Vendor Evaluation and Selection
Sharing the CHAN/LHC Experience

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Get the right folks to help!

A working group was formed comprised of
- clinicians (key!)
- IT staff
- operations staff
- finance staff

all from the various sites. This was important to insure that the vendor and system requirements met the needs of the organizations.
Group Selection

- Members who could think “outside the box”
- 4 MD’s, 4 IT staff, 2 NIO 2 CFO’s, 2 billing staff and 2 Operations folks.
- Scheduling formed a separate subgroup
- Productivity was key so included members who care about efficiency
Developed requirements

Developed a grid of the functional areas required by the staff i.e.

- scanning and capturing discrete data
- secure email
- Linkages for Health Information Exchange
- ability to interface with existing Practice Management System

Rated the functional area as mandatory, preferred, and/or optional.
Identifying Vendors

- National publications were used to help select products ie CCHIT, NACHC HIT Survey.
- Attended EHR conferences to identify/narrow vendors.
- Checked regional and national vendors.
- Identified 5 vendors.
Sample of CHAN’s requirements for an EHR

- Radio buttons and drop down menu’s where possible
- Customizable input screens
- Data driven
- Speed of provider entry
- Remote access for clinicians
- Ease of order entries
- Automatic closure of orders
RFP was developed

- Group agreed on the RFP content(simple-ccbh.ehealthinitiative.org/communities.aspx)
- Included the network functional needs in the RFP
- Required several site visits for candidates.
- Included access to source code
- Included the requirements list
- Got legal review
Responses were compiled

- Used a subgroup to compile responses in a grid
- Rated each vendor based on requirements list
- The full group developed a weighting factor for each function
- Costs-software, hardware, training and implementation were outlined for each
Potential Vendor List

- On site demos were used for screening
- Two vendors were selected for detailed analysis
- Site visits were scheduled for group members
- Group required evidence that features were working in like entities.
Due Diligence of Vendors

- Financials were reviewed—vendors were not comparable in size
- Scenarios were developed by group for demonstration by vendor
- All day demos were set up for clinicians
- Clinicians rated ease of use, efficiency and comprehensiveness
- Disparity between financial and clinical preference
Vendor Selected

- Clinician preference prevailed
- Contract negotiations were done by legal and CFO staff
- Contract negotiations took 2 months
- Several concessions on areas such as location of source code, training costs
Lessons Learned

• The process is important; DON’T RUSH IT!
• Be on the look out for additional vendors during the process. You never know, they may be the best fit.
• The ability to customize yourself may be the key to a long shelf life.
• Pay attention to the providers; their instincts were right in our case.

Most Importantly…….
......Have a Vision!

**MEDICAL EQUIPMENT**
- EKG, Vital Signs

**LAB RESULTS**
- 3 Reference Labs

**TRANSCRIPTION**

**SECURE MESSAGING**
- Referrals to Specialists
- Consultation Reports

**HOSPITAL DOCUMENTS**
- (via Electronic Link)
  - Diagnostic Testing Results
  - Emergency Dept Visits
  - Discharge Summaries / H&P’s

**SCANNING**
- State Lab Results
- Hospital Documents (if not linked)
  - Consultation Reports

**CARE CATALYST**
- Patient Entered Data
- Patient Requests for Refills, Appt. etc.