

Health Care Industry White Paper  
AUXILIO Solutions Team

# Managed Print Services is Critical to EHR Vendor Selection



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# Reducing Risk

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The race is on for nearly 6,000 eligible hospitals and over 700,000 physicians in the U.S. to receive millions of dollars in incentives if they comply with federal mandates for meaningful use of electronic health records (EHR). Gains in administrative, clinical efficiencies and patient portability of their medical records are at the core of this nationwide initiative. As worthy as software products have become in everyday life in America, technology alone is not the answer. Complicating the requirement for electronic record-keeping is that



somewhere between 300 and 1,000 EMR software vendors have entered the market and are fighting to gain share and the attention of the health care industry. Furthermore, spending on health care IT in 2011 is expected to surge up to \$40 billion and revenue from software sales to the health care industry is estimated to reach \$8.2 billion

by year's end. EHR is a commodities business that is biased from the get-go. Providers need to be cautious and careful in their selection of a vendor because software sellers' profits are being driven 'largely by health care reform and mandates' and the vendors are aware that the penalty for lacking an electronic records systems by 2015 means losing Medicare funds entirely.

There are no easy solutions to the challenge of selecting an EHR vendor. Software vendors, like hardware vendors – be they manufacturers of hospital beds, syringes, stethoscopes, printers and copiers, surgical masks or any business device or medical product –, are biased and interoperability between networks, systems, servers, other software or hardware may not be the ultimate goal. A similar conundrum already exists in health care and other industries in managing and monitoring the spend of printing and copying between 'big box' manufacturers whose core business is the sale of a device and the supplies, like toner that come with the equipment's functionality. While the 'bells and whistles' of technology are attractive at first glance, simplicity in accessing information and the workflow process must be achievable for the hospital, the physician and the essential end-user in EHR – the

patient. Among the obstacles to consider between choosing one vendor and/or multiple software vendors includes:

- Interoperability between legacy systems and new technologies
- Functionality and flexibility software to customization
- Network infrastructure requirements
- Hardware deployment and supply chain management
- Data security, document retention and disaster recovery protocols
- Managing, monitoring and updating software

When installing EHR software, providers must also consider variables such as staff training and the cost to purchase, prepare and execute. Perhaps the greatest challenge rests within the early stages of the strategic planning process, which requires a mapping out of the entire eco-system of document management and the standardization of applications, language, software certification and the effectiveness of combined clinical and administrative procedural methodologies. As H. Stephen Lieber, President and CEO of the Healthcare Information and Management Systems Society (HIMSS), said in a recent interview with Healthcare IT News about the transformation of health care in the US, “The greatest failures in technology are always when you don’t address workflow and process change.”

## High Stakes Gamble

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Recording patient data electronically is not new to hospitals and physicians. Data entry for emergency room or office visits, recording clinical data after examinations, prescribing drugs and other medical information has been around for a long time. Physicians have used computers to send prescriptions to pharmacies and have used electronic forms to label drugs for patients since the introduction of computers into the workplace. Routinely, hospitals will document insurance payments and track supplies electronically and use financial software products to gain insight into differentiators between bed count vs. patient count.

What began in 2009 with the American Recovery and Reinvestment Act (ARRA) and outlined in the Health Information Technology for Economic and Clinical Health Act (HITECH) is a paradigm shift of major proportion tied to billions of dollars in payment for compliance or penalties for non-compliance of enterprise-wide electronic records of all types. Incentive payments from the funding source – the Centers of Medicare and Medicaid Services (CMS) – have already begun to flow. Beth Israel Deaconess Medical Center in Massachusetts was the first in the country to receive a check for about \$2.6 million.

Decisions are long term and the stakes are high for providers if they select the wrong EHR vendor at the onset because a change in direction or a lack of functionality with the software product, initially thought to be interoperable with legacy software, clinical devices or print hardware, can result in escalated cost. Never mind the penalties for non-compliance with the mandates, which will result in a total loss of federal health care dollars. Herein lies the hurdle that hospitals and

physicians are facing on their journey to become data and document management experts, technical wizards and policy wonks all the while caring for their patients. These goals are nearly insurmountable all at the same time.

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Moreover, according to the independent Bipartisan Policy Center's June 2011 report, *The Role of Health IT in Supporting Health Care Transformation: Building a Strong Foundation for American's Health Care System*, the most common cited barriers by respondents to EHR selection and access are:

- Capital cost (66%)
- Not finding a system that meets their needs (54%)
- Uncertainty about their return on investment (50%)
- Concern that the system would become obsolete (44%)
- Capacity to select, contract, install and implement an EHR system (39%)

The right solution demands planning influenced by unbiased experts in document management workflow protocols, customized application design and continuous process improvement managers and change agents.

