g**R**rhio

Greater Rochester
Regional Health Information Organization

Process and Lessons Learned from Greater Rochester RHIO's Design/Vendor Selection Project

March 29, 2007 – Session 2.01

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Agenda

Today's objective is to communicate how gRrhio stakeholders collaborated to identify a community-wide solution while building trust amongst stakeholders.

- ■ Background: Objectives, Scope, Approach, Project Team

- ■ Request for Information

- ■ Request for Proposal

- ■ Pricing and Contract Negotiations

- ■ Lessons Learned

- ■ Project Management / Tools & Templates

Background: Rochester, NY

- 1.2 Million Population in 9 county region
- HEAL NY Funding
- National recognition for collaboration amongst Rochester health systems
- Strong interest amongst business leaders in managing health care costs
- gRrhio boasts a balanced board with broad community representation:
    - Rochester Business Alliance (2)
    - Unity Health System
    - University of Rochester Medical Center
    - County Health Department
    - Preferred Care (Payer)
    - Excellus (Payer)
    - Monroe County Medical Society

The gRrhio's goal is to improve overall health care delivery by providing electronic access to patient-centric medical record information.

RHIO Roadmap

Future

Vision

Now

Decision Support
Link claims, clinical and guides

Disease Management

CCPOE
Community Computerized Physician Order Entry

Geriatric Care

Emergency Preparedness

TeleHealth
Doc Directory & Tools
for Communication

Phase 2

Accelerate Physician EMRs

ePrescribing

Patient Centric VHR

Health Info Exchange

Meds Mgmt	Labs	Radiology

Infrastructure
Secure connections and communications
Secure e-mail

Phase 1

Establish RHIO
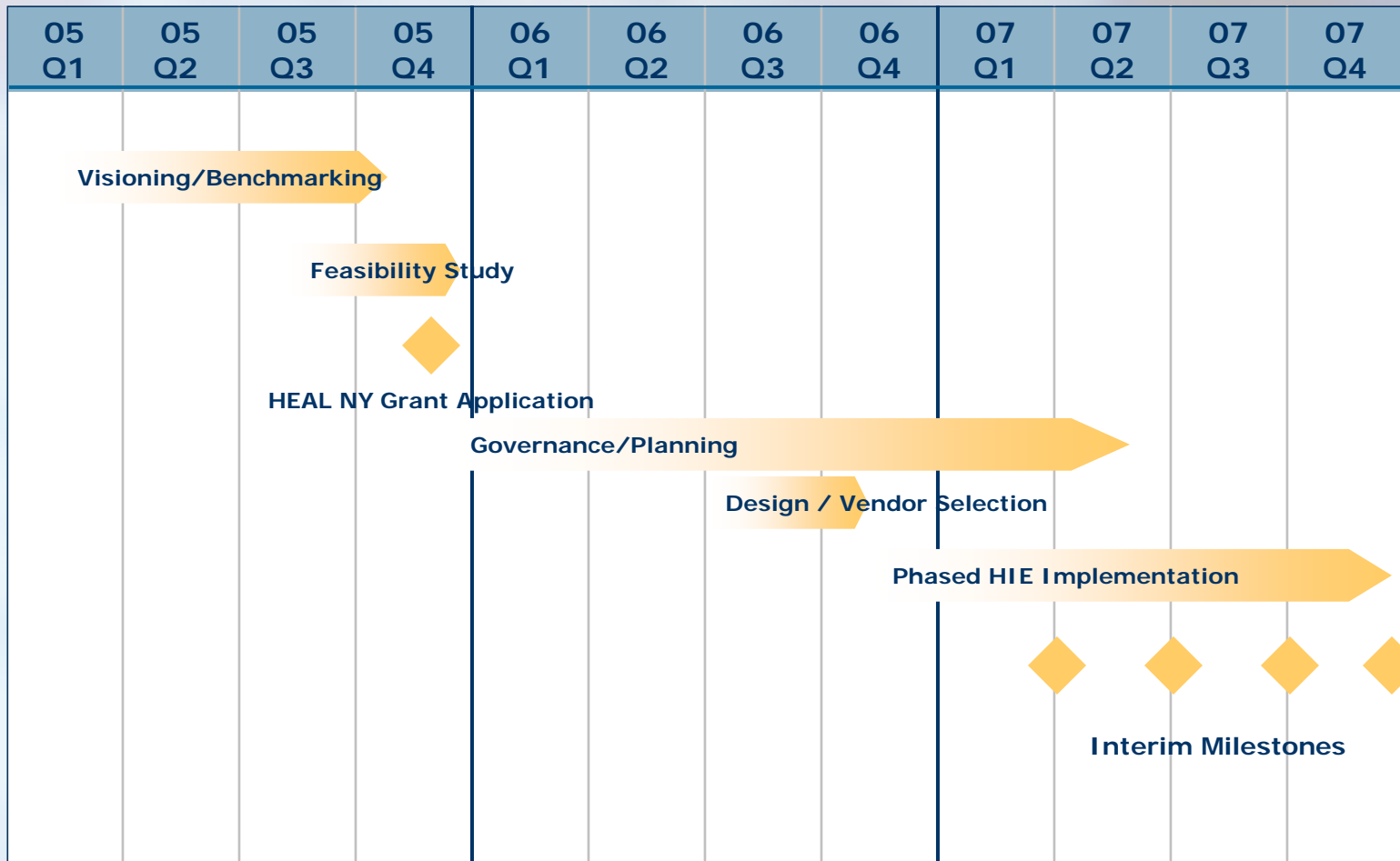Regional Health Information Organization

