



Planting a Seed:

How Planned Parenthood Built a Technology Services Practice from the Ground Up

Introduction

Although setting up an electronic health record (EHR) system is challenging for most health care providers, it can be even more so for busy, under-resourced safety-net organizations. A large number of EHR adoption efforts fail, not due to technical difficulties, but because community health centers are unprepared to address the myriad business-planning challenges involved in selecting a vendor, negotiating a contract, and implementing a system that fully meets their needs.

The California Networks for EHR Adoption (CNEA) recognized that consolidating EHR implementation efforts and centralizing health information technology (HIT) services can help safety-net providers navigate the process more easily and save time and money.¹ In 2006, CNEA initiated a program to help safety-net organizations develop collaborative EHR implementation models. The one-year program provided grants and included a series of planning discussions on key business topics including service models, staffing and resource requirements, governance, and financing.

NextGeneration Health Network (now renamed Voxent) received a \$50,000 CNEA planning grant, followed by a \$1 million implementation grant in 2008, to develop one such model. Since that time, Voxent has grown to become the national IT management services organization (MSO) for the Planned Parenthood Federation of America (PPFA), serving 550 health centers throughout the country.

This report looks at the collaboration that brought Voxent into being, reasons for its success in the CNEA process, and lessons learned in its development and expansion. This success story can serve as a model for other safety-net providers seeking to collaborate in forming an IT services organization geared to serve the collective and individual needs of its providers.

CNEA Project: Spurring EHR Adoption in California Through Collaboration

The CNEA was established with the vision that by collaborating on EHR implementation, safety-net institutions would achieve the following benefits:

- Cost savings with group purchasing of software, hardware, and services
- Access to local and regional services and community health center-specific support
- Shared staffing so community health centers can avoid hiring and training their own IT staff
- Sophisticated, centralized technology services that reduce costs and enable improved system stability and security
- Reduced effort to configure, design, and refine systems and processes, with sharing of information and lessons learned
- More effective population management based on implementation of a single system across a network of providers
- Ability to identify and share innovations in patient care and population management

Starting Out

Voxent, in its original iteration as NextGeneration Health Network (NGHN), grew out of a collaboration between four Planned Parenthood (PP) affiliates to implement enterprise practice management (EPM) and EHR systems. EPM refers to the automation of common business processes such as appointment scheduling, eligibility verification, claims management, reporting, and accounts receivables. It is usually put in place before an EHR, which relies on an EPM system.

Selecting the Same Vendor

In 2004, during its EPM and EHR selection process, Planned Parenthood Los Angeles (PPLA) discovered that three other PP affiliates — San Diego, Shasta Diablo, and Mar Monte — were each independently doing the same. While the organizations were too far along to consolidate their selection efforts, each ultimately chose the same vendor — NextGen Healthcare Information Systems (NextGen).

To secure the best price, the four PP affiliates negotiated a joint contract with NextGen. Through the contract negotiation process, the affiliates identified shared needs as well as needs specific to their respective organizations.

Continuing their collaboration, the four affiliates shared project resources, including a trainer and project manager, and also organized a workshop to support each organization's EPM system implementation.

An Opportune Time to Participate in CNEA

When the CNEA planning grants were announced in 2006, the four PP affiliates applied for support to collaborate on EHR implementation — the next step after EPM implementation. Bobby Lee, PPLA CIO and compliance officer at the time, described the group's quick decisionmaking: "Everyone jumped in and decided it was something we wanted to pursue."

PPLA became the CNEA project administration hub. Affiliate representatives met weekly to accomplish the detailed grant requirements and to make sure the overarching goals of affiliate organizations were being met. CNEA educational sessions and face-to-face meetings allowed grantees to network with each other and with funders, IT services organizations, and technical experts.

CNEA planning grantees were also required to present a business plan that outlined a strategy to become sustainable and that described the grantee's value to the organizations they would be serving; the grantee could not just be a pass-through of existing systems or services.

Forming a New Organization

As they participated in the CNEA planning phase, the affiliates decided to formalize their collaborative efforts by establishing a PP-specific IT services organization — NGHN. Lee was named CEO and John Giambruno, CFO of PP Mar Monte at the time, was named CFO. CNEA-organized conversations with organizations that had accomplished similar collaborations helped Lee and Giambruno as they led the planning process for this newly formed organization.

Prior to securing additional funds from CNEA, the four original PP partners each committed to financing the new organization. Each partner invested seed capital, with the larger affiliates investing larger amounts, to set up the new entity.

During the CNEA planning process, several PPFA affiliates on the East and West Coasts expressed interest in participating in the creation of the organization. NGHN was eventually formed with 11 members from around the country.

