Healthmatters, LLC

Vendor Selection

Enhancement of Facility Website and Services

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1. INTRODUCTION

Healthmatters Community Hospital (HCH) employs 2,526 staff and has approximately 600 clinicians made up of Physicians and Nurse Practitioners with admitting privileges. A number of socioeconomic factors have contributed to its growth. In 2010, the hospital had nearly 40,000 emergency room visits, provided 130,000 outpatients and 9,800 admissions. The birthing center delivered 2,311 babies. The hospitals support staff includes, but is not limited to a small human resource staff made up of approximately 20 people and a marketing department of about equal size. The information systems department has approximately 150 employees and is a mix of software developers, database administrators, data analysts and system administrators. These technical staffs are primarily focused on maintenance, integration and enhancements to existing systems. New development internally is rare, as leadership prefers proven solutions that have been integrated by other health care organizations (HCOs) across the industry.

Earlier this year a broad survey was sent across HCH's 20 county coverage area in an effort to determine the primary needs and concerns regarding patient access to health care. Sixty-nine percent (69%) of the covered population indicated they would like greater access to their personal physicians for medical questions and also access to needed health records (for both themselves and their provider). Additionally, primary care physicians were surveyed within the coverage area as to the ease of scheduling appointments with the HCH specialty physicians and four-five percent (45%) of the offices indicated the process was 'difficult' (on a scale from easy to very difficult). Comments from these surveys indicated the ability to schedule patients 'on-line' would be beneficial in improving the efficiency of office flow. Additionally, in

interviewing the facilities 'new hires', fifty percent (50%) indicated frustration with the ability to only view the job listing title (on the facility web site) but not the job description itself, along with the inability to complete an on-line application.

Considering the survey results along with physician and employee comments, there is an indication for needed improvements to this facilities web site services. Additionally, with Meaningful Use (MU) requirements and its associated reimbursements, it is also time for our system to look towards the development of a Patient Portal that provides not only access to a patient controlled Personal Health Record (PHR), but also the ability to process patient payments online. The goals derived from the survey initiative are to develop an updated web site which will promote this facility, promote patient web site usage, increase the efficiency and productivity of our providers and finally improve the facilities staff recruitment.

In addition to the survey results, HCH is in a very competitive environment and is ranked 4th or 5th in its market space. A second initiative reviewed the current ranking and has determined that HCH needs to rebrand itself in the community and to prospective employees. It was concluded, by redesigning its web site, HCH can fulfill a strategic goal of creating alternate sources of revenue as well as providing value added services to its patients and internal staff. When properly executed, the web site will gain market share through extended direct reach capabilities and establish HCH within the community as an innovative leader among its competition.

A third initiative is working towards HCH becoming a Center of Excellence. One of the goals of this initiative is to have a website which facilitates better coordinated care so to improve

patient outcomes. The goals established to actualize this initiative include reshaping and establishing a prominent brand and image within the community, improve recruitment capabilities, provide additional revenue stream through on-line bill pay, and improve patient outcomes through the utilization of patient portals to manage appointment scheduling and personal health records. To achieve the indicated goals it has been determined significant effort and expertise in healthcare web design will be required to complete the project.

In consolidating the recommendations from these three initiatives (survey across coverage area, assessment of HCH's ranking in the market space, and the vision of becoming a Center of Excellence) it is clear there are many similarities in the established goals. After thorough evaluation, it has been determined that though the development of a 'state of the art' web site, the established goals for these three initiatives can be easily met.

The current HCH website was designed by an in house development resource and is "fairly simple" not allowing "for the capture of information from prospective patients, referring physicians, or from prospective employees" (Becker & Lindgren, 2011). The selection of a vendor entails choosing a web development firm that has the capability to enhance the current website services by transforming the current 'informational only' site to a 'fully interactive' site. This improved site should enable referring physicians, patients and potential healthcare employees to engage and share information with HCH through the website by acting as an outreach tool to its staff and constituents.

As HCH looks forward to growth of services, improvement in the market place and the expansion of its physical environment, the development of a 'state of the art' web site "will

provide more consumer oriented health information to attract new patients, provide more online

services (such as scheduling and bill pay) and attract highly qualified nurses and clinicians"

(Becker & Lindgren, Case Study: Web Site, 2011). This will lead to the enhancement of the

hospital's public persona and increase public awareness of the hospital's services through

marketing, rebranding and presentation of quality information.

