



# Meditech Optimization

January 2004

## The Scenario

Community Hospital acquired the Meditech suite of products four years ago. At the time of system selection, the reasons for choosing Meditech were overwhelming:

- **A comprehensive set of applications**, which could support most of the processes and workflows at Community.
- A long history of **satisfied mid-sized hospital clients**.
- An implementation approach that was clearly defined and allowed for **flexibility**; but not so much that endless months were spent designing and configuring software.
- A very **low total cost** of ownership.

However four years post installation, the CEO and the CFO at Community Hospital began to notice problems. Symptoms of an underlying groundswell of dissatisfaction that were becoming quite noticeable included:

- **AR had increased by 11 days.** The Director of the Business Office blamed the Information Technology department (IT) and Meditech for not supporting the new patient flows and increased information requirements.
- **More analyst resources were needed in order to keep up with demand.** The IT Director requested that two resources be hired “immediately” and that two more be hired the following year, raising the budget by \$220,000 annually.
- **It was hard to get meaningful data out of the system.** The CFO complained loudly that the system was not giving her the right data and more special reports were required. She just couldn’t get them out of IT in a timely fashion.
- **Patient wait times for registration had climbed** as additional forms, such as Advanced Beneficiary Notices, were manually prepared.

Additionally, the physicians had begun to talk about Computerized Physician Order Entry (CPOE) and other clinical extensions (wireless, clinical decision support, etc) and while Meditech had many of the capabilities they were seeking, the vendor was perceived as inadequate.

## The Problems

It is not uncommon for Meditech hospitals to share Community Hospital's experience; but, are the problems really caused by the Meditech system? An analysis conducted by INFOHEALTH Management Corp. shows that there are four major areas that contribute to the types of issues that Community was having:

- **An erosion of Super User effectiveness due to resource reallocation.**  
Super Users play an integral role in Meditech's implementation strategy, as well as with on-going support. Over time, as budgets come under pressure, these resources receive increased scrutiny. It is not unusual for department heads or administrators to reallocate much of their time (50 - 75% in some cases) away from Meditech support and towards departmental operations.
- **An erosion of Super User effectiveness due to turnover or promotions.** While some organizations make good-faith efforts to replace the departing Super User, others hire based on departmental needs (apart from the department-related system needs filled by the Super User). Training, if carried out onsite, is typically not up to the Meditech standard. Valuable knowledge, skills and relationships are lost in the transition and the level of end user support drops a notch or two. When repeated over several years, department support may deteriorate significantly.

### The Meditech Super User Model is a Good One ... When used Correctly!

A recent survey by The Kennedy Group (TKG) found that 78% of the respondents rated the Super User model as good or great, while only 22% were less than satisfied.

Subsequent telephone interviews revealed that those organizations where the model works the best are those that are committed to the concept. Dennis Marschke, Vice President and CIO of Marianjoy Rehabilitation Hospital, Rockford, Illinois, stated, **"the super user model works great"** however, **"it is essential that as super users turn over, the new super users receive formal training from Meditech maintaining the same high standards."** Marianjoy has made a firm commitment to sending all its Super Users to Meditech for formal training.

Keith Whalen, CIO for Beverly Hospital, Montebello, California, agrees, adding that, **"the Super User Model is not sustainable"**, again due to the individual departments' role in maintaining the function.

## The Problems

- **Workflow changes.** Over time, any hospital or health system's processes and workflows change. What was done two or three years ago is probably no longer the standard. But while processes and workflows change or new ones are added, many organizations struggle to keep up their system configuration. As a result, the Meditech system that served the organization so well in the past now has numerous workarounds and appended manual processes.

The TKG Meditech survey showed that while 47 percent of the respondents are planning on doing significant workflow redesign over the next six to twelve months, only 30 percent are planning significant system reconfiguration or reimplementing of some modules, supporting the idea that **system configuration is indeed not keeping up with workflow changes.**

- **The inability on the part of the IT Department to staff up to meet increasing workloads and new user demands.** As the combined effects of the first three factors appear, a typical reaction is for the IT Department to attempt to increase staffing. Because this comes in conflict with the original premise for purchasing the Meditech system - significantly reduced operating costs - increasing FTEs is, in many cases, rejected out of hand by administration or finance.

