Not all Those Who Wander Are Lost:

*Integrate the Right Software System*

Karen Wahlberg, RN, BSN
Chief Executive Officer
Lifespring In-Home Care Network

Integrate the Right Software System

“SOFTWARE BACHELORETTE”
The PROBLEM

- Find the right software system

BUT…..

What IS the right software system?
What IS the right software system?

How to know what is the RIGHT system for our needs?

• Some personal history
Who Are We?

- This is an issue because....
- Home Health, Hospice and Private Duty Provider
- Therapy Staffing
- Franchisor

Who Are We?

- Karen Vahlberg, RN, BSN
  Chief Executive Officer
  Lifespring In-Home Care Network

- Mike Charboneau
  Chief Operating Officer
  Lifespring In-Home Care Network
Our Experience

- Selected software that seemed clinician friendly
- Complicated reports with confusing information
- No support for marketing
- Any add-on added very high costs
- Continual problems with synchronization
  - Lost data
  - Data “stuck” in computers that wouldn’t sync

How to know what is the RIGHT system for your needs?

- Software “Bachelorette”
  - Identify criteria
  - Develop field of eligibles
  - “Date” several different vendors
How to know what is the RIGHT system for your needs?

- Software “Bachelorette”
  - Narrow the pool
  - Negotiate the agreement
  - Award the Rose

Establish a Process

1. Objective
2. Observation/Evaluation
3. Finalist Selection
4. Trial and Validation
5. Selection
6. Post Selection
1. Objective

- Identify the stakeholders

- Determine the Characteristics
  - statement of desired outcome

- Identify the desired characteristics of the system

Identify the Stakeholders
Identify the Stakeholders

- Appointed by Administrator or Chief Executive
- Clinician leader, of course
- Billing and Reimbursement Leader, of course,
- BUT WHAT ABOUT THESE FOLKS?

Identify the Stakeholders

- Admissions
- Quality Improvement
- Information Management (IT)
- Marketing
- Executive Management
- Finance
- Human Resources
- Training/Education
- Medical Records
Identify the Stakeholders

- And since we're talking about clinicians, don't forget:
  - Therapy
  - Face to Face physicians
  - NPP's
  - Medical Directors

2. Observation and Evaluation

- Survey the Field
Survey the Field

How do we survey the field?

- NAHC Conference Exhibit Halls
- State Association Meetings/Vendor Fairs
- Online search
- NAHC Vendor Mall on www.nahc.org
- Home Care /Hospice IT publications
- HealthIT.gov
- Ask your friends and colleagues
Stakeholder Committee

- Plan for adequate time
  - Larger, more diverse organizations need more time

- Wish list from each stakeholder
  - Easier if you have experience with other systems

Stakeholder Assignment

- Develop list of:
  - Required Characteristics
  - Desired Characteristics
  - Deal Breakers (Absolute NO’s)
RC (Required Characteristics)
Exercise

- Pass out lists
- Rank the examples of software characteristics from 1-10 in order of priority for your agency
- Prepare to share the top three.....

Required Characteristics

- For us:
  - Web based
  - Handle multiple business lines: HH, Hospice, PD, Therapy staffing
  - Software as a Service
  - Windows Based
  - Telephony
  - Clinician Friendly
  - Easy synchronization
  - Management and executive reports
Required Characteristics

- KNOW your needs for synchronization:
  - Rural
  - Urban
  - Cell network- hotspots?
  - Data plans
  - Public wireless
  - VPN
  - Point of care devices themselves

Desired Characteristics

- OASIS comparison- easy access
- CRM component
- Easy / Effective scheduling component
- In-System quality and billing audits
- Interfaces with payroll system and Quickbooks
Deal Breakers Exercise

- Pass out lists
- Rank the examples of deal breakers from 1-10 in order of priority for your agency
- 1 means kick them out the door
- 10 means you would strongly admonish them
- Prepare to share the top three.....

Deal Breakers

- Expensive, partitioned server
- Add-on components at additional cost
- Additional licenses at additional cost
- Home care software as secondary LOB
- Complicated agreement
- Easier if you have worked with other systems
Develop List of Potential Candidates

List of Eligible Candidates

- 3 to 8
  - Should be defined (e.g. XYZ Software, ABC Healthcare)
  - The more candidates, the longer the process
  - Develop interview questions
  - No demos until interviews are completed
**Interview Scorecard**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Vendor A</th>
<th>Vendor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Web-based?</td>
<td>• YES</td>
<td>• YES</td>
</tr>
<tr>
<td>• Telephony?</td>
<td>• YES</td>
<td>• YES</td>
</tr>
<tr>
<td>• Scanning Uploads?</td>
<td>• NO</td>
<td>• NO</td>
</tr>
<tr>
<td>• Software As a Service?</td>
<td>• NO</td>
<td>• YES</td>
</tr>
<tr>
<td>• Tablet Compatibility?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Finalist Selection**

- Eliminate the field to no more than three
- Hard to make final decision from a larger field
4. Trial and Validation

- Demonstrations
  - Demo scorecard
  - Department Demo
  - Executive Demo
- Contract Negotiations
- Site Visits

