



## HIT Council Presentation

# Concordant Introduction And Response to HIT Council Questions

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## Agenda

- Concordant introduction
- What is Concordant's role in this space?
- What is Concordant's expertise?
- What have been Concordant's lessons learned?
- What can Concordant do for the Commonwealth to get EHR's and an HIE up and running?
- What can the State do for Concordant?
- What are the gaps we need to fill in?

## Concordant Introduction

Concordant, an eHealth Services firm, engages with healthcare organizations to plan, implement, and manage their HIT (Health Information Technology) initiatives through its unique methodology - combining the right balance of team, solution, and budget management

*Focus on Ambulatory Market*



## Concordant Introduction (continued)

- Founded in 1999 in Massachusetts; 70+ employees
- End-to-end HIT project lifecycle services
- Extensive HIT, EHR, and security experience
- Focus in the ambulatory EHR environment
- Vendor neutral although experience with eCW, Allscripts, GE, NextGen
- Deployed over 2,000 physician practices to date
- Average 12+ years of experience per consultant; 100+ tech certifications
- Extensive industry experience and management of centrally hosted and distributed computing environments
- The right balance of people, process, technology with cost-effective solutions

## Concordant's Role

**To our clients – *their ultimate goals are: high level of adoption, achieving quality measures at a reasonable cost***

Concordant delivers.....

- Unique enterprise approach scaled down to practice level
  - Our measure of success is the success of the person at “the rubber hits the road” level – physicians, office managers, support staff, etc.
- Successful change agents
- Good people, good thinking, good delivery
- Extensive experience in ambulatory, especially community market
- “Broke the code” on cost effective solutions for the ambulatory market
  - IP and methodology
  - One stop shop – integrated model

## Concordant's Expertise



## Concordant Expertise (continued)

- **Strategic Planning Services**
  - Program Validation
  - Rapid Implementation Planning
  - Change Management
- **Design and Build Services**
  - Infrastructure
  - Application, Clinical
- **Deployment Services**
  - Infrastructure
  - Application, Clinical
- **Support and Managed Services**
  - Service Desk
  - Onsite Technical Support
  - Central Site Operations and Support
- **Program Management Services**
  - Methodologies
  - Tools

*Proven  
Repeatable  
Scalable Processes*

*Designed for Successful  
Deployment of Ambulatory  
Practices*

## Concordant Representative Client List

We are proud to count many of the most respected healthcare organizations as our clients

### Major Healthcare Organizations

- Massachusetts eHealth Collaborative (MAeHC)
- Beth Israel Deaconess Physicians Organization (BIDPO), Beth Israel Deaconess Medical Center
- Children's Hospital Physicians Organization (PPOC)
- Tufts New England Med Center (NEMC)/New England Quality Care Alliance (NEQCA)
- Caritas Christi Health Care
- New England Baptist Hospital
- Continuum Health Partners
- Atlanticare Health System

### Regional Healthcare Organizations

- Franklin Community Health Network
- Hallmark Health System
- Emerson Hospital
- Mt. Auburn Hospital
- Lowell General Hospital
- Northeast PHO (Beverly Hospital)
- Cape Cod Hospital

### Payers/Health Plans

- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield of Wisconsin
- Harvard Pilgrim Healthcare
- Martin's Point Healthcare

## “Top EHR Musts” - Concordant Lessons Learned

- ❑ It will take more time initially - Don't over schedule during the implementation
- ❑ Phased approach starting with site assessment – infrastructure and workflow
- ❑ It takes training and adapting to different learning styles (change management)
- ❑ Learning an EHR is like learning an instrument – it takes time
- ❑ Data conversions/interfaces take several iterations and testing to get close to “right”
- ❑ Workflow is critical – take time to understand existing critical workflows, improvements, to re-engineer these ,etc.



## Concordant Lessons Learned (continued)

- ❑ HIPAA “need to know” language requires data/document security even among medical professionals
- ❑ Users must be taught to recognize secure communication vehicles and storage devices/locations
- ❑ Keep your head while those around you are losing theirs
- ❑ Don't scrimp on your IT infrastructure – it will make a difference when you need it
- ❑ Keep your back-ups current, tested and complete...You never know when you're going to have to recover from a Monday morning system crash
- ❑ Practice Champions - Choose well-respected veterans with enthusiasm and energy
- ❑ Communication is key – Solicit great communicators to be on the team

## What can Concordant do for the Commonwealth to get EHR's and an HIE up and running?

- *Simply stated, “Help to Plan, Build, Deploy, Operate and Support a Statewide system for EHR and HIE”*
  - Leverage Concordant background and expertise in ambulatory EHR deployment
  - Build plan to create organizing body for the fulfillment of the Statewide program
  - Help to create and/or participate in the formation of the organizing body for Statewide implementation (i.e. MAeHC, Maryland CRISP HIE plan, etc.)
  - Participate in the Statewide deployment of EHR
  - Participate in the post implementation support for the Statewide EHR program



## What can the State do for Concordant?

- Define the goals and objectives for the Statewide program (mission statement)
- Determine measures of success for the program
- Create timeline for the program (ramp over time)
- Provide funding and/or financial incentives for the program
- Create governance for the program (diverse representation)
- Either charter an existing organization or create a new organizing body to run the statewide program (i.e. Regional Extension Center – “Statewide Utility”)
  - Should also include a definition of the feature/function set for EHR offering (i.e. “EHR in a Box”)

## What are the gaps that we need to fill in?

- First, address the items mentioned on the previous slide
- Second, need to plan to support the practice level transformation (change management)
  - From understanding chart migration, schedule disruption, chart scanning, etc.
  - Create service provider role with on-going support
    - This is a continuous process, not just a onetime implementation
    - Initial and on-going support
- Third, move with haste
  - Learn from other examples (MAeHC, Maryland CRISP, etc.)
- Continue to leverage thought leaders and those with “real world” experience in the successful deployment and adoption of EHR