Vendor Selection

Table of Contents

Preparation for Vendor Selection
Personal Goals List

This tool is meant to help clinics outline the goals that will guide them in selecting an EHR vendor. The goals are separated into four categories that represent four aspects of EHR: functionality, usability, practicality, and reputation. The "List of Possible Features" will help you recall some of the available features of EMRs. The "Examples of Goal Statements" handout gives some examples. Goals can be general, and if they do name specific features, make sure the goal is stated as well.

Functionality (features): This list should include, but is not limited to goals about: patient encounter documentation, automating and facilitating office workflow, decision support during patient encounters, reporting that supports care management, and template customization.

My goals that relate to functionality:

Practicality (price, interfaces, support): This list should include, but is not limited to goals about: price, integrated versus interfaced practice management system, interfaces with labs, etc., internal resources needed to customize and maintain the database, etc., overall support needs.

My goals that relate to practicality:

Usability (speed and ease of use): This list should include, but is not limited to goals about: tasks often done that must be done fast, peculiarities of the practice such as computer literacy, and desired input method that impact usability.

My goals that relate to usability:

Reputation (company history, longevity, etc.): This list should include, but is not limited to goals about: how established the vendor needs to be (level of risk adversity), what sort of relationship you would like to have with the company—you're not just buying software, you're forming a relationship with a company whose software will change over time.

My goals that relate reputation:

Example Goals for Vendor Selection

FUNCTIONALITY

Visit
- Simplify communication by obtaining functionality that shows the provider and staff where patient is in the visit process
- Standardize MAs tasks by using templates for common presenting problems
- Allow maximum ability to customize templates for efficiency and quality improvement at the practice level
- Minimize implementation and maintenance costs by allowing, but not requiring, minimal customization of templates by each provider
- Simplify providing patient education by enabling printout of patient education materials on the spot
- Enhance chronic care by setting up goals for patients and allowing printout of the goals/ compliance
- Improve formulary compliance and reduce rework by making patient formulary information available to the physician while prescribing
- Improve patient safety with alerts for potentially hazardous drug-to-drug, allergy, and diagnosis combinations
- Improve care by making decision support on best practices based on entered symptoms/diagnoses available to the provider
- Improve care by making medical knowledge sources such as PIER accessible
- Improve care by using various forms of fully customizable decision support
- Reduce data entry by interfacing with medical device X
- Reduce pharmacy calls/call-backs through full e-prescribing with pharmacies
- Improve the accuracy of coding through system-generated recommendations

Other
- Formalize communication and task management throughout the office and make everybody accountable
- Improve communication with other offices through ability to automate and customize referral letters
- Eliminate paper completely by scanning and capturing old records efficiently
- Enable capture of charges from PDA for efficiency and minimization of lost charges
- Be able to access application remotely with no major performance degradation
- Setup a patient portal for self-scheduling and access to test results
- Save lab communication costs by enabling mostly automated communication of lab results to patients by mail

- Interface electronically with pharmacies, minimizing call backs

USABILITY
- Enable the provider to complete the note with minimal typing
- Enable providers to enter data voice or point and click, depending on their style
- Enable entry of a note quicker than is now possible with paper
- Allow some providers to continue transcription

PRACTICALITY
- Minimize office setup and customization required for implementation
- Get hardware and software technical support from the same source
- Keep cost of system as low as possible

REPUTATION
- • Reduce risk by contracting with an established vendor
- Contract with a vendor that has the right long-term vision, not necessarily one that has all the features we want right now
- Contract with a vendor where we can minimize software costs and help improve the product, e.g. be a beta site

Possible EHR Features

FUNCTIONAL

1. General Features
  a. For multiple office locations
  b. For multiple users simultaneously
  c. Multiple encounter records on the same
  d. patient to be open simultaneously (e.g., phone
  e. call plus office visit)
  f. Multiple patient records to be open
  g. simultaneously

2. Workflow Management Tools
  a. Provider schedules
  b. Prioritized task lists by user
  c. On-screen flags to indicate patient visit status
  d. Customized work flows by provider/clinician

3. Documentation Methods
  a. Note templates
  b. Templates customizable by practice
  c. Templates customizable by provider
  d. Ability to insert free text within templates
  e. Pick lists customizable by practice
  f. Pick lists customizable by provider
  g. Smart lists (e.g. learn / add items as you type)
  h. Free text
  i. Speech recognition for dictation
  j. Dictation / transcription
  k. Anatomical drawings
  l. SOAP charting
  m. Addendum to closed record
  n. Free-hand drawings
  o. Scanned images
  p. Annotations to images
  q. Integrated video imaging
  r. Track episodes of care such as pregnancy
  s. Recall patient's last menstrual period (LMP) and statuses such as post-hysterectomy, post-menopausal or pregnancy all without user re-entry
  t. Support repeat vital signs readings on the same visit (e.g., repeat pulse, blood pressure)
  u. Support error checking for vital sign data entry

4. Documentation/results reporting types
  a. Chart notes for visits
  b. Chart notes for phone calls
  c. Emergency room reports
  d. Lab results
  e. Radiology reports
  f. Consultation reports
  g. Discharge summaries
  h. Medication lists
  i. Allergy lists
  j. Problem lists
  k. Growth charts
  l. Patient telephone messaging
  m. Blood pressure lying, sitting, standing
  n. Pulse: oral, radial, pedal, femoral
  o. Temperature: Fahrenheit, Celsius
  p. Height: feet / inches, centimeters

5. Generating forms
  a. Referral letters
  b. Letter summaries for referring physicians
  c. Summaries for patients
  d. Test report letters to patients
  e. Prescriptions
  f. Forms and letters modifiable by practice
  g. Forms modifiable by location and site
  h. Ability to create custom forms for any purpose

6. Prompts, Alerts & Reminders
  a. Unfinished patient chart documentation
  b. Spellchecking
  c. Provider alerts for missing charting elements
  d. Electronic team messaging

7. Medical History
  a. d capture of history & physical exam data
  b. Risk factor tracking
  c. Import of history
  d. Hospital data
  e. Allergy types
  f. Immunizations
  g. Genogram capture
  h. Family history

*Adapted from Outlook Associates EHR selection and implementation guidebook.

Possible EHR Features (cont)

8. Charting
   a. Problem-oriented format
   b. Multiple measures of functional status
   c. Health surveys
   d. Current health status
   e. Problem lists
   f. Progress notes

9. Medication/ Prescription Writing
   a. Drug database
   b. Maintains multiple formularies
   c. Formulary linked to patient benefits
   d. Cost information
   e. Dosage algorithms
   f. Allergen type
   g. Drug–allergy checking
   h. Drug-drug interaction checking
   i. Drug-food checking
   j. Drug administration info
   k. Weight-based dosing
   l. Prescription renewal
   m. Access to online Rx reference tools
   n. BSA (body surface area) calculation
   o. BMR (basal metabolic rate) calculation
   p. Co-signature required based on security
   q. Identifies current, expired, historical medications
   r. Notes "Dispensed as Written"
   s. Fax and remote printing of prescriptions

10. Order Management
   a. On-line ordering
   b. Order cancellation
   c. "Most common list" of orders
   d. "Most common list" varied by provider/clinician
   e. Automatic suggestion of orders required to satisfy protocols
   f. Future orders
   g. Notification to provider for tests not completed within specified time frame
   h. Trending & graphing of discrete results data
   i. Graphing of results to medications and other clinical data

11. Printing & Transmission Of Full Patient Record
   a. Print full patient record
   b. Transmit patient record electronically

   c. Transmit with encryption
   d. Print user selected patient record items

12. Coding
   a. Current diagnosis and procedure codes built-in
   b. Coding updates
   c. E&M coding advice to providers based on documentation
   d. Automated translation of the following codes to data:
      i) ICD9-CM
      ii) CPT (4 and 5)
      iii) ICD-10
      iv) SNOMED (11 and 111)
      v) APG
      vi) NDC
   e. Data validation of :
      i) Procedure to diagnosis
      ii) Procedure & diagnosis to patient age and gender

13. Dictation
   a. Support voice recognition software
   b. Support integration of transcription
   c. Create placeholder tag in medical record for dictation text to be inserted later
   d. Notify provider when dictation available in medical record for review and signature
   e. Audit report for dictation not yet inserted in medical record

14. Signing/ Authentication
   a. Electronic signatures
   b. Allow signing of individual sections
   c. Separate signatures for each provider/clinician
   d. Records locked after signature
   e. Co-signature of records
   f. Authentication required when medication ordered
   g. Authentication required when orders transmitted
   h. Authentication required when electronically signing chart

Possible EHR Features (cont)

15. Clinical Reporting
   a. Query function and customizable report writer
   b. Mail merge
   c. Exporting of data for further analysis
   d. Patient population profiles
   e. Productivity by provider, site, practice
   f. Utilization tracking
   g. Protocol adherence reports
   h. Comparative reports
   i. Ability to schedule reports for regular production
   j. Ability to save and rerun reports
   k. Supports use of third party query / reporting tools (e.g. Crystal reports)

16. Clinical Decision Support
   a. Point of care decision support tools
   b. Patient registry and outreach reports
   c. Practice analysis tools & reports
   d. Plotter support capability

17. Reminders
   a. Reminders based on health plan
   b. Reminders based on protocols
   c. Reminders based on preventative health indicators
   d. Reminders by phone

18. Patient Access To Information
   a. Practice-controlled patient access to actual medical records
      i) Access at practice location
      ii) Access via Internet
   b. Provides printed summary for patient after visit