## No Room for Error

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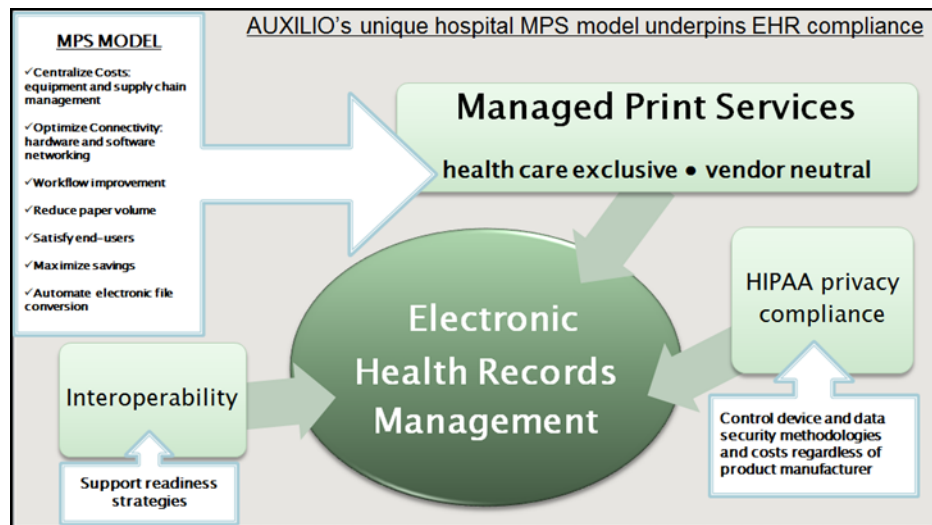
An electronic health record network integrates data from various sources and places the right information into the right portal for the right person. Forms are still fundamental to the process, i.e. admission forms, insurance forms, requests for medical services forms, pharmaceutical prescription forms, etc. even after the 'document' or form is digitized. Once the data is inputted by a physician, nurse, administrator, pharmacists or other support staff, the information collection system then categorizes it into 'buckets' on the network, i.e. administrative, nursing, clinical, lab tests, pharmacy, radiology, etc. Data storage of all this electronic record-keeping and interoperability between physicians, hospitals and patients is no small matter. Web-based EHR systems are reportedly attractive to smaller physician practices, while hospitals, health care systems and Accountable Care Organizations (ACO) are typically client-server based. In all cases and under any IT or IS conditions, the bottom line is that all this information will be accessible to the patient in the intimacy of their home or wherever they may be in order to make informed decisions about their medical care with as many physicians or hospitals they choose.

Unlike other businesses that may decide to install new software technology for whatever purpose, for hospitals and physicians there is no room for error. A wrong number, letter or date can mean the difference between life and death. A flawed software upgrade can mean the wrong data entered in a patient's electronic record or a vendor server might shut down unexpectedly and disallow access entirely. There are imperfections across the board, whether through human mistakes or glitches in a software product that goes array. When technology takes a front row seat to build efficiencies and reduce costs in the 'human touch' industry, alternative delivery methods of care must be in place and part of the planning process.

Driving continuous process improvement in the chain of information sharing to save money and at the same time reducing paper volume, while providing technical expertise to solve interoperability of network issue for managing electronic records – regardless of the hardware or software – is a vendor neutral managed print services (MPS) company. When the focus is strictly service and solutions for access, need and functionality of commodities across the entire ecosystem, positive results occur.

Case in point was a hospital in the Northwest facing a nine percent annual increase in print volume, no financial visibility to its document costs, inefficient workflow and an overburdened IT department. As part of the hospital’s strategy to implement electronic records-keeping, the ERM planning committee, with the managed print services company, reassessed its overall

print and connectivity strategy for the entire hospital network and developed a customized print strategy and migration path from its legacy system to a robust and advanced new communication system.



The managed print services company conducted a comprehensive audit of each area of the hospital and delivered an in-depth situational workflow analysis that examined usage patterns and uncovered waste and inefficiencies. In the end, the hospital’s registration system which was originally comprised of 1,600 various forms resulted in new and improved patient check-in procedures, eliminated all of the preliminary paper forms and utilized advanced technology to print patient identification bracelets that communicated important information and instructions about each patient to all hospital staff. This success was only the start as the hospital is now part of a health network of campuses and each new facility will benefit from the positive outcomes of the ERM strategic planning committee’s work.

Effective document management is the underpinning of electronic records for patient portability that will control, measure and monitor the flow of information between provider and patient. Determining the right EHR software vendor that will allow for customization between legacy platforms and new technology, interoperability 'in-house' and for external access and the required functionality to shift from electronic document management to paper for legal or regulatory purposes or disaster recovery is imperative.

Spending on healthcare IT is expected to surge up to \$40 billion by the end of this year, according to research by global market research company RNCOS. Much of this money will be handed over to EHR software vendors.

AUXILIO is working with hospitals across the country as their preferred MPS strategic partner and collaborator on EHR software vendor implementation and 'best practice' integration of paper and 'bites and bytes' as it is the only MPS company in the U.S. that works exclusively in the health care industry and is vendor neutral.

#### References

*US Healthcare IT Market Analysis*, RNCOS Industry Research Solutions, May 2011

*HIMSS chief forecasts 'seismic shifts' for health IT*, Health IT News, June 03, 2011

*The Role of Health IT in Supporting Health Care Transformation: Building a Strong Foundation for American's Health Care System*, Bipartisan Policy Center, June 2011



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