Meeting Objectives

- Review progress since last meeting
- Discuss and solicit input on critical areas of input

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Review of Project Background &amp; Status</td>
<td>7:00am</td>
</tr>
<tr>
<td>Review Updates / Confirm Details for Key Components</td>
<td>7:10am</td>
</tr>
<tr>
<td>Wrap-Up / Next Steps &amp; Questions</td>
<td>7:55am</td>
</tr>
</tbody>
</table>
REVIEW OF PROJECT
BACKGROUND & STATUS
## Project Governance & Team Membership

<table>
<thead>
<tr>
<th>Committee / Group</th>
<th>Members</th>
</tr>
</thead>
</table>
| **Executive Governance Committee** | • Erick Laine, New Group  
• Kevin Vermeer, ACO/Strategic Growth/Finance  
• Joy Grosser, CIO |
| **Project Steering Committee** | • Kathy Cunningham, ACO Operations  
• Dr. John Frownfelter, CMIO  
• Carey Gehl Supple, Legal  
• Dr. Amr Kamhawy, New Group MD  
• Kent Lehr, Strategic Growth  
• Robin McNichols, Finance/CFO  
• Debbie Muro, IT  
• Leslie Schneider, New Group Ops.  
• Dr. Jeff Schoon, PAC Physician  
• John Sheehan, ACO Steering Comm.  
• Jeani Sloan, IT  
• Dr. Doug Timboe, ACO Physician  
• Dr. Dave Williams, ICO |

| PLA/MLA Participants |  
|----------------------|---|
| • Matt Behrens  
• Dr. Costas Constantinou  
• Dr. Eric Haugen  
➢ Dr. Amr Kamhawy | ➢ Leslie Schneider  
➢ Dr. Jeff Schoon  
➢ Dr. David Wettach |

| Impact Advisors Project Team |  
|-----------------------------|---|
| • Paula Elliott, Program Director  
• Keith MacDonald, Project Manager | • Carol Slone, Subject Matter Expert  
• Ryan Uteg, Project Analyst |

➢ indicates principle PLA/MLA lead
Key Project Phases & Activities

**INITIATE**
- Confirm project scope, approach, timing & deliverables
- Establish project governance structures
- Complete project work plan
- Collect IHS background info., including:
  - Strategic plans
  - Current vendor costs, staffing, strategies

- Project Work Plan
- Gov. Structures
- IHS Background

**ASSESS Current State**
- Review IHS strategic direction
- Review current IHS amb. IT scope, objectives, accomplishments
- Schedule & conduct stakeholder interviews
  - Exec. Leaders
  - Finance
  - IT Leaders
  - Physicians

- Key IHS Drivers, Strategies
- Interview Tool(s)

**DEVELOP IT Options**
- Review key trends, ext. drivers & compet. landscape
- Confirm IHS long-term vision
- Identify critical EHR requirements based on:
  - External drivers
  - IHS vision
  - Integration & data exchange
  - Current IT capabilities
- Develop strategic IT options

- Vendor Options
- Strategic Vision, EHR Requirements

**ANALYZE and Assess Vendors**
- Evaluate strategic IT options against critical requirements
  - Pros & cons
  - Expected impacts
  - Total-cost-of-ownership

- Vendor Analyses
- Vendor TCO

**FINALIZE Findings**
- Review draft analysis with project leadership and stakeholders; gain consensus
- Refine analysis where necessary
- Develop final deliverable, including next steps and ownership
- Present summary findings to IHS leadership

- Final Analyses & Summary Findings
The project is estimated to take ~12 weeks to complete.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>WK 11</th>
<th>WK 12</th>
<th>WK 13</th>
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</thead>
<tbody>
<tr>
<td>Collect IHS Background Info.</td>
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<tr>
<td>Review Strategic IHS Info., Costs</td>
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<tr>
<td>Conduct Vendor Research</td>
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<tr>
<td>Begin Vendor TCOs</td>
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<tr>
<td>Review Drivers, Confirm Vision</td>
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<tr>
<td>Confirm Critical Requirements</td>
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<td>Evaluate Vendor Options</td>
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<tr>
<td>Review/Finalize TCOs, Analyses</td>
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<tr>
<td>Revise Summary Findings</td>
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<tr>
<td>Review, Finalize Summary Findings</td>
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</table>
TOPICS FOR DISCUSSION & INPUT
Stakeholder Interviews

• Objectives:
  – Educate and engage key stakeholders about importance of unified IHS ambulatory strategy
  – Solicit input regarding critical strategic requirements

• Targeted Stakeholders:
  – See next page

• Approach: General questions to engage stakeholders at strategic level

• Progress
  – Received suggestions at last Steering Committee for additional stakeholders to interview as well as groups to which we should introduce the project

