



*News for the  
MEDITECH  
Community*

April 2010

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### **Thoughts from our President**

References are critical for any software or consulting company. Recently we were assisting a hospital that was evaluating third party Emergency Department systems. A particular third party vendor stated that they had over 25 installations at hospitals using the MEDITECH HCIS. When asked for a list of referrals, we were provided only 3 hospitals. The disparity between the number of clients claimed and the number of references provided was a serious "red flag."

I had a similar exchange with a Business Intelligence software company while we were at the HIMSS conference researching products for a client. This company stated that they've had many successful implementations at MEDITECH hospitals. However, when I asked for a list of references, I received an elusive answer as well as a question of whether my focus was clinical or financial. A little frustrated, I finally asked them to give me a complete list of their clients so I could get the information I needed for myself. They further delayed by stating that they needed to get marketing approval to release any references. A month later we have still not received this list.

In both these cases, the gap between stated number of clients and actual references is a cause for concern. We encourage you to challenge any vendor of software or consulting services to provide an extensive list of

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references and to take the time to contact them.

Navin, Haffty & Associates has a list of 90 current client referrals. This list is extensive mainly for the purposes of providing minimal disruption to our clients, something in which we strongly believe. Each year we contact our clients to get their approval to share their contact information with prospective clients.

Our usual referral approach is to provide 5 to 10 references that relate to the work being requested. Also, assuming that other CIOs are known in the general area, we provide an additional 5 or so in geographic proximity to the prospective client.

One last amusing story: We were in competition for a strategic planning engagement at a hospital in Oregon. After we were selected, the IS Director informed me that all our references were excellent, but the one referral that helped him most in choosing Navin, Haffty & Associates was provided by our competitor. That reference informed the IS Director that while he did use the other company, if he were to do it again, he would have chosen Navin, Haffty & Associates!

[John Haffty](#), President  
[Navin, Haffty & Associates](#)

### **MEDITECH Updates A/R Days Study**

We believe many hospitals are missing opportunities to fully utilize their software's capabilities in improving cash collections and reducing days in Accounts Receivables. And although Navin, Haffty & Associates as well as other consulting companies assist in optimizing the usage of MEDITECH software for this purpose, we like to first recommend that our clients consider what services MEDITECH provides.

We have found that some clients are not aware of available MEDITECH resources and therefore we hope the following article provided in its entirety from the MEDITECH website's [Business Management Portal](#) is useful:

*"Every year since 2006, MEDITECH has conducted a study of our customers' AR days. The purpose of this study is not only to help customers' lower their AR Days, but also to trend our*

[CIO Technology Forum](#) - May 13-14, 2010

[International MUSE](#) - June 1-4, 2010

[Nursing Forum](#) - June 16-18, 2010

[Physician CIO Forum](#) - Oct. 21-22, 2010

### **MEDITECH Events**

[Educational Seminars](#)

[Strategic Workshops](#)

[Regional Events](#)

### **Job Posting**

If you would like to include your hospital listing on the Navin, Haffty website, please email [ktracy@navinhaffty.com](mailto:ktracy@navinhaffty.com) (Please note this is a courtesy to the MEDITECH community and we will not accept posting from recruiting companies or 3rd party companies).

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*customers AR days over time, in order to gauge their "financial fitness."*

*"Analyzing the data each year has taught us a great deal about how customers are using the horsepower of the MEDITECH system, and what automation tools have been most effective in reducing AR days," explains MEDITECH Director of Client Services Doug Aylaian. "We apply that knowledge as we develop new content into our various educational offerings (seminars/Webex/remote assessments/operational assessments), in the hopes of assisting our customers in maximizing their usage of the MEDITECH system. We also proactively engage and work with those customers we find may need our assistance to reach their AR Days goals. This has led to some impressive results when evaluating the reduction in AR Days as an aggregate of our customer base."*

*The results are in for the 2009 study and we are pleased to announce that the majority of our customers are maintaining a healthy bottom line. In reviewing the data from 2008 to 2009, we see significant movement in AR Days toward the lower ranges, indicating customers are more efficiently managing their AR Days. In comparing the numbers from 2008 to 2009, we have seen a marked increase in customers moving into the lower 40-49 AR Days range, from higher ranges. Also, the number of customers below the 40-49 AR Days range remained the same, indicating many customers are maintaining their low AR Days from year to year.*