Demo Preparation

- Plan for multiple demos from each vendor
- Separate demos for:
  - Clinicians
  - Billing and Reimbursement
  - Executive management
  - Quality Improvement
Demo Preparation

- Done by the Team (Clinical, Quality, etc.)
- Required/ Desired/ Deal Breakers
  - Compare to desirable/ undesirable features of current system
- Team Composition
- Representation from different sections
- Clinical: nursing, therapy, management

Demo Scorecard

- By Department- personalized
- Leadership must direct this
Demo Scorecard

<table>
<thead>
<tr>
<th>Items</th>
<th>Vendor A</th>
<th>Vendor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• OASIS Wizard Tool?</td>
<td>• Yes or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
<tr>
<td>• Ease for Scheduling?</td>
<td>• Yes or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
<tr>
<td>• Intuitive for Staff?</td>
<td>• No or Ranking</td>
<td>• No or Ranking</td>
</tr>
<tr>
<td>• Physician Portal?</td>
<td>• No or Ranking</td>
<td>• No or Ranking</td>
</tr>
<tr>
<td>• PPS Reporting Features?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Executive Demo

• Goal:
  • Review reports
  • Understand derivation and meaning of reports
  • Manipulation of reports
Executive Demo - Reports

- Dashboard Reports
  - Things you want to know at a glance
    - Average Case Mix Weight
    - Hospice LOS
    - Number of closed episodes held for orders
- Cost Report Reports
- Professional Advisory Committee Reports

Executive Demo - Reports

- Cost Report Reports
  - All schedules and statistical data
  - Push of a button
Executive Demo - Reports

- Professional Advisory Committee
  - Patient demographic statistics
    - Age, gender, location of residence, primary diagnosis
    - Discharge reasons,
    - Discipline utilization

Executive Demo - Reports

- Management Reports
  - OASIS Due
  - Schedule reconciliation
  - Missed Supervisory Visits
  - Visits without orders/ authorization
  - Volunteer percentage
  - Hospice F2F or recertification narrative due
Contract Negotiations

- Simultaneous with Site Visits
- Final Candidate – one, possibly two

Contract Negotiations

- Now you’re “living together”
  - Willingness
  - Flexibility
  - Creativity
  - Absolutes and non-absolutes
Contract Negotiations

- Terms and termination
- Hardware requirements/ IT review
- Configuration and training
- Who can make configuration changes?
- Pricing structure
  - Do the math
  - Look for hidden costs

Contract Negotiations

- What happens to your information when you terminate your agreement?
- What is the process if you have a dispute?
- Who can solve your problems AFTER the agreement is executed (consummation)?
  - Inside sales? Your original salesperson?
## Contract Scorecard

<table>
<thead>
<tr>
<th>Items</th>
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</thead>
<tbody>
<tr>
<td>• Termination Clause?</td>
<td>• Yes or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
<tr>
<td>• Access to data if contract terminated?</td>
<td>• Yes or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
<tr>
<td>• Free Additional Users?</td>
<td>• No or Ranking</td>
<td>• No or Ranking</td>
</tr>
<tr>
<td>• Customer Support Specifications?</td>
<td>• No or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
<tr>
<td>• Initial Training Specifications?</td>
<td>• No or Ranking</td>
<td>• Yes or Ranking</td>
</tr>
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## Site Visits

- Commitment of resources is serious now
- 1 Clinical, 1 Information Technology person
- Software in action
- Staff interviews
  - Clinical leader
  - Field clinicians
  - Billing staff
  - IT
  - Executive decision-maker
Site Visit

- Develop interview questions in advance:
  - What do you like best about the system?
  - What do you like least?
  - What are the most troublesome aspects?
  - How often do you lose data?
  - Support requests
  - Responsiveness of Support
  - Expenses (ask executive management)

Site Visit

- Observation:
  - Ease of use by staff
  - Work-arounds
  - Devices/Synchronization
  - Comprehension of system features
    - Billing
    - Clinical/Quality
    - Marketing
    - Management
Site Visit Scorecard

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<tbody>
<tr>
<td>Work arounds?</td>
<td>Yes or Ranking</td>
<td>Yes or Ranking</td>
</tr>
<tr>
<td>Satisfactory Customer Support?</td>
<td>Yes or Ranking</td>
<td>Yes or Ranking</td>
</tr>
</tbody>
</table>

Site Visit

- Written Report to Executive.....
Scorecard Review

- Interview
- Demos
- Contract
- Site Visit

5. Selection

- “Awarding of the Rose”
6. Post-Selection

- Enjoy the Honeymoon
- Expect to want to Break-Up

Largest Lessons

- Software System will drive and dictate many agency processes
- Consider configuration and training time and resources needed
- Software selection is an executive decision with strategic and financial implications

*equally as prominent as clinical, billing, and quality implications*
Largest Lessons

- The larger the organization, the longer the decision making process
- Plan at least 6 months for a larger, more complex organization
- Consider timing of break-up with the Legacy Vendor
- Consider cutover procedure and timing:
  - Impact on Billing and Reimbursement

Thank you for joining us.

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