Effort, Risk & Time

High

Background: Overall Timeline

05 Q1	05 Q2	05 Q3	05 Q4	06 Q1	06 Q2	06 Q3	06 Q4	07 Q1	07 Q2	07 Q3	07 Q4

Visioning/Benchmarking

Feasibility Study

HEAL NY Grant Application

Governance/Planning

Design / Vendor Selection

Phased HIE Implementation

Interim Milestones

Project Scope – Feasibility Study Results*

Stakeholder	MSA	RHIO Phase I
Physicians (FTE)	1,800	874
Hospitals	15	✓
Indep. Labs	3	✓
Indep. Radiology	5	✓
Chain Pharmacies	150	✓
Indep. Pharmacies	48	
Long-term Care	67	
Home Health Care	19	
Public Health Dept.	9	
Insurers	7	✓

Program Timeline Overview – 2006 – 2008 Phase I

Jan-06   4/06   7/06   10/06   1/07   4/07   7/07   10/07   1/08   4/08   7/08   10/08   Dec-08

HIE Development - MPI/RLS, etc.

Physician Office Program Rollout

Medications Program Implementation

Lab Program Implementation

Radiology Program Implementation
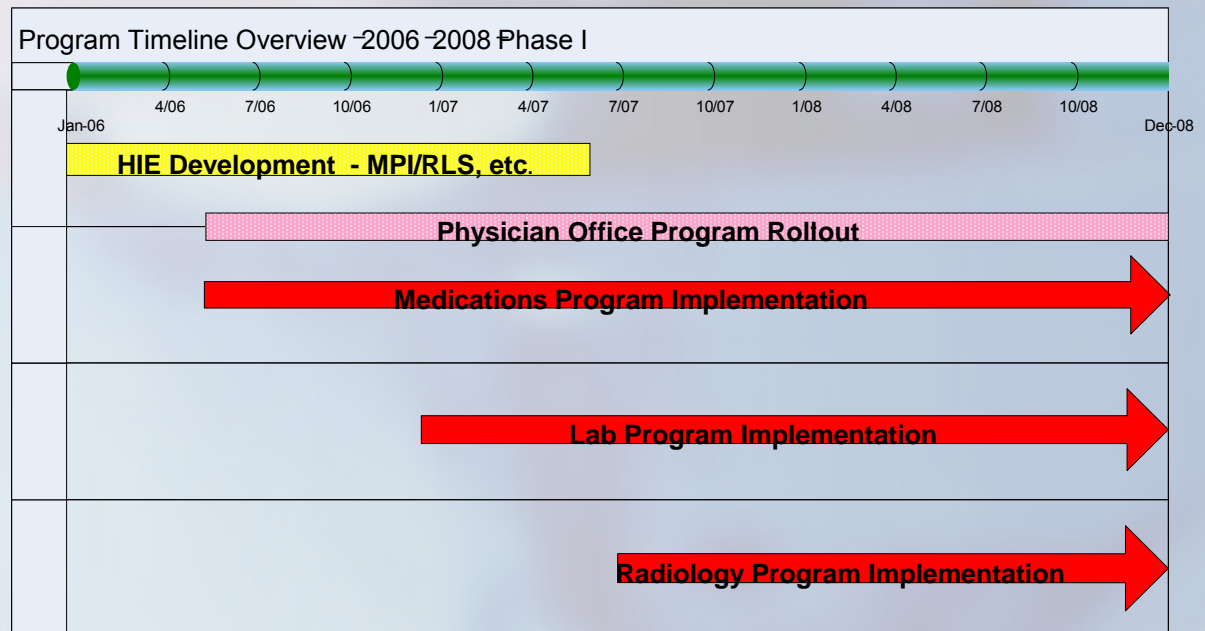
*Courtesy of HealthAlliant – Rochester Health Commission feasibility study completed 2005.