*In particular, the results of the study show:*

- *88% of our customers have AR Days in the 60s or less*
- *74% have AR Days in the 50s or less*
- *46% have AR Days in the 30s and 40s*

***Why Are Customers So Successful?***

*We attribute much of our customers' successes to several common factors, including: adoption of [best practices and benchmarks](#), better utilization of the software as a result of operational assessments, and increased participation in educational opportunities. To further assist in this endeavor,*

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*MEDITECH is doing even more on-site and remote operational assessments to target underutilized areas in the financial software. These assessments enable hospitals to better utilize their systems to maximize their financial performance.*

*MEDITECH has also enhanced our educational [on-line seminar](#) offerings in an effort to keep all customers informed of the latest features available to further improve their AR Days. We are excited to see a dramatic increase in the number of seminar connections, indicating more and more customers are taking advantage of these educational resources.*

*To complement our on-line and face-to-face seminars, MEDITECH has also introduced more Adobe Captivate tutorials, which walk the user through typical billing functions. These interactive tutorials enable users to learn software features at a self-guided pace and are an excellent resource for anyone looking to refresh their application knowledge or learn about new features. For example, current tutorials available for [Electronic Claims](#) include: the Denial Management Desktop, Delivery Service for Submissions, Delivery Service for Remittances, Process CPU, and Import a Remittance File. Customers can also utilize Adobe Captivate tutorials related to Reimbursement Management and Medical Necessity Processing, among others.*

**Customer Testimonials**

*In addition to working with hospitals with high AR Days, MEDITECH has also welcomed feedback from hospitals with consistently "good" AR days (mid-40s or lower) in an effort to gather feedback to develop best practices. During the course of our investigation, MEDITECH discovered one hospital in particular - Northeast Health (Troy, NY) - was consistently able to improve their AR Days. In the article titled: [Northeast Health Shares Revenue Cycle Management Strategies in Trade Journal Article](#), they discuss how they were able to lower their AR Days from 63 to 42 and share recommendations based on their experience. In the recent article titled: [So You Want to Lower Your AR Days?](#) they discussed how they were able to lower their AR Days further still (down to 34 days) and what additional steps enabled them to do so.*

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### ***Library of AR Days Studies***

*To read more about our extensive AR Days studies and their findings, please refer to our previous AR Days articles, including: [Next Round of AR Days Study Underway](#), [Study Reveals Strategies for Keeping AR Days Low](#), [Checkup on AR Days Study Reveals MEDITECH Customers in Good Financial Health](#), and [AR Days Study Measures Financial Pulse of MEDITECH Customers](#).*

*If you have any questions, please contact your MEDITECH Billing/Accounts Receivable Applications Specialist."*

### **Emergency Department Systems Integration Challenges**

Recently we were engaged by a hospital that is on the Magic version of the MEDITECH HCIS. They have been particularly successful with their implementation of Physician Care Manager and currently have more than 70% of all inpatient orders placed by physicians using Computerized Physician Order Entry (CPOE).

This hospital's Emergency Department (ED) became impressed with a particular third party system. Following an initial review, we agreed that the system should work fine for this group of physicians. However, once all interfaces were up and running and we further studied the workflow, we were told that medications administered in the ED were being directed to the MEDITECH Pharmacy system. This would mean that the Pharmacy system was feeding the Electronic Medication Administration Record (eMAR) electronically and frankly we found this hard to believe.

After further research, we identified a few concerning factors. First, we found that all medications administered in the ED were being sent as unverified orders and that these orders, once received, had to be re-entered by the Pharmacy staff. Beyond the obvious additional workload to the Pharmacy this manual step provided, we also wondered if it might create an adverse delay that could impact patients admitted from the ED. We would anticipate, as physicians are placing inpatient orders via CPOE, occasions when this process would occur prior to the Pharmacy re-entering medications administered in the ED. Furthermore, inpatient nurses would need to go through the medication reconciliation process a second time

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when patients are admitted.

In last month's newsletter we noted a December 2009 KLAS report that acknowledged ED's preferred best-of-breed solutions while also stating that 72% of hospitals are replacing a best-of-breed solution with an ED system from their core HCIS vendor due to tighter integration.

If you've been reading our newsletter over the years, you have noticed our expressed concerns on the impact to the entire clinical record when a hospital elects to implement a third party Emergency Department system. While most third party vendors have been able to provide a reasonable degree of data exchange via interfaces, we are yet to see a completely seamless process.

