# HUNSS Turkey

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ISTANBUL, TURKEY

Haliç Congress Center

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#### **Presented by:**

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MEDICAL SERVICES DEPARTMENT

MOD

#### **AGENDA**

- 1 THE PROJECT
- 2 BACKGROUND
- 3 EVALUATION METHODOLOGY
- 4 FINDINGS & CONCLUSION

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## THE PROJECT

#### TO:

- Evaluate the feasibility of unifying Health Information Systems across medical cities and hospitals.
- Analyze and propose the best EHR candidates and demonstrate their strength and weaknesses.

## **COMMITTEE MEMBERS**

- King Khalid Eye Specialist Hospital
- King Fahad Specialist Hospital
- Prince Mohamed Medical City
- King Faisal Medical City
- King Abdullah Medical City
- King Fahad Medical City

## RESEARCH METHODOLOGY

- Committee members have met several times.
- Extensive research has been done based on facts and data from:
  - KLAS
  - HIMSS
  - Advisory Board
  - KFMC Clinical Survey
  - In addition to 13 research papers
  - Personal experience and knowledge
- KFMC team has proposed a methodology that was adopted by the committee
- A spreadsheet has been distributed to capture inputs
- A report, excel sheet, and a presentation have been generated

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# THREE GLOBAL HEALTHCARE TRENDS

## "RISE OF THE REST"

Globalization of Healthcare and Education



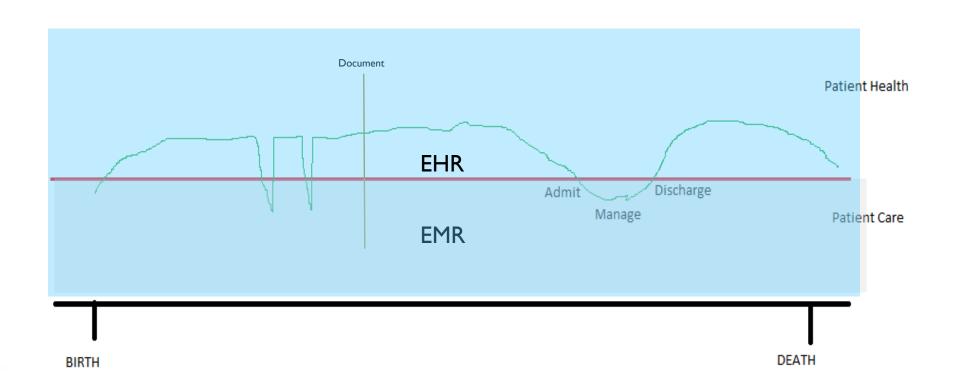
#### **HEALTHCARE=IT**

New e-Health Content

#### **BIOCLUSTER**

New Business Models

## THE LIFE OF THE PATIENT





# HIMSS EMR ADOPTION MODEL MIDDLE EAST / ASIA

## EMR Adoption Model<sup>™</sup>

Stage	Cumulative Capabilities
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), Closed Loop Medication Administration
Stage 5	Full complement of Radiology PACS
Stage 4	CPOE, Clinical Decision Support (clinical protocols)
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable
Stage 1	Ancillaries – Lab, Rad, Pharmacy - All Installed
Stage 0	All Three Ancillaries Not Installed

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## **CANDIDATE SELECTION**

The vendor candidates were selected based on:

- Ability to provide a full suite (integrated) of products on a single platform to serve the continuum of care
- Strong capability to provide clinical systems (not an IT shop)
- Evidence of advancing their systems and service capabilities on a continuous base
- Verbal willingness and commitment to contribute to the Middle
   East in general and to our local market in Saudi Arabia in particular
- Place us at HIMSS L6 OOB



- Privately owned by Judith R. Faulkner and based in Verona, Wisconsin,
- > \$1.526 billion for 2012 revenue
- > 6400 employees based in its campus in Verona.
- > As of April 2014
  - 297 organizations that would represent 1100 hospitals, 14000 clinics, and 265000 physicians.
  - Key Clients: Calif.-based Kaiser Permanente, Cleveland Clinic, Johns Hopkins Medicine in Baltimore, UCLA Health in Los Angeles, Arlingtonbased Texas Health Resources, and Mount Sinai Health System in New York City
  - EPIC has the most stage 7 hospitals /clinics



- > Allscripts is a publicly traded company, found in 1986 and based in Chicago, Illinois.
- > The current company is the result of M&A
- ➤ More than 7000 employees with an estimated revenue in 2012 of \$1.45 billion.
- Key clients: Bronx-Lebanon (NY), Blessing Hospital (IL), Springhill Medical Center (AL), and United Hospital System (WI)



- > Cerner is a public company founded in 1979
- > Based in Kansas City, Missouri with 14000 employees and a market capitalization of \$13 billion.
- > 2329 sites globally
- ➤ Key Clients: Banner Health (AZ), UPMC (PA), Sharp Healthcare (CA), and Dignity Health (CA), with about 90 clients in the Middle East