2. VENDOR SELECTION CRITERIA

Because cost was not the only consideration factor, HCH used a negotiated procurement

model where Vendors were solicited and then considered on criteria factors that were developed

by the executive sponsorship within the organization. (Becker & Lindgren, Case Study: Web

Site, 2011). Request for Proposals (RFPs) were sent out after first identifying those perceived to

be leaders in their industry. A stringent qualification process was outlined within the RFP

requiring acknowledgement and disclosure of intent to participate by each prospect Vendor with

time constraints. Once respondents' submissions were received, a mechanism to equally

consider all vendor responses was employed through a decision analysis (DA) tool which

considers each vendor in four primary areas equally against each other. The DA represents an

abbreviated and categorized representation of the initial requirements represented to each Vendor

in the original RFP. The considered solution will leverage a hosted solution as it was part of the

technical requirements since HCH did not have the in-house expertise to do it. These categories

include pricing, ability to execute, solution fit, and services.   Each category has a subcategory of

items that are applicable in the main category goal. Each category combined is important but

individually may hold more importance in the overall solution and thus have been given an individual weight to specify this in the overall score.

The main categories are described below for summary. Further detail is available in Appendix A with the final scoring. Categories for vendor selection include

1. Pricing – 35 points

HCH position in the engagement is to satisfy as many of the requirements as it can at the best possible price. Price has an overarching consideration to include those costs that need to be considered for initial implementation and ongoing maintenance. As well, the Vendor's position and reputation backed by experience and financial strength are factors to weigh in to minimize risk and concerns of solvency.

2. Ability to Execute – 25 points

Execution is critical to the overall success to the project. Realizing the aggressive 12 month timeline required of the Vendor weight in this category is given highly to those that have many of the requirements met in a current solution. Synergy is welcomed by giving more points to the Vendor who melds more closely with the same cultural values as are perceived to be in alignment with HCH's core values and goals. The stability of the company, past project experience, project management methodologies and ability to scale to the project demands will remove obstacles from the project timeline and help ensure success while diminishing risk. All of the factors considered in this category give greater chance to success.

3. **Solution Fit – 35 points**

The executive sponsorship invested considerable weight in the end solution fit into the organization and equals it in importance to pricing. The fit for the solution considers aspects which encompass technical and business factors which will help the web site and its integration acclimate into the current landscape with minimal disruption to existing business. The solution fit also considers the overall desired outcome for the project and resources available to integrate with to achieve the project goals and future directions of the organization.

4. **Services – 5 points**

HCH executive sponsorship weighted services with the least amount of points but still consider it an important contributing factor. Services consider those offered during the project implementation and those after by the vendor to support the organization to supporting the solution or extending to fit future needs.

3. **CONSTITUENCY ROLE**

During the selection process, HCH established several groups to provide input and ratings to the vendor selection process. Each group consisted of an individual executive leader and five (5) members of the hospital team representing their constituencies. With the help of the executive leader each team rated the vendor's performance based upon the criteria outlined in the 'Vendor Selection Criteria' section. The executive leaders consisted of the CFO, CMO, CNO, CIO, PMO office and Chief Informaticist. Each group used matrixes ranking and rating system to ensure that there was no influence by either a single team member or executive leader. Each rating

session was facilitated by HCHs on staff Lean Six Sigma master black belt to help with the

process and provide objectivity where necessary. The CEO participated in the ranking process

as a group member but not as an executive leader.   Each constituency group contained two (2)

clinical representatives, two (2) IT representatives and one (1) member selected at random from

the hospital staff. The constituencies also represented a cross section of employee levels – from

entry level employee to director level.   Additionally, the CFO presented for each team a cost

benefit analysis and Finance 101 overview to assist with all financial questions referenced in the

vendor proposals to ensure that comparisons were easy to make.

