



**News for the
MEDITECH
Community**

May 2010

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Thoughts from our President

I will be attending the [MUSE International Conference](#) in Dallas this June 1-4, 2010. MUSE or 'Medical Users Software Exchange' began in 1983 when a small group of MEDITECH healthcare information system users gathered to share thoughts on MEDITECH related issues. I attended several of the first MUSE conferences held in Boston in the early '80s, and have been to each conference since San Antonio in 1989. As a former MUSE board member (Regional Chair, 1989-1991, Board 1991-1994) I have seen this organization evolve and thought I'd share some observations.

When MUSE began, the focus was on working with MEDITECH to provide feedback and "top ten" enhancement requests for each application. Since MUSE pre-dates email, the annual gatherings became the main tool for sharing ideas and information. With the advent of "[the L](#)," an electronic mailing list for the users of MEDITECH systems, and a variety of other formats for exchanging ideas, the annual meetings began to no longer serve their original purpose. MUSE has since evolved into more of a vendor showcase. Vendors dominate education sessions with vendor presentations outnumbering user presentations almost 2 to 1. Further, as of the May 17th published registrations list, hospital attendees only slightly outnumber vendor

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attendees, approximately 530 to 450.

As times change, so do organizations. I will look forward to seeing many of you in Dallas in a few weeks, but wax nostalgic for the days when more than a thousand hospital users gathered to share ideas and solutions.

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

Vendor Promises

A large vendor who has struggled in the past few years to satisfy existing clients, is seeking out MEDITECH Magic hospitals that are wary of the fees and hardware costs associated with migrating to 6.0. They recently offered to make one of our clients a "showcase" for clinical systems. This offer was presented to the executives, not to the CIO and it was made with the promise of no upfront capital costs.

After contacting us for counsel, we shared the following questions and considerations with this client. We thought you might also find this insight useful in case your hospital was approached with a similar deal:

Questions

- *While every other HCIS vendor is struggling to find delivery dates in order to keep up with demand, why would this vendor need to incentivize a new client?*
- *How many hospitals have replaced this vendor's HCIS in the past 2 years?*
- *Can they provide at least 10 references for current clients using this system? This is so your hospital can determine level of satisfaction and then visit and speak with physicians at those hospitals.*

Considerations

- *Confirm whether any of their existing clients have achieved HIMSS Analytics Stage 6. To our knowledge, not one hospital using this software as its core HCIS has done so.*

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

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

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- *To the best of my knowledge, they have not had a new client in more than 2 years and many existing clients have replaced them with MEDITECH as well as other vendor systems. We are not aware of anyone replacing an incumbent HCIS with their software.*
- *Even if the software, hardware and implementation costs were given to your hospital at no cost, the cost of interfaces, conversions and most importantly, internal labor would be significant and should not be overlooked.*
- *The cost of missing ARRA funding outweighs any perceived cost savings.*
- *Review carefully public information available from KLAS on this vendor.*

3rd Party Lab Systems Integration Challenges

We have received inquiries from readers and several clients regarding the impact using third party Lab systems has on Meaningful Use requirements.

Below are some thoughts:

There is nothing inherent in our understanding of Meaningful Use requirements that mandate a single HCIS. However, below we list some challenges we do see when a hospital does not use the MEDITECH Lab system. The challenges fall into two categories:

1. Little to no integration between lab results and the point of care process:
 - Nursing does not receive lab results at the point of Med Administration.
 - Pharmacy does not receive lab results at the time of medication verification.
 - Physicians do not receive lab results or notification at the time of order entry.
2. Meeting reporting requirements:
 - Without a single HCIS, some of the Meaningful Use reporting requirements will necessitate either use of a data repository or other external reporting system, or a more

manual process for extracting and combining data.

We have had the opinion that the benefits of integration between Computerized Physician Order Entry (CPOE), Lab, Pharmacy and Clinical Documentation are so significant that they exceed the effort involved with replacing a third party Lab system. We also believe that decisions involving clinical data require enterprise analysis and do not focus on the individual feature/function concerns of a single department. These grow more important as Bedside Medication Verification (BMV) and CPOE come online. As always, we welcome your thoughts, including opposing views.