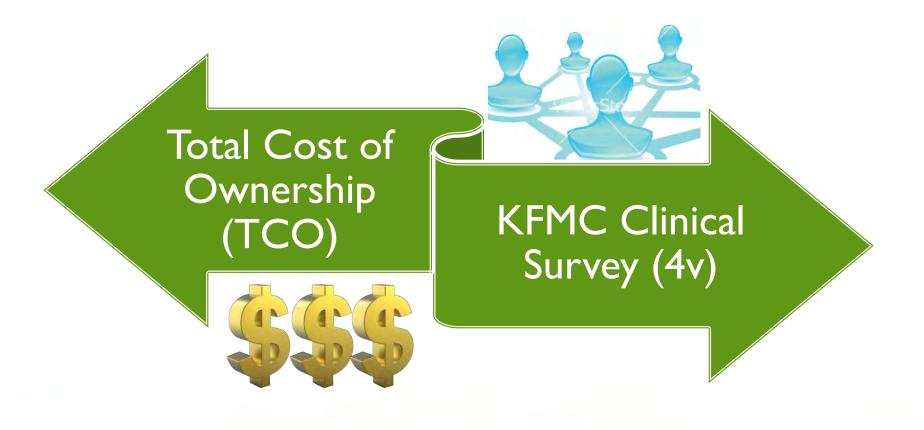


- > InterSystems is a privately owned company that was founded in 1978
- > One of the original vendors of M-technology aka MUMPS systems
- > Developer and Owner of well-known database technology, Cache
- > The company has numerous sales office around the world except in U.S.
- ➤ 499 hospitals contracted for its solution with significant growth in Scotland and Chile.
- > Several sites in the Middle East

**GOING DEEPER** 



## **WE ALSO CONSIDERED**

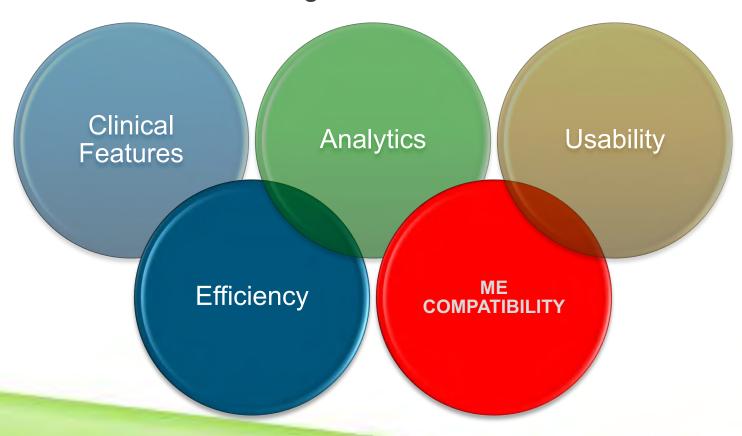


## **GOING DEEPER**



## **PRODUCT**

The product dimension measures the capability of the EHR solution in terms of meeting the clinical business needs:



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#### **CLINICAL FEATURES**

**ANALYTICS** 

**EFFICIENCY** 

**USABILITY** 

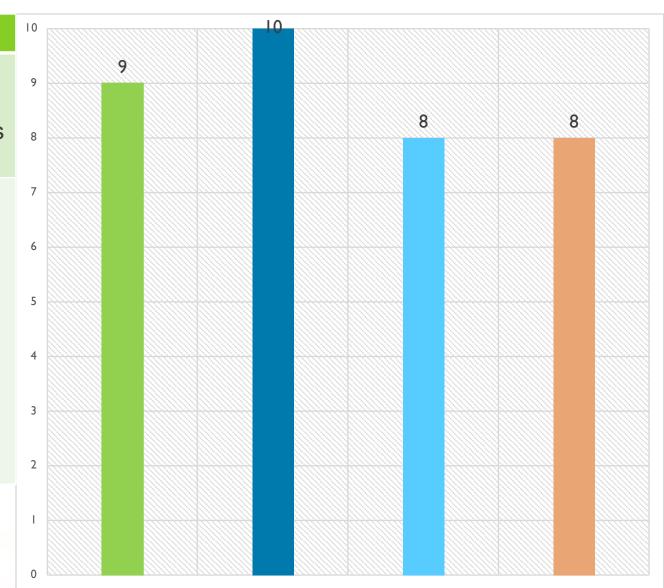
**ME COMPATIBILITY** 

- Core Clinical
- Ancillaries
- Specialties
- e-Prescription
- Medication Reconciliation
- Ambulatory Care

#### **CORE CLINICAL**

This is the engine of the system where clinical pathway and best practices are initiated. It refers to

- ComputerizedProvider Order Entry(CPOE)
- Order sets
- Medication orders
- Laboratory orders
- Radiology orders



