

**MASSACHUSETTS eHEALTH COLLABORATIVE**  
**ELECTRONIC HEALTH RECORDS VENDOR SELECTION PROCESS**  
**MAY 23, 2005**

**Purpose**

MAeHC identified the following vendor selection criteria for purposes of identifying the vendors most qualified to meet the electronic medical record needs of MAeHC's three pilot communities and the physician practices within the communities.

**Approach**

The selection process will involve four phases:

Phase I MAeHC received dozens of responses to its RFP for EHR proposals. Thus, the first phase of the selection process was to use a small number of easily derived vendor attributes to efficiently reduce the number of proposals under consideration.

Phase II Vendors eligible to proceed to Phase II were then evaluated more extensively. The more detailed reviews included the development of rating systems and the evaluation of national survey materials. Factors incorporated into this process are described below. It was this process that led to the selection of seven vendors and their products.

Phase III The next phase of selection will be a contracting phase during which time the seven vendors preliminarily selected will be validated for contracting through reference checks, technical interviews and potential demonstrations or screen shots. If any vendor fails to reach a definitive agreement with MAeHC or fails the validation steps, an alternate vendor may be selected from the vendor list.

Phase IV The last phase of selection will involve the participation of the pilot communities in a review of the seven preliminarily selected vendors and their products. From this review, each community will choose up to three vendors whose products and services appear to be a good fit for their community. Then the community leaders will ask the pilot community physicians to participate in a vendor fair where they may select one vendor from the short list of vendors selected for their community.

**Phase I**

**Step 1.** It is critical that any vendor selected by the Collaborative have sufficient stability to support this implementation effort over the coming years. Therefore, the Working Group looked at a number of factors relating to the vendor's financial condition. For example, the proposals were reviewed to identify those vendors who had a stable or growing number of new sites and new physician users over the past three years and a positive net income for 2004 (both responding vendor and any primary subcontractors). Only these vendors moved on to the next step in the process.

**Step 2.** The functionality in the vendor's current EHR product was a critical element in this first phase. The RFP included a grid of desired EHR features ("EHR Functional Checklist") and each feature was listed as Essential Now, Essential Future, Optional or Not Required. The vendors were instructed to respond to each feature in the Functional Checklist and indicate those features that are

available in their current product (a “5” response), will be available in a future release (a “3” response), are available via customization (a “1” response), and so on.

In this step, the Working Group counted the number of “Essential Now” features that were available in the vendor’s current release of the product from the Checklist (i.e., the Essential Now features with a “5” response). A perfect score occurred if all 53 possible functions were scored with a “5”. If the vendor had at least 70% of the potential 53 functional (37) scored as a 5 they moved forward to the next step.

**Step 3.** To validate the functional capabilities of the vendors to a greater extent, 26 of the 53 functions (approximately half of the functions) were noted as required by *each* of the Certification Commission for Health Information Technology (CCHIT) and MAeHC. These functions were also reviewed and vendors that responded with a “5” to at least 90% (24) of the functions required by each of CCHIT and MAeHC moved on to the next step.

**Step 4.** Given the level of integration that will be necessary to achieve the Collaborative goals, the successful EHR vendors must have had experience integrating with various systems. In this step, the Working Group evaluated the vendor’s experience integrating its EHR product to practice management systems and lab and radiology vendors. The breadth and depth of this experience as measured by the number of Completely Meets (5) scored on the Integration Checklist and the Exchange Standards Checklist determined which of the remaining vendors moved into Phase II of the evaluation.

The responses to the checklists that are “5, 4 or 3” were totaled. A perfect score would be a “5” on all 39 items or a total of 195. In order for a vendor to have moved to the next step they must have had at least 70% of the total or a score of at least 137.

**Step 5.** The Working Group then identified those remaining vendors that had at least one EHR installation in Massachusetts. These vendors moved onto the next phase of the evaluation.

## **Phase II**

**Step 1.** The Chairs of the Functional Workgroup reviewed the Functional Checklist and a summary of the results submitted by the vendors that passed Phase I. The Chairs then rank ordered the vendors based on their assessment of the clinical functionality. These results were given a 33% weighting.

**Step 2.** During this same timeframe, the Chairs of the Data Exchange Workgroup reviewed the two page description and the Integration and Data Exchange Checklists submitted by the remaining vendors. The Chairs then rank ordered the vendors based on their assessment of the integration and data exchange capabilities. These results were given a 33% weighting.

**Step 3.** In addition, several National Surveys were reviewed and vendors were then rank ordered based on their results within the national surveys. These survey results were compiled and were given a combined 33% weighting.

**Step 4.** To analyze the price component, the vendors eligible to move to Phase II were asked to reevaluate their pricing proposals and were given the opportunity to submit a revised pricing proposal. A comparison of pricing for the vendors across each of the practice sizes described in the RFP was then developed. Each Phase II vendor was then resent their specific pricing for final review and

confirmation. Overall pricing results, including all revised proposals, were compiled and any vendors that were consistently more than one standard deviation above the mean price for a total 3 year cost were eliminated.

The information gathered in these four steps was then assembled and presented to the Vendor Selection Working Group and representatives from each community. After a review and discussion of these findings, seven vendors were selected to move to Phase III of the process.

### **Phase III**

Phase III will represent the Contracting and Validation phase of the vendor selection. Each vendor's responses to the EHR RFP will be confirmed. Members of the Vendor Selection Group will participate in validating the vendor's capabilities and experience through a variety of methods such as:

- Reference Checks (including references supplied by the vendor and those known to the Working group)
- Technical Interviews
- Demonstrations or Screen Shot Reviews

Contracting discussions between the vendors and MAeHC will occur during this phase. If any vendor fails the validation or fails to reach an agreement with the MAeHC, an alternate vendor may be selected to enter into negotiations with the MAeHC.

### **Phase IV**

**Step 1.** Each pilot community will identify a small group to participate in the selection of vendors to service the pilot community (Pilot Vendor Selection Group). The Pilot Vendor Selection Group will review all of the available information on the selected vendors including screen shots, online demos, and transcripts of reference calls. From this information, the Pilot Vendor Selection Group will choose up to three vendors to offer the physicians in their community who wish to participate in the Pilot Program.

**Step 2.** MAeHC will host a vendor fair(s) for the three selected vendors for each community. During these fairs, local physicians will be invited to talk to the vendors and view demos of the selected products. From this exposure to the products and other independent assessments the physicians may want to undertake, the physician practices' may individually choose a vendor or product that best serves the needs of their practices.