NGHN set up several advisory committees to help with business plan development and product design. A Clinical Quality Committee oversaw design of the EHR and

included more than 50 clinicians who met regularly over a year and a half. Affiliate representatives also participated on an Operational Quality Committee to oversee the EPM design, and a Technical Committee to oversee the technical aspects of NGHN's products.

The advisory committees ensured that NGHN's products and services met affiliates' needs, but their large sizes were cumbersome. "If I were doing [this] all over again, I would do it with smaller teams for design," said Mary Gatter, MD, chief medical information officer of PPLA.

The business plan included a nominal level of initial staffing to develop the organization's core products and services. Because NGHN grew out of a collaboration between PP affiliates, the organization was able to create a customized system to meet the unique needs of this particular health care environment. In March 2007, the NGHN business plan was submitted to CNEA funders and selected for an implementation grant.

Transformation to a National Organization

The CNEA implementation grant enabled NGHN to expand beyond California and include affiliates from across the US. By 2009, NGHN included 14 affiliates.

In 2010, the Planned Parenthood Federation of America, the national umbrella organization supporting local affiliates, formally signed NGHN on as the national IT management services organization for PP affiliates and provided the organization with an initial \$1 million grant and a second for \$1.5 million.² With this expanded role, NGHN rebranded itself as Voxent, Inc. — the "voice of the enterprise."

As the national MSO for PP, Voxent provides several key services for PPFA and its affiliates:

- Supports a stable set of information systems and related services to meet the needs of PP affiliates

Building an IT Services Organization

Some key takeaways from the formation of NGHN:

- **Get customer buy-in.** Initial board membership was limited to one seat per affiliate; the number of representatives did not reflect the size or the initial investment of each founding organization. This structure facilitated input from all members. All of the founding affiliates felt equally invested in the success of NGHN.
- **Enlist a champion to guide the vision.** Lee and Giambruno served as the main champions for the establishment of NGHN. Even though they met significant hurdles early on, they were able to work with other leaders to ensure broad support for their shared vision.
- **Establish long-term commitment.** The initial membership agreement for NGHN required a three-year commitment from participating affiliates. This investment approach, although challenging for some of the smaller affiliates, helped NGHN create a long-term plan and allowed the organization to successfully weather the economic downturn in 2009.
- **Have a solid understanding of the customer's business requirements.** At the beginning, NGHN was run by staff loaned from affiliates. The PP-specific contextual knowledge of these initial staff members enabled NGHN to tailor its solutions to the needs of affiliates without having to learn on the job.
- **Keep the big goals in mind.** NGHN was established to work toward a single, overarching goal: continuous quality improvement for PP affiliates. This goal drove the creation of all of NGHN's PP-specific software configurations, services, processes, and related workflows.
- **Start small and keep the scope contained.** NGHN initially defined a core set of services and ensured that it could deliver successfully on them before expanding its repertoire. This strategy was initially challenging; customer needs and demands required that NGHN continually set end-user expectations to avoid scope creep.

- Brings market-leading systems to small or resource-constrained affiliates
- Aggregates de-identified health information from PP affiliates to PPFA for business intelligence and clinical quality analysis

Having a critical mass of affiliates using Voxent's Frameworks has been beneficial for both individual PP affiliates as well as for their umbrella organization, PPFA. The system collects standardized data that helps affiliates more easily measure and monitor business and clinical performance. The comparable information allows PPFA to consolidate data on a regional, state, and national level.

Currently, Voxent provides technology services to 550 health centers representing 48 PP affiliates across 42 states and in Washington, DC. According to Michael Bridges, Voxent CEO, almost 70% of all PP patient visits are currently supported by Voxent services. Since its incorporation, the organization, which began with six employees, has grown to more than 28 staff members and is on track to meet the long-term membership and revenue projections presented in their initial CNEA business plan. As Voxent has grown, it has evolved from an advisory organization supporting technology implementations for PP affiliates to a technology solutions vendor providing customer management and start-to-finish services to ensure affiliate HIT implementation success.

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Products and Services

Since its inception, Voxent's services and solutions have evolved to meet the changing requirements of affiliates and PPFA and to keep pace with best practices in the industry.

Services

Voxent's services currently include:

- Implementation project management
- NextGen product configuration
- Onsite support during system go-live
- Onsite training specific to PP or Voxent technologies
- Ongoing software and data management support

In the beginning, NGHJN allowed affiliates to set their own implementation timelines. Now Voxent is more prescriptive. Once EPM implementation is complete and affiliates start EHR implementation, Voxent works with its customers to refine the practice management implementation. Ninety days after EHR implementation, Voxent initiates an “optimization effort” — regular visits to health centers to provide onsite training, help redesign workflows, and work with staff to ensure efficient system use. While the affiliate must still work directly with NextGen, through this optimization effort, Voxent has helped affiliates streamline the implementation process.