#### **ANCILLARY**

The helping arm components that facilitate CPOE requests

- Surgery / OR
- Pharmacy
- Laboratory
- Radiology Information System

#### **SPECIALTIES**

#### Special clinical areas

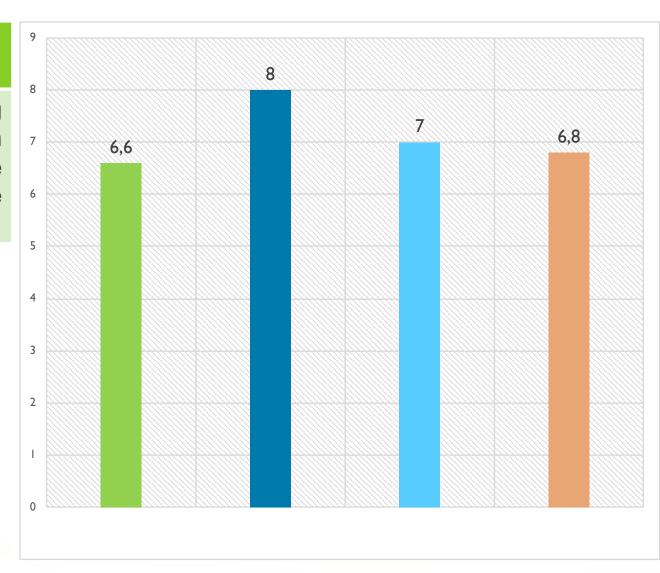
- > ICU
- Emergency
- Cardiology
- Diabetes
- Oncology
- Women
- Pediatric

#### e-PRESCRIPTION

Enable providers to write an accurate and error free electronic medication prescription.

## MEDICATION RECONCILIATION

The process of comparing a patient's medication orders to all of the medications that the patient has been taking."



#### **AMBULATORY CARE**

Covers OPD area including diagnosis, observations, treatment, and rehabilitation services.

#### **PRODUCT**

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**CLINICAL FEATURES** 

#### **ANALYTICS**

**EFFICIENCY** 

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**ME COMPATIBILITY** 

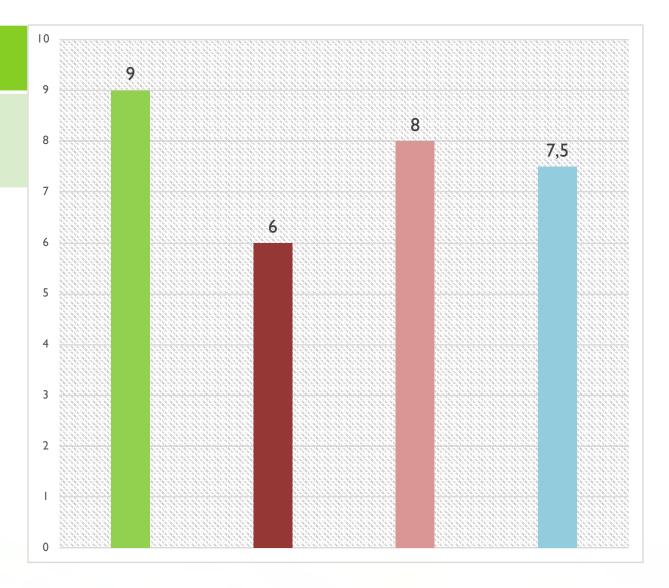
- Clinical Decision Support (CDS)
- Business Intelligence

# CLINICAL DECISION SUPPORT

 Analytical data about the clinical workflow in the hospital

# BUSINESS INTELLIGENCE

Where you analyze operational, financial, and quality control data (CA).



## **PRODUCT**

The product dimension measures the capability of the EHR solution in terms of meeting the clinical business needs:

CLINICAL FEATURES
ANALYTICS

**EFFICIENCY** 

USABILITY

**ME COMPATIBILITY** 

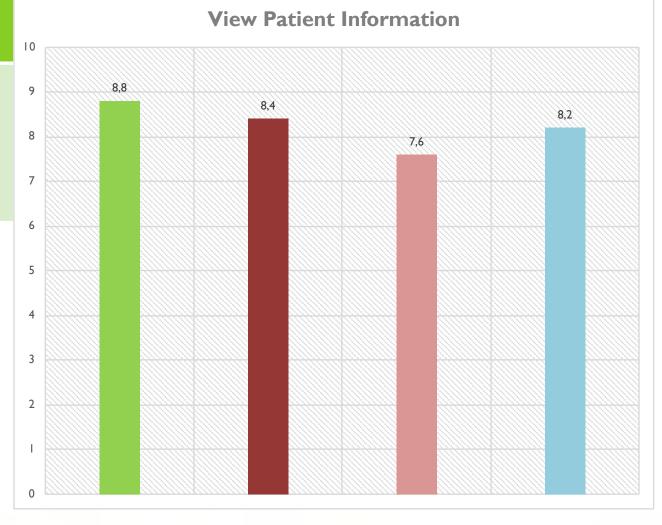
- Care Management
- View Patient Information
- Physician Documentation
- Problem List
- Mobility
- Patient Engagement

#### **CARE MANAGEMENT**

Enables providers to set clinical plans and goals for patients who suffer long-term, multiple chronic conditions that would result in high cost of care.

## VIEW PATIENT INFORMATION

Enabling healthcare providers to navigate patient information for efficient and effective clinical decisions.



