

EXHIBIT 6.1. Overview of System Acquisition Process

- Establish project steering committee and appoint project manager.
- Define project objectives and scope of analysis.
- Screen the marketplace and review vendor profiles.
- Determine system goals.
- Determine and prioritize system requirements.
- Develop and distribute a request for proposal (RFP) or a request for information (RFI).
- Explore other options for acquiring system.
 - Application service provider.
 - Contract with system developer or build in-house.
- Evaluate vendor proposals.
 - Develop evaluation criteria.
 - Hold vendor demonstrations.
 - Make site visits and check references.
 - Prepare vendor analysis.
- Conduct cost-benefit analysis.
- Prepare summary report and recommendations.
- Conduct contract negotiations.



CASE STUDY

Acquiring an EMR System

Valley Practice provides patient care services at three locations, all within a fifteen-mile radius, and serves nearly 100,000 patients. Valley Practice is owned and operated by seven physicians; each physician has an equal partnership. In addition to the physicians the practice employs nine nurses, fifteen support staff, a business officer manager, an accountant, and a chief executive officer (CEO).

During a two-day strategic planning session, the physicians and management team created a mission, vision, and set of strategic goals for Valley Practice. The mission of the facility is to serve as the primary care "medical home" of individuals within the community, regardless of the patients' ability to pay. Valley Practice wishes to be recognized as a "high-tech, high-touch" practice that provides high-quality, cost-effective patient care using evidence-based standards of care. Consistent with its mission, one of the practice's strategic goals is to replace its current paper-based medical record with an EMR system. Such a system should enable providers to care for patients using up-to-date, complete, accurate information, anywhere, anytime.

Dr. John Marcus, the lead physician at Valley Practice, asked Dr. Julie Brown, the newest partner in the group, to lead the EMR project initiative. Dr. Brown joined the practice two years ago after completing an internal medicine residency at an academic medical center that had a

fully integrated EMR system available in both the hospital and its ambulatory care clinics. Of all the physicians at Valley Practice, Dr. Brown has had the most experience using an EMR. She has been a vocal advocate for implementing an EMR and believes it is essential to enabling the facility to achieve its strategic goals.

Dr. Brown agreed to chair the project steering committee. She invited other key individuals to serve on the committee, including Dr. Renee Ward, a senior physician in the practice; Mr. James Rowls, the CEO; Ms. Mary Matthews, RN, a nurse; and Ms. Sandy Raymond, the business officer manager. Dr. Brown suggested that the committee contract with a health care IT consultant to guide committee members through the system acquisition process. The physician partners approved this request, and the committee retained the services of Ms. Sheila Moore, a consultant with HIT Consulting Solutions, who came highly recommended by a colleague of Dr. Marcus's.

After the project steering committee was formed, Dr. Marcus met with the committee to outline its charge and deliverables. Dr. Marcus expressed his appreciation to Dr. Brown and all of the members of the committee for their willingness to participate in this important initiative. He assured them that they had his full support and the support of the entire physician team.

Dr. Marcus reviewed with the committee the mission, vision, and strategic goals of the practice as well as the committee's charge. The committee was asked to fully investigate and recommend the top three EMR products available in the vendor community. He stressed his desire that the committee members would focus on EMR vendors that have experience and a solid track record in implementing systems in physician practices similar to theirs and that have products certified by the Certification Commission for Healthcare Information Technology (CCHIT).

Dr. Marcus felt strongly that the EMR system needed to enable providers to access patient information from any of Valley Practice's three sites and from their homes. He also spoke of the need for the system to provide health maintenance reminders, drug interactions, and access to clinical practice guidelines or standards of care. One goal was to eventually rid Valley Practice of paper records and significantly decrease the amount of dictation and transcription currently being done. Dr. Ward, Mr. Rowls, and Ms. Matthews assumed leadership roles in verifying and prioritizing the requirements expressed by the various user groups.

Under the leadership of Dr. Brown the members of the project steering committee established five project goals and the methods they would use to guide their activities. Ms. Moore, the consultant, assisted them in clearly defining these goals and discussing the various options for moving forward. They agreed to consider EMR products from only those vendors that had five or more years of experience in the industry and had a solid track record of implementations (which they defined as having done twenty-five or more).

The five project goals were based on Valley Practice's strategic goals. These project goals were circulated for discussion and approved by the CEO and the physician partners. Once the goals were agreed upon, the project steering committee appointed a small task group of committee members to carry out the process of defining system functionality and requirements.

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CASE STUDY (Continued)

Because staff time was limited, the task group conducted three separate focus groups during the lunch period—one with the nurses, one with the support staff, and a third with the physicians. Ms. Moore, the consultant, conducted the focus groups, using a semistructured nominal group technique.

Concurrently with the requirements definition phase of the project, Mr. Rowls and Dr. Brown, with assistance from Ms. Moore, screened the EMR vendor marketplace. They reviewed the literature, consulted with colleagues in the state medical association, and surveyed practices in the state that they knew used an EMR system. Mr. Rowls made a few phone calls to chief information officers (CIOs) in surrounding hospitals who had experience with ambulatory care EMRs to get their advice. This initial screening resulted in the identification of eight EMR vendors whose products and services seemed to meet Valley Practice's needs.

Given the fairly manageable number of vendors, Ms. Moore suggested that the project steering committee use a short-form request for proposal (RFP). This form had been developed by her consulting firm and had been used successfully by other physician practices to identify top contenders. The short-form RFPs were sent to the eight vendors; six responded. Each of these six presented an initial demonstration of its EMR system on site. Following the demonstrations, the practice staff members completed evaluation forms and ranked the various vendors. After reviewing the completed RFPs and getting feedback on the vendor presentations, the committee determined that three vendors had risen to the top of the list.

Dr. Brown and Dr. Ward visited four physician practices that used EMR systems from these three finalists. Mr. Rowls checked references and prepared the final vendor analysis. A detailed cost-benefit analysis was conducted, and the three vendors were ranked. All three vendors, in rank order, were presented in the final report given to Dr. Marcus and the other physician partners.

Dr. Marcus, Dr. Brown, and Mr. Rowls spent four weeks negotiating a contract with the top contender. It was finalized and approved after legal review and after all the partners agreed to it.

Establish a Project Steering Committee

One of the first steps in any major project such as an EMR acquisition effort is to create a *project steering committee*. This committee's primary function is to plan, organize, coordinate, and manage all aspects of the acquisition process. Appointing a project manager with strong communication skills, organizational skills, and leadership abilities is critical to the project. In our Valley Practice case the project manager was a physician partner. In larger health care organizations such as hospitals, where a CIO is employed, the CIO would likely be involved in the effort and might also be asked to lead it.

Increasingly, clinicians such as physicians and nurses with training in informatics are being called on to lead clinical system acquisition and implementation projects. Known as *chief medical informatics officers* or *nursing informatics officers*, these individuals bring to the project a clinical perspective as well as an understanding of IT and information management processes. Regardless of the discipline or background of the