A second factor in meeting demands by staffing up appears to be the shortage of qualified analysts. The TKG Meditech survey found that 39 percent of the respondents said it was very difficult to fill clinical analyst positions and 40 percent found it extremely or very difficult to find qualified report writing resources.

These factors often result in end users that are unhappy, an IT Department that is struggling to keep up with demand, rampant finger pointing and the desire to start looking for a new system.

## The Solution

**The good news: The purchase of a different system is not necessary!** The analysis shows that all four of the major contributing factors fall outside the functionality of the Meditech software. This is supported by the TKG Meditech survey: 89 percent of the respondents rated patient access features (for example registration or scheduling) as good or great; 82 percent feel that the financial and administrative functions are also good or great; and, while not ranked quite as high, features designed specifically for physicians and nurses were ranked as 'fair to good.' The software is not the root of the problems; the problems are related more to how software is implemented and maintained in an environment that is relatively dynamic.

## The Solution

### The better news: There is an answer through optimization of the Meditech System!

INFOHEALTH Management Corp.'s experience with Meditech clients has shown that there are three progressive steps to bringing any Meditech installation back to optimal status:

- **Assessment**
- **Remediation and Focused Reimplementation**
- **Changing the Delivery Model**

In other words, it becomes a matter of “**executing the re(s)**”

- ▶ **Recognize** where you are.
- ▶ **Recommit** to the principles that led your organization to select Meditech as your partner.
- ▶ **Retrain** and **Reconfigure** as appropriate.
- ▶ **Recognize** when other software delivery options may be the answer

### Assessment

Assessment focuses on getting a clear understanding of where you are and what the true issues are (not the symptoms, but the issues), i.e. **recognizing where you are**. The assessment can focus on specific areas where your healthcare organization is experiencing difficulties or it can be broad and encompass major workflows. As identified by the INFOHEALTH Management Corp.'s analyses of system-related problems in Meditech environments, some key areas to concentrate on are:

- **Identifying where the system configuration no longer supports the workflows and processes.** Assessment work here must get to the basic workflow and configuration levels in order to really understand whether it is a workflow issue that can be resolved with reconfiguration or whether Meditech cannot accommodate the new practice and manual workarounds must be created.
- **Understanding whether the “Super User” position is functioning along the lines for which it was originally designed and intended.** If there has been erosion, what will it take to get things back to where they were originally?
- **Developing realistic estimates of what it will take to bring the organization back to the original optimal state.** These estimates have to take into consideration other organizational priorities, resource (people and dollars) constraints and timeframes.

## Remediation and Focused Reimplementation

Based on the assessment, all parties (departmental users, administration, and the IT department) should come to an agreement regarding what must be accomplished. The organization must then **recommit to the same principles and practices** that originally created the initial, presumably optimal, system environment. With the appropriate backing and the recommitment of the organization to the Meditech solution, significant improvements can be made over a relatively short time span. Some approaches for resolving the typical problems include:

- **End user support has eroded.** As already noted, either through attrition or reallocation of duties, super user effectiveness may decrease significantly over time. The organization, especially in each department, needs to **recommit** to the concept of the super user. The commitment to the concept must be coupled with the commitment to replace and **retrain** the super users as needed. Although being trained directly from Meditech is desirable, it is not always feasible and certainly not critical; training, as long as it is formal and comprehensive, may be done by the IT department, or through a third party, such as INFOHEALTH Management Corp.
- **The system configuration no longer matches the workflow.** This issue can exist within a single department or across departments (workflows). Often these problems result from one department changing a workflow or system component, while other departments are operating under the old parameters. A focused reimplementation will bring these issues to light and, in most cases, easily resolve them through system **reconfiguration**. Here again, Meditech intervention may be desirable but not necessary; Super users (if they still exist), IT, or third parties often have the skills needed to reconfigure the system to match the workflow.
- **IT department backlogs.** Although this was identified as a common problem in the previous analysis, there is always the question as to whether the backlog is an actual problem or a symptom of a problem. The assessment phase should determine the answer to this question. If the backlog is a symptom, then **retraining** the Super Users and **reconfiguring** the system should go a long way towards eliminating the symptom, shifting the backlog back to the Super Users and creating a system that is compatible with workflow and easier to pull data from. If the backlog is a problem because of volume (too much) and resources (too few, or not adequately trained), once again, it may be time to call in a third party, or considering changing the delivery model.

## Changing the Delivery Model - When Meditech Optimization is Not Enough

In selected cases, following the steps outlined above simply does not lead to the desired results. This can be due to resource constraints, an inability to hire and retain the necessary talent to support a top flight IT environment, a loss of faith in the current IT operations, or a host of other reasons. This is the time to **recognize when other software delivery options may be the answer.**

Whether it is due to an inability to revitalize the Meditech environment, or a desire to look for a more cost effective means to deliver improved service levels, healthcare organizations today have started to seek other models for providing IT support. Outsourcing one or more of the IT functions is one option. Another option is to create a common data center for a group of geographically proximate hospitals.

By consolidating disparate operations into one data center, the overall cost of operations and help desk support can be significantly reduced. In addition, scarce resources such as clinical analysts, report writing gurus, etc., which are hard to justify or find on a single hospital basis, can now be shared and their costs spread across a larger base. Many for-profit chains and larger healthcare systems are following this model, taking advantage of the lower cost profile while improving service levels and IT performance.

While there are challenges with bringing together a group of nonaffiliated hospitals, cost pressures and the need to create an information technology environment that is more robust make this option very appealing. The challenges are primarily organizational, not technological and can be overcome!

## Community Hospital Revisited

Community Hospital decided to tackle their issues by using the three-step method. With the help of INFOHEALTH, they conducted an **assessment** of their Meditech system's current and desired functionality, department workflows, and support staffing. The assessment armed them with the information they needed for **remediation and focused reimplementation**. Based on the assessment, Community Hospital decided to:

- **Retrain** three critical Super Users (Admitting, Nursing and Finance) and provide short-term support out of IT to increase their effectiveness. This included sending two of the individuals back to Boston for classes.
- **Reconfigure** the Meditech registration flows to incorporate the new and changed information requirements that had risen over the past year; eliminating the manual workarounds and processing that had been occurring.
- Eliminate over 50% of the "special" reports that were being generated at the request of finance. Many of these reports were no longer being used or the information was being produced on multiple reports.
- Focus on reducing the backlog in medical records, which was the true cause of the AR days increase. This too was accomplished by **reconfiguring** the system to support the actual workflow. As a result, days in AR were brought back down to historical levels within 2 months.
- Begin an educational process, in conjunction with Meditech, for the physicians. Part of the process involved identifying priority clinical functionality that could be designed and implemented over a six-month period to address many of their major issues.
- Hire only one clinical analyst, with the idea that the other action items would eliminate the need for two analysts.

As a result Community Hospital was able to:

- Reduce AR by 11 days with no adverse impact on bad debt.
- Reduce patient registration times in the outpatient area by 6 minutes or 33%.
- Reduce the FTE request from IT from four positions to one.
- Significantly increase user satisfaction with the Meditech system and functionality.

Today many Meditech hospitals find themselves facing the same challenges as Community Health System. By assessing the underlying problems through input from users and IT and taking the right actions, hospitals can achieve significant benefits in terms of improved patient access, better financial management, increased user satisfaction and improved overall IT performance.

**INFOHEALTH Management Corp. can help you achieve similar results**  
**Call us at 312.321.1638 or visit our Website at [www.infohealth.net](http://www.infohealth.net)**