While individual affiliates are responsible for implementation, support, and upgrades, Voxent provides guidance on best practices for implementation management, workflow analysis, and post-implementation optimization tools. In addition, Voxent provides its own upgrades — for example, for quality assurance tools.

“The advantage of Voxent,” according to Mary Kogut, vice president of patient services for PP St. Louis Region (PPSLR), “is that they were able to map out a realistic game plan and schedule for us. Voxent’s team provided a structured project management approach, understood

risk mitigation strategies, and ensured that we would be compliant with state laws.”

Software: Frameworks

Voxent’s core product, Frameworks, is a PP-specific configuration of the NextGen EPM and EHR, and includes all the standards, technology, and resources necessary to support implementation.

The EPM Frameworks allows PP affiliates to use Voxent reports for regulatory and compliance reporting. Using EPM Frameworks, an affiliate can compare itself to other PP organizations. The EHR Frameworks is integrated with PP Medical Standards and Guidelines, and allows affiliates to identify billing codes that can be passed along to the EPM.

Since business practices and operating models vary across affiliates, not all aspects of the EPM configurations can be standardized. For example, affiliates will customize the system to address state- or payer-specific billing requirements. During EPM implementation, data are cleaned and billing processes clarified, paving the way for EHR implementation. Many affiliates struggle through the process of setting up EPM Frameworks, but see their hard work pay off when the EHR Frameworks implementation is smooth-going due to the EPM foundation already in place.

Options for Hosting the Software and Data

Voxent offers customers two options for where the NextGen system and related data could be housed: Voxent can host and maintain the system and data through its Software-as-a-Service (SaaS) model called viavox, or the affiliate can provide this hosting service itself.

Initially, affiliates were limited to a traditional hosted model, in which individual organizations purchased and hosted their own server hardware and connectivity. Since the founding affiliates had sufficient IT capability

to host their own systems and manage their own IT environments, NGHN did not offer NextGen through a SaaS model.

With the expansion of its customer base, Voxent has since added the SaaS model: Software and associated data are centrally hosted by Voxent, a convenience for less-resourced customers that do not want to purchase, host, and maintain their own hardware, software, and connectivity. Smaller affiliates are also attracted to the SaaS model’s lower upfront capital costs, lesser internal support requirements, and predictable annual operating expenses.

Data: Quality Information Warehouse

Voxent’s Quality Information Warehouse (QIW) is a hosted data warehouse and reporting system designed to help PP achieve its goal of improving clinical performance through decisions based on data. The QIW provides users with a variety of reports (business intelligence, compliance, management, clinical intelligence, and framework quality control) upon request.

According to Lucius Bishop, Voxent QIW product manager, the QIW is focused on ensuring compliance with PPFA and other required PP accreditation standards. Currently, the QIW modules work together and allow affiliates to use the data to improve the quality of their care, processes, and ultimately, patient outcomes.

However, according to many affiliates, the QIW is a complicated system that requires extensive configuration by Voxent staff for users to extract accurate data. As a result, many large affiliates with existing internal reporting capabilities have not adopted the QIW. Small and midsize affiliates with fewer dedicated resources, however, have benefited from the QIW, as they are able to use it to generate standard, required reports.

Eventually, Voxent plans to develop the QIW into a self-service model so that affiliates can easily extract their

own data and conduct their own analyses to support organizational improvement goals.

PP affiliates are not required to use either Voxent or NextGen. However, as a leading EHR vendor, NextGen is high on the lists of EHRs that affiliates consider. Bridges described how Voxent works with NextGen in the sales process: “We show up with data standards and materials such as training guides, readiness assessments, and workflow analysis tools that affiliates don’t have to prepare, and we [help potential customers] narrow down decisions from NextGen to Voxent.”

Since Voxent delivers the EPM and EHR in a PP-specific way, it enables affiliates to conduct a successful implementation in less time and with less money. Members benefit from Voxent’s understanding of NextGen applications, PP background, and comprehensive project management experience.

As part of its continuing transformation, Voxent is planning to expand Frameworks and the QIW to support non-NextGen EHR and EPM systems used by PP affiliates.

SUCCESS STORY:
Planned Parenthood St. Louis Region

“Partnering with Voxent helped condense our go-live by at least two years. It took a bit of the internal stress off our core team and health center staff and made the implementation more manageable,” said Tom Hemingway, vice president of finance and operations, PPSLR, a new Voxent member.

PPSLR had initially decided to implement NextGen EPM and EHR without contracting with