19. Practice Management (PM)
   a. Integrated with PM system
   b. Demographics uni-directional interface (PM to EMR)
   c. Demographics bi-directional interface
   d. Billing / coding interface (EMR to PM)
   e. Access to PM financial / insurance information
   f. Access to PM appointments and scheduling

20. Other Interfaces & EDI
   a. Lab orders (EMR to Lab)
   b. Lab results (Lab to EMR)
   c. Radiology orders (EMR to X-ray)
   d. Radiology reports (X-ray to EMR)
   e. Diagnostic images (X-ray to EMR)
   f. Other diagnostic tests
   g. Hospital records system
   h. Transcription system
   i. Encrypted email
   j. Direct internet access
   k. Referral authorization requests &
   l. approvals/denials
   m. Electronic payer connectivity
   n. Support HIPAA standards for electronic
   o. transactions
   p. Support HL7 interface standards
   q. Medical terminology system

21. Display Options (In addition to text)
   a. Tables / flowsheets
   b. Graphics
   c. Free-hand drawing
   d. Stored images
   e. Annotations to images

22. Custom Views
   a. Views customizable by user

23. Patient Identifiers (for accurate searching)
   a. Patient identification number
   b. Health plan member ID number
   c. Patient name
   d. Patient AKA
   e. Social Security number (patient's)
   f. Social Security number (responsible parties)
   g. Account number
   h. Patient name by Soundex
   i. Medical record number
   j. Family identification number (separate from responsible party)
   k. Wildcard search on patient name
   l. Merge charts if patient has more than one record

Possible EHR Features (cont)

24. Data Searching
   a. By date
   b. By problem
   c. By text search
   d. By encounter type

25. Confidentiality
   a. Word protection
   b. Required password changes
   c. Access limited by user function
   d. Access limited by patient record type
   e. Access limited by encounter type
   f. Screen time-outs
   g. HIPAA compliant access audit trail

TECHNICAL

1. Security
   a. Support inquiry, update and delete capabilities for all information entered based on user security level
   b. Provide multiple levels of security with definable levels of privilege (e.g., application, function, job function, functional group, screen, user)
   c. Support a security reporting function including, but not limited to:
      i. User audit trail
      ii. All users who have used a given function
      iii. All users who have updated a given record
   d. Provide security to control remote access (e.g., dial back, VPN)
   e. Support the creation and use of "profile templates" and provide a method for defining access privileges for groups of users

2. Report Writer
   a. Provide one integrated report writer with access to all fields within all modules
   b. Provide a report writer that is menu driven
   c. Provide a report writer for use by end users
   d. Have a report writer that allows users to use programming level commands, if desired
   e. Have help text available within the report writer

   f. Provide the capability for the user to select whether the report will run immediately or in batch
   g. Allow report to be scheduled to run at a specific date/time
   h. Allow report writer to be defined by the user to the data element level of detail (field level security)
   i. Allow the user to prepare reports using any combination of data elements whether those elements are standard or user-defined
   j. Allow elements to be defined as a variable parameter that prompts the user for values at report execution time
   k. Allow downloading/ exporting of current and historical data in standard PC formats for use by standard PC packages
   l. Provide generation of output files that can be saved for further report production with the ability to increment monthly totals
   m. Provide templates (e.g., "Query for Example") for customization and the creation of new reports
   n. Boolean logic included as a report writer capability including:
      i. "if / then / else"
      ii. "equal to"
      iii. "greater / less than"
      iv. "and / or"
      v. "not"
   o. Allow selection criteria that include macros to automatically indicate current month, last month, etc., so that requests do not need modification before execution each month.
   p. Allow the use of formatting functions
   q. Provide sorting by any data element within the report
   r. Allow reports to be placed on a menu for repeated use
   s. Allow arithmetic functions to be performed within the report writer
   t. Include a date routine which performs calculations against dates
   u. Permit the generation and print of subtotals for sort breaks as well as page breaks
   v. Allow the user, when executing a report, to direct the output to any given device

Possible EHR Features (cont)

Report Writer (cont.)
w. Allow reprinting of all reports on demand
x. Allow the user to search and report contents on the screen
y. Support a web based report distribution mechanism
z. Allow reports to be viewed on-line

3. Hardware
a. Support the use of portable devices (e.g., pen tablets, PDAs) for the collection of data for subsequent upload to the appropriate module

4. Application And Imaging
a. Support digital imaging
b. Support video imaging
c. System fully integrates and supports web based
d. technology. Please explain functionality provided.
e. Allow reports to be viewed on-line?

5. Network Access
a. Application can be executed in a thin client environment such as Citrix. Please describe.
b. System allows for full automated backups
c. System allows for incremental automated backups
d. System able to send messages to users through the corporate mail server
e. Firewall between Internet and corporate network
f. User authentication is supported for data access

6. Documentation And Tutorials
a. Provide summarized user guides:
   i. For each screen/series of screens
   ii. For specific functions (e.g., documenting with a template)
b. Provide a dictionary/ glossary for each field discussed in the above user guide
c. Provide a hard copy tutorial/study for use during training and subsequent reference by the end user
d. Provide on-line tutorial for self-paced, self-directed training by end user (i.e., Computer Based Training (CBT))
e.

f. Provide the capability for the end user (non-programmer) to customize the tutorial
g. Control access to customization of tutorial by security

7. On-Line Help
a. Provide on-line prompting for menu-screen selections
b. Provide "pull-down" menus for screen prompting
c. Provide on-line help at the screen level (e.g., when the user selects "help" from within a screen, the help text is specific for that screen and related topics)
d. Provide prompting for field level entry
e. Provide on-line help at the field level (e.g., when the user selects "help" with the cursor on a particular field, the help text is specific for that field and related topics)
f. Offer on-line user & technical support

I. General Guidelines

- **Establish a Process**: This will allow you to evaluate systems in a more consistent manner, to more effectively make an "apples-to-apples" comparison, and to not be as easily distracted by sales pitches.
  - o Establish a team, which will be responsible for evaluating systems.
  - o Develop a standard set of questions to ask.
  - o Utilize a scorecard or similar mechanism to consistently document your evaluation of vendors and systems.

- **Know Your Priorities**: Identify the problems and issues within your practice, which the system needs to solve.
  - o Conduct a needs assessment and prioritize the practice's needs.
  - o Map identified needs to system features and functionality, which will address those needs.
  - o Communicate those needs to vendors throughout your evaluation, both in your request for proposal (RFP) and during demos.

- **Drive the Product**: During product demos, don't allow the sales person simply to "drive" the product for you.
  - o Utilize patient visit-based scenarios to better determine how well a system will fit your workflow.
  - o Use demos to determine first-hand how well and how easy a system allows you to document a visit, write a prescription, etc.

- **Make the Vendor Show You**: "It can do that" is not good enough. Have the vendor show you or point you to a client using a particular feature or function.

- **Involve the Staff**: The system has to meet their needs as well, so include them in the evaluation process as much as possible.
  - o Ensure the system selection team includes representatives from other departments.
  - o Make sure the needs assessment addresses the needs of the entire practice.
  - o Allow staff opportunities to participate in some product demos, especially for products, which are on the practice's short list.
  - o Give staff an opportunity to weigh in on the final decision.

II. Conducting a Product Demo

- Use patient visit-based scenarios:
  - o Multiple chronic conditions, e.g., diabetes and hypertension
  - o Acute and chronic conditions addressed at the same visit
  - o Different diagnostic and/or treatment needs
  - o Utilize your own actual patient cases
  - o Steer the demo to tricky situations you may have recently encountered

- Develop workflow scenarios:
  - o Prescription refills/renewals
  - o Lab results follow-up
  - o Notification letters to patients
  - o Group visits

- Ask data questions:
    - Identify all patients with diabetes who have not been seen in over a year
    - Notify all patients on particular medication, e.g., Vioxx
    - Find patients with a particular lab result, e.g., patients with LDL-C > 130 mg/dL
    - Questions with multiple search parameters, e.g., patients with diabetes who within the past year have had a HbA1C > 9.0%

Evaluating Product Functionality[1]

Use the following checklist to help evaluate specific product functionality.

Ease of Use	Workflow	Availability	Cost Considerations
- Did the product perform the function intuitively and with ease?	- How would this functionality be done? - By whom among practice staff? - Does it fit within practice's current workflow? - Are there impacts to the practice's current workflow that represent major changes?	- Is this functionality available now? - Is it included in the standard product offering? - Is customization required? - Who has to do the customization – vendor or client?	- Which product module includes functionality? Is it included in the quoted price? - Is additional third-party software required? What is the associated cost? - Is additional hardware required? What is the associated cost? - Is ongoing maintenance required? What are the associated costs? Who does the maintenance?

1   Adapted from "Electronic Health Record (EHR) Product Guide." Object Health. May 2005.

III. Conducting Reference Site Visits

- Ask vendor for client list and contact clients yourself.

- Visit practices with a similar profile:
    - Size and specialties
    - Problems and goals

- Conduct a structured visit:
    - Establish overall goals
    - Develop a set of questions to ask
    - Identify processes and functions to observe

- Bring practice staff along.

- Spend as much time as possible watching the system in use.

- Understand the motives of references for hosting visits.

Vendor List

The companies listed below are Electronic Health Record (EHR) and Health Information Technology (HIT) vendors, which have declared their support for the DOQ-IT program. These vendors have agreed to sign a DOQ-IT letter of intent to declare their intention to meet program expectations regarding the capture and output of clinical quality data.

