

Eyes Wide Open: Buying Clinical IT

Few decisions are more frightening to an organization's senior management team than buying a clinical information technology system. Unlike administrative applications that help manage a facility, clinical information technology touches very directly the lives of patients and the workflow of physicians, nurses, and other clinicians.

In addition to careers, entire organizations can be ruined by poor vendor choices, botched implementations, and failed deployments. While failed accounting systems create chaos that can be rectified within a fixed period of time, poorly chosen clinical information technology systems can drive physicians to competitor institutions, impact facility accreditation, and in some cases invite litigation due to unexpected morbidity or mortality.

As frightening as this task is, the best way to be successful is to be humble. Senior executives must accept the fact that full investigation of the features and functionality of clinical information technology systems before purchase is nothing less than an impossible task.

No individual or even committee has both the technical expertise and available time to effectively evaluate or deeply review the capabilities of a comprehensive clinical information technology system. Therefore, organizations must base their decisions to purchase systems on factors that function as surrogates for the usefulness and appropriateness of the systems in their institutions.

Choose Live

Although information technology vendors utilize demonstrations of their software to educate clients about their products, viewing working systems deployed in patient care areas offers the most valuable information. Unfortunately for both vendors and purchasers, the competitiveness of the healthcare

information technology marketplace coupled with the complexity of these systems dangerously encourages vendors to showcase software products during demonstrations that are either partially completed or are in a beta version.

Therefore, often what is seen in these demonstrations does not accurately represent the features and functionality currently available. It is important to take vendors at their word when they declare that the demonstrated software is representative of features and functionality *under development*.

Focus on Deployed Systems

To increase the probability of purchasing a product that will satisfy the needs of an organization, institutions must focus on existing, working, deployed, and implemented versions of the applications being considered for purchase. The best way to evaluate current state versions of applications is to visit current clients of each vendor, and to witness the day-to-day use of the various applications.

Organizations must be patient and allocate adequate time to see the systems working under all conditions. This includes visiting multiple hospitals and various patient care areas throughout each hospital.

Forge Solid Vendor Relationships

In some cases it may be advantageous to engage in relationships with vendors that are offering software that has just been released or is under development. In these instances, organizations must enter the agreement recognizing the potential benefits from such arrangements, but also the problems and delays in the software that may be associated with purchasing these new, untested information technology products. Organizations that do not have extensive information tech-

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nology infrastructure and departments should be wary of entering into these types of arrangements.

For most organizations, it is more prudent to engage in relationships with vendors that have established working applications that can be immediately deployed and utilized. Although working, released software will have its inevitable share of problems, it is likely there will be fewer problems and solutions will be readily found.

What follows is the process I recommend for choosing clinical information technology for an institution.

Review and Embrace Strategic Vision—The purchase of all clinical information technology tools must be driven by the clinical strategic vision of the organization. The strategic vision represents the views and aspirations of both the Board of Directors and the medical staff and other clinical professionals in the organization. Clearly, cost control is always a consideration, but the importance of patient safety and quality healthcare overwhelmingly drives decision-making.

Broadly Explore Options—A high-level evaluation by your organization will quickly identify the potential suppliers of the application software required. In almost all cases there is a relatively small number of vendors who provide software that meets the particular needs of an organization. Identification of these vendors can be done

through a request for information process (RFI), searching the Internet, contacting colleagues at institutions similar to one's own, and attending conferences such as those organized by HIMSS.

Partner with the Vendor—As relationships with application vendors extend far beyond the implementation phase, a strong, open, and trusting relationship is necessary to ensure that implemented software will deliver the expected results to an organization. Problems inevitably arise, so this positive relationship is required to ensure that these problems get resolved quickly and fairly. A good working relationship with a vendor unequivocally trumps perceived advantages in features and functionality available in other products.

Evaluate the Product—The best way to evaluate clinical information technology applications is to actually see them functioning in a real working environment. Unless an organization is working as a development partner with a vendor, various client organizations, comparable to the purchasing institution, should be available to be visited to observe the applications being used by clinical professionals.

Purchasing organizations must budget more than one day to visit these client organizations and be sure to see the applications being used at a variety of times during the day. In addition, organizations should request that their representatives be allowed to visit the various patient care areas unencumbered, and be able to ask questions of the various users of the applications. The more institutions visited, the better the information that is collected to evaluate the applications and the vendor.

Understand Pricing—Vendor pricing is greatly influenced by the level of ongoing maintenance payments, the strategic value of the organization to the vendor, and other factors. Therefore, in negotiating contracts with vendors, be sure to take a very broad and considered view of the products, services, and support being provided.

Cost of ownership not only includes the purchase price of the software, but also the ongoing maintenance fee to the

vendor and the cost of implementing, deploying, and maintaining the system during its life. Finally, the importance of the quality of the relationship with the vendor cannot be over-emphasized, as it will have the greatest impact on the success of implementation, deployment, and eventually clinician adoption.

Securing Adoption—Implementing clinical information technology without broad involvement and support by the clinical staff (requiring focus on both physicians and nurses) all but guarantees a failed and wasteful deployment. Clinical information technology systems alone do not fix clinical problems, advance safety, or reduce costs. These systems provide tools that can be used by clinicians to change how they deliver care. Only with clinician creativity, insight, and experience molding the implementation, can new processes deployed with these tools deliver acceptable workflows and generate good outcomes.

If deployment is poor and disruptive, clinicians will create workarounds to these failing system processes, a development that almost guarantees medical errors and unacceptable waste. By securing adoption, organizations can be assured of usable systems that are embraced by clinicians and that are able to deliver expected and much needed clinical and financial outcomes. **IPSQH**

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