Vendor Selection Timeline

July 14	July 28	August 11	August 25	Sept 15	Sept 29	Oct 13	Oct 27	Nov 17	Nov 30	Dec 15	Dec 29

Visioning/Benchmarking/Policy/Value Proposition

Design / Functional Rqrmts.

RFI – 6-12 HIE Software Vendors

eRx / HIE Present/Demos

RFP - Integrators

Proposal Reviews /Site Visits (Opt)

Contracting / Impl. Planning

Initiate Pilots – eRx?

Evaluate "Build" Alternative
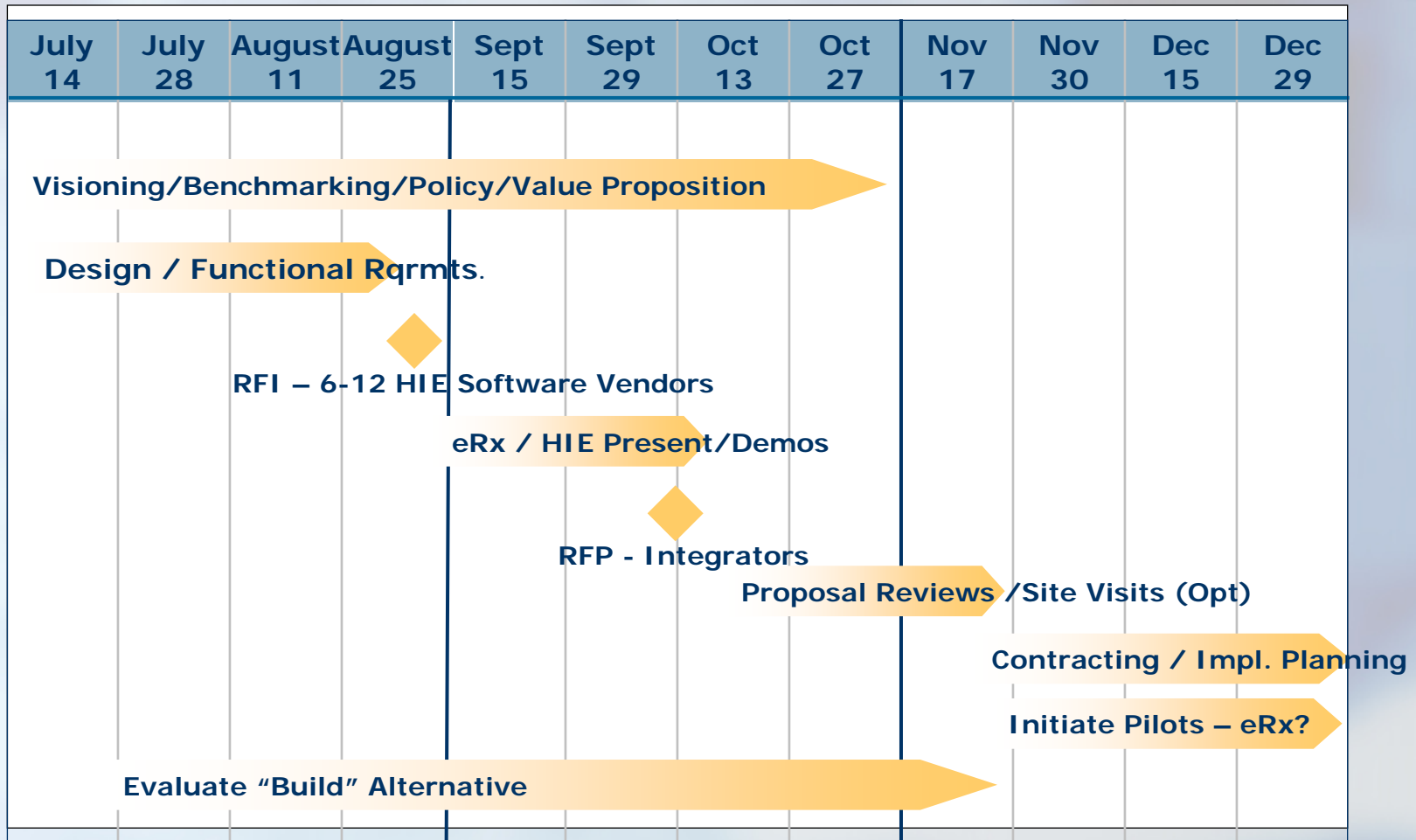
Selection Team Organization