Note to members of the American Academy of Family Physicians (AAFP): The AAFP has signed agreements with select software, hardware, and network services companies, enabling them to purchase products and services at significantly reduced prices, and in some cases, obtain additional assistance at no charge. An AAFP discount is offered to AAFP members through the organization's Partners for Patients program. Other vendors may have joined that are not known as of this date.

Current as of March 13, 2006

A4 Health Systems
5501 Dillard Dr.
Cary, NC 27511
888.672.3282
www.a4heathsystems.com
AAFP Discount: Yes

ABELSoft Corporation
1625 Buffalo Avenue
Niagara Falls, NY 14303
800.263.5104
www.abelsoft.com
AAFP Discount: Yes

AcerMed, Inc.
17780 Fitch, Ste. 100
Irvine, CA 92614
800.841.0008
www.acermed.com
AAFP Discount: Yes

Advanced Filing Systems
1561 S.W. 68th Ave.
Fort Lauderdale, FL 33317
www.advancedfiling.com
877.792.8226
AAFP Discount: No

Aimset Corporation
50 Woodside Plaza
Ste. 511
Redwood City, CA 94061
650.281.7997
www.aimset.com
AAFP Discount: No

Allscripts Healthcare Solutions
2401 Commerce Dr.
Libertyville, IL 60048-4464
800.654.0889
www.allscripts.com
AAFP Discount: Yes

AmazingCharts.com, Inc.
1111 Main St.
Hope Valley, RI 02832
866.903.0821
www.amazingcharts.com
AAFP Discount: Yes

Amicore, Inc.
200 Minuteman Rd.
Andover, MA 01810
800.568.1528
www.amicore.com
AAFP Discount: Yes

Aristos Group
P.O. Box 684715
Austin, TX 78768
425.483.7346
www.aristos.com
AAFP Discount: No

ArcSys, Inc.
1847 Sage Hollow Dr.
Draper, UT 84020
801.571.4158
AAFP Discount: No

Axolotl
800 El Camino Real West
Suite 270
Mountain View, CA 94040
888.296.5685
www.axolotl.com

AAFP Discount: Yes

Blue Ox Medical Solutions
701 Foulk Rd.
Ste. 1G
Wilmington, DE 19803
www.blueoxmedical.com
302.778.2583
AAFP Discount: No

Bond Technologies
3903 Northdale Blvd.
Ste. 100W
Tampa, FL 33624
866.331.2663
www.bondmedical.com
AAFP Discount: No

CaduRx, Inc.
Farmington, UT 84025
801.939.9999
www.cadurx.com
AAFP Discount: No

Catalis Health
9050 Capital of Texas
Highway North, Ste. 360
Austin, TX 78759
888.241.1325
www.catalishealth.com
AAFP Discount: No

Cerner Corporation
2800 Rockcreek Pkwy.
Kansas City, MO 64117-2551
816.221.1024
www.cerner.com
AAFP Discount: Yes

ChartConnect, Inc.
104 S. 6th Ave.
Yakima, WA 98902
509.575.3600
www.chartconnect.com
AAFP Discount: No

ChartLogic, Inc.
3995 S. 700 East, Ste. 200
Salt Lake City, UT 84107
888.337.4441
www.chartlogic.com
AAFP Discount: Yes

ChartWare, Inc.
101 Golf Course Drive
Ste. A220
Rohnert Park, CA 94928
800.642.4278
www.chartware.com
AAFP Discount: No

Clinical Integration Networks of America, Inc.
705 West Ave. B, Ste. 600
Garland, TX 75040
972.487.3527
www.cina-us.com
AAFP Discount: No

ComChart Medical Software
275 Varnum Ave., Ste. 102
Lowell, MA 01854
978.441.3939, ext. 35
www.comchart.com
AAFP Discount: No

MEDENT - Community Computer Service
15 Hulbert St.
Auburn, NY 13021
315.255.1751
www.medent.com
AAFP Discount: No

Companion Technologies
8901 Farrow Rd.
Columbia, SC 29203
800.999.0788
www.companiontechnologies.com
AAFP Discount: Yes

Complete Medical Solutions
11115 Industriplex Blvd.
Suite 800
Baton Rouge, LA 70809
800.256.2803
winmed.geauxweb.com
AAFP Discount: No

Davlong Business Solutions
6600 Abercorn Street # 205
Savannah, GA 31405
912.355.3213
www.davlong.com
AAFP Discount: No

Delphi Health Systems
360 Bloomfield Ave.
Windsor, CT 06095
860.687.4700
www.delphihealth.com
AAFP Discount: No

DocSite
48 Mount Vernon St.
Ste. 100
Winchester, MA 01890
781.721.0005
www.docsite.com
AAFP Discount: Yes

DOCS, Inc.
1443 West Sunset
Springdale, AR 72764
800.455.7627
www.docs.com
AAFP Discount: Yes

DSS, Inc.
12575 U.S. Hwy 1, Suite 200
Juno Beach, FL 33408
561.277.0207
www.docstorsys.com
AAFP Discount: No

eClinicalWorks
Westborough Executive Park
114 Turnpike Rd.
Westborough, MA 01531
866.888.6929
www.eclinicalworks.com
AAFP Discount: Yes

Electronic Healthcare Systems, Inc.
100 Brookwood Place
Ste. 410
Birmingham, AL 35209
205.871.1031
www.ehsmed.com
AAFP Discount: Yes

e-MDs, Inc.
e-MDs Campus, Building One
500 West Whitestone Blvd.
Cedar Park, TX 78613
888.344.9836
www.e-mds.com
AAFP Discount: No

Emdeon
2202 N. West Shore Blvd.
Ste. 300
Tampa, FL 33607
877.932.6301, ext. 45183
www.webmdps.com
AAFP Discount: Yes

Encite, Inc.
969 Eisenhower Blvd.
Johnston, PA 15904
800.714.7199
www.encite.us
AAFP Discount: No

Ethidium Health Systems
3993 Huntingdon Pike
Ste. 108
Huntingdon Valley, PA 19006
800.842.0873
www.ethidium.com
AAFP Discount: No

Flexis, Inc.
1335 Alma Street
Palo Alto, CA 94301
www.flexis.net
AAFP Discount: No

GE Healthcare Technologies
540 West Northwest Highway
Barrington, IL 60010
847.277.5000
www.gehealthcare.com
AAFP Discount: Yes

Greenway Medical Technologies
121 Greenway Blvd.
Carrollton, GA 30117
770.836.3100
www.greenwaymedical.com
AAFP Discount: Yes

gScribe, Inc.
3550 Lexington Ave. North
Suite 100
Shoreview, MN 55126
651.486.9396
www.igsp.com
AAFP Discount: No

Health Probe
5693 S. Bear Wallow Road
Suite 100
Morgantown, IN 46160
765.342.9947
www.healthprobe.com
AAFP Discount: Yes

Healthcare Informatics Technology Services, Inc.
5610 Kitsap Way, Ste. 390
Bremerton, WA 98312
360.981.4000
www.hits-inc.us
AAFP Discount: No

HealthcareWare
755 Waverly Ave, Ste. 407
Holtsville, NY 11742
631.794.2222
www.healthcareware.com
AAFP Discount: No

IAtroware
2706 Louanna Street
Midland, MI 48640
330.2043615
www.iatroware.com
AAFP Discount: No

ImageMarkIT, Inc.
907 Centerbrook Dr.
Brandon, FL 33511
813.294.4137
www.imit2.com
AAFP Discount: No

iMed Software
2014 West Pinhook Rd. Ste. 704
Lafayette, LA 70508
337.289.0002
www.imedemr.com
AAFP Discount: No

iMedica Corporation
2250 Charleston Rd.
Mountain View, CA 94043
650.960.6890
www.imedica.com
AAFP Discount: Yes

Infor-Med, Inc.
6320 Canoga Ave.
Ste. 1500, #195
Woodland Hills, CA 91365
800.985.6016
www.infor-med.com
AAFP Discount: Yes

InteGreat Concepts, Inc
14988 North 78th Way
Ste. 100
Scottsdale, AZ 85260-3476
480.778.1000
www.igreat.com
AAFP Discount: No

Integrated Healthware
101 Billerica Ave., Bldg. 5
North Billerica, MA 01862
888.813.7575
www.ihealthware.com
AAFP Discount: Yes

Intermountain Health Care e-Business
36 South State St.
18th Floor
Salt Lake City, UT 84111
www.ihc.com
AAFP Discount: Yes

Isprit
P.O. Box 44021
Indianapolis, IN 46204
317.965.0930
www.isprit.com
AAFP Discount: No

JMJ Technologies, Inc.
3100 Cumberland Blvd.
Ste. 1750
Atlanta, GA 30339
770.919.7220
www.jmjtech.com
AAFP Discount: Yes

KMS Computer Services, Inc.
121 West Sycamore St.
Kokomo, IN 46901
800.669.5779
www.kmscomputer.com
AAFP Discount: No

McKesson Provider Technologies
One Post Street
San Francisco, CA 94104
www.mckesson.com
AAFP Discount: No

MDAnywhere Technologies, Inc.
401 E. Pratt St., Ste. 1700
Baltimore, MD 21202
410.547.7455
www.mdanywhere.com
AAFP Discount: No

MDsync LLC
99-128 Aiea Heights Dr.
Room 105
Aiea, HI 97601
808.487.9922
www.mdsync.net
AAFP Discount: No