## PATIENT DOCUMENTATION

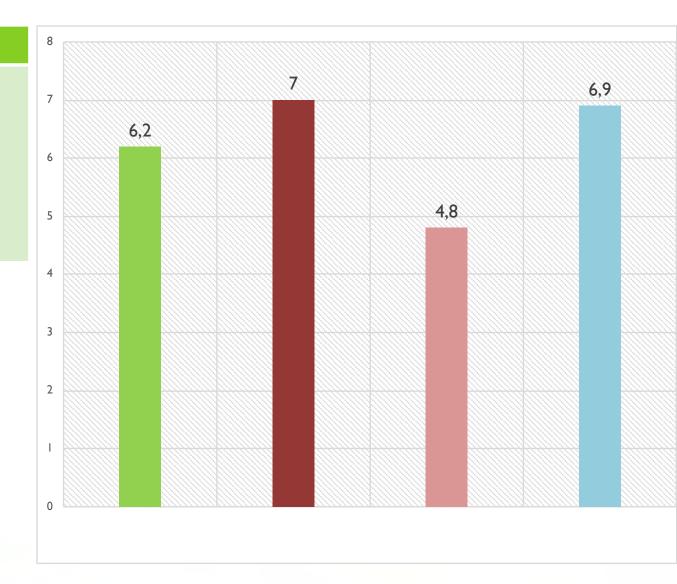
Enabling physicians to document patient information via different methods such as typing and voice recognition.

#### **PROBLEM LIST**

JCI Accreditation requirement, to capture a complied list of clinically relevant physical and diagnostic concerns and procedures that may affect the health status and care of patients.

### **MOBILITY**

Ability to access patient care on mobile devices from anywhere whether inside/outside the medical facilities.



### PATIENT PORTAL

A web based tool to engage patients in their healthcare treatment

# **PRODUCT**

The product dimension measures the capability of the EHR solution in terms of meeting the clinical business needs:

**CLINICAL FEATURES** 

**ANALYTICS** 

**EFFICIENCY** 

**USABILITY** 

**ME COMPATIBILITY** 

Ease of Use

### **EASE OF USE**

A system with good usability is easy to use and effective. It is intuitive, forgiving of mistakes and allows one to perform necessary tasks quickly, efficiently and with a minimum of mental effort" HIMSS

**KL 6.3** 

# **PRODUCT**

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**CLINICAL FEATURES** 

**ANALYTICS** 

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**USABILITY** 

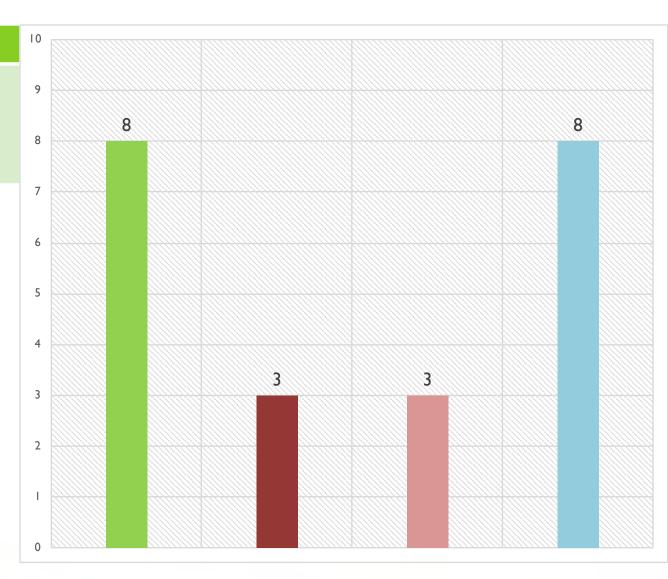
**ME COMPATIBILITY** 

- System Localization
- System Arabization

### **SYSTEM LOCALIZATION**

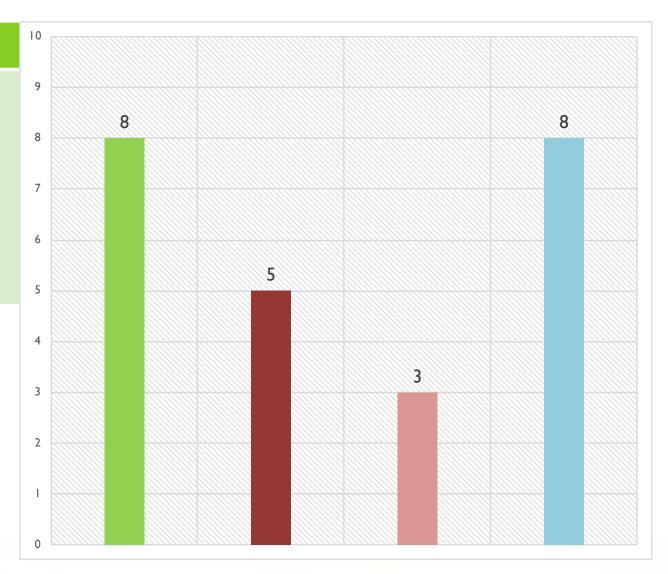
The ability to use:

