

InsidePerspective

ACHIEVE THE POWER OF MEDITECH

Electronic newsletter published every 8 weeks

Interview with Richard (Dick) Latuchie, CIO at Regional Health, Rapid City, SD Migration from MAGIC to Client/Server 5.6

Like many healthcare organizations, Regional Health saw the benefits of electronic medical record keeping as a strategic initiative towards achieving their long-term healthcare delivery objectives. As part of their implementation strategy, Regional Health decided to migrate from MAGIC to MEDITECH's Client/Server 5.6 platform and concurrently put into place a disaster recovery solution to ensure the safety and availability of the electronic data. They chose JJWild [now a Perot Systems Company] as their migration partner.

A MEDITECH MAGIC customer for over 20 years, Regional Health is an integrated, community-based healthcare network offering a comprehensive array of healthcare services to the people of western South Dakota and portions of Nebraska and Wyoming.

CIO Dick Latuchie spoke with our editors about the successful migration and offered some advice for organizations considering a migration effort from MAGIC to the Client/Server platform.

Q: What were some of the factors involved in deciding to migrate from MAGIC to the Client/Server platform?

A: The decision to migrate to Client/Server was an integral step towards realizing one of our longer-term goals of implementing electronic medical records. The EMR project gave us the opportunity to look at the way we manage data across multiple facilities and care sites and realign our processes to the way we provision our healthcare services. As a longtime MAGIC user, we have a number of third party applications and interfaces in place. We believed that a Client/Server platform would provide the flexibility needed to support our commitment toward integrated data management across our system. After reviewing functionality and available applications with the MEDITECH Client/Server platform, we thought it gave us the most flexibility from an integration standpoint and provided an intuitive interface that would be more beneficial for our users.

Q: Did you consider other options besides the MEDITECH Client/Server platform?

A: We looked at several options before making the decision. A colleague from a nearby healthcare organization who migrated to MEDITECH 5.5 Client/Server in 2007 shared with us their detailed comparison of functionality and Total Cost of Ownership for MEDITECH and several other vendors. After careful consideration, we decided that MEDITECH was the way to go.

Q: How did you gain internal support for the migration project?

A: We are fortunate that our senior leadership understands the relationship between information technology and patient care. I presented the migration plan as one phase of our overall EMR implementation program which had been going on for some time and associated the costs with the overall benefit of the EMR program. By including the migration resources and costs with the overall EMR project, we didn't need to go back and resell it at every juncture.

Q: Tell us about the implementation. How long did it take and who was involved?

A: The migration effort was two years in planning. We received board approval of our plan in January of 2007 and went into pre-implementation planning stages shortly thereafter. We formally launched the project in June of 2007. The migration effort was one of the most significant organization-wide projects we had ever undertaken

because it affected nearly every area of our organization. We named a non-IT person to manage the project and held an off-site day-and-a-half long meeting involving approximately 400 employees to launch the migration effort.

Q: With so many involved, how did you minimize internal disruptions during the project?

A: We were very effective in the way we organized the project. We created various committees including a Project Management committee and Systems Integration Oversight committee that kept things in focus by meeting weekly. We also formed "Mega Process" committees focused on 8 clinical and business areas to work on care re-design and system building.

Q: Why did you decide to involve JJWild in the project?

A: With a project of such significant size, we knew we would need a consulting partner with this type of experience to help manage the project. We considered several options and decided upon JJWild because they had the MEDITECH expertise and could provide a single point of contact for both infrastructure and application issues. Concurrent to the migration project, we also decided to implement a disaster recovery strategy that would ensure the safety and availability of our electronic information and JJWild was experienced in this area as well.

Q: What were your concerns leading up to the Go-Live date?

A: As you can imagine, there were many issues to consider on a daily basis. We carefully addressed those issues that may have potentially affected healthcare delivery and found work-arounds on others so as not to impact the Go-Live date. The combination of our internal management teams and JJWild helped us stay focused and committed to our Go-Live date. We went live on schedule on April 1, 2008.

Q: In hindsight, what might you have done differently during the project?

A: There are a couple of areas that I would approach differently. First, physicians were very reliant on the MAGIC messaging system, and because the modules we brought live on April 1st didn't support this system, I would have started the process of replacing messaging much earlier in the project. We also knew that the interfaces to the various systems and applications were going to be difficult and I would have addressed that aspect of the migration much earlier as well. I might also have contracted for assistance for a month to 6 weeks after the Go-Live date to help address the more difficult issues.

Q: Finally, what advice would you offer CIOs considering migrating from MAGIC to Client/Server?

A: I think it is most important to have a full understanding of the magnitude of the project and the resources required to implement it. Executives should be confident in their ability to successfully implement. I would also advise that the migration be put into the context of one phase in an overall initiative to achieve the organization's long-term healthcare goals vs. a standalone IT project, particularly because it affects virtually the entire organization.

If you would like to learn more about MAGIC to Client/Server migrations, email us at editor@jjwild.com.