M.D. Web Solutions
10712 Cory Lake Drive, Ste. 1
Tampa, FL 33647
813.731.1274
www.mdwebsolutions.net
AAFP Discount: No

MDTablet, LLC
1836 Lackland Hill Pkwy.
St. Louis, MO 63146
888.989.1965
www.mdtablet.com
AAFP Discount: Yes

Medappz, LLC
3350 NW 2nd Ave. Suite A30
Boca Raton, FL 33431
866.360.7338
www.medappz.com
AAFP Discount: No

MedcomSoft, Inc.
1200 Eglinton Ave., East, Ste. 900
Toronto, Ontario M3C 1H9
416.443.8788
www.medcomsoft.com
AAFP Discount: Yes

Medical Communication Systems, Inc.
800 West Cummings Park, Ste. 3300
Woburn, MA 01801
800.741.0981
www.medcomsys.com
AAFP Discount: No

Medical Informatics Engineering, Inc.
4101 W. Jefferson Blvd.
Fort Wayne, IN 46804
260.459.6270
www.mieweb.com
AAFP Discount: No

Medical Knowledge
www.medicalknowledge.com
AAFP Discount: No

Medi-EMR, LLC
90 Washington Valley Road
Bedminster, NJ 07921
888.633.1367
www.mediemr.com
AAFP Discount: Yes

Meditech
Medical Information Technology, Inc.
and LSS Data Systems
Meditech Circle
Westwood, MA 02090
781.821.3000
www.meditech.com
AAFP Discount: No

MedicWare, Inc.
6520 N. Irwindale Ave., Ste. 215
Irwindale, CA 91702
626.334.5678
www.medicware.com
AAFP Discount: Yes

MediNotes Corporation
1025 Ashworth Rd., Ste. 222
West Des Moines, IA 50265
877.633.6683
www.medinotes.com
AAFP Discount: Yes

MedNet Systems, Inc.
72 Cudworth Rd.
Webster, MA 01570
508.949.8118
www.mednetsystem.com
AAFP Discount: No

MedPlexus, Inc.
3140 De La Cruz Blvd., Ste. 200
Santa Clara, CA 95054
408.878.6203
www.medplexus.com
AAFP Discount: Yes

Medsphere Systems
120 Vantis, Suite 405
Aliso Viejo, CA 92656
949.297.4050
www.medsphere.com
AAFP Discount: No

Medstar Systems
3115 NW 10 Terrace, Ste. 104
Fort Lauderdale, FL 33309
866.775.7779
www.medstarsystems.com
AAFP Discount: No

Misys Healthcare Systems
8529 Six Forks Rd.
Raleigh, NC 27615
866.647.9787
www.misyshealthcare.com
AAFP Discount: Yes

NCG Medical Systems
140 North Westmore Drive
Suite 100
Altamonte Springs, FL 32714
407.788.1906
www.ncgmedical.com
AAFP Discount: No

NeoDeck Software
Calle Sol #22
Ponce, PR 00730-3820
787.344.3538
www.nd-soft.com
AAFP Discount: No

NewCrop, LLC
6402 Mercer St.
Houston, TX 77005
713.662.3578
www.newcroprx.com
AAFP Discount: No

NextGen Healthcare Information Systems, Inc.
795 Horsham Rd., 2nd Floor
Horsham, PA 19044
215.657.7010
www.nextgen.com
AAFP Discount: Yes

NorthBase, Inc.
3700 Vesta Dr.
Raleigh, NC 27603-3842
877.629.6912
www.northbase.com
AAFP Discount: No

NoteWorthy Medical Systems
6001 Landerhaven Dr.
Cleveland, OH 44124
800.224.9740
www.noteworthyms.com
AAFP Discount: Yes

OmniMD
303 South Broadway, Ste. 101
Tarrytown, NY 10591
914.332.5590
www.omnimd.com
AAFP Discount: Yes

Outcome
201 Broadway, 5th Floor
Cambridge, MA 02139
888.526.6700
www.outcome.com
AAFP Discount: No

Practice Partner
2401 Fourth Ave.
Seattle, WA 98121
800.770.7674
www.practicepartner.com
AAFP Discount: Yes

PhysBiz Inc.
641 Braddock Ave.
East Pittsburgh, PA 15112
412.349.0022
www.phyzbiz.com
AAFP Discount: No

Pulse Systems, Inc.
3017 North Cypress
Wichita, KS 67226
800.444.0882
www.pulseinc.com
AAFP Discount: Yes

QuickMed, Inc.
6202 W. Okanogan Ave.
Kennewick, WA 99336
800.615.3774
www.quickmed.com
AAFP Discount: Yes

Sapphire Enterprises
2445 Alexander Lake Drive SW
Marietta, GA 30064-7502
866.208.4308
AAFP Discount: No

Solventus, LLC
625 Oaks Dr., Ste. 305
Pompano Beach, FL 33069
866.891.0537
www.solventus.com
AAFP Discount: Yes

Spring Medical Systems
9005 Louetta Rd.
Spring, TX 77379
281.537.0186
www.springcharts.com
AAFP Discount: Yes

Stat! Systems, Inc.
2560 Ninth St., Ste. 317
Berkeley, CA 94710
877.424.2787
www.statsystems.com
AAFP Discount: No

STI Computer Services, Inc.
Valley Forge Corporate Center
2550 Eisenhower Ave., Bldg. C
Norristown, PA 19403
610.650.9272
www.sticomputer.com
AAFP Discount: No

Summit Medical Technologies
3982 New Vision Drive
Fort Wayne, IN 46845
866.355.3726
www.summitmedicaltechnologies.com
AAFP Discount: No

Symmetry Information Systems
9724 Kingston Pike, Ste. 504
Knoxville, TN 37922
800.848.4667
www.symmetryinfo.com
AAFP Discount: No

SynaMed, LLC
125-10 Queens Blvd.
Kew Gardens, NY 11415
866.796.2633
www.synamed.com
AAFP Discount: Yes

Vericle, Inc.
One Austen Court
Marlboro, NJ 07746
732.845.0112
www.vericle.com
AAFP Discount: No

VersaForm Systems Corp.
591 W. Hamilton Ave., Ste. 201
Campbell, CA 95008
800.678.1111
www.versaform.com
AAFP Discount: No

Visionary Medical Systems, Inc.
5600 Mariner Street
Suite 227
Tampa, FL 33609
813.594.1026
www.visionarymed.com
AAFP Discount: No

Wellinx
10426 Baur Blvd.
St. Louis, MO 63132
314.993.4378
www.wellinx.com
AAFP Discount: Yes

Wellogic
222 Third St.
Cambridge, MA 02142
617.621.9775
www.wellogic.com
AAFP Discount: No

WhiTech Medical Solutions
1575 Chattanooga Ave.
Dalton, GA 30705
800.470.3578
www.whi-tech.com
AAFP Discount: No

WiFiMed, Inc.
2 Clock Tower Place
Ste. 250
Maynard, MA 01754
978.823.5133
www.wifi-med.com
AAFP Discount: No

WLJ Consulting
P.O. Box 768386
Roswell, GA 30076
678.461.9896
www.consultwlj.com
AAFP Discount: No

Disclaimer
Please note that the HIT vendors referenced in this document have expressed an interest in developing their products and services to comply with the reporting and interoperability standards advanced by the Centers for Medicare & Medicaid (CMS). The listing of these vendors does not constitute an endorsement by Ohio KePRO. The U.S. Department of Health and Human Services, CMS, and Ohio KePRO do not endorse or recommend any product or service to the exclusion of others.

Sources
AAFP Partners for Patients Web site: http://www.centerforhit.org/x200.xml, http://www.centerforhit.org/x266.xml and http://www.centerforhit.org/x25.xml. Accessed March 10, 2005.
Anderson, Mark R. AC Group's 2004 Annual Report: Computer Systems for the Physician's Office, AC Group, May 2004. www.acgroup.org.

EHR Required Characteristics

- Support for DOQ-IT measures
- Interface capability to common practice management (PM) systems
- E&M coding based on documentation input and linked to PM systems
- Support for the Clinical Care Record (CCR) or Clinical Data Architecture (CDA) for export and import
- Decision support and reporting
- Workflow management capability
- Computerized provider order entry for labs, tests, vaccinations, and procedures
- Patient portal for secure messaging, lab results lookup, appointment scheduling, prescription refill requests, e-visit capability, access to patient education, etc.
- Care planning – alerts and reminders
  - Alerts must be customizable
  - Care reminders during visits
  - Care documentation for post visit
- e-prescribing
  - Surescripts, RxHub, or like capability
  - Drug-to-drug, drug-to-allergy checking
  - Weight/age based dosing tables, pediatric tables, geriatric tables
  - Formulary management and updating
  - Medication data from nationally recognized data bank with quarterly updates (or better) (Multum, Gold, Micromedex, etc.)