- Hijri calendar
- Ramadan Scheduling



### **SYSTEM ARABIZATION**

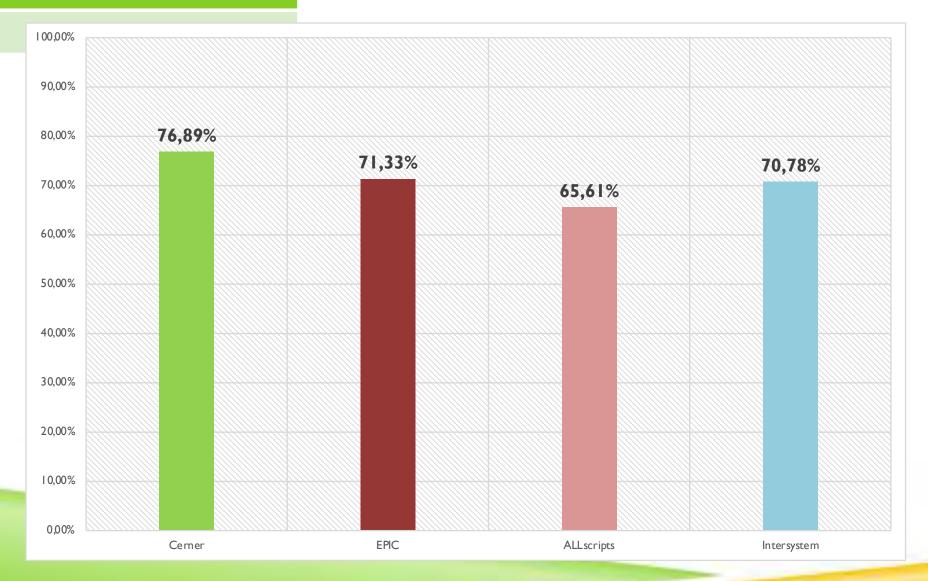
The capability to provide Birth
Certificates, Death
Certificates, medication
instructions, and patient
medical records in Arabic
language



# **TOTAL SCORE**

# **PRODUCT**

# PRODUCT TOTAL SCORE



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# **SERVICE & SUPPORT**

Implementing EMR/EHR systems is a long-term project that require highly skillful team during the implementation of the project as well as the post implementation.









Senior Staff Experieance



Methodology of Training Support of Process Change

# RESPONSIVENESS TO CLIENTS' REQUEST

Measure the quality of communication and responsiveness to client requests

### **STAFF EXPERIENCE**

It is crucial for project success that the vendor has experienced staff to lead the customer through implementation phase

### MATURITY METHODOLOGY

Several techniques and tools ought to be used for the implementation and support such as proper project management, adequate requirement gathering, and comprehensive testing methods

