

# Team Effort, Major Victory: How to Meet IS Halfway in Vendor Selection Process

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by Ruth Carol

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*What's the best way to select a technology vendor? For HIM professionals, IS education and collaboration yield the best results.*

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The vendor evaluation and selection process starts with education, according to Tracy Hickey, MBA, RHIA, and relies on the input of a multidisciplinary team every step of the way. Five years ago, Hickey, the director of HIM at Jackson-Madison County General Hospital in Jackson, TN, participated in a vendor evaluation process for the 697-bed city and county hospital. The document imaging system Jackson-Madison selected has turned out to be very satisfactory for both the HIM department and the hospital at large.

One of the secrets to the success of the process, Hickey says, was getting organized. "Early on, we developed a document imaging task team, of which I was the leader. We started looking at what we wanted the system to do, and we included HIM, IS, human resources, business office, admitting/ registration, materials management, and nursing." Everyone got involved in determining just what it was they might be able to expect a document imaging system to do. Then the team contacted document imaging system vendors, assessed a variety of products, and made a recommendation to the hospital's executive administration regarding its choice. They purchased their system in 1999 and went live in 2000.

Overall, the process was an amicable one and produced good results for all involved, Hickey says. At Jackson-Madison, an analyst with a dual HIM and IS background served as a liaison between the two departments, which was a huge help. And Hickey reports, "We had a very good working relationship with IS. It got difficult at times, but we worked things out." In short, she says, "We had a terrific team pushing this thing forward," and an absence of personality and turf issues.

The bottom line? Hickey has done presentations on the vendor evaluation and selection experience and advises HIM professionals to "make sure you have a thorough understanding of the application you're purchasing, what you're expecting from the system, and what it can do for you." That means every HIM professional involved needs to educate him- or herself and actively contribute to the process to get an information technology product that's good for his or her organization. What's more, HIM professionals need to work as part of a strong multidisciplinary team to figure out what's best for the organization as a whole.

"HIM professionals are an absolutely essential part of the vendor selection process in regard to both the clinical and the financial decisions being made, because HIM sits between the two," says Erica Drazen, a vice president in the nationwide consulting firm First Consulting Group. "So," she says, "they have to be on both teams."

She adds, "I also think the only way to do good vendor selection is to do scenarios; and that means that HIM professionals need to participate in the clinical and financial scenario building. In fact, they have as much incentive to make sure that anything the provider does that creates a code is done well and is easily done by the provider, because if it isn't, it won't be used, and they, the HIM professionals, will be left picking up the pieces."

As links between clinical and financial departments, HIM professionals are in a uniquely authoritative position, she notes, if they can articulate the needs, requirements, and insights of their functional area effectively.

Information experts agree on the unique and important role of HIM professionals in the process. "HIM really is responsible for the integrity and responsibility of clinical information," notes Paul Tang, MD, chief medical information officer at the Palo Alto Medical Foundation (PAMF), an innovative, 600-physician medical group in the Silicon Valley area. Tang has worked closely

with his HIM leaders on a variety of projects, including the installation of PAMF's electronic health record (EHR) in the past two years and the development of physician-patient messaging, one of PAMF's leading-edge IS initiatives.

"Part of the responsibility of HIM professionals," he says, "is to know what kinds of tools the vendor is supplying. When it comes to policies under the HIPAA regulations, for example, vendors don't necessarily have a lot of good tools for HIM directors to use in areas such as accounting for disclosures and restrictions on access."

HIM leaders will play an essential role in sorting out the reality of what kinds of privacy and other tools their organizations will be working with if they select one particular vendor over another, he says. And they are uniquely positioned to relate HIPAA requirements to the software capabilities needed. After all, he says, "they're the ones who can understand work flow on behalf of the clinicians."

## **HIM as Leader and Team Member**

All of this implies a great deal of responsibility, of course, and HIM professionals who have been involved in these processes recognize how important it is that they prepare themselves as leaders in anticipation of the vendor evaluation and selection process.

"The number one thing is that you have to understand what the vision is for the organization and how that vision will impact your various departments," says Robin Gann, RHIA, director of HIM and corporate privacy officer at Cox Health, a 1,000-bed, three-hospital system in Springfield, MO. "For example, one thing that always concerned me very much was the security system. Many physicians have access from their homes and offices, which is important. But I wanted to make sure they had appropriate security processes and levels and to make it easy enough to use that they wouldn't try to find their way around the security processes."

Gann and her colleagues were involved in the process of selecting software products as far back as 1995, when the hospital system purchased an optical imaging system, and in 1999, when Cox Health moved forward to buy a full EHR system.

"Through this process," she says, "we've tried to move forward with best of breed [products]. Obviously, as you move forward with your EHR, you look at the main system you're using. So we went live first with lab and radiology information systems. Those gave us order entry and reporting capabilities, as well as making lab and radiology results available online and viewable by the ward secretaries." Over time, more software pieces, and therefore more capabilities, were added, including a clinical data repository and other elements of a full EHR.

Throughout the process, Gann notes, "We used a committee of IS folks, HIM folks, administrative folks, with some physician oversight. It was different composition with each project. And when we were looking at imaging, we were heavily focused on the HIM department."