Steering Committee

RHIO Board

Executive Sponsor

Community Stakeholders ----- **Exec Director Ted Kremer** ----- **Advisory Committee**

- D. Auer/Navint
- M. Glavin/Navint
- V. Mirchandani/Navint

- Insurers
- Health Systems
- IPA's
- Clinics
- Rural Hospitals
- Employers
- Government
- Physicians

Consultant

Project Mgmt Office
- D. DePerrior/Navint
- S. Wallace/Navint

Team Leader

Funct Design Team

- Community Physicians
- CMO's
- Pharmacists
- Privacy Officers
- Business Analysts

Team Leader

Tech Design Team

- CIO's (Lab, Hospital, etc.)
- Integration Specialists

Selection Team Resource Requirements

Meeting	Time Allocation (Hours)	Who Should Attend?
Kick-off Meeting	2	Board, All Teams
RFI - Vendor Presentations (10) – **Revised Plan**	0	Design Teams
Make vs Buy	2	Board / Design Teams
RFP Review / Edit	4	Design Teams
RFP Scored Response Review – Narrow to 3-4 Vendors	4	Design Teams
Vendor Demonstrations (4) and Site Visits (4)	16	Design Teams
Vendor Finalists Selection	4	Board / Design Teams
Misc. Prep and Analysis Time	12	Design Teams
Total	**44**	
Average over 16 week project timeframe	**2.75 hours / week**	

Weighted Selection Criteria

The selection team agreed on weighted selection criteria and on channeling all vendor communications through one non-voting source
….thus preventing unbiased decision making and facilitating management of institutional authority and influence in the final selection.

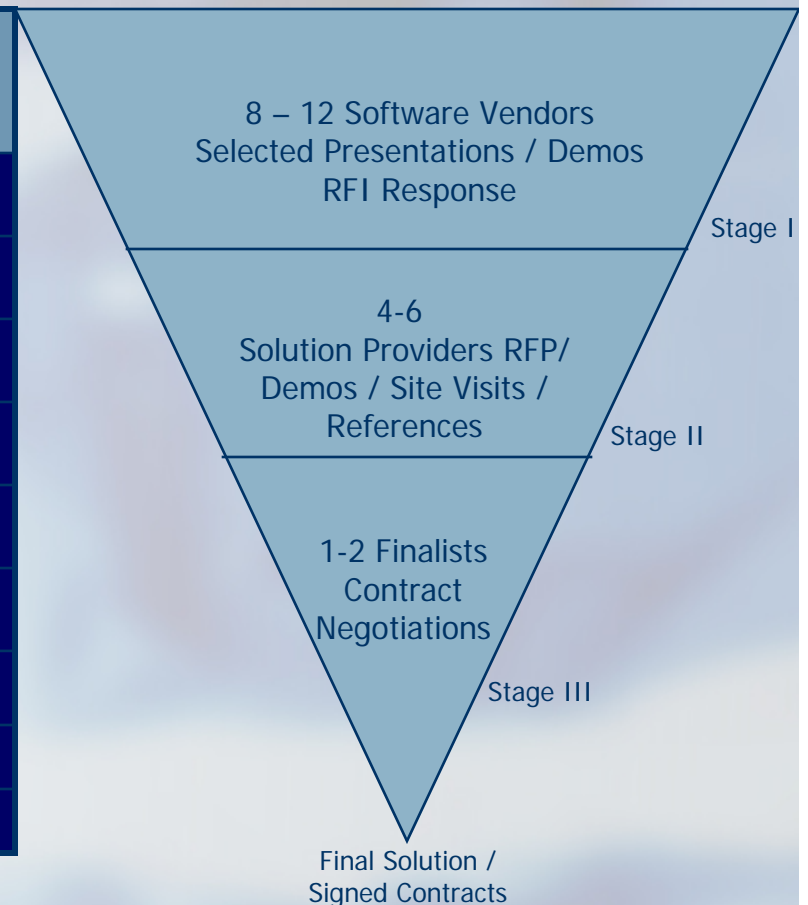| Criteria	Weight	Score	Weighted Score
Cost	.20		
Functional Requirements	.15		
Architecture / Scalability	.15		
Standards / Compliance	.15		
Integration	.15		
Vendor Financial Stability / Longevity	.10		
Implementation / Support / Maintenance	.15		
References (Local and State Preference)	.05		
Raw Score			
Weighted Score			