Responsible	Workgroup/Individuals	Primary Responsibility
Chief Executive Officer	- Represents the entire interest of the hospital - Must report and defend all fiduciary commitments to the board - Shared responsibility to report to the BOD with executive team - Articulates vision of the hospital	- Provide leadership and strategic guidance to C-level - Provide and support key deliverables to the project - Leverages communications – to stakeholders – e.g. community, physicians, local governments, political leaders - Understand and acknowledge capital growth plan - Ensure hospital is in sound financial position
Chief Financial Officer	- Responsibility for fiduciary commitments of the hospital - Trains finance team - Accounts payable - Account Receivable - Benefits plans - Cost benefits analysis	- Works with CEO on strategic vision - Provides Operating budget - Oversees purchasing and payroll - Safeguards financial assets - Develop internal controls and policies - Provides leadership and guidance of financial planning for the hospital - Ensures Hospital is operating to

		- plan and adjusts accordingly - Actively promotes fiscal responsibility to all employees - Ensures hospital system meets all commitments and follows all accounting laws
Chief Information Officer & Chief Informaticist	- Technical Lead - Software Architect - Software Developer(s) - Network Admin - Informaticist - Database Administrator	- Technical lead will attend all status meetings and report status of team. - Software architect will develop technical design and requirements for implementation - Software developers will be responsible for developing software and coordinating development of contract resources - Network admin will be responsible for server setup, firewall rules, backup strategy and disaster recovery for all landscapes - Informaticist will be responsible for negotiating requirements and liaison between other business area leads and executive leadership - Database Administrator will design and architect database and setup all database servers for all landscapes.
Chief Medical Officer	- Represents senior leadership for the medical staff - Serves as the liaison for medical staff and administration for the web site redesign project - Physician web design	- Provide leadership and/or oversight of quality metrics, patient safety and population based content in the web site redesign - Leveraging physician champions and other individuals needed for engagement of the project

	team	- Ensure that the health information content is reputable and user-centric - Participates with search engine optimization
Chief Nursing Officer	- Represents the Division of Nursing at weekly status meeting or sends representative - Search engine optimization development strategy - Nursing Recruitment Coordinator - Nursing Web Design Team	- Research, provide development input for and evaluate 'search engine keywords' so optimize candidates ability to access this facilities URL - Work with web designer to ensure site provides the correct application flow process - Lead nursing web design team (provides content input on nursing web site pages)
Chief Marketing Officer	- Chief Marketing Officer - Market Researcher - Public Relations Manager - Social Media Manager - Marketing Specialist - Hospital Services Liaison	- Chief Marketing officer is responsible for developing the marketing strategies for the entire organization. The CMO manages the creation of the marketing messages and campaigns and the selection of marketing mediums such as print and web site advertising. - Market researcher will perform data analysis of information collected to understand the needs of the community and the patients. - Public relations manager will promote hospital events and activities in the local media and serve as the primary media contact. - Social Media Manager will develop the organization's social media strategy by managing the organization's social media presence to

		- enhance brand awareness that will generate inbound traffic and encourage utilization of hospital services.
		- Marketing specialist will develop and implement marketing strategies aimed at improving the organization's community engagement and patient recruitment and retention efforts.
		- Hospital Services Liaison will promote organizational activities by establishing and maintaining community relationships that result in referrals sources.
VP of Human Resources	- VP - Recruiter - HR Manager - Ombudsman	- HR manger to attend regular status meetings - HR Manager to establish business, functional and usability requirements - Recruiter to represent testing efforts in QA stages. - Ombudsman to attend meetings related to human resource legal issues and conflict of interest work flow processes
Project Manager - Organization		- Create project schedule - Create project charter - Conduct project weekly status meetings - Conduct monthly leadership meetings - Coordinate with contract project manager - Create resource plan - Coordinate with respective internal leads the efforts of internally assigned tasks

Project Manager - WW	- Report and coordinate status to organizational PM - Attend weekly status meetings - Create and maintain WW resource plan
Corporate Compliance Officer	- Responsible for all corporate security issues - Review and approve remote access requests - Identify and review HIPAA breaches

4. POLITICAL ENVIRONMENT

The CMO and Chief Informaticist are the initiators of the website redesign project. Their vision to create a consumer-oriented website to transform community healthcare is a solution to the declining market share and revenues of HCH.

