Case Study

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 EHR 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 EHR 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 EHR 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 EHR. She has been a vocal advocate for implementing an EHR and believes it is essential to enabling the facility to achieve its strategic goals. Dr. Brown contacted the Regional Extension Center (REC) in the community for assistance with the initiative.

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 work with the REC to guide committee members through the system acquisition process. The physician partners approved this request, and the committee made arrangements for a representative from the REC to work with them on the selection process.

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 EHR products available in the vendor community. He stressed his desire that the committee members would focus on EHR vendors that have experience and a solid track record in implementing systems in physician practices similar to theirs and that have Office of the National Coordinator for Health Information Technology (ONC)–certified EHR products. He expressed concern that there is a flurry of vendors offering EHR-type products without a solid track record.

Dr. Marcus felt strongly that the EHR 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. The practice also intends to take advantage of the CMS EHR Incentive Program and achieve meaningful use. Dr. Marcus is interested in exploring what opportunities are available for health information exchange within the region. He envisions that the practice may eventually partner with specialists, hospitals, and other key stakeholders in the community to provide coordinated care across the continuum. 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 EHR 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). Dr. Ward, Mr. Rowls, and Ms. Matthews assumed leadership roles in verifying and prioritizing the requirements expressed by the various user groups.

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 taskgroup of committee members to carry out the process of defining system functionality and requirements. 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 semi-structured nominal group technique.

Concurrently with the requirements definition phase of the project, Mr. Rowls and Dr. Brown, with assistance from Ms. Moore, screened the EHR 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 EHR system. Mr. Rowls made a few phone calls to chief information officers (CIOs) in surrounding hospitals who had experience with ambulatory care EHR toget their advice. This initial screening resulted in the identification of eight EHR 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 EHR 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 feed- back 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 EHR 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.