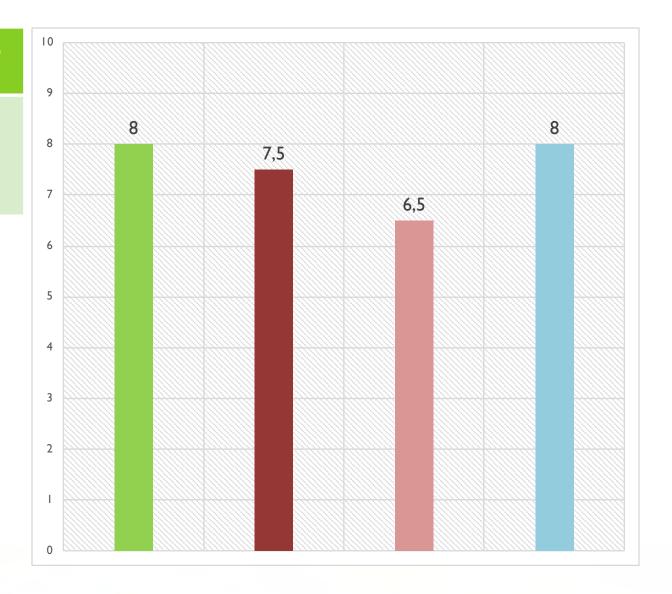
K 8.5

### **QUALITY OF TRAINING**

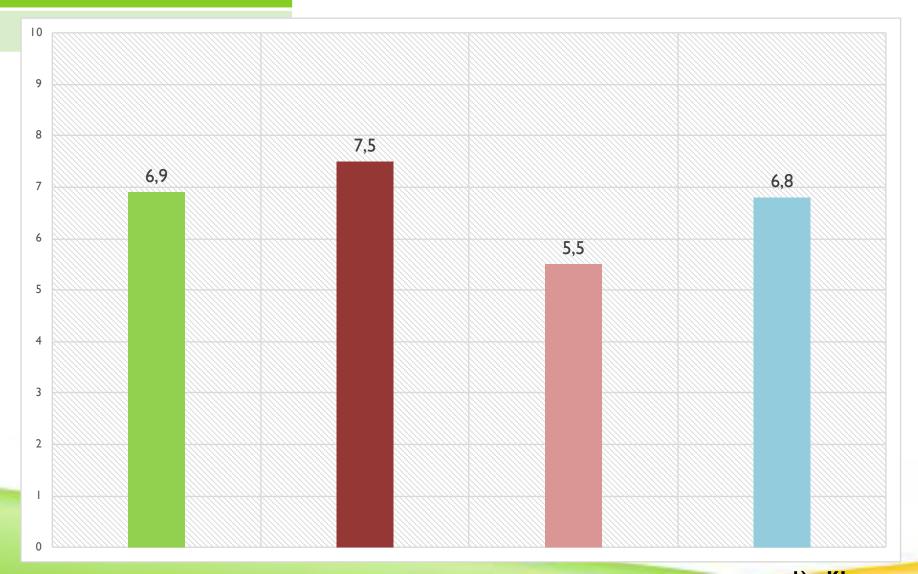
Training medical staff on how to implement and use the system

# SUPPORT OF PROCESS CHANGE

The provided support to aid providers in configuring and customizing.



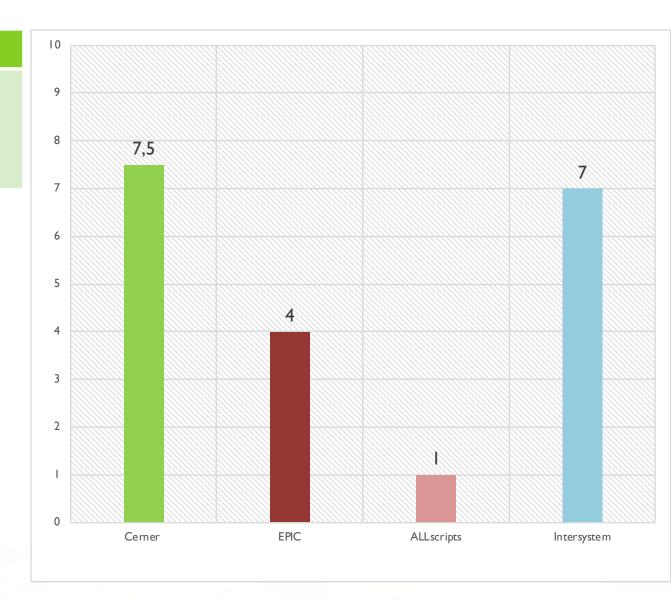
# QUALITY OF IMPLEMENTATION



- 1) KL
- 2) KL 7.1

## LOCAL SUPPORT

Vendors' presence in the region and alignment of time zone.



### ) K 2) K 5.8

# VENDOR EXECUTIVE INVOLVEMENT

# **TOTAL SCORE**

# **SERVICE AND SUPPORT**

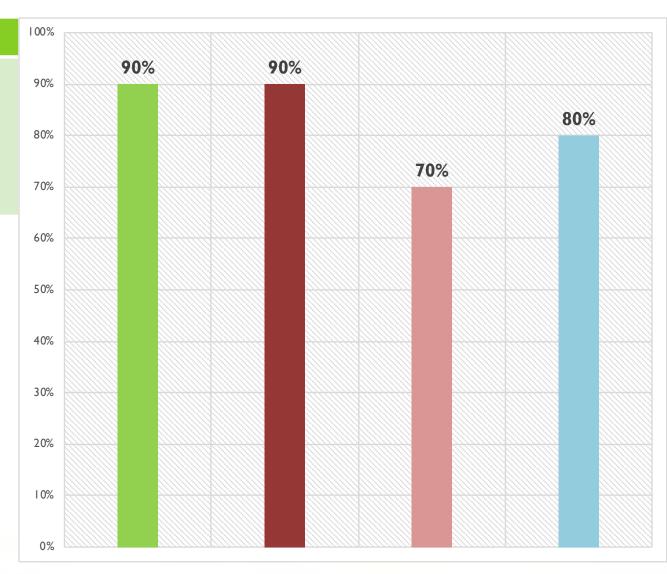
# TOTAL SCORE OF SERVICE AND SUPPORT

# **GOING DEEPER**



### **VISION & LEADERSHIP**

Stability of management as well as a clear vision, i.e. frequent changes of CEO and management team



# **GOING DEEPER**



### FINANCE & RESOURCE

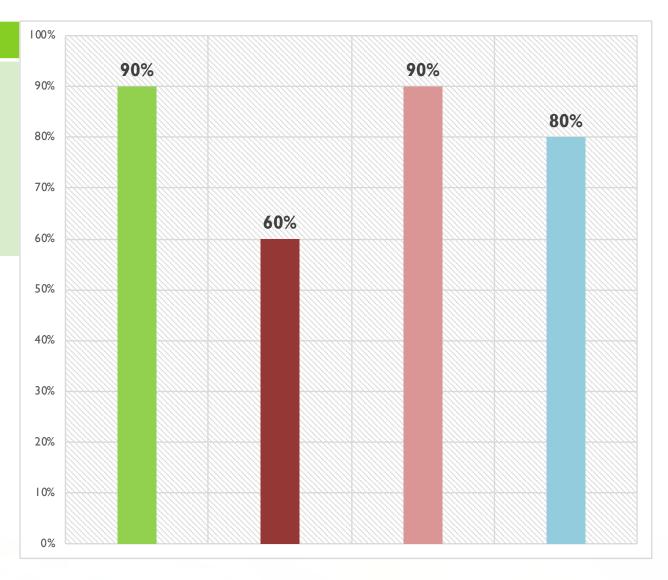
Financial resource to compete in the current market, i.e. market share, R&D spending, and the speed of growth for each vendor