The CEO and CIO initially were reluctant to support the web redesign project. The CEO is concerned about the limited capital budget and was not convinced this project would help HCH's state of affairs. He was championed as a new hire by the CMO. The CMO is well respected by his peers and the medical community. The CNO is in critical need of nursing staff and needs funding to recruit new staff. She is doubtful of the value of marketing by the website. However, she is willing to support this new website because of its use as a potential tool for recruiting. The CIO is well respected but hates new systems. His concerns are with the integration and operational issues with implementation and support. He is concerned with the limited skills of his staff to support the site and his limited budget. The Chief Informaticist works for the CIO and is not positioned politically. The Chief Marketing Officer firmly believes by having an

integrative marketing strategy that is aligned with the mission statement and vision of the organization, the community could see how HCH is better than its competitors. The power of the web sites in a marketing role has been demonstrated by many centers of excellence across the country.

After careful consideration and development of the new strategic marketing plan of HCH, the key stakeholders aligned together to support the project. It is the belief that the transformation of the current generic website to a consumer-oriented website will attract new patients, recruit qualified medical staff (nurses and other clinical staff) and provide better access to HCH. It is the desire that HCH will be positioned as one of the leading community hospitals in the area. It is important that the chosen vendor understand that healthcare organizations are experiencing changes secondary to a multitude of federal initiatives such as "meaningful use" that will impact daily operations. The new website must be scalable, have usability and functionality. The chosen vendor will be expected to provide hosting and training to support the redesigned website.

(Becker & Lindgren, Case Study: Web Site, 2011)

5. CHANGE MANAGMENT

It is important that the project stays on track and within budget. Any change from the project scope must be agreed upon mutually in writing before becoming effective.

The change control process has been established and will be implemented by the Change Control Board (CCB). The process is as follows:

1. A change request can be submitted to either project manager (HCH or chosen vendor). The change request will describe the proposed change, the rationale for the change, the impact on the implementation timeline, and the impact on cost or compensation.

2. The change request will be reviewed by the project manager of the submitting party and determine if necessary to submit to the other party.

3. Both project managers will determine jointly if the proposed change request should be presented to the Change Control Board made up of the CEO, CMO, CFO, CIO, CNO, Chief Marketing Officer, Chosen Vendor, and Project Managers.

4. Changes that may impact project scope; schedule, cost, quality, or risk must go through the Change Control Board Process. The members of the CCB will have to acknowledge and sign off on the change request before the change is considered approved. The CCB has the final authority.

5. The Project manager will track all changes and will log all entries in the change control database.

(Martin, 2010)

HCH will use Microsoft SharePoint as a communication center to collect task status from the implementation team from the chosen vendor team and contributing members of HCH. The project managers of HCH and chosen vendor will use Microsoft Project 2010(MSP) to manage resource and project planning. MSP will be configured to integrate directly with SharePoint to facilitate publication from MSP for real time status updates. Project status updates will be collected from all project contributors and reported on a weekly basis and a project status

dashboard will be available within SharePoint for tracking by executive leadership and interested stakeholders. SharePoint will be configured to push updates to subscribers that wish to be notified on a real time basis.

6. VENDOR SIZE

In order to meet the criteria set forth in the RFP, the vendor selection was not solely based upon the size of the three possible vendors but instead on the firm's ability to produce a quality product while at the same time provide a high level of support during the project implementation. Other factors include the level of experience and expertise of the vendor's employees, the firm's ability to produce within the specified timeframe and their ability to allow the client to feel that they are not just another customer. In many cases, large enterprise firms are selected based upon their ability to provide a robust staff that has access to unlimited IT resources. (Roach, 2011) HCH vendor selection was based upon seeking out a firm that could provide customized service that harmonized well with the organization's culture. The vendor choices for this project ranged from a local standalone web development firm (Web Works, LLC) with little clinical background, an established niche vendor (Practis) that is very anxious to get their foot in the door at the hospital and a large scale enterprise firm (MedNet Technologies) that has developed over 2,500 websites for healthcare professionals.

7. ACCEPTANCE TESTING

Acceptance testing served as a metric for determining the systems readiness for milestone release, payment release, and ultimately successive product go lives. HCH will use the quality

gate milestone process and rated vendors on their ability to meet and or adapt to this set of

criteria to determine product acceptance (Charvat, 2003).   Along with the quality gate

milestone, HCH also required of each vendor that the following acceptance testing to be

performed. Failure to accept the criteria resulted in a lower score for particular vendors. Each

corresponding gate will have a pre-determined acceptance tests built into the gate to ensure

appropriate levels of testing are performed and recorded throughout the process.   Additionally,

there will be three (3) environments where the acceptance testing may occur. These

environments will be utilized as follows. Customer STAGE, customer TEST, customer PROD.