- e-labs / accept primary lab results
- Error checking on data entry field to ensure that incorrect or irrational values are checked
- Customizable templates
  - Free text and structured inputs
  - Options for alternate data input – scanning, voice, snapshots, etc.
- Demonstrated company vitality
  - R&D budget with portion of revenues going back to development
  - At least 30-50 installs, 10 installed 18 months or longer, and some local installs
  - On-site implementation and/or training
  - 24 x7 Tech support option, and basic coverage during typical practice hours (7am – 6pm)
  - Established local hardware support option (can be w/third party)
- Remote access to EHR, both for reference and documentation
- Support for SNOMED or Medcin coding and HL7
- Support hardware alternatives for data entry - tablet or handheld entry

Optional
- Support and demonstrate ASP environments
- Alternative purchasing models – leasing, milestone payments, subscription, etc.
- Provide project plans for application updates, along with process for submitting requests
- Single Database for Practice Management and EHR systems

EHR Selection Tools

Web-Based Tools

- **AAFP's Center for Health Information Technology (CHIT)**
  URL: www.centerforhit.org/
  Cost: $310.00 annual dues (Jan. 1 to Dec. 31)
  Notes: Most information is **_free_** on the website.

- **HIMSS Ambulatory EMR Selector**
  URL: www.solutions-toolkit.org/emrtoolkit/ASP/default.asp
  Cost: $49 per session; $149 annual subscription.
  Notes: Limited number of vendor profiles (27 as of 8/23/2004); extensive set of questions – 23 separate categories.

- **EMRConsultant.com**
  URL: www.emrconsultant.com
  Cost: No charge.
  Notes: Extensive number of vendor profiles; average time of completion of questionnaire – seven minutes; registration required.

- **TelemedicalRecord.com**
  URL: www.telemedicalrecord.com
  Cost: No charge.
  Notes: Presents "best of breed" products; limited set of features/functionality questions (19); registration required.

- **DigitalPhysician.com**
  URL: www.digitalphysician.com
  Cost: $19.95.
  Notes: Contains database of 75 EMR products; ability to search based on features (30+ criteria) or product name; also provides vendor-feature comparison matrix report.

- **ELMR.com**
  URL: www.elmr-electronic-medical-records-emr.com/
  Cost: No charge.
  Notes: Contains information on more than 70 products; provides vendor-feature comparison matrix report, brief vendor descriptions, discussion forum, purchasing information, and links to vendor Web sites.

Reports

- **AC Group Annual Report**
  URL: www.acgroup.org
  Cost: $129.95 for physicians; $229.95 for non-physicians.
  Notes: Well regarded, extensive 70 page report that ranks EMR products based on functionality and market segment; annual report also includes reports on practice management systems, mobile solutions, etc.; summary report of EMRs available at no cost from Web site.

- **Electronic Medical Records: A Buyer's Guide for Small Physician Practices**
  URL: www.chcf.org/documents/ihealth/ForresterEMRBuyersGuideRevise.pdf
  Cost: No charge.
  Notes: Published by California Health Care Foundation; contains general purchasing information/advice; only eight EMR products evaluated; Excel-based evaluation tool by Forrester Research available.

- **Family Practice Management Vendor Survey**
  URL: www.aafp.org/fpm/20010100/45elec.html
  Cost: No charge.
  Notes: Contains information on 28 EMR products; includes rankings of products, vendor characteristics summary matrix, and product-feature comparison matrix; information outdated though (January 2001).

Miscellaneous

- **EMRGuide.com**
  URL: www.emrguide.com/
  Cost: No charge.
  Notes: Provides discussion forums, physician reviews of EMR products, etc.

- **Electronic Medical Records Forum**
  URL: www.emrupdate.com
  Cost: No Charge
  Notes: Public discussion about EMRs.

Practice Goals for Vendor Selection

This tool is meant to help practice's outline the goals that will guide them in selecting an EHR vendor. The goals are separated into four categories that represent four aspects of EHR: functionality, usability, practicality, and reputation. A practice representative should fill out the blue column; an Ohio KePRO project leader will assist in the gray columns.

Functionality (features):
This list should include, but is not limited to goals about: patient encounter documentation, automating and facilitating office workflow, decision support during patient encounters, reporting that supports care management, and template customization.

Practice goals that relate to functionality:	Features that relate to these goals:	Vendors with these features:

Usability (speed and ease of use):
This list should include, but is not limited to goals about: tasks often done that must be done fast, peculiarities of the practice such as computer literacy, and desired input method that impact usability.

Practice goals that relate to usability:	Features that relate to these goals:	Vendors with these features:

Practicality (price, interfaces, support):

This list should include, but is not limited to goals about: price, integrated versus interfaced practice management system, interfaces with labs, etc., internal resources needed to customize and maintain the database, etc., overall support needs.

Practice goals that relate to practicality:	Features that relate to these goals:	Vendors with these features:

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Reputation (company history, longevity, etc.):

This list should include, but is not limited to goals about: how established the vendor needs to be (level of risk adversity), what sort of relationship you would like to have with the company—you're not just buying software, you're forming a relationship with a company whose software will change over time.

Practice goals that relate to reputation/company:	Vendors with these features:					

Key Questions for EHR Vendors

General
- Year company was established
- Years in business as EHR vendor
- Company privately held or publicly traded
- Background of executive team
  - Did they start company
  - How long have they been with company
- Background of founders
  - Still with company or build/sell
- Long term goals for product
- Long term goals of company
- Total number of employees
- Number of employees dedicated to implementation (e.g., project management, system installation, etc.)
- Number of employees dedicated to training
- Number of employees dedicated to customer support
- Annual sales
- Annual revenue
- Number of systems sold annually
- Number of systems implemented annually
- Total number of implementations to date
- Size of existing user base (physicians and staff)
- Number of physicians currently using system
- Geographical distribution of customers
- Number of similar customers by size, specialty, etc.

Product
- Frequency and depth of upgrades
- Process for enhancement requests
- Frequency of service packs, patches, etc.

- Existing interface/integration with practice management system and/or billing system
- Existing interface with lab vendor, e.g., LabCorp, Quest, etc.
- Existing interface with transcription vendor
- Existing interface with local hospital
- Product Surescripts/RxHub certified
- Product certified HIPAA compliant by third party
- Product compliant with Consolidated Health Informatics (CHI) standards for interoperability, e.g., ICD, CPT, LOINC, NDC, SNOMED, etc.

Implementation
- Average length of implementation
- Implementation resources company will provid
- Implementation resources practice will require
- Days on site for implementation and customization
- Days on site for training
- Days on site for workflow and template design
- Test/training system or environment provided

Customer Support
- Normal customer support hours (note time zone)
- Support available after hours, weekends, and holidays
- Local support available
- Different levels of support provided
- Process for resolving software problems
- User group meetings held and, if so, how often
- Regional support groups available
- Discussion forum available to share ideas and solutions
- User and technical documentation provided
- Other types of support available

Vendor Evaluation Matrix

Instructions: Score each vendor on a scale from 1 (poor) to 5 (excellent) on each of your prioritized items. Total up your ratings for each vendor to help make your comparisons. Write the names of the vendors you are comparing in the watermark space provided in vendor columns. Use the blank rows at the end of the worksheet to ask your own questions.

Functionality/Usability	Priority	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Charting						
Can the system accommodate (and potentially improve) my workflow?						
Can I easily build and/or customize "off-the-shelf" templates?						
Does the system offer a variety of data entry options, e.g., dictation, voice recognition, structured notes, etc.?						
Can I make subsequent edits and addendums to clinical documentation?						
Does the system alert me about unfinished portions of the clinical documentation and can I bypass it if necessary?						
Can I access other such clinical information as previous labs, progress notes, etc. from a patient's "electronic chart" while charting?						
Does the system allow me to multi-task, e.g., create task, order lab, etc. while charting?						
Does the system allow me to forward patient information to staff, other physicians, etc. via e-mail, electronic faxing, messaging, etc.?						
Does the system ensure that only authorized clinicians can sign clinical documentation?						

Functionality/Usability	Priority	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Prescriptions						
Can I complete a prescription within a few clicks?						
Can I look up medication information and is this information valuable?						
How extensive (and how sensitive) is the system's interactions checking capability, e.g., drug-drug, drug-allergy, drug-food?						
How accurate is the system in identifying drug-condition warnings, e.g., pregnancy?						
Can I refill a medication within a few clicks? Can previous sigs be viewed from the refill screen?						
Can the system handle multiple drug formularies?						
Can the system send prescriptions electronically to pharmacies in my local market?						
Lab and Results Management						
Can I complete a lab order within a few clicks?						
Can the system send lab orders electronically to laboratories, hospitals, etc. in my local market?						
Can I pull up and review lab results within a few clicks?						
Can the system receive lab results electronically from laboratories, hospitals, etc. in my local market?						
Does the system notify me of abnormal lab results and provide normal ranges?						
Can the system show me trending of results over time?						
Can I create and/or customize "off-the-shelf" order sets?						

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Functionality/Usability	Priority	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Decision Support						
Does the system utilize clinical information from all parts of the chart to provide decision support?						
Does the system alert me when patient data indicates intervention is recommended?						
Can I access medical literature, clinical guidelines, etc.?						
Disease and Population Management						
Assuming good data entry for all patients, can I query the system and identify patients that have a particular condition, are on a certain medication, etc.?						
Does the system track patients for follow-up and send out reminders?						
Can I create ad-hoc reports or am I limited to ones provided off-the-shelf? Can I customize these reports?						
Does reporting module handle "and/or" queries together?						
How are "rules" for health maintenance populated in the system? (installed with upgrades or entered and maintained by practice)						
If health maintenance feature is pre-loaded, what is source for HM guidelines?						
Health Record Management						
Can I look up a patient by a number of different criteria, e.g., name, MRN, SSN, etc.?						
Does the system provide a summary view of a patient's health status?						
Does the system handle other such clinical documents as x-rays, reports, etc.?						
Does the system allow me to maintain patient lists, e.g., problems, allergies, medications, etc.?						

