



Focus Group

Deal Makers, Deal Breakers: In Community Connect Programs, One Size Doesn't Fit All

Community Connect programs and EHR Connect models enable large healthcare systems to “share” electronic health record (EHR) systems like Epic or MEDITECH with independent and smaller group practices and healthcare facilities. The goal of these programs is not only to give providers of all sizes access to state-of-the-art IT capabilities, but also to maximize data sharing for improved patient care.

That said, Community Connect partnerships are like any other relationship: It pays to go in with a full knowledge of your deal makers---and deal breakers---before making any commitments. To this end, **Healthcare Triangle (HCTI) recently called together a focus group of 12 healthcare IT leaders to share their thoughts on what hosts and prospective clients should consider when evaluating a Community Connect or EHR Connect program.**

Group participants represented both current and prospective host and client institutions, and the discussion was facilitated by Damian David, HCTI's Senior Director of Healthcare Sales. Here's a recap of the major takeaways.



Host Must Haves: Mutual Benefit, Technical Self-Sufficiency, Financial Strength

When evaluating a Community Connect relationship, hosts in the focus group largely said they value the potential benefit to both parties, as well as the technological and financial wherewithal of the prospective client. “There needs to be a mutual benefit,” one chief information officer (CIO) said. “We recently turned down an 18-clinic system in a neighboring state because we don't share any patients with them, so it wasn't a beneficial arrangement for us.” Other hosts agreed.

Several also noted that technological “self-sufficiency” and financial strength are also key characteristics of a promising partner. “[The client] has to make sure their network and computer backbone is in place and operational. With the size of our operation, I can't afford for this to be a technology and manpower suck if I'm going

to extend our EHR [to another provider]," one participant said. As for financial strength, "This is one of those things we talk about, especially with smaller clinics," one host CIO said. "There are the technical competency costs, but then there are the costs of the Microsoft licenses, Citrix licenses, and other components. Some people will look at them and say, 'I can stretch this,' but I would say it's a red flag. I've personally seen smaller private practices try to stretch, and it never ended well."



Client Must Haves: Revenue Cycle Control, All-in-One Packages

"The host has to let us control billing and revenue services," one CIO said. "We want the ability to do some customization, primarily on the revenue cycle side." Another CIO agreed, adding, "We are physician-owned in the way that our cost accounting system is set up, and we really need to be in control." The same CIO said his system is considering looking for a new Community Connect host because of limitations imposed by their current host on revenue cycle management.

Two host CIOs participating in the forum said handing revenue management over to the clients was fine by them. "We don't want anything to do with the revenue cycle," said one. "They're free to do what they want; we don't want touch it." "Same with us," said the other. "That's their responsibility."

At least one host CIO, on the other hand, asserted that his client providers must relinquish all revenue cycle management processes to his institution. "We've taken a pretty hard line, and we know not everybody does this," the IT leader said. "But we take over a lot of [the] billing, the contracts, and the collections so we don't have to maintain a different build around their revenue piece." The same leader said his institution typically runs more efficient revenue cycle processes and charges clients a fee based on collections. "Their revenue typically goes up every time," he said.

A few client CIOs said they prioritize turnkey arrangements. "If we were to move forward with an EHR Connect model, shared patient records would definitely be a priority, and as far as the other applications, we look for all the connections and interfaces to be pre-built," said one CIO, noting that one host he considered joining amounted to little more than an "app-hosting" entity. "All the work you would need to A) transition from your own EHR and B) to keep it up and running was the responsibility of the local staff," he said. "It was like, 'We'll build the temple, but the altar, the pews, and all of that, you need to bring your own.' That's definitely not something that would provide value to us."

Autonomy---with Limits



"We're looking at switching hosts right now, and a lot of the things we're looking at come down to [a question of], 'Does the host share in our mission and values?'" one CIO said. "We want a host that's more collaborative versus just being a vendor and looking at it as another income source for them." But while most of the host CIOs said they try to give their partners as much leeway as they can with regard to their partnership, the nature of the host-client relationship requires limitations on client autonomy.

"I hate to say it, but our philosophy is that you can get any color you want as long it's black," said one host CIO, referencing the workflows between his facility and those of the clients. "Obviously there are going to be considerations to take in account, especially around the ambulatory specialties. But in terms of the variability that we could support---for example, in a primary care workflow---our philosophy is more,

'We'll give you the backbone to build and the kit to be operationalized," and less of, 'Here's what you can do to change that kit.'"

Another host CIO added, "We need them to support our system versus being builders within our system." A third noted, "Although they may own the data, they may own their patients, and they may own the operational side of their business, the Connect host is going to control what you can and can't do, because ultimately, it is their system."

This lack of flexibility concerned at least one CIO, who is considering moving their critical access facility away from a direct relationship with their current EHR vendor to a Community Connect model with a healthcare system leveraging a different EHR system.

"The organization that would be provisioning us is being provisioned by another organization, [and] the lack of flexibility really concerns us, because we'd be talking to someone that doesn't know anything about critical access hospitals, since they have never provisioned to critical access. These are huge concerns on my part as the leader of IT. We're so unique that we can't do anything like everyone else does."

Clear Governance Structure and Communication

For reasons like these—where one size doesn't necessarily fit all—a well-developed governance structure that clearly defines the responsibilities of host and client and provides for open communication between the two is essential to a successful relationship. "I don't mean to be pessimistic, but [you should] plan the wedding and the divorce at the same time," one CIO said. "Everybody agrees the value is the shared patient record. But now you have a mixture of patient records. Which parts are yours? Which parts aren't? What are the obligations of each side? It's something to be aware of."

All the participants agreed that communication and client involvement are key to abiding by—and making changes to—any Connect governance structure. As one CIO explained, "We have a sort of shared governance outlet where we can say, 'Hey, new functionality is coming out within Epic, and this is how it's going to impact your operations. What are your thoughts?' It might be something the client might disagree with, but at least they have a voice at the table."

Several CIOs observed that regular communication among clients themselves, without the presence of the host, can be valuable, as it enables the clients to identify common issues that can then be brought to the host for resolution. "Organizations have their own agendas and priorities, and a consolidated feedback mechanism can be fabulous for both sides," one host CIO said.

A client CIO agreed, noting that approaching the host with a united message can help resolve issues more quickly and efficiently than if each client approaches the host individually. "It might just be something you're experiencing yourself and none of the other sites are, and you're not wasting the time of those other meetings just going through something that only affects you," one CIO said. "If you find out all these other sites are [struggling with the same issues], you can come to the host and say, 'Five of six of us have noticed this, and we need to do something.'"





Connecting to Future Possibilities: Population Health, Medical Home Care, Research

As more organizations participate in EHR Connect models, the potential exists for the emergence of applications beyond the sharing of data for improved patient care among healthcare providers. Those cited by the group included improved population health services, better medical home care, and new possibilities with regard to research.

"We've created a population health services organization [PHSO], and [Community Connect] is a tool that we're utilizing to get more ambulatory providers that aren't owned or employed within our PHSO. That gives you the opportunity to improve outcomes, improve your rates with payers, and those sorts of things," one CIO said. Another CIO, describing his state's patient-centered medical home initiative, commented, "Something like the Community Connect model, with the right applications, could be a compelling use case."

The Community Connect model also lends itself to research into care-related best practices, said one CIO, who noted that he previously worked for an integrated health system that is one of the largest federal grant research entities in the United States. "If everything else is done right, that connected data sharing for research for best practices and for patient sharing is definitely significant," he said.

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