface ::

The number, variety and complexity of EMR systems in today's market has made the search for a system quite complex and often intimidating for many physician practices. Too often physician practices “make the classic mistake of beginning with a product demonstration and following up with a site visit. While these two steps may seem like obvious starting points, they are not the right way to launch your search”.¹ Instead, a careful process for defining the specific needs, priorities, technical abilities and budgets, and evaluating those vendors best aligned with these requirements and constraints, will allow your practice to move knowledgeably and confidently toward the selection of an EMR system that will work best in your unique practice environment.

This workbook is designed to be used as a hands-on guide by small physician practices in evaluating and selecting an Electronic Medical Record (EMR) system. It will guide your practice through the processes of:

- ∴ Assessing its readiness to effectively move to an EMR system.
- ∴ Establishing a clear definition of goals for implementing an EMR system.
- ∴ Defining the critical functionality needed to reach its goals.
- ∴ Evaluating the available applications, technologies and support arrangements available to it.
- ∴ Confirming vendor claims through reference and site visit verification.
- ∴ Negotiating an effective contract for the best implementation and long-term vendor support.

Many helpful worksheet and checklist tools have been included in this workbook. They may be used “as-is” or customized to meet your specific needs. To obtain electronic versions of any worksheet via e-mail, send your name, contact information and e-mail address along with the name of the requested worksheet(s) to info@outlook-associates.com.

¹ Tips for Evaluating Electronic Medical Record Software
ACP Observer, The American College of Physicians: April 2004

About Outlook Associates ::

Outlook Associates was founded in 1991 with the goal of providing quality, ethical consulting services to health care organizations across the country. Our clients include physician practices, health plans, government institutions and non-profit agencies across the country. Our principal areas of expertise include information systems and technology, operations improvement and regulatory compliance and research. Our consultants are seasoned health care veterans with 15 to 30 years of real-world experience in all major segments of the industry including hospitals, health plans, medical groups, IPAs, system vendors and clearinghouses. They possess a thorough understanding of health care operations and systems and bring a practical approach to each engagement that leverages existing processes, procedures and tools. Over the years, Outlook Associates has helped physician practices:

- :: Evaluate, select, implement and effectively configure new Electronic Medical Record and Practice Management systems to meet immediate and long-term business goals.
- :: Identify ways to leverage existing information systems to maximize the return on current investments.
- :: Improve the accuracy, quality and timeliness of data used in making clinical, financial and other practice management.
- :: Assess HIPAA readiness, plan for compliance, develop and implement remediation strategies.
- :: Improve systems and operational processes, performance and accuracy to reduce costs and increase efficiency.
- :: Identify and help recover cash lost due to overlooked billing opportunities.

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