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Functionality/Usability	Priority	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Can I organize patient information within the system in a similar way to my paper charts?						
Clinical Tasking & Messaging						
Can I access and manage various tasks, e.g., sign progress notes, review labs, etc. within a few clicks?						
Can I task or message someone else in the practice and do it with a few clicks?						
Does system alert me of overdue tasks and urgent lab results?						
How disruptive are the alerts, are they customizable and can they be overridden?						
Can I manage tasks and messages from a computer other than my own?						
Financial considerations						
Roughly how much could the system cost my clinic?						
Can you offer an Application Service Provider (ASP) option, purchase option, or monthly subscription option?						
Roughly how much do the software licenses cost?						
About how much will on-going maintenance and upgrades cost?						
How often will a support person(s) be available once the system goes "LIVE" in case of any system difficulty?						
How are the licenses issued? Concurrent user versus per practitioner?						

Functionality/Usability	Priority	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
TOTAL SCORE						

Contracting Guidelines with EHR Vendors

In general, if a contract is presented to your group from a software company, it will be written from the perspective of the software company. You can request language changes to make the intent of the contract more "equal," although many companies may not be flexible about language changes. **Do not be afraid to ask.**

Specifics to consider:

General:

1. The contract should have bi-lateral termination clauses without penalty given within a certain notice period.

2. The contract should stipulate that it shall not be transferred by one party without written approval of the other party.

3. The contract should have a definition section for anything that is not readily understandable. Don't be afraid to require the vendor to spell out clauses in acceptable language.

4. The contract should spell out what happens in the event of default by either party and should be as evenly weighted as you can possibly negotiate.

5. The contract should clearly outline how the product is to be delivered. Is it run as an on-site application or delivered in an Application Service Provider (ASP) model through internet connectivity.

Software:

1. The contract should spell out or explicitly address that you should own the data and that the data will be returned should the agreement between the two parties be terminated for any reason.

2. Contract should outline the minimum hardware required to sufficiently run application as demonstrated. Contract should have provisions for hardware support if sold with system.

3. Contract should describe process on how upgrades to hardware are handled and notifications when upgrades are required for future releases.

4. The contract should also include language about the vendor turning over source code, data models, etc. should it for whatever reason cease to exist. This is usually handled through a process of escrowing the source code with a third party.

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5. The contract should spell out whether the cost of the system includes upgrades, patches, etc. and, if so, how many, who is responsible for applying them, at what cost, and what happens if an upgrade negatively impacts the system.

6. The contract should spell out how non-vendor upgrades, patches, etc. (such as for the OS or DBMS) are handled, who is responsible, etc., similar to above.

7. If the system includes third party software and/or content, the contract should spell out the associated costs, who is responsible for those costs, who is responsible for support, and how updates are handled.

8. The contract should include language regarding the vendor ensuring the confidentiality of patient and practice information. The vendor should be required to execute a separate HIPAA Business Partner Agreement.

9. The contract should state that the vendor agrees to comply with HIPAA requirements and to make the necessary government-required modifications to ensure this compliance is at no additional cost to the practice. The vendor should provide changes that are required to sell or certify software in the current environment.

10. Access to system through dial-up or internet for the purpose of support should be clearly documented and list who will have access to data during on-line support fixes. This data should be a part of the HIPAA access record.

11. Access to system for updates should be defined. Clearly spell out procedures for changes and updates and when they can occur.

12. The contract should include delineation of test environments and whether there is one included within the system.

13. The contract should provide provisions for the ability of data to be separated if multiple practices will be using the same database. The application should allow for some data export in the case of a doctor that splits from the practice. Likewise, how is data combined if practices merge.

14. The contract should be structured to include a progressive payment schedule based on the achievement of certain implementation milestones.

15. The contract should specify the conditions under which a breach of contract has occurred, such as the system not performing as specified, consistent poor performance, etc. and at what point money is refunded, or payments may cease.

Support:

1. The contract should outline what support hours will be available (including time zone) and what level of support is included.

2. Costs for additional support should be itemized on the contract.

3. The contract should clearly outline the term of the support agreement.

4. The contract should have a clearly delineated escalation path for those issues which are not resolved by first-line support.

5. The contract should outline when a resolution has been achieved.

6. The contract should outline where support is delivered and that vendor support staff should speak clear English. Many vendors have outsourced support to other countries.

Interfaces:

1. For each interface to another system, e.g., laboratory, billing, scheduling, etc., the contract should indicate whether the cost of the interface includes interface programming time and, if so, how many hours are included. It should detail what happens if and when those hours and the associated costs are exceeded.
2. The contract should also identify what is included with the interface, for example interface specifications or programming.
3. The contract should state what happens if subsequent programming is needed either because of initial errors or if additional modifications are needed.
4. The contract should stipulate who owns the interface and who will troubleshoot it when it goes down.
5. Each interface should have terms outlined regarding which party is responsible for upgrading it, and which party will assure that it functions with new upgrades of main products.

Training:
1. The contract should identify how many training hours are included, who is covered, and what is included with the training, e.g., training material, customized cheat sheets, etc.
2. The contract should explain what happens if additional training is needed and what the billing rate is for additional time.
3. The contract should spell out what are acceptable and non-acceptable costs and establish a per diem rate for trainers (if there are on-site sessions).
4. The contract should stipulate what (if any) follow-up training is provided, and at what cost.

Implementation:
1. The contract should spell out what is and is not included in the implementation costs: what services will you receive, how many hours, who the resources will be, what sort of materials will be provided (e.g., project plan, implementation guides, specs), etc.
2. The contract should spell out what are acceptable and non-acceptable costs and establish a per diem rate for implementation staff.
3. The contract should have liability clauses for who is responsible during building of on-site applications and templates.
4. The contract should include who will be responsible for implementation of hardware if not provided by software vendor.

Disaster Recovery and Planning:
1. The contract should spell out how product is delivered – either via ASP or installed on-site application. The contract should detail ownership of data through either system.
2. If ASP or remote operations model is selected:
    a. The contract should include guarantees for uptime and service level agreements (SLA).
    b. The contract should provide guarantees on data availability, when service is performed, and notification of scheduled down-time.
    c. The contract should provide a detailed plan of how data is secured, back-up and restored along with a testing methodology utilized.
    d. The contract should provide for contingency planning if ASP is down for a significant time.
3. If the Owned and installed model is selected:
    a. The contract should outline when service should be performed, how often, and how long it should take
    b. The contract should clearly delineate what hardware is required for backup and how frequently that should be run. This includes tape backup, battery or UPS devices required, workstations and server protections required, and a defined environment in which servers should operate.
    c. The contract should outline expected times for backup and processes for testing backups.
    d. The contract should offer a model for escalating support for failures and downtime and include a priority list of who should be contacted for catastrophic events.
4. The contract should include definitions of support and recovery of physical and/or wireless networks and how passwords are recovered.
5. The contract should clearly outline what network security is required for supporting connectivity to the internet. This is usually listed as firewalls, virus protection, spyware protection, password security, and other security devices to limit access to networks and applications.

Caveats:
1. Look at the warranty, disclaimer and limitation of liability sections very carefully. Usually these are written all in caps, and they severely limit the software company's liability. They are not likely to change either section substantively (if at all), even if you request it, so read and understand this part and what it means for you.
2. Check carefully to see what the software company warrants to you and what your responsibilities are with regard to it.
3. Look to see if they specify minimum hardware requirements and be prepared to meet them. If you use what they consider to be "substandard" equipment (to try to save some money), it may invalidate the agreement.
4. Read the indemnification section carefully as well. This is another section that they are not likely to change for you, so understand what it is stipulating.
5. Check the duration and termination clauses – again, you should be able to "free" yourself from this with relatively little organizational pain. (No handcuffs or shackles.)
6. Understand the different ways in which the vendor can terminate the agreement and make a contingency plan for this.

Vendor Software Licenses

License cost of various modules. Typically, modules will be licensed on concurrent or named user basis.

For example, with a concurrent license, if there are 4 providers and 8 employees, a minimum of 12 concurrent licenses would be needed. However, if the providers were halftime [meaning, they only used the system half time] (and all 4 never used the system at any one time, only 10 licenses would be needed).

If using a named user license under the same circumstances, 12 licenses would always be needed—as licenses are not shared among different people. There can be a provision though for "active" and "inactive" providers (which means they could look at information, but not enter it in the system).

Under an ASP (monthly rental agreement), software licenses are not being purchased, but rented. However, the same issues exist for determining the number of ASP licenses as with a license purchase.

Red Flags or Things to Look Out For

1. Vendor doesn't specify type of license in quote.
2. Functionality is not specified.
3. Not specified for what period of time license is in force.

FAQ's

What is the best type of license?
Perpetual concurrent

What is the definition of provider for the license?
Depends on quote—can be physician, NP, PA or others

What is the difference between perpetual and term license?
Perpetual is a one-time license fee. Term is a renewable license fee.

Interfaces

Software programs that allow data from the EHR system to flow back and forth between external applications. These applications can either reside outside the practice, such as lab applications or can be another system within the practice, such as a billing system.

Red Flags or Things to Look Out For

1. One-way or two-way interface is not specified.
2. Data format not specified (structured or non-structured).
3. Additional license costs, if any, not specified
4. Interface promised, but not available.

FAQ's

Does cost cover third party updates?
Typically, you would pay for third party updates, but depends on the vendor.