# **GOING DEEPER**



### **ECOSYSTEM**

The capability of each EMR /
EHR in providing
complementary programs and
collaborations with third-party
solutions



# **GOING DEEPER**



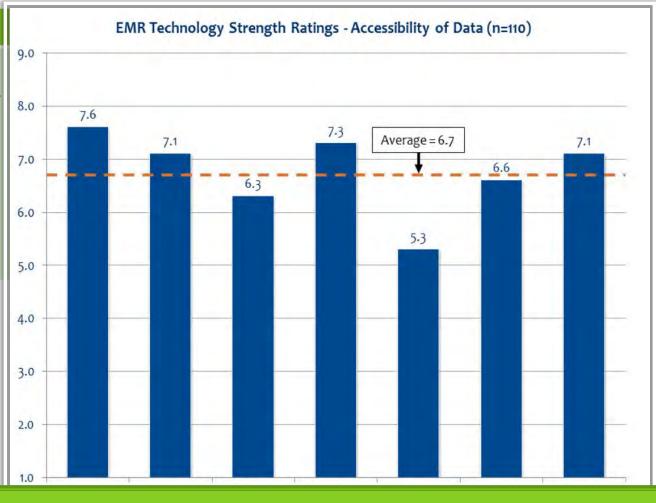
# **TECHNOLOGY**

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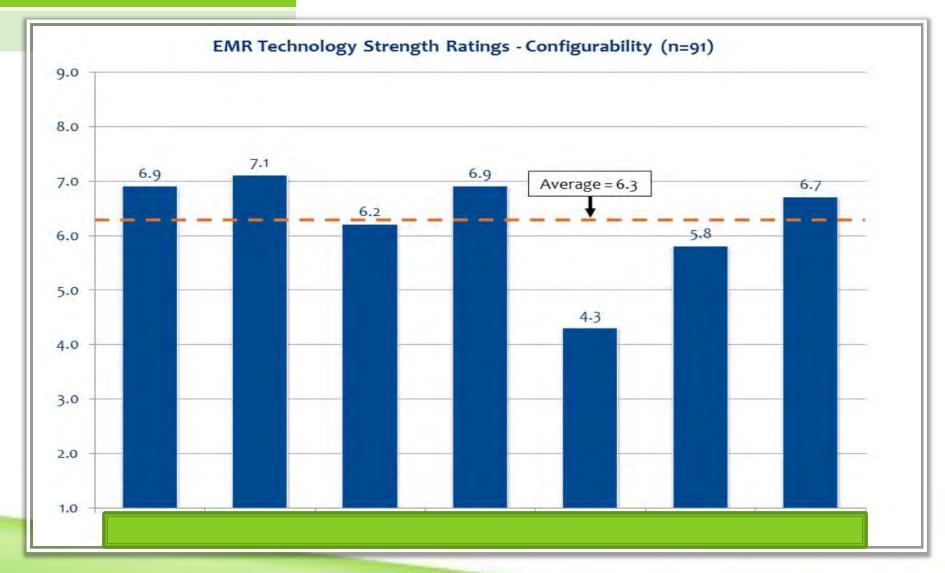
## ACCESSIBILITY OF DATA

Ability to track multiple quality measures for internal and external reporting as well as analytical reports to improve clinical performance