• Next Steps
  – Confirm final list of face-to-face interviews
  – Confirm/finalize Ambulatory Interview Document
# Current List of Stakeholders

## Ambulatory EHR Strategic Review
### Stakeholder Interview List

*Updated April 25, 2012*

<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Role</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Dustin Arnold</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
</tr>
<tr>
<td>Dr. Mike Brenner</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
</tr>
<tr>
<td>Dr. Dennis Bussey</td>
<td>Medical Home</td>
<td>Recommended by Steering Committee member</td>
</tr>
<tr>
<td>Dr. Joe Compton</td>
<td></td>
<td>Recommended by Dr. Frownfelter</td>
</tr>
<tr>
<td>Kathy Cunningham</td>
<td>ACO Operations</td>
<td>Request for ACO Steering/Operations Committee Attendance</td>
</tr>
<tr>
<td>Dr. Amr Kamhawy</td>
<td>PAC Physician</td>
<td></td>
</tr>
<tr>
<td>Dr. John Frownfelter</td>
<td>CMIO</td>
<td></td>
</tr>
<tr>
<td>Dr. Katrina Guest</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
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<tr>
<td>Dr. Shawn Keeven</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
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<tr>
<td>Dr. Keith Knapp</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
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<tr>
<td>VPMA’s</td>
<td></td>
<td>Meeting 4/26- Keith to present via Genesys</td>
</tr>
<tr>
<td>Kent Lehr</td>
<td>Strategic Growth</td>
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</tr>
<tr>
<td>Robin McNichols</td>
<td>Finance/CFO</td>
<td>Any other Finance Interviews/Meetings?</td>
</tr>
<tr>
<td>Monique Reese</td>
<td>Advanced Medical Team</td>
<td>Recommended by Kent Lehr</td>
</tr>
<tr>
<td>Dr. Parag Sampat</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
</tr>
<tr>
<td>Name</td>
<td>Title / Role</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr. Kevin Schminke</td>
<td>CMIO</td>
<td>Recommended by Dr. Frownfelter</td>
</tr>
<tr>
<td>Leslie Schneider</td>
<td>New Group Operations</td>
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</tr>
<tr>
<td>Dr. Jeff Schoon</td>
<td>PAC Physician</td>
<td></td>
</tr>
<tr>
<td>Carey Gehl Supple</td>
<td>Legal</td>
<td></td>
</tr>
<tr>
<td>John Sheehan</td>
<td>ACO Steering Comm.</td>
<td></td>
</tr>
<tr>
<td>Dr. Doug Timboe</td>
<td>ACO Physician</td>
<td></td>
</tr>
<tr>
<td>Raedean VanDenover</td>
<td>Dis. Mgmt/Nurse Call Center</td>
<td>Recommended by Kent Lehr; reports to Kathy Cunningham</td>
</tr>
<tr>
<td>Dr. Dave Williams</td>
<td>ICO</td>
<td>Request in to Gina Ross for Steering/Operations Comm attendance</td>
</tr>
<tr>
<td>PAC Physician Members</td>
<td></td>
<td>Email requests out to members for interview times</td>
</tr>
<tr>
<td>4 Regions/PLC</td>
<td>Physician Leadership Council</td>
<td>Recommended by John Sheehan; 3rd Wed. of month 7-9am</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Request to Chairs and Admins for agenda time at May mtgs</td>
</tr>
<tr>
<td>4 Physician Members</td>
<td>NewGroup Board Members</td>
<td>Recommended by Jeff Schoon; requests into Dr. Kaplan for recommendation</td>
</tr>
<tr>
<td>New Group Physician Op Committee</td>
<td>NewGroup Physician Op Comm - roll up of PLC</td>
<td>Recommended by Leslie Schneider; next mtg: 5/9 Request into Dr. Kaplan for recommendation</td>
</tr>
<tr>
<td>Physicians-At-Large</td>
<td>2 per Region/Affiliate</td>
<td>Request to identify - Leslie Schneider/Regional Directors/Dr. Knepp</td>
</tr>
<tr>
<td>Letter of Intent</td>
<td>Physicians, CMT, VPMA’s</td>
<td>Letter completed/to be sent this week</td>
</tr>
<tr>
<td>Other CMT members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Affiliate Administrators, Directors, Clinic Managers?</td>
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<td></td>
</tr>
<tr>
<td>???Who/How many???</td>
<td>Large independent physician groups</td>
<td>Recommended by John Sheehan</td>
</tr>
</tbody>
</table>
## Introductions / Background

Review background and objectives of current project
1. Determine the critical ambulatory and related strategic requirements that Iowa Health’s ambulatory EHR must support going forward
2. Evaluate the ambulatory vendor options against the strategic requirements and other critical success factors
3. Present summary to ITGC and IHS leadership

