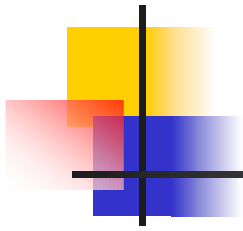




CPMG Journey to EHR

Columbia Park Medical Group

- Independent, physician owned, founded in 1956
- 90 physicians, multi-specialty
- Four clinic locations serving the northern Minneapolis suburbs
- Admit to one hospital, which is part of a large Minnesota health system



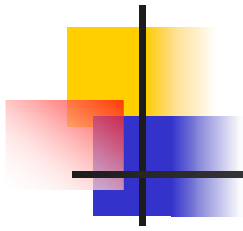
Electronic Health Record (EHR) Priority

- January 2003 - Five Year Strategic Plan included the development of an EHR as the number two priority
- Practice model change was the highest priority
- Current systems and processes are inadequate
- EHR is a means to an end – a tool



Getting started

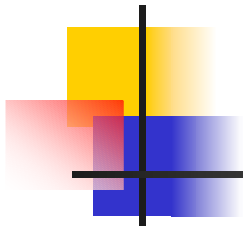
- Board Chair support – passion for productivity improvement and patient satisfaction
- Priority for the Executive Director
- Clinical Information Systems Committee formed September 2003
- Annual physician retreat in January 2004 focused on changing health care environment and introduction of clinical information systems



Clinical Information Systems Committee

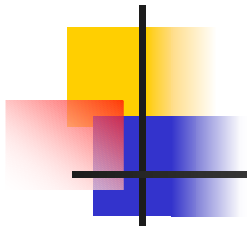
- Chaired by Board Member (became Medical Director, Health Information Technology)
- Physician members representing each clinic location and each major specialty area (surgery and primary care)
- Facilitated by the Executive Director
- Other Administrative Team members
- Agenda and meeting minutes – later made available to all physicians





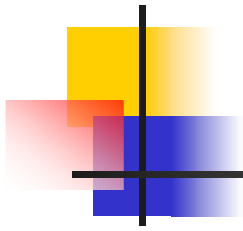
Clinical Information Systems Committee

- High level work plan
- Timeline – slow
- Infrastructure changes
- Review of product information and meeting with a couple of vendors
 - Understand technology available
 - “Kick the tires and do test drives”
 - Generally, become educated on EHRs



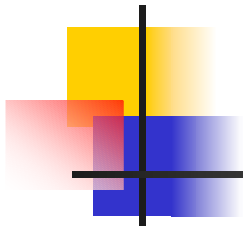
Development of Criteria

- Determine what was important to us
- Interface with current practice management system
- Ease of use
- Documentation
- A number of criteria important to our I.S. manager



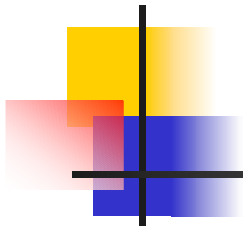
Product Research

- Research on Internet and product materials
- Physician Lead and I.S. Manager
- Developed a grid using criteria that included 67 products/vendors
- Committee narrowed selection to 12



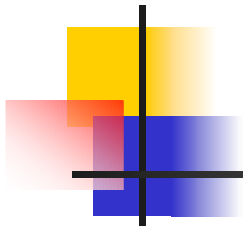
Vendor/Product Selection

- MGMA Annual meeting, San Francisco, October 2004
- Physician lead and three administrative team members
- Top five products were scheduled for one hour presentations



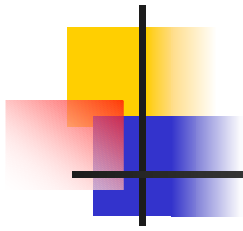
Request for Proposal (RFP)

- 5 vendors/companies were sent RFP
- Copies of RFP responses were sent to each Committee member
- Products were ranked based on RFP responses

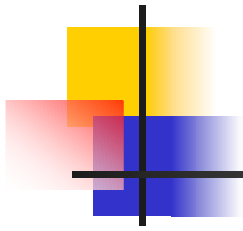


DOQ-IT Doctors' Office Quality Information Technology

- Readiness Assessment
- Pilot
- Tools provided each step of the journey

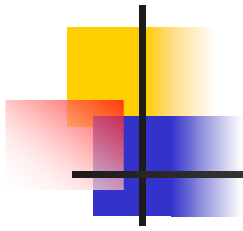


- Selection Criteria
- Selection Score Card
- Process Mapping Tools
- Project Plan Tools
- Skills Assessment Tools
- Site Visit Score Card
- Contract Negotiation Tutoring



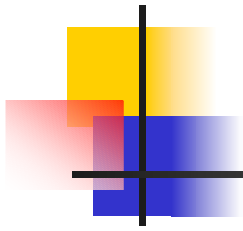
Vendor/Product Selection

- Information was presented to the Committee
- List narrowed to four
- Four vendors invited to provide on-site demonstration
 - Given specific scenarios
 - Scheduled in the evenings
 - All physicians and managers/supervisors invited
 - Criteria and recorder for questions/comments



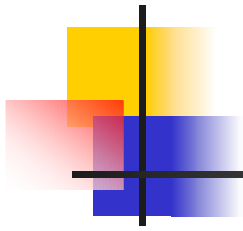
Vendor/Product Selection

- Narrowed selection to three
- Reference checks
- Refined criteria – active involvement with physicians on the Committee
- Clinical (nurse) lead identified and involved
- Return for hands-on, small group demo
- Site visits
- Four physicians and four administrative team



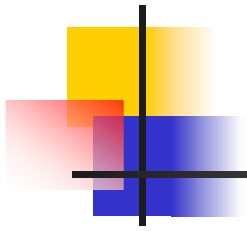
Vendor/Product Selection

- Final decision for vendor/product was by physicians
 - Ease of use
 - Documentation feature
 - Reference checks and recommendations
- Use of final key selection worksheet



Approval and Decision

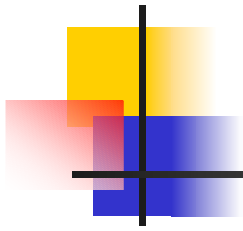
- Communication and priority
- Infrastructure changes
- Regular agenda topic at Board of Directors meetings, monthly physician meetings and at clinic meetings
- Primary focus of annual physician retreat in February 2005 with a vendor demo



- Approval and Decision
 - Return on investment (pro forma)
 - Board of Directors and Shareholder approval

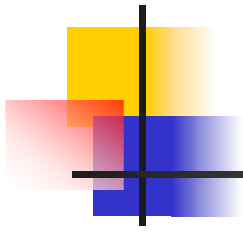
- Contract negotiations

- Continued of Consultants
 - Stratis Health, Minnesota QIO for CMS
 - DOQ-IT



Implementation Planning

- Base-line implementation
- No reduction in productivity and patient volume
- Training, hands on use with test system on site and remotely
- Dedicated team, one physician at a time
- Work day off, others to add time



Consultant's Comments:

A weak EHR product that is implemented well and used to its full capability by providers and staff will meet the organization's needs better than an outstanding EHR product that is poorly implemented and that does not have provider and staff buy-in.