EPIC and Cost of Ownership

Recently, Yuma Regional Medical Center, a 333 bed hospital in Yuma, AZ announced the selection of Epic as their new HCIS vendor. As part of their announcement written up in [Health Data Management's March 17th posting](#), they stated that this project will cost \$73 million dollars and that they will hire an additional 49 employees to support it.

We are hearing of the success that Epic is having amongst physicians with their HCIS and Ambulatory Electronic Medical Record (EMR). They represent an excellent offering for hospitals to consider, but they may not be a cost effective option for most hospitals.

In a past study, ongoing cost of ownership of Information Systems for hospitals using Epic as its core HCIS is significantly higher than for MEDITECH as well as any other HCIS vendor.

In case you are interested, here is the link to Yuma Regional Medical Center's job postings: <http://www.yumaregionalemr.org/>

MEDITECH's Nurse Leader Conference: June 16-18, 2010

MEDITECH is trying a new approach to their annual conferences for Nursing leadership this year. They will be hosting both the 'Chief Nurse Executive Forum' and the 'Nurse Informatics and Home Care Forum' as part of a three-day Nurse Leader Conference and Exposition. As care

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across the continuum becomes a greater focus, they believe holding these conference sessions together will provide a better scope for all.

The Chief Nurse Executives (CNE) component of the conference begins with lunch on June 16th, followed by afternoon sessions for CNEs and an evening cocktail reception. On Thursday, June 17th Nursing and Home Care communities are welcomed to the conference. The remainder of the time features guest speakers, Education Summits, and MEDITECH strategic updates, with a cocktail reception on Thursday evening.

The Chief Nursing Executive and Nursing Informatics and Home Care Forums are being held at the Quincy Marriott Hotel, just 7 miles from their Canton facility. For more details and to register visit [MEDITECH's webpage](#).

MUSE International Conference: Dallas, June 1-4, 2010

As noted in the "Thoughts from our President" section, Navin, Haffty & Associates will be at the International MUSE conference. If you are attending, please stop by our booth, #511. A number of leaders from our company will be in attendance. We look forward to seeing many of you at MUSE.

Also, if you are interested in considering employment as a consultant and want to discuss this with us while at MUSE, you can either schedule a meeting ahead of time with Shelly Noyes, Managing Director, snoyes@navinhaffty.com or call her at 802-427-1800, or stop by our booth during the conference.

MEDITECH & ARRA

MEDITECH continues to provide significant information and guidance to its clients regarding the preparation for American Recovery and Reinvestment Act (ARRA.) Our particular interest is their Meaningful Use Snapshot. Below is a recent post from their website:

"In an effort to bring clarity to the yet-to-be finalized CMS Notice

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of Proposed Rule Making (NPRM) for the HITECH Act, we have outlined several important factors for hospitals—such as the Meaningful Use criteria for Stage 1, MEDITECH's product requirements for compliance, reimbursement and reduction details, and other important considerations—in our new ARRA Meaningful Use Snapshot. We hope this resource will help our customers understand what will be expected of their organization, as well as keep them updated when the rule is finalized during the Spring of 2010. We believe MEDITECH customers are well-positioned to meet the current challenge of demonstrating Meaningful Use of electronic health records (EHR), and to assist further in their efforts, we have also posted our [6.0 Meaningful Use Criteria Product Road Map](#) in the ARRA Resources section."

Also, as a reminder, MEDITECH has provided Product Road Maps for 6.0 (above) as well as for Magic and C/S users.

"MEDITECH continues to review the government's December 30, 2009 Notice of Proposed Rulemaking (NPRM) and Interim Final Rule (IFR) which outlines the initial set of standards, implementation specifications, and certification for demonstrating meaningful use. However, we have posted our MAGIC and Client/Server Product Road Maps, which we will continue to expand in the weeks ahead."

We are finding that the EHR and Interoperability section of MEDITECH's Customers website continues to provide excellent and useful information on this important topic.

Navin, Haffty is Hiring!

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

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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 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 Posts

If you 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 or a colleague might be interested, check out what's open at the [Navin, Haffty website](#).

If you would like to include your hospital listing on the Navin, Haffty website, please email Kelly Tracy at ktracy@navinhaffty.com (Please note that as this is a courtesy to the MEDITECH community, we will not accept postings from recruiting companies).