Review IHS’ current organizational strategies
- Growth/acquisition
- Value-based contracting/accountable care organizations
- Population health management/wellness

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given these current IHS strategies, what are the <strong>specific challenges</strong> that you and your organization face?</td>
<td></td>
</tr>
<tr>
<td>Given those challenges you face, what are your expectations of an IT partner?</td>
<td></td>
</tr>
<tr>
<td>Other comments / considerations?</td>
<td></td>
</tr>
</tbody>
</table>
Online Physician Survey

- **Objectives:**
  - Educate and engage key stakeholders about importance of unified IHS ambulatory strategy
  - Solicit input regarding critical strategic requirements

- **Targeted Stakeholders:**
  - IHS practice-based physicians (broad e-mail distribution)
  - Other practice team members (specific, targeted members)

- **Approach: Targeted questions to engage stakeholders at strategic level**

- **Progress**
  - Received input on survey questions from Steering Committee at/since last meeting
  - Redrafted survey *(see separate Word document)*

- **Next Steps**
  - Finalize and implement physician communication strategy
  - Format in Survey Monkey
  - Identify/collection targeted e-mail addresses, send it out and compile responses
Total Cost of Ownership Analysis

- **Objective:**
  - Estimate the total expected five-year costs for each option

- **Approach:**
  - Impact Advisors formatted detailed Excel cost model with list of data requirements
  - Cost entries will populate a robust Excel tool and generate the TCO
  - IS Leadership will review to be sure the overall calculations make sense, with Impact Advisors making necessary adjustments

- **Progress**
  - Obtained cost details from IHS Leadership
  - Populated TCO framework with initial Allscripts and Epic cost details

- **Next Steps**
  - Finish populating cost model and review results with IHS IS Leadership
Vendor Market Research

• **Objective:**
  – Compile, analyze and summarize information about the strategic capabilities and direction of each of the vendors

• **Approach**
  – Develop list of critical questions including vendor track record, ability to address market trends, and success in integrating disparate applications and sharing information across care settings
  – Compile information available from public sources (KLAS, HIMSS Analytics, etc.)
  – Interview and compile information from other healthcare delivery organizations
  – Formally request information from vendors then review and discuss responses

• **Progress**
  – Developed list of critical questions and identified targeted clients to interview
  – Began compiling data from public sources
  – Drafted Vendor Questionnaire

• **Next Steps**
  – Continue market research and client interviews
  – Confirm vendor data collection approach
Other Topics

1. How would PLA/MLA members like to participate in the key project activities?
   - Stakeholder interviews
   - Online physician survey
   - Total-cost-of-ownership model
   - Vendor market research
   - Other

   Focused discussion/orientation scheduled for this Friday

2. How do we ensure broad, effective communication about this project’s goals/purpose, progress and (eventually) outcomes, to the IHS stakeholder community?
NEXT STEPS

Wrap-up and Questions
Next Steps

- Confirm face-to-face stakeholder interviewees; get scheduled
- Finalize and implement physician communication strategy
- Finalize, build and post online physician survey
- Continue vendor market research, including questionnaire approach
- Confirm PLA/MLA assignments
QUESTIONS?
CONTACT INFORMATION

Paula Elliott: paula.elliott@impact-advisors.com
(773) 255-6414

Keith MacDonald: keith.macdonald@impact-advisors.com
(617) 935-9320

Carol Slone: carol.slone@impact-advisors.com

Ryan Uteg: ryan.uteg@impact-advisors.com
APPENDIX

External Market Trends Drive Critical IT Requirements
External market forces challenge even the best delivery organizations.
Healthcare Today: The Driving Forces of Change

On the cost side:
- An aging population and an increase in chronic illnesses.
- Healthcare costs rising faster than cost of living.
  - Proliferation of expensive medical technologies and innovations.
  - Increased competition and options – plus new alliances and consolidation.

On the coverage side:
- Decline in employer-sponsored healthcare and levels of coverage.
- Increase in uninsured and underinsured.
- Provider reimbursement flat or declining and expenses rising steadily.

...with impending impacts of Federal debt reduction and coverage reform starting in 2012.
**Healthcare Reform: The Anticipated Results**

- **Expanded access:**
  - More covered lives and an emphasis on primary care.

- **Disease-based payment models:**
  - Misaligned incentives under fee-for-service will move towards budget-based payment systems.
  - Payment models will drive economic integration of hospitals and physicians.
  - Demand for right care, at right place, at right time, at right cost.
  - Coordination of care across providers, settings.

- **Quality measurement:**
  - More measurement, more transparency.
  - Greater focus on outcomes – both immediate and longitudinal.
Associated Changes in the Care Model

• **Team care:**
  - Providers and staff filling different roles.
  - Greater use of physician extenders.
  - Health coaches to advise; navigators to facilitate.
  - Coordination of care across the continuum.