*Total weighted scores intentionally equals 1.1.

Design/Selection Project Approach

HIE Design/Solution Selection Process

Stage	Task	Consultant	Executive Dir/Design Teams	Board
I	Doc Design/Rqmts/Selection Criteria	Draft	Review/Edit Approve	Approve
I	Coordinate Presentation/Vendor Q&A	Owner	Participate / Evaluate	
I	Issue RFI / Summarize Responses	Owner	Review/Edit / Approve	
I	Recommend 4-6 Vendors to Receive RFP	Coordinate	Owner	Approve
II	RFP Response, Site Visits, Reference Calls, Demos	Coordinate	Participate / Evaluate	
II	Summarize Recommendations	Owner	Review / Edit / Approve	
II	Recommend 1-2 Finalists	Coordinate	Owner	Approve
III	Negotiate Pricing/Contract	Participate	Owner	Approve
IV	Sign Contracts		Owner	

8 – 12 Software Vendors
Selected Presentations / Demos
RFI Response

Stage I

4-6
Solution Providers RFP/
Demos / Site Visits /
References

Stage II

1-2 Finalists
Contract
Negotiations

Stage III

Final Solution /
Signed Contracts

Timeline of Project Milestones

Milestone	Start	End	Status
Confirm Feasibility Study Results	7/5	7/13	Ongoing
Project Initiation/Organization/Planning			
Identify Selection Team	5/30	6/20	C
Confirm Project Approach / Kickoff Mtg	6/26	7/13	C
Best Practices / Benchmarking	5/30	9/29	Ongoing
Preliminary Make vs Buy Analysis	7/5	7/28	Ongoing
Draft RFI and RFP			
Develop RFP Process Structure	7/5	8/4	C
Baseline Technology Architecture	7/5	8/4	C – Federated
Functionality Requirements	7/5	8/4	C
Solution Provider Profile	7/3	8/11	In-Process
RFI Approval	7/24	8/16	
RFI Released – 6-7 HIE Software Vendors	8/24	8/25	Plus 3 eRx vendors
Vendor TeleConference	8/31	8/31	
Evaluate HIE RFI Response			
RFI Response Deadline	9/8	9/8	
HIE Presentations / Demonstrations	9/13	9/22	6-7 Vendors
eRx Presentations Demonstrations	9/13	9/22	2-3 Vendors
Recap Meeting	9/22	9/22	3-5pm
Release RFP	9/25	9/29	
Evaluate RFP Response			
Response Deadline	10/13	10/13	
Preliminary Evaluation Meeting (s)	10/16	10/20	Optional
Demos/ Reference Checking	10/13	10/27	Custom Demo Script
Short List (3-4)	10/16	10/16	
Select Solution			
Proposal Review Meetings	10/25	10/26	
Site Visits	10/23	11/10	Optional
Vendor Due Diligence	10/23	11/10	
Vendor Short List (2)	11/6	11/10	
Presentation of Final Analysis	11/6	11/10	
Pricing Negotiations/Vendor of Choice	11/10	12/31	
Contract Negotiations	11/10	12/31	
Implementation Planning	11/10	11/30	