At Cox, she notes, "Particularly when we went live on imaging in 1995, HIM started reporting to the CIO; and that in fact has turned out to be a wonderful pairing, because we are so tied to the computers, and everything that we do affects the physicians and affects the EHR. So by having the reporting structure, we're able to get certain things resolved. I'm the HIM director and I'm happy reporting to the CIO," she says.

Regardless of who reports to whom, Gann says two lessons learned come immediately to mind: first, a good, strong relationship between HIM and IS is essential for success in any vendor evaluation, selection, and implementation process. "I've learned so much from my IS colleagues," she says. "You need to realize that the only dumb question is the question you didn't ask. You need to overcome your insecurity and develop a team-based approach to get the best outcome. I have no problem acknowledging that I'm neither a clinician nor an IS person."

Second, she says, "Don't be afraid to speak up. You need to understand your department and be able to visualize the potential" that automation will have in enhancing its operations. To be prepared for face-to-face vendor sessions, she urges her fellow HIM professionals to call their peers and colleagues at other organizations. Or, they could call ahead to a peer at a client hospital that's about to be visited on a site visit to find out how things really went.

## **A Two-way Street**

Becoming a good team member is essential, agrees an HIM professional who now works in the IS area at her large Midwestern multi-hospital system. But, she says, “It’s really kind of a two-way street. From an HIM perspective, you need to be able to communicate what you want and what your business process is. And the IS people have to determine what that is and how it will work within the organization’s system. It comes down to two-way communication and keeping an open mind,” she adds.

What’s more, this HIM professional seconds Gann’s comments regarding openness and participation. “It’s nice to know technology,” she says, “but HIM professionals shouldn’t be intimidated by the technology or the jargon. This is always a learning process. When I got into the whole document imaging area, I didn’t know a thing about it. So I just sat down with the IS people and had them explain things to me. And when you go talk to the vendors,” she adds, “you learn from them, too.”

She reiterates that developing scenarios and presenting them to the vendors is important. “When we did the document imaging project,” she says, “we developed scenarios of things we wanted them to show us in the system, and that allowed us to see where the deficiencies and strengths were in the project. We had consultants who helped us, too, and were knowledgeable.”

In that regard, adds First Consulting Group’s Drazen, “I would also say that you should develop your scenario, and should give it to the vendor reasonably in advance, but not way in advance. Make sure that they’re demonstrating real software, software that’s operational at a site, and don’t be fooled by what looks good. The vendor can demonstrate anything—you want to make sure that you’re doing the demonstration.” She also agrees that it’s an excellent idea to call up colleagues at organizations that have installed a particular vendor’s product. But, she adds, it’s important to get a vendor’s full list of installations and to have the freedom to call anyone from any organization on that list.

Apart from tapping into external sources of information such as vendor representatives and HIM colleagues in other organizations, thorough knowledge of one’s own organization remains essential, says Hickey. “Know your processes in the hospital,” she urges, “not just HIM processes, so that you can more effectively make positive changes with the IS people and others in your organization.

Given the right preparation and participation, success is imminently possible, she argues. “Sure, there are lots of things we would have done differently,” she reflects, looking back on a lengthy process, “but if I had to go back and do it all over again, I’d do it in a heartbeat. We have not regretted our [vendor] choice. Even our physicians have come around and said, ‘This is great, and it’s a whole lot better than dealing with paper records.’”

## Step One: Get Involved

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Nationwide, HIM professionals are playing a greater role in the information systems vendor evaluation and selection process as more hospitals and other patient care organizations buy EHR and document imaging systems to improve patient care and operating efficiencies.

Whether the vendor evaluation experience is a positive one for those involved and even more importantly, whether the software and hardware purchased end up enhancing patient care and operations will depend at least in part on how well HIM professionals are integrated into the process, experts agree. For the best possible result, those interviewed for this article advise the following:

- HIM professionals need to be at the table during all important discussions that touch on anything related to HIM issues and their relation to the products and services being considered
- To be effective advocates for quality patient care and optimal management processes, HIM professionals need to get a very good sense of what functionalities are available and how different kinds of products’ capabilities match up with HIM operational needs and processes
- HIM professionals need to educate themselves on IT options before the intensive vendor selection discussions begin so they can bring needs, concerns, interests, and solutions to the table
- The interaction between the HIM professionals involved in the process and the IS staff in the organization, as well as between HIM, clinicians, and department leaders is extremely

important. Forging and maintaining open lines of communication and a collaborative approach is essential

- HIM professionals need to be able to participate actively in developing scenario planning with IS, clinical departments, and others in their organizations for the systems being contemplated
- HIM professionals involved in the vendor screening process need to be able to speak and understand the language of vendors well enough to comprehend the various options involved and to be able to further translate these discussions into language their colleagues back in the HIM area can understand and comment on
- HIM professionals have a wealth of informational resources at their disposal, including clinicians and IS professionals in their own organization, HIM colleagues at organizations that have installed software programs, and vendor representatives themselves. Networking and information sharing are vital and essentially free, experts point out

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