This recent hospital engagement further highlights the challenges and risks involved with using third party ED systems as hospitals expand the use and complexity of applications such as CPOE.

**MEDITECH's CIO Technology Forum, May 13-14**

MEDITECH's annual [CIO Technology Forum](#) is May 13-14 and the [agenda](#) is posted. Once again it appears that they have put together an exciting and relevant program.

In addition, as part of this year's agenda, Navin, Haffty & Associates is pleased to be conducting a break-out session focused on "Project Management: The Key to a Successful Migration/Implementation" as described below:

*"Regardless of what platform you're on today, moving to 6.0 is not just an update, but an organizational endeavor. Led by Navin, Haffty & Associates, this session will explore some project management strategies that are key to a successful migration/implementation, highlighting what your organization should have in place prior to migration. An effective project management team, timelines to live by, and governance are among those topics to be covered."*

We continue to believe the CIO Technology Forum offers MEDITECH CIO's the best opportunity to network with peers and to get the information

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needed to most effectively develop and lead your organization's strategic information systems direction. [Registration](#) is currently open.

**MEDITECH's Customer Forums**

Information for the Chief Nursing Executive Symposium (June 16-17), Nursing Informatics and Home Health Forum (June 17-18) and the Physician/CIO Forum (October 21-22) are currently posted on [MEDITECH's website](#). Given the busy schedules many have, it is important to reserve these dates on your calendar.

**Two Notes on Interoperability**

<http://www.meditech.com/MIX/Pages/2010CIOForum/titlepage.htm>

First Note: MEDITECH has announced its "Continuity of Care Document Exchange Suite." Below is some information from this [announcement](#):

*"We are pleased to announce the availability of MEDITECH's Continuity of Care Document (CCD) Exchange Suite, which allows customers to access and exchange patient medical summaries in accordance with current industry standards when used with our 6.0 and Client/Server and MAGIC 5.6 applications (6.05, C/S and MAGIC 5.64 or higher).*

*The CCD Exchange Suite of interfaces allows MEDITECH's Health Care Information System to receive and display CCD documents from non-MEDITECH systems, and compile and send a CCD document as a response to requests from other vendor systems or a Record Locator Service. The interfaces are based on the HITSP C32 specification, and communication messages support the IHE XDS Medical Summary Profiles."*

Second Note: As part of the Partners Health System, Newton Wellesley Hospital of Newton, MA has had a number of system interface/integration challenges. A recent [posting](#) by the CIO, Scott MacLean on the website [www.healthsystemcio.com](http://www.healthsystemcio.com) discusses the hospital's experiences working with MEDITECH on a number of new interface challenges.

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**Navin, Haffty is Hiring!**

<http://www.meditech.com/regionalevents/homepage.htm>

We continue to grow! If you have interest in consulting and have solid MEDITECH experience with implementing one of their applications, please contact us. We have an outstanding mentoring program for new consultants and have the best reputation in the MEDITECH community for training and development of our staff.

We are also interested in experienced consultants from other companies. As the largest company that works exclusively with MEDITECH, you would be supported as you continue to build your skills. Further, our management approach has demonstrated a respect for our consultants and created a collegial atmosphere that encourages information sharing and support.

We believe there are significant advantages to being part of Navin, Haffty. We now offer several employment options including an outstanding benefits package as well as selected options for independent consultants. As part of the largest consulting company focused exclusively on serving the MEDITECH community, we enjoy an excellent working relationship with MEDITECH and offer a collaborative work setting. Our approach has led to our record for consultant retention which is the best in the industry. If you are interested please contact Shelly Noyes at [snoyes@navinhaffty.com](mailto:snoyes@navinhaffty.com) or call her at 800-561-6005.

Please note that at this time, we are only able to consider those able to travel up to 80% of the time. (Also employees from MEDITECH and our clients will not be considered.)

**Job Postings**

If you, or a colleague are interested in exploring new positions, go to the [job posting](#) section of our website. This is a free service of Navin, Haffty and Associates to the MEDITECH community. Currently, there are many postings from MEDITECH hospitals.

If you would like to include your hospital listing on the Navin, Haffty website,

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please email Kelly Tracy at [ktracy@navinhaffty.com](mailto:ktracy@navinhaffty.com) (Please note that as this is a courtesy to the MEDITECH community, we will not accept postings from recruiting companies).