• **Population care:**
  - Responsibility for managing a defined population.

• **Greater patient responsibility and involvement:**
  - Financial incentives – plus new tools, control and empowerment.

• **Shifting locations of care:**
  - More care delivered in outpatient settings.
  - New entities emerging: specialty hospitals, continuing care hospitals, retail clinics.

• **Integrated care:**
  - Clinical and financial activities integrated across continuum.
  - Increased focus on transitions in care.
Emerging IT Requirements

- **Population management:**
  - Identification:
    - Patients with specific conditions, at increased risk, or eligible for preventive care.
    - Identified prospectively, concurrently and retrospectively.
  - Management:
    - Registries to track patients (inclusive of clinical and administrative data).
    - Documentation of care management activities across a range of patient interactions.
    - “Real-time” and/or remote care and risk management.
  - Reporting:
    - Data aggregation – clinical and financial.
    - Business Intelligence: Operational dashboards and analytics tools.
• **Team-based care model:**
  - Integration of ambulatory and inpatient views financial and administrative data).
  - Flexible technology solutions to support workflow redesign.
  - Delegation/verification functions to decouple from signing and task
  - Technology-enabled standards of care and protocol-driven templates for providers and care team members.

• **Availability across geography, settings and devices:**
  - Web – based portals
  - Health information exchange
  - Mobile computing
Emerging IT Requirements continued

• **Online patient interactions:**
  – Administrative, financial and clinical transactions.
  – Patient access to medical record information.
  – Patient-entered, provider-verified medical record information.
  – e-Encounters.

• **Inclusion of external data sources:**
  – Mobile/device/home-based data sources.

• **Care team-patient collaboration:**
  – Integrated clinical messaging.
  – Notifications to patients and providers regarding important clinical, administrative and financial issues.
  – Flexible definition re: who is on patient care team.

• **Embedded decision support:**
  – Clinical, administrative and financial guidance.
## Summary: Critical IT Requirements

Leading delivery organizations must demonstrate *all* of these capabilities.

<table>
<thead>
<tr>
<th>Integrated data (= a complete ambulatory and inpatient EHR) at the point-of-care.</th>
<th>Standards of care and clinical data capture tools embedded in workflow.</th>
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<tbody>
<tr>
<td>Clinician-to-clinician communication, task delegation and management, and <strong>seamless handoffs</strong> across transitions in care.</td>
<td><strong>Wireless computing devices</strong> with reliable, secure, integrated system access.</td>
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<tr>
<td>Exchange of clinical information with <strong>external care providers</strong>.</td>
<td>Secure, <strong>Web-based patient access</strong> to clinical data with the ability to conduct care transactions online.</td>
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<tr>
<td>Ability to identify, track and <strong>manage patients with specific conditions</strong> and at increased risk – prospectively, concurrently and retrospectively (= population management).</td>
<td>Aggregation of patient clinical data and associated costs across all inpatient and ambulatory settings, with <strong>robust analytics and real-time dashboards</strong> for quality and cost reporting.</td>
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Emerging Trends Drive Critical IT Requirements

**CURRENT / EMERGING MARKET TRENDS**

<table>
<thead>
<tr>
<th>Trend</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Aging patient population and increased incidence of <em>chronic diseases</em></td>
<td>Comprehensive inpatient/ambulatory data available at the point-of-care</td>
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<tr>
<td>Shifting care settings, market consolidation and coordination of care across/among organizations, settings and providers</td>
<td>Clinician-to-clinician communication, task management and seamless handoffs</td>
</tr>
<tr>
<td>New delivery models (including team-based care) to support patient centered medical homes</td>
<td>Clinical information-sharing with <em>external (non-IHS) care providers</em> (= health information exchange)</td>
</tr>
<tr>
<td>Healthcare reform, new risk-sharing payment models and disease/population-based reimbursement (ACOs, capitation)</td>
<td>Patient registry and risk management tools for proactive population health management</td>
</tr>
<tr>
<td>Ever-growing body of clinical evidence and treatment options</td>
<td>Standards of care, clinical protocols and data capture tools embedded in clinician workflow</td>
</tr>
<tr>
<td>Rising healthcare costs and pressure to demonstrate improved outcomes and value</td>
<td>Mobile and wireless computing devices with reliable, secure, integrated system access</td>
</tr>
<tr>
<td>Increased patient empowerment and consumerism</td>
<td>Web-based patient access to clinical data, including online transactions and self-care</td>
</tr>
<tr>
<td>Ubiquity of electronic data along with associated security and privacy risks</td>
<td>Aggregated inpatient / ambulatory clinical and cost data, with robust analytics and real-time dashboards for quality / cost reporting and risk management</td>
</tr>
</tbody>
</table>