- I) KL
- 2) KL 6.7

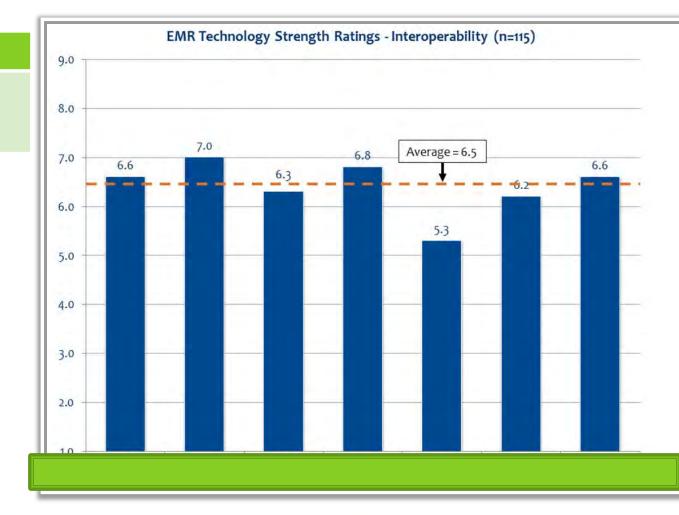
### **CONFIGURABILITY**

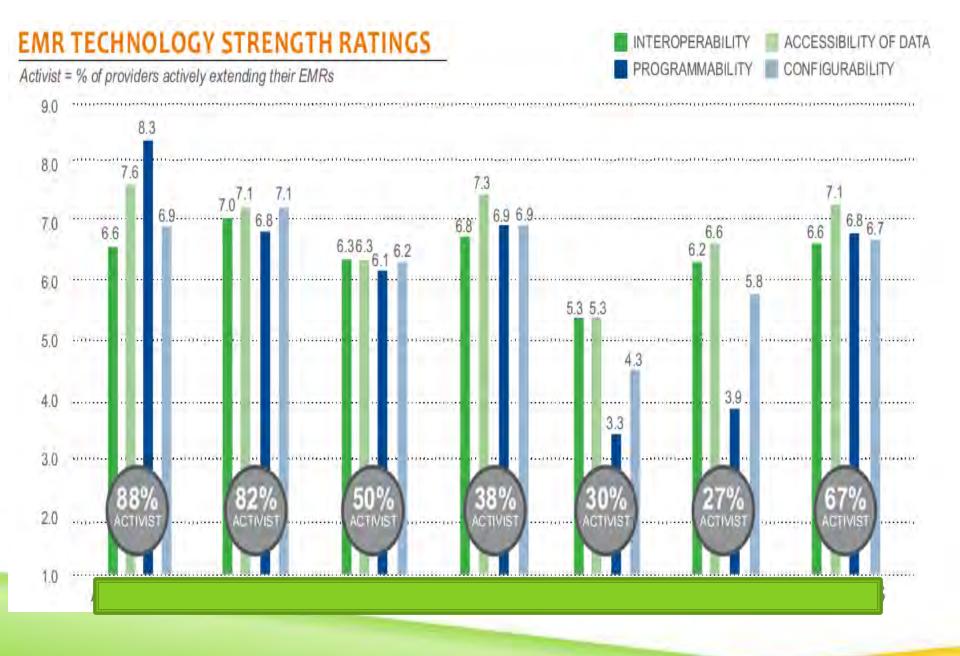


- I) KL
- 2) KL 6.3

### **INTEROPERABILITY**

Ability to interact with other devices and systems

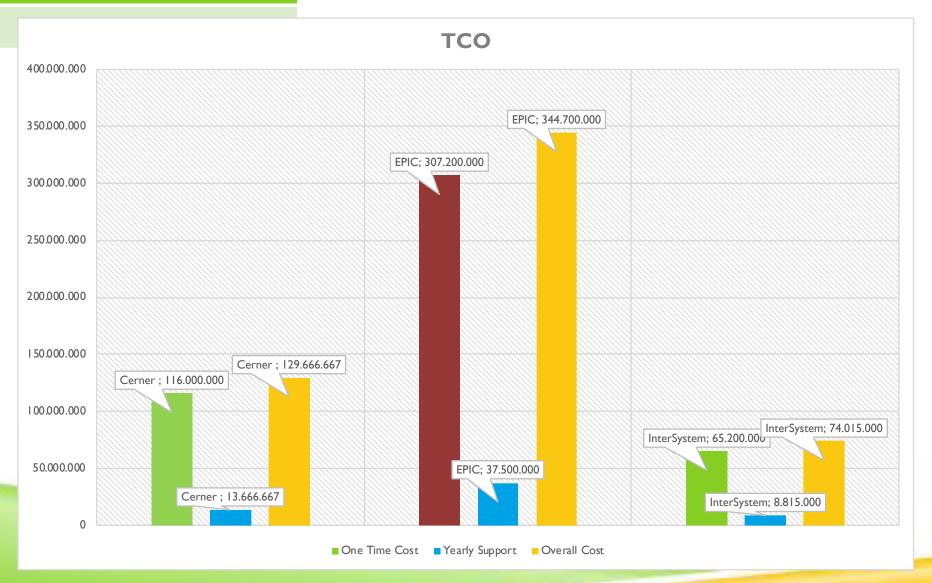




# **TOTAL COST OF OWNERSHIP**

(TCO)

# TOTAL COST OF OWNERSHIP (TCO)



# KFMC CLINICAL SURVEY

# KFMC Clinical Survey

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# OVERALL SCORE

# UNIFICATION

- All above mentioned systems are Integratable (HL7 Standard)
- However, systems from different vendors may require some programming
- While horizontal integration is desired (amongst MC's), vertical integration is as equally needed (amongst regional health facilities)
- Either one of these vendors is/will be capable of providing KPI and analytics to be shared and reused at MOH level
- Could leverage purchasing power by having a unified requirements and expectations amongst (MC).



# THE CHALLENGE IS HUGE

**SELECTION SKILL IDENTIFICATION IMPLEMENTATION ADOPTION DATA MIGRATION SYSTEM INTEGRATION** 

# THE CHALLENGE IS HUGE



# **Thank You**