Does every interface need some customization?
Not necessarily, but make sure the vendor demonstrates the functionality.

What if the vendor says they will have the interface soon?
Ask for a development plan and timeline to verify claims.

Third Party: EHR Specific

These are applications that are essential to the basic infrastructure of the system. They are the building blocks, such as the technical platform upon which the EHR system is built (e.g., Windows, Linux, or MacIntosh, etc.) Also what kind of database structure controls the system (e.g., SQL, Oracle, etc.).

When Comparing license costs, note if there are separate general system license costs or if these are rolled into the main cost. Also, ask whether there will be additional costs when the vendor upgrades their software and it becomes necessary to install a new version of the database or operating system. Make sure your infrastructure software will support any features you wish to add later on.

Red Flags or Things to Look Out For
1. Extra cost is not specified in quote.
2. Customer is responsible for learning about updates.
3. The database is proprietary; not standard.

FAQ's

How often should a third party database be updated?
Depends on the content (e.g., Drug interactions should have more frequency than patient education)

Should updates cost extra?
Should be part of support and maintenance.

Third Party: General System

These are applications that are essential to the basic infrastructure of the system. They are the building blocks such as the technical platform the EHR system is built on such as, Windows, Linux, or MacIntosh, etc. Also what kind of database structure controls the system—SQL, Oracle, etc.

When comparing license costs note if there are separate general system license costs or if these are rolled into the main cost. Also, will there be additional costs when the vendor upgrades their software and it is necessary to install a new version of the database or operating system. Make sure your infrastructure software will support any features you wish to add later on.

OHIO KePRO
Ohio's Medicare Quality
Improvement Organization

DOQ-IT
Doctor's Office Quality - Information Technology

Vendor Selection 34 of 44

Red Flags or Things to Look Out For

1. Extra cost is not specified in quote.
2. Customer is responsible to be aware of updates.
3. The database is not standard, but proprietary.

FAQ's

What is the best technology to use as a platform?
There are various operating systems and databases. However, make sure that the technology is not proprietary.

Should you always update to the latest database and operating system?
Not necessarily right away. Find out if this will impact your EHR system.

Who should be responsible for updating the general system software?
Typically the customer is responsible for installing general system updates.

Conversion Services

These are consulting services offered by the vendor. These services will take your original data, either in paper or electronic form, and transfer the data into the EHR system database.

Red Flags or Things to Look Out For

1. No time estimates given.
2. Costs don't include any guarantees.

FAQ'S

How long does a conversion typically take?
Depends upon complexity. Make sure that a detailed plan is presented with timelines.

How do I know everything was converted correctly?
Develop a robust test plan with the vendor.

Is there a chance that my information can't be converted?
If it is in electronic format, as long as you have the underlying database structure, there shouldn't be a problem.

Implementation Services

These are consulting services offered by the vendor. These services will provide planning and actual implementation of an HER system.
It is important when comparing quoted implementation costs that physicians understand which detailed cost line items a particular vendor will be supply. Also, make sure and take a look at their project plans.

Red Flags or Things to Look Out For
1. Vendor can't commit to a project plan with milestones.
2. Only vendor can customize templates.
3. Implementation is not broken into small enough tasks.

FAQ's

Do I need to be involved?
Absolutely. Designate a point person who is responsible to interface with the vendor on a regular bases.

How do I know the vendor is completing all the tasks?
Review the vendor's detailed project plan and have regular status meetings.

Why do implementations fail?
Not enough involvement, communication, and regular status review.

Who should be involved in a needs assessment?
Both the vendor and members of your staff who will use the system.

Training Services

These are consulting services offered by the vendor. They provide hands on training for all aspects of the system.

Red Flags or Things to Look Out For

1. There is no cost listed for future training.
2. There is no formal training plan.
3. There is no definition of what expenses will be reimbursed along with limits.

FAQ's

Is it better to ask the vendor to train the whole staff or "train the trainer"?
Depends on the size of the staff

How do I know if my staff has been trained adequately?
You should develop real life scenarios and test them.

How much time will training take?
It depends on many factors, but make sure the vendor gives you a training plan outlining this.

Data Recovery Services

A mechanism and process to safely store duplicate databases and recreate the data should a disaster occur.

Red Flags or Things to Look Out For

1. Back ups not made on regular schedule.
2. Off site storage not as secure as it should be.
3. No process documented for recovery.

FAQ's

What do you look for in off site storage?
Scrutinize the security and environment of the location in which the backups are being held. Ask about the regularity of the backup process. Find out about accessibility to your data.

Should I just backup on my own?
As long as you have a safe and secure location to store backups and you will backup regularly.

Annual Support & Maintenance

Support and maintenance costs are typically 15-20% of the software license costs. Where the actual license is normally a one-time fee, the support and maintenance costs are renewed on a yearly basis. This yearly fee basically covers two areas: 1)any upgrades or new releases; and 2)customer service and support.

It should be noted that both vendor EHR software and third party software will need support, so it is important to determine which components the support costs cover.
Also, some vendors might have more than one service level agreement representing different support options at different costs.

Red Flags or Things to Look Out For

1. No support agreement.
2. No guarantees of service.
3. No cap on renewal percentage increases.
4. No software escrow costs offered.
5. Extra costs for database schema.
6. Added maintenance costs for third party products.
7. No support for third party products.
8. No support for previous version or release.
9. Cut off of support services if payment is in dispute.

FAQ's

What type of guarantees of service should I expect?
Depending on your service agreement there should be guaranteed response times and escalation processes

What recourse do I have if I do not receive adequate support?
This is negotiable. You can ask or a discount or partial refund of support fees

Can I change service level agreements?
Yes, service level agreements should follow your needs.

Financing Alternatives

A vendor should offer you the option of either leasing or financing your system.

Red Flags or Things to Look Out For
Vendor just passes you on and is not involved in this process.

FAQ's

What happens if I lease or finance and the system is not acceptable?
You are dealing with the finance company, so you still need to honor your contract.

What are the benefits of leasing or financing?
Lower start up costs

Terms

EHR implementation typically involves a number of phases and takes time. And, things can go wrong. Therefore, the payment terms should reflect milestone-based payments. This means should pay the vendor percentages of the total as major parts of the project plan are successfully completed.

Red Flags or Things to Look Out For

1. Vendor wants most of the payment up front.
2. Vendor is not willing to agree to final payment when system is accepted.
3. There is not policy or process for payment refund or reduction.

FAQ's

How should I break up payments?
Best done by specifying major milestones in an implementation plan.

Who determines when a payment milestone has been successfully reached?
Criteria should be determined and agreed to ahead of time by the vendor and yourself.

Service Level Agreement: Hours of Support

The methods that will be used for communicating and resolving issues. Typical methods are email, phone, and online chat. Ask whether remote diagnostics and/or on site visits by support analysts are available.

Red Flags or Things to Look Out For

1. "Normal business hours" are specified instead of detailed days and hours.
2. No after hours support available.

FAQ's

What is the standard for hours of support?
No set standard, but expect something like 8-6, Monday through Friday

How do I know if I will need after hours support?
Experience using the system will dictate this.

Service Level Agreement: Methods of Support

The methods that will be used for communicating and resolving issues. Typical methods are email, phone, and online chat. Remote diagnostics can be available and, in some instances, it might be necessary to have a support analyst come on site.

Red Flags or Things to Look Out For
1. Customer needs to use email or other indirect methods before getting phone or live support.
2. Only email or online chat available.

FAQ's

How do remote diagnostics work?
The vendor can take control of your system and look at problems remotely.

What is the best method to use for problem resolution?
Email, phone and in-person can all help resolve problems depending on complexity and vendor responsiveness. All should be offered.

Service Level Agreement: Severity/Priority Classification

Different types of problems have different levels or urgency and importance. The severity level of a problem is usually noted when a support ticked is opened up. Resolution guarantees are based on severity levels. For example, CPOE down would be a high severity level while a patient education database not working might be a lower level of severity.

Red Flags or Things to Look Out For

1. There is no severity level classification.
2. Severity level is not tied into resolution.

FAQ's

How do I determine severity levels?
Discuss this with your vendor.

Can you change the level of severity?
Yes.

Why do you need different severity levels?
It is not reasonable to expect that every problem will be taken care of immediately.

Service Level Agreement: Response Times

Different functions of the system might warrant different response times based on severity level. There should be a schedule of response times for different types of problems, and the service level agreement should define this accountability.

Red Flags or Things to Look Out For

1. Vendor not willing to make a commitment to a resolution schedule.
2. Response is dependent on how busy the vendor is.

FAQ's

What kicks off an escalation?
If a problem can be resolved by present means within a specified period of time.

What levels of escalation should there be?
Will depend on the size of the vendor's support organization.

Service Level Agreement: Customer Responsibilities and Duties

These are the steps that the customer needs to take in order to ensure that the vendor has all the information they need to resolve an issue.

Red Flags or Things to Look Out For

1. Customer doesn't document and can't recreate the problem.

2. Customer waits too long to report and issue.

FAQ's

How do you know if it's really an issue or a glitch?
Try to recreate it a few times.

How should you report the problem?
This depends on the vendor's escalation process.

What should I do if I can't recreate the problem?
Make sure the initial occurrence is reported and keep track of it. Make sure the vendor is aware.

Service Level Agreement: Compliance

A documented track record of how well the vendor is meeting its customer support commitments.

Red Flags or Things to Look Out For
1. A vendor is not required to track its compliance.
2. There is no mechanism in place for a vendor to use its compliance program to improve support.

