

# Is your organization ready to support the decision to move to C/S 6.0?

Engaging the organization

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# Overview

- For all MEDITECH MAGIC clients, and for many C/S hospitals, the “migration” to C/S 6.0 will present challenges and opportunities way beyond the required technology changes.
- Many MEDITECH systems have been installed for many years. Typically, there are **supporters, non-participants (other vendor systems or just not using MEDITECH yet) and critics** of the existing MEDITECH applications.
- Given the significant **cost**, project **timeline**, staff **time commitment** and potential **operational changes**, all questions, concerns and existing technology dissatisfaction are areas that need to be addressed.



# Overview

- The scope of the 6.0 project (budget, IT and organizational staff commitment, timeline) will most likely force the organization leadership to reassess some of their operational initiatives planned during the 6.0 project timeframe.
- The **reasons and benefits for moving to 6.0** will have to be very explicit, and presenting an “accurate” and comprehensive picture of the **organizational impacts, decisions, and cost** is critical for attaining support to move to 6.0.
- Don’ t underestimate the magnitude of change. (especially MAGIC).



# Engaging the organization

(do any of these groups sound familiar?)

- Supporters:
  - Are comfortable with how the MEDITECH functionality meets their current operational needs
  - Probably have some “wants”, but nothing they would change vendor for.
- Non-participants:
  - Primarily use other vendor applications for their operations.
  - Usually not looking to change the vendor, but typically wants more data interfacing with the MEDITECH applications.
- Critics:
  - Would not recommend some or all of the existing MEDITECH applications based on “real” or “perceived” deficiencies.
  - Usually references another vendor product as an example of what they want.



# Presentation Objectives

- This presentation will discuss various strategies for obtaining the information to develop a Business Case for a C/S 6.0 recommendation, and help you to sufficiently answer the following questions:
  1. Should you organization stay committed to MEDITECH?
  2. Stay with current environment, or migrate to MEDITECH Client Server 6.0?
  3. If decision is to migrate to MEDITECH 6.0, when to do it?



# Agenda

- Are you ready to make a recommendation?
- Should you stay committed to MEDITECH?
- What is the current State of your Technology and Systems?
- Stay with current environment or Migrate to MEDITECH C/S 6.0
- Preparing for getting the most out of MEDITECH 6.0.



# Presentation won't....

- Describe the change process for moving to 6.0
- Identify Infrastructure and organizational changes
- Review project planning process
- Detail the resources required

# A new user interface. Is this reason enough to change?

The screenshot shows a complex medical software interface with several overlapping windows. A red arrow points from the text 'The New User Interface' to the main data table. A purple arrow points from 'Roles Based Desktop' to the sidebar navigation menu.

Location	Name Attending	Primary Diagnosis	New Activity
rehab-03 09/02/05	Gammons, Peter	PCS DTS Testing	Stop Med Potassium
rehab-01 07/29/04	WILLIAMS, AL EDITE...	ABC CLINICAL	
Z.ROOM1-AB 06/30/05	Murray, Kathryn	AARON, HANK L DR, ML...	ER
200 - EAST-7 10/27/05	MED, BOY	Renee Colangelo	
200 - EAST-6 10/07/05	LANDRY, HAGEN	ADAMS, SAMUEL MD	TESTING
200 - EAST-5 06/21/04	Sjs, PAT B	Brousseau, Jonathan W ...	Admission
200 - EAST-22 10/14/05	EVERS, ANDREW	CHOLERA * DO NOT USE *	
200 - EAST-2 06/21/04	Cam, Large	Brousseau, Jonathan W ...	
200 - EAST-18 09/09/04	DUNN, ACCOUNT ONE	DUNN, ANN MARIE	
200 - EAST-16 03/15/05	TEST, BRIAN	Generazo, Jim A	
200 - EAST-15	LANDRY, KELLY	ROUTINE MEDICAL EXAM	

Navigation sidebar items: My Notices, Patient Lists, Select Visits, Summary, Review Visit, Notices, New Results, Clinical Panels, Vitals/Trends, I & O, Medications, Laboratory, Microbiology, Blood Bank, Reports, Patient Care, Notes, Orders, Amb Orders, Write Note, Document, Sign.


The New User Interface

Roles Based Desktop

# Where are you, where do you want to be, and when?

- HIMSS Analytics Benchmarking:

EMR Adoption Model <sup>SM</sup>			
Stage	Cumulative Capabilities	Q2 2008	Q3 2008
Stage 7	Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing in use	0.0%	0.1%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.9%	1.0%
Stage 5	Closed loop medication administration	1.0%	1.3%
Stage 4	CPOE, CDSS (clinical protocols)	1.8%	1.9%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	32.0%	32.9%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support System, may have Document Imaging	33.9%	33.2%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	12.6%	12.5%
Stage 0	All Three Ancillaries Not Installed	17.7%	17.1%
Total Hospitals		n = 5048	n = 5050

Future? 