Background – Request for Information

- RFI included functional requirements and requested:

  - Compliance with emerging HIT standards
  - Proposal of a "federated" architecture
  - Flexible cost proposal
  - Recommendations for phased implementation of basic functionality to achieve early benefits
    - eRX – potential pilot
    - eImaging

Request for Information (RFI) Contents

- RFI Document – established dates / format for response

- Functional Technical Requirements

- Cost Schedule – requests volume discounts, unbundled and bundled response

- Staffing Schedule – requests estimates for internal and external resources

- Current HIT Profile – de-identified profiles of "data providers"

Minimum Selection Criteria

- Scalable
- Easily interfaced to existing software applications
- Flexible to change with needs
- Compatible with emerging health care technology standards
- Supported by a vendor or developer with demonstrated stability, longevity, and references from installed HIE's
- Offer web-based functionality
- Provide for backup/recovery and disaster recovery plan
- Backbone for future HIT endeavors
- User friendly

Process for Identifying RFI Recipients

- **Assembled an initial list of 44 potential vendors identified via:**
    a. Internet Search – HIT press releases, Forrester Research, etc.
    b. eHealth Initiative Web Site
    c. Community Members
    d. Other

- **Segmented vendors into sub groups:**
    a. RHIO Software Providers
    b. Large Systems Integrators
    c. Hospital Systems IT Vendors
    d. Identity Management Vendors
    e. Secure Messaging Vendors
    f. Medical Management Tools
    g. Other General Health care IT providers

Process for Identifying RFI Recipients (Cont'd)

- **Established Vendor Selection Criteria**
  - Qualified vendors must have their own product, and must have proven capability themselves, or with partners, of providing an end to end solution.
  - Product must support key components of an HIE:
    - Master Patient Index/ Record Locator Service
    - User Authentication
  - Product must support direct interfaces to:
    - Medication History / ePrescribing
    - Lab Reports
    - Radiology Reports
    - EMR/EHR
  - Product must support the key components in the "Common Framework"
    - Operate in a Federated (Decentralized) model.
    - A Record Locator System
    - A Matching Algorithm
    - Inter-RHIO Bridge
    - Open systems Communications Standards (HL7, Web Services, SOAP)

RFP Process

- **RFP Process – Re-engaged selection Team**
  - Detailed analysis and data normalization included written RFP response, functional gap analysis, pricing analysis, reference calls, due diligence, and presentations/demonstrations
  - Selection team unanimously voted for Vendor of Choice.
  - Vendor of Choice:
    - Proven deployment
    - Sound HIE portal with edge server technology
    - Offered "EMR Lite" with ePrescribing solution for community physicians
    - Appealing workflow solutions for physicians
    - Included clinical messaging

Sourcing and Contracts

- Requirements, RFI, RFP, and VOC identified in 4 months

- Sourcing and contracting completed in 2 months

  - Sourcing specialist engaged for pricing negotiations
    - Independent specialist
    - New face to vendors – pricing negotiations only

  - Business / CIO specialist engaged for contract negotiations focused on aligning goals and incentives
    - Services, Software, and Hosting
    - Early discussions focused on business terms vs legal terms
    - Shared accountability and risk sharing
    - Risk / reward clause

Lessons Learned – *Early Success as a Foundation for Future Success*

- Establish open minded, flexible process – this is new ground
- Engage broad representation on the selection team – meet frequently
- Start with an RFI to educate and build a collaborative selection team then narrow the field for the RFP stage
- In the RFP demos, schedule a "surprise" scenario and have a physician "drive"
- Predetermine the selection approach and weighted selection criteria based on overall objectives
- Use a "sourcing specialist" for pricing negotiations
- Use an experienced "contract specialist" for contract negotiations – not necessarily legal resource for the business terms
- Provide food and beverages at all selection team meetings!

Available gRrhio Tools and Templates

- All tools and templates available at www.rhioweb.net
- RFI Stage
  - Request for Information Document
    - Functional Requirements
    - Cost Estimate worksheet
    - Resource Estimate worksheet
    - Current HIT Profile Survey
    - Other Attachments
  - Demonstration/Presentation Evaluation Score Sheet
  - Demonstration/Presentation Agenda
  - Cost Analysis Spreadsheet
- RFP Stage
  - Request for Proposal Document
  - Gap Analysis