FAQ's

What happens if statistics show that a vendor is not meeting its obligations?
You can use this track record as criteria to kick in penalties should be necessary.

EMR Vendors

EMR Vendor	DOQ-IT 5/11/05	TEPR Small	TEPR Med. Lrg.	AC Grp. Overall	AC Grp. >100 Docs	AC Grp. 9-99 Docs	AC Grp. 5-9 Docs	AC Grp. 1-4 Docs	AAFP	HIMSS	KLAS Top EMR 1-5 MDs	KLAS Top EMR 6-25 MDs	KLAS Top EMR >25 Docs	Website
A4 Health Systems	Y						Y	Y	Y	Y	Y	Y		www.a4healthsystems.com
Acer Med	Y													www.acermed.com
Allscripts Healthcare Solutions	Y		Y	Y	Y	Y				Y			Y	www.TouchWorksEMR.com
Amazing Charts	Y													
Amicore Inc	Y													www.amicore.com
ArcSys, Inc.	Y													
Bond Technologies	Y			Y		Y	Y	Y						www.bondclinician.com
CaduRx	Y													www.cadurx.com
Cerner Corp	Y			Y	Y					Y				www.cerner.com
Chart Logic	Y													www.chartlogic.com
ChartConnect	Y											Y		www.chartconnect.com
ChartWare, Inc.	Y													www.chartware.com
Clinical Integration Networks	Y													www.cina-us.com
ComChart Medical Software	Y													www.comchart.com
Community Computer Service	Y													www.medent.com
Companion Technologies	Y									Y				www.companiontechnologies.com
Delphi Health Systems	Y													www.delphihealth.com
DOCS, Inc (SOAPware)	Y								Y					www.docs.com
DocSite	Y													www.docsite.com
Dr. Notes Inc	Y													www.drnotes.com
eClinicalWorks	Y	Y	Y	Y		Y	Y	Y		Y	Y			www.eclinicalworks.com
Eclipsys Corp										Y				www.eclipsnet.com, www.eclipsys.com
Electronic Healthcare Systems	Y						Y	Y						www.ehsmed.com
e-MD's	Y						Y	Y						www.e-MDs.com
Epic Systems				Y	Y								Y	www.epicsystems.com
GE Healthcare	Y				Y				Y	Y	Y	Y	Y	www.gehealthcare.com
GEMMS										Y				www.gemmsnet.com
Greenway Medical Technologies	Y						Y			Y	Y			www.greenwaymedical.com
IDX Systems Corp										Y				www.idx.com
iMedica Corp.	Y			Y	Y					Y				www.imedica.com
Infor-Med	Y													www.infor-med.com
Integrated Health Solutions	Y													www.ihealthware.com
InteGreat	Y			Y										www.iGreat.com
Integrated Healthware	Y													www.ihealthware.com
Intermountain Healthcare	Y													www.ihc.com
Isprit	Y													www.isprit.com
JMJ Technologies	Y			Y			Y	Y			Y			www.jmjtech.com
KMS Computer Services, Inc	Y													www.kmscomputer.com
McKesson Provider Technologies					Y					Y				www.mckesson.com
Mdanywhere Technologies Inc	Y													www.mdanywhere.com
MDSync	Y													www.mdsync.net
MDTablet	Y													www.mdtablet.com

EMR Vendors

EMR Vendor	DOQ-IT 5/11/05	TEPR Small	TEPR Med. Lrg.	AC Grp. Overall	AC Grp. >100 Docs	AC Grp. 9-99 Docs	AC Grp. 5-9 Docs	AC Grp. 1-4 Docs	AAFP	HIMSS	KLAS Top EMR 1-5 MDs	KLAS Top EMR 6-25 MDs	KLAS Top EMR >25 Docs	Website
MedcomSoft	Y													www.medcomsoft.com
Medical Communications Systems, Inc	Y	Y		Y		Y	Y	Y						www.medcomsys.com
MedicWare EMR	Y													www.medicware.com
Medical Informatics	Y			Y		Y	Y	Y						www.mieweb.com
MediNotes Corp	Y									Y	Y			www.medinotes.com
Meditech	Y													www.meditech.com
MedNet Systems, Inc	Y													www.mednetsystems.com
MedPlexus Inc	Y								Y					www.medplexus.com
MeridianEMR							Y	Y						
Misys Healthcare Systems	Y	Y			Y		Y			Y	Y	Y	Y	www.misyshealthcare.com
NeoDeck Software	Y													www.nd-soft.com
NewCrop LLC	Y													www.newcroprx.com
NextGen Healthcare Information Systems I	Y			Y	Y	Y			Y	Y	Y	Y	Y	www.nextgen.com
NorthBase Inc	Y													www.northbase.com
OmniMD	Y													www.omnimd.com
Outcome Sciences	Y													www.outcomesciences.com
Physician Micro Systems Inc	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y		www.pmsi.com
PowerMed										Y				www.powermed.com
PraxisEMR								Y						
Pulse Systems, Inc	Y													www.pulseinc.com
Quick Med	Y													www.quickmed.com
Siemens Medical Solutions										Y				www.siemensmedical.com
Solventus LLC	Y													www.solventus.com
STAT! Systems, Inc	Y													www.statsystems.com
STI Computer Services	Y													www.sticomputer.com
Symmetry Information Systems	Y													www.symmetryinfo.com
SynaMed LLC	Y			Y		Y	Y	Y						www.synamed.com
VersaForm Systems Corp	Y													www.versaform.com
WebMD Practice Services (OmniChart)	Y									Y		Y		www.webmdps.com, www.medicalmanager.com
Wellinx	Y													www.wellinx.com
WiFiMed, Ic.	Y													www.wifi-med.com
WLJ Consulting	Y													www.consultwlj.com

Reference Site Visiting Tips

After you have seen several EHR demonstrations and have narrowed down your choices of EHR applications to about three, the next step of the EHR selection process usually involves visiting vendor reference sites to get a feel for how the EHR performs in a real-life setting. Your potential EHR vendors should be able to offer you the names of several practices in your area to visit. It is wise to visit a couple of the vendors' suggested site references and, if possible, also visit a couple of reference sites that you have found through means other than vendor suggestions.

This document contains some suggestions and tips that will aid you on your EHR reference site visits.

Selecting Your Reference Sites

1. Select sites that are about the same size, configuration, and specialty as your practice.
2. Select sites that are in your geographical area.
3. Select sites that are using the same practice management system as you (assuming you are planning to interface the practice management system to the EHR).
4. Try to find a few reference sites through non-vendor means. Often the vendor-recommended reference sites are the "showcase" customers, or customers that have been the most successful with the EHR application. These sites can show you what is possible, but they may not always be representative of how the average practice uses the application. You can find your own reference sites by checking out the MGMA listserves or various other EHR listserves.

Planning the Visit

1. At least one physician and some of the implementation team members should attend the site visit.
2. Plan to visit the practice while staff are seeing patients so you can see the EHR in action.
3. Plan to speak with back office, medical records, front office and clinical staff members. Speaking with support staff as well as clinicians will give you a better idea of how the EHR functions.

Conducting the Visit

The following is a sample list of questions you may want to ask on your EHR site visits.

Background
- How many physicians/nurse practitioners/physician assistants are in your group?
- How many office sites do you have?
- What year did you go live?
- What practice management system do you use?
- Do you own your own lab? Does the EHR interface with your lab?
- How many interfaces do you have with the EHR? What systems are interfaced?

Provider Usage
- What percent of your providers use the EHR?
- What functions do most/all your providers use?
- Do your providers still dictate?
- What has been the most frustrating thing about the EHR for the providers?
- What has been the best thing?
- How much individual physician customization have you done?
- Are you happy with the templates? Were they pre-loaded? How do they get modified?
- Has the EHR saved you money? When did you break even?
- Does electronic prescribing work?
- Does e-faxing work?
- Can your physicians access the system remotely? How do they do this?
- Has the EHR had any impact on patient/provider relations? Explain.
- What was the computer skill level of your providers when you went live?

Training and support
- How long does it take a physician to become fully trained/efficient in using the EHR?
- How long does it take other clinical staff to be trained?
- What kind of internal support system did you set up for the EHR? How many full time support people are required?
- Have you been happy with upgrades and support?
- Have you been able to handle your software upgrades, server maintenance and system backups yourself or did you need to outsource these activities?
- Is vendor support staff available during your practices hours?
- Who maintains your interfaces--the practice or the vendor?
- Do you have an EHR committee? An IT medical director? Are physicians "champions" involved in the maintenance, training and upgrading of your EHR?

Implementation and hardware
- Did the implementation go smoothly? How long did it take?
- How many physician hours were required for the implementation?
- How much of the paper chart did you scan or input into the EHR? How did you do it?
- Was the EHR pre-loaded with CPT and ICD-9 codes? Was it pre-loaded with formularies?
- What hardware do the physicians use? What hardware does the other clinical staff use?
- If you are using a wireless network, how well does it work?
- Do you still use paper? If paperless, how long did it take?
- Have you had any system downtime? How have you handled downtime?

Satisfaction
- Would you buy this system again?
- What would you do differently?

After the Visit
1. Have a joint debriefing session with your implementation team to discuss everything that you learned.
2. Compare your initial vendor demo notes to the notes from your site visit. Any discrepancies should be addressed with the vendor.

Reference: How to Select an Electronic Health Record System. Kenneth G. Adler, MD, MMM. Family Practice Management. February 2005.