Now? 

Data from HIMSS Analytics™ Database N = 5048/5050 ©2008 HIMSS Analytics



**Are you ready to make a  
recommendation?**



# Are you ready?

- Have you developed a new draft 3-5 year IT Strategic and Operational Plan incorporating the 6.0 upgrade? Identified the **impacts** on the IT and organization's Strategic Plan?
- Does there appear to be a **mandatory timeframe** to accomplish the move to 6.0?
- Have the organizational benefits, short and long term, been identified? **Are end users in agreement?**
- Are the current MEDITECH system **advantages and shortcomings** (perceived or real) identified?



# Are you ready?

- Are you prepared to **justify staying** with MEDITECH, and not consider assessing another vendor?
- Do you believe you have the **resources, skills and experience** to successfully plan and manage this project? How about the organization?
  - Project management
  - Change management
  - Resource commitments



# Should you stay committed to MEDITECH?



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# Will MEDITECH continue as a major H.I.S. vendor?

- Stability of MEDITECH
  - ✓ Client base – over 1200 MAGIC, 800 C/S clients.
  - ✓ Company continues to grow.
  - ✓ Market share: 28% US, 40% Canada.
  - ✓ Advanced clinical applications ready.
  - ✓ 6.0 provides for the contemporary user interface look and navigation that MEDITECH clients have been looking for.



# Your organization's experience with MEDITECH and software platform?

	MAGIC	C/S
Company, application structure and integration, infrastructure operations and management		
Software user look and feel		
MT software development and enhancements		
Costs (purchase and ongoing support)		
Maximized application(s) functionality		
Customized (added functionality) through: <ul style="list-style-type: none"> <li>-NPR reporting tool</li> <li>-MEDITECH customs</li> <li>-Third party software (MEDITECH friendly)</li> </ul>		
End user interface design optimized for clinical documentation (Advanced Clinicals)		

 Ok
 Looking for change



# Costs – MEDITECH vs. other Major vendors

	MAGIC	C/S
New vendor Information System purchase vs. 6.0 migration <ul style="list-style-type: none"> <li>-Migration Support</li> <li>-Data Conversions</li> <li>-Dictionary conversions</li> <li>-Interfaces</li> <li>-Report development</li> </ul>		
Hardware upgrades and expansions		
IT staff training		
Hospital staff training		
Implementation support costs		


 MEDITECH  
 Lower


 MEDITECH  
 Higher



# Potential impacts when moving to another vendor.

- Software functionality knowledge loss
- Potential software functionality gaps (major/minor)
- Disruption to clinical/financial operations (billing delays)
- Extended timeframe for implementation
- Operational review and re-engineering process to meet new vendor software requirements

# Potential impacts when moving to another vendor(cont).

- ❑ Lost of IT application software support and development skills
- ❑ Extensive process to understand and match vendor functionality to organizational processes
- ❑ Total application education and training for the entire organization
- ❑ IT operational and administration changes to manage new technical infrastructure (after education and training)

# A few good reasons to stay with MEDITECH.

- Yes, C/S 6.0 technology and user interface **updates** create a solid foundation for maximizing utilization of all applications, especially advance clinical applications.
- Yes, to **maximize** organization's **investment, staff knowledge and experience**.
- Yes, to position organization to meet Technology and systems strategic program requirements within a **shorter timeframe**.



# What is the current State of your Technology and Systems?

# Understanding where you are

- Current profile of Technology and Systems (planned, installing, on maintenance, due for replacement) ?
- Status of infrastructure (planned, installing, on maintenance, due for replacement)?
- Organizational initiatives (in process and planned) for next 3-5 years?
- MEDITECH and other vendor applications optimized?
- IT and end user resources available to undertake a major project, for an extended period of time?

# Have you engaged the organization? This is not an IT project.

- Organization Leadership
- Steering Committee
- Clinicians, Physicians, Nursing
  - Supporters
  - Non-participants
  - Critics

# Infrastructure Considerations

- Computer Resources
  - Data Center space
  - Power, etc
- Network architecture and capacity
- Access Devices
  - New, replacement, type, volume
- Vendor contracts
  - Renewal dates, terms for cancellation, etc
- Business Interruption and Disaster recovery



# Staffing Considerations

- Organization
  - Workflow analysis
  - Application optimization
  - Vendor to vendor product functionality comparisons
- IT Systems support
  - Existing maintenance commitment (% of available time?)
  - Current and planned projects
  - Backlog (increasing / decreasing)?



# System Considerations

- Custom reports?
  - Inventoried? How many do you need?
  - Purpose for the report? Needed in new environment? Changes required?
  - Resources to develop new reports?
- CDS's?
  - How many?
  - Purpose? Needed in new environment?
  - Resources to change / develop new CDS's
- MEDITECH customs?
- Third party add-on's?



**Stay with current environment  
or  
Migrate to MEDITECH C/S 6.0**



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# Stay or migrate to C/S 6.0

- Review of C/S show significant improvements in workflow and navigation over Magic \_\_\_\_\_ ✓
- Streamlined nursing documentation process \_\_\_\_\_ ✓
- Re-implementation of system provides for improvements of standardization \_\_\_\_\_ ✓
- Future direction of MEDITECH is with C/S \_\_\_\_\_ ✓
- Magic will continue to be supported but will probably fall behind in functionality compared to C/S \_\_\_\_\_ ✓

✓ = Advantage for C/S 6.0



# Work effort to migrate to MEDITECH Client Server 6.0

- Is migrating to C/S 6.0 the same as installing new H.I.S.?
  - Organizational commitment to resourcing project teams during each implementation phase
  - Controlled downtimes to assure minimal disruptions to patient care and financial (billing) processes
  - Process Improvement needs to be ingrained in all implementations before you can get the maximum benefit of advanced clinical applications
  - Use of “subject matter experts” might be needed
  - Interfaces (build new, rebuild existing, eliminate unused)
  - Data conversions
  - Evaluate required customs



# Work effort to migrate to MEDITECH Client Server 6.0

Item	Description
Dedicated staff to build the system	<ul style="list-style-type: none"> <li>▪ Pre-implementation planning (up to 2 years) will take a commitment from the organization to work with the clinical informatics team on process redesign and standardization.</li> <li>▪ Implementation (1 year) will take significant resources from across the organization for a dedicated build of the system.</li> <li>▪ Staffing challenges to accommodate necessary involvement in redesign</li> </ul>
Retraining Staff on C/S	<ul style="list-style-type: none"> <li>▪ Training needs are not significant on a per user basis since C/S is functionally very similar to Magic. When spread across the organization training time and resources are significant</li> <li>▪ Cultural changes accompanying required process and standardization requirements</li> </ul>

# Work effort to migrate to MEDITECH Client Server 6.0

Item	Description
Initial post go live productivity loss	<ul style="list-style-type: none"> <li>▪ Potential disruption in billing</li> <li>▪ Decrease in staff productivity as learning new system</li> </ul>
Support and enhancement of existing system during pre-implementation phase	<ul style="list-style-type: none"> <li>▪ Staff allocated to C/S 6.0 project will cause resource utilization conflicts</li> </ul>
Support and enhancement of existing system during implementation phase	<ul style="list-style-type: none"> <li>▪ Decision point from organization when to stop building non urgent features in MAGIC platform</li> <li>▪ Staff allocated to C/S 6.0 will cause resource conflicts</li> </ul>

# How far to continue installing and expanding **MAGIC** modules?

- Question of how far to continue installing and expanding MAGIC modules?
  - Optimize all modules (i.e. PCI data will eventually convert to 6.0 EMR)
  - Minimize customization, third party extensions
  - Delay additional advanced clinical applications until after 6.0 implemented



# Preparing for getting the most out of MEDITECH 6.0.

# Preparation

- Pre-implementation planning will take a commitment from the organization from clinical areas to work with a clinical informatics team on process redesign and standardization.
- Retraining Staff on C/S 6.0
  - Training needs may not be significant on a per user basis since C/S is functionally very similar to Magic.
  - Training on EMR and PCS for nursing and clinical staff will be the most significant training commitment
  - Cultural changes accompanying required process and standardization requirements



# Preparation

- Limit (or freeze) changes to MAGIC applications
  - Customs (customs will not be converted)
  - Macro development
  - CDS development
- Limit other vendor implementations
- Limit expansion of third party add-on's
- Perform workflow reviews keeping the 6.0 (or C/S) functionality in mind
- Application optimizations for all implemented MEDITECH modules



# Summary

- Engage supporters, non-participants, and critics to identify benefits of staying with MEDITECH, and moving to the 6.0 platform.
- Draft an update to the IT Strategic Plan to demonstrate activity sequencing, conflicts, timeline, resource commitments.
- Develop a projected cost picture to include infrastructure, pre-implementation work, training, implementation resources.

# Factors for Success

- Understand and communicate what the current state “really” is.
- Address future needs, expectations and concerns objectively.
- Assure “everyone” has a full understanding of the project scope and is committed to supporting the plan with required financial and staffing resources to meet the desired timeline.





# Thank You

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