  Customer STAGE will be used to test all feature releases and promotion to customer PROD

after all pre-determined configuration has taken place in customer TEST. Customer TEST will

be for all identified users to test new features functionality and versions prior to promotion to

customer STAGE. Customer STAGE will be an exact replica of customer PROD and will be

used for all performance testing.

HCH uses the following testing methodology which vendors must agree to utilize.

Website applications

1. Unit Testing- Running individual code in a test environment.

2. System integration testing (SIT) - A simulated environment where individual unit tested

    codes are ran in the same systems integration environment.

3. Stress and Performance Testing (S &P) – S &P testing is a process of challenging a

    developed web site's ability to function under varying performance levels.

4. User Acceptance Testing (UAT) UAT testing is the final testing phase before the release of a web site. The purchaser or end user test the web site to ensure the finish product meets specified criteria.

5. Unit Testing- Running individual code in a test environment.

6. System integration testing (SIT) - A simulated environment where individual unit tested codes are ran in the same systems integration environment.

7. Stress and Performance Testing (S &P) – S &P testing is a process of challenging a developed web site's ability to function under varying performance levels.

(Mosher, 2007)

Interface Testing

1. Vendor must evaluate interface testing plans and procedures for compliance with industry standards (U.S. Department of Health & Human Services).

2. Transaction testing- This test will be used to confirm that data entered onto the web site is able to reach HCH database and that the database will be able to return request data to the end user. (Stout, 2001)

8. VENDOR RESPONSE ANALYSIS

RFP's were sent to ten companies in total and six responses were received (highlighted in green) from the below list.

- WebWorks, LLC
- Practis Inc.
- MedTouch
- Scorpion Healthcare

- Sai Webtel Technologies Pvt. Ltd
- Physician Designs
- Aurora Information Technology
- MedNet Technologies
- New Wave Enterprises, LLC (dba Medical Web Experts)
- Lighthouse Web Solutions

The review panel concerned with choosing the companies in the RFP process included the executive sponsors. Those are the CEO, CFO, CMO, CNO, CIO, Chief Medical Informaticist and Chief Marketing Officer.

Those companies that did not respond or express their intent to participate were eliminated immediately from further consideration. Sai Webtel Technologies and Scorpion Healthcare were further eliminated after initial analysis found their lack of match for business or technical requirements or failing to meet the specifications of the RFP format. After Vendors were eliminated for lack of response or other deficiencies against the requirements, five Vendors were left for further consideration. New Wave Enterprises was eliminated after financial strength was explored and risks were found. The remaining four vendors were invited on site to demonstrate their solution in a proof of concept. After evaluation of the onsite visits, MedTouch was determined to lack in cultural fit and also in alignment for technologies employed. The final remaining vendors were Web Works, MedNet Technologies and Practis Inc.

The remaining three vendors were compared against each other in a DA with a rating scale assigned. The review panel together assigned scores in the four assigned categories after thorough review of the responses to the RFPs and onsite visits. Although any of the final three participants would have probably have delivered a good solution, Web Works, LLC had the

highest score in each category and overall score and was awarded the contract. MedNet

Technologies was the 2nd pick kept as an alternative should contract negotiations not work with

Web Works. Practis, Inc was sent notice with thanks for participating but was not chosen.

9. VENDOR BUDGET PROPOSAL

Web Works, LLC

Web Works, LLC bid received the highest weighted score amongst the three vendors. Their

bid included the all of the necessary requirements for the HCH website redesign that will be

produced within a 12-14 week development cycle. The price analysis includes the creation of

patient and physician portals and mobile website. Web Works will have to subcontract the

virtual tour component of their bid due to limited internal production resources. This additional

cost is reflected within the bid.

MedNet Technologies

MedNet's bid included consideration of the level of expertise and staffing size of their

organization. Within their bid, MedNet outlined that a single hourly rate for their different team

members could not be provided due their varying levels of expertise. A list of their team

members, their level of expertise and hourly rate was included within the bid.

Practis

Practis received the lowest weighted score due their bid being slightly over the budget set

forth in the RFP. As a response to their proposed budget, Practis has outlined that all services

presented within the bid can be added or removed. After project consideration by HCH, a new

proposal can be submitted by Practis to reflect the revised list of services.

Services	Web Works Cost	MedNet Technologies Cost 2	Practis Cost 3
Website Redesign Implementation (12-16 wk projection)	$395,000	$425,000	$430,000
Add On: Employment Portal	$95,000	$100,000	$110,000
Add On: Physician Portal	$95,000	$100,000	$110,000
Add On: Patient Portal	$95,000	$100,000	$110,000
Add On: Employee Intranet	$8,500	$12,000	$15,000
Add On: News & Events Managers	$5,000	$5,000	$5,000
Add On: Virtual Maps and Tour of HCH	$75,000	$40,000	$40,000
Add On: Online Physician Directory	$5,000	$5,000	$5,000
Add On: Mobile Website	$7,000	$10,000	$10,000
Add On: SoCal Media and Blog Management	$7,000	$7,000	$7,000
Add On: Patient Tutorial Videos	$10,000	$10,000	$10,000
Add On: Third Party Integration (EHR, Billing, HIE & HR)	$60,000	$60,000	$60,000
Search Engine Optimization (SEO) Annual fee & Search Engine Marketing (SEM) - 30 words Annual fee	$6,000	$7,800	$7,800
Web hosting 80 GB Annual Fee	$3,000	$3,000	$3,000

Subtotal	$866,500	$884,800	$922,800
Tax Rate	8.50%	8.50%	8.50%
Sales Tax	$73,652.50	$75,208.00	$78,438.00
15% Hold Back	$ 141,022.88	$ 144,001.20	$150,185.70
Total	$ 799,129.63	$ 816,006.80	$ 851,052.30

10.   CONCLUSION

In planning for the future, this facility has adjusted its business model so not to focus solely

on the volume of services provided, but also to incorporate success achieved through "positive

patient outcomes at an acceptable value" (Kaufman, 2010). By defining this value with quality

and cost dimensions we look to integrate and further develop care processes across the

continuum (Kaufman, 2010). To achieve a high value for a low cost, this facility also plans to

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"coordinate patient care along the provider continuum in a more cost-effective and appropriate way" (Kaufman, 2010). This business model not only establishes customer value but also creates business value. With that HCH has determined the enhancement of the facilities web site is a first step towards achieving the business model goals.

New web site initiatives can lead to process and cultural changes within the organization. By utilizing the DA tool to scrutinizing every vendor candidate, HCH believes a vendor 'fit' has been achieved. The determination of this 'fit' ensures the vendor understands HCH's cultural, technological and functional requirements put forth in the RFP.

With that, HCH has decided to engage Web Works as a partner in this process. Web Works demonstrated superior rating in all categories, as compared to the other competing vendors. Their product demonstration and acute understanding of this facilities functionality and technology requirements leads HCH to believe Web Works is the correct 'fit' for this web site enhancement project.

In considering all the above information, HCH looks forward a website that incorporates usability, functionality and scalability so to lead this facility into the future with improved patient outcomes and also achieving financial success.

11. APPENDIX

Appendix A – Decision Analysis

CATEGORY	SUBCATEGORIES	WEIGHT	MedNet Technologies	Web Works	Practis, Inc.
Pricing	- Overall Budget - Ongoing Licensing, Operations & Maintenance - Industry Position - Financial Stability - Change costs - IT Costs	35	32	33	30
Ability to Execute	- Availability in current solution - Culture - Project Management - Schedule - Risk - Stability - Scalability	25	23	23	22
Solution Fit	- Functionality - Usability - Scalability - Security - Extensibility - Maintainability - Process change costs - IT change costs - Availability - Reliability - Performance	35	32	34	32
Services	- Hosting - Project Management - Cultural Fit - Availability - Performance	5	3	5	4
		100	**90**	**95**	**88**

(Becker & Lindgren, The Acquisition Process for a Medical Informatics Purchase (Session 2 -

Power Point), 2011)

Appendix B – Change Control Form

The below attachment will be used for any change requests needed for the project and shall

require signature from all HCH executive sponsors. The attachment is an adaption of a change

request form created by CVR / IT Consulting (CVR / IT Consulting, 2002)

Change_Request_Fo
rm_Template.doc

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