



## **News for the MEDITECH Community**

JULY 2010

### **Thoughts from our President**

Over the years, we have written about the [total cost of ownership](#) of information systems (IS). We believe total cost of ownership remains a business driver in our industry and that it needs to be a top consideration when making IT decisions. This is regardless of whether the interested party is determining a departmental option or evaluating MEDITECH versus other HCIS vendors.

We have also published stories on organizations that have unnecessarily spent tens of millions of dollars on IT when electing to go with an HCIS that is not MEDITECH. In fact, a few long-term MEDITECH hospitals are electing to go with a different vendor's HCIS rather than choosing 6.0, and are spending two or three times as much. In particular, we have been amazed at the amount some hospitals and health systems are willing to spend on Epic.

While demand and expectations for IT continue to grow, decisions regarding IT need to be made, not in a vacuum, but in light of the entire hospital's strategic and financial plans. We believe the trends of lower reimbursement and continued financial pressure on hospitals will accelerate. And, although IT is only one part of the cost of healthcare, unlike other costs, once a large capital decision has been made, it is not easy to reverse direction or mitigate expenses. Often operating costs far exceed current costs.

Finally, most for-profit and large multi-facility health systems take into account total cost of ownership and value when making HCIS decisions and it is noteworthy to me, that among them, MEDITECH is their dominant vendor.

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### **Final Regulations: Meaningful Use**

MEDITECH is in the process of reviewing the final regulations for Meaningful Use which were published earlier this month. Details providing guidance and updated ARRA compliance materials will be posted on their website in August.

### **Verifying Press Release ROI Statements**

Recently, a friend forwarded an extremely positive story about the success of a third party Emergency Department (ED) system vendor. The vendor claimed to have achieved over a million dollars a month in increased revenue. After having a chance to review the article, I found that it raised a number of questions:

- If they are achieving over \$1 Million in increased revenue in one month, this would suggest that annual benefit is more than \$15 million. This makes me question whether their baseline for revenue capture is terribly low or that perhaps something is wrong with this number all together.
- The number of Emergency Department visits was not included in the hospital information. Since knowing their volume would be useful, this would be a question to ask.
- Gross patient revenue is a misleading number. Could the vendor instead provide the impact on net patient revenue?
- Savings from reduced transcription costs was reported in the article at \$20,000 a month. This is realistic and in line with most ED systems that reduce or eliminate transcription costs, either through physician documentation online, or through the use of speech recognition. This should be part of most systems and is included in MEDITECH's Emergency Department Management (EDM). As an expected benefit, while impressive, it is not unique.
- Nothing in the article addressed integration with the overall HCIS other than stating that it was interfaced. When it comes to third party ED systems interacting with MEDITECH, my only large concern is with how medication data is interfaced back. We continue to hear of the challenges and extra effort made by pharmacy and nursing staff, especially with the workflow process when hospitals have Computerized Physician Order Entry (CPOE)

live and in the inpatient setting.

As vendors report their successes, it is useful to review carefully the claims made and determine how applicable they are to your hospital, how an individual department decision impacts the overall organization, and how valid these claims may truly be.

### **Lesson Learned: Know What Applications You Own**

The lesson learned in this article applies to all hospitals and all vendor software.

As part of our process for preparing hospitals to migrate from Magic to 6.0, we review the inventory of applications that a client has licensed, from MEDITECH as well as third party vendors. On occasion, we find some applications that are owned and installed but that are no longer actively used, even though they could still provide a benefit.

One of our consultants provided some commentary following an experience assisting a hospital migration from Magic to 6.0:

“After the first day or two of my visit I would have said that they'd be abandoning ESS ([Executive Support System](#)). But now I actually see them using it once the department heads learned what's available in there. I had noticed that the Director of Pharmacy had just started using it in May so we talked to him and he couldn't believe what he could get in there. Information that he typically had to combine from multiple reports or tweak reports to get, was readily available. When he had taken over the position, the IS staff assumed the outgoing Director showed him how ESS was used, but this obviously was an incorrect assumption. My report will be geared towards creating some custom reports in ESS for department heads and then rolling it out to them as well as actually giving access to department heads that didn't even know it exists!”

Do Department Managers have access to application tools you already own?

### **Clinical Best Practices: Clinical Decision Support**

MEDITECH will be expanding their best practices content significantly in early August. We will provide more details regarding this in our August

newsletter. In the meantime, we wanted our readers to be aware of information of importance on this topic that already exists on their website.

The goals for using Computerized Physician Order Entry (CPOE) are to improve patient safety by creating clarity in written doctor orders, such as prescriptions (the legibility issue), increase consistency of treatment protocols (order sets), and to provide physicians with clinical decision support, such as warning physicians about potential problems with dosing, allergies or interactions with other medications.

To assist with clinical decision support and to help avoid over-engineering and creating "alert fatigue," MEDITECH is providing guidance on how to adopt the "Bates" rules which represent the most common adverse drug events. (Note that Dr. Bates was one of the principle authors of the Institute of Medicine report "To Err is Human" that drew attention to this issue.)

On the MEDITECH website, under the 'Advanced Clinical Resources' section of the 'Customers' page, their [Best Practices](#) section offers detailed instructions on how to set up these clinical alerts for the Magic, C/S and 6.0 versions. This section provides best practice guidelines on building CPOE, on building and maintaining problem lists in each specific version of the MEDITECH HCIS, Mapping the Paper Chart, Allergy Management in Magic, Advanced Directives in C/S 5.6 and Growth Charts in Magic 5.6.

### **Resource: MEDITECH CPOE & Order Set Study**

MEDITECH conducted a study of eight hospitals that have had high Computerized Physician Order Entry (CPOE) utilization with the objective of determining best approaches for building and positioning order sets. MEDITECH includes information and resources, including a presentation of the findings, as a result of the study on their website:

"MEDITECH believes organizations that use carefully created order sets experience higher physician adoption rates. Order sets streamline workflow and decrease clicking, reduce medication errors, increase awareness of hospital protocols, and help to prevent duplicate order entry (e.g., labs). Evidence-based order sets enable organizations to enhance patient safety even further by pushing the latest research, performance measures, and best practices to caregivers during the ordering process, ensuring compliance with

organizational and best practices, core measures, and mandates.

MEDITECH conducted a study of eight hospitals with high CPOE utilization to find out what order sets they are using and how they were developed. This study, called the Order Set Analysis Methodology Project, analyzed each hospital's approach for building and deploying order sets. The study focused on the following criteria:

- All active order sets, excluding inactivated sets and "favorites"
- Standardized MEDITECH-defined categories
- Detail within sets (Nurse, Laboratory, Medications)
- Core Measures (AMI, HF, CAP) - The Joint Commission.

We created a [presentation](#) about the study's findings, which includes an overview of the types of organizations surveyed, the specific criteria we used, and conclusions based on the survey's results. We welcome customers to check out the presentation to get an idea of the types of processes and resources other organizations are using to develop and maintain order sets.

Working with these customers on their CPOE journeys has allowed MEDITECH to glean the collective experiences, insights, and best practices of organizations effectively deploying order sets. We have used this information to create a plethora of resources for other customers thinking about moving to CPOE, already in the implementation stages, or well past the go-LIVE. From recommendations on Order Set Committee structure and governance, to tips on how to develop workplans for order sets—as well as other tools and worksheets on our [Advanced Clinical Resources page](#)—we are here to guide you through the order set process and get the most from your CPOE system."

### **KLAS: Navin Haffty Scores High in Mid-Year Report**

To achieve "KLAS Konfidence", a product or service must receive at least 6 client evaluations. Navin, Haffty & Associates has been rated in two categories so far. In the "Clinical Implementation Supportive" category, we received a score of 93.3 out of 100! Also, as best we can tell, we are

the only vendor in this category who is identified as "MEDITECH only." While not quite as high as our "Clinical Implementation Supportive" nod, we scored a solid 84.8 in the "Staff Augmentation" category.

As more evaluations are collected and processed by KLAS, we expect the number of evaluations of the services we offer to increase and hope to be rated in 3 or 4 market segments by the end of this year.

We want to thank those who took the time to provide evaluations. We hope to report back on our service performance ratings after the 2010 year-end KLAS reports are issued.

### **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 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 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](mailto:ktracy@navinhaffty.com) (Please note that as this is a courtesy to the MEDITECH community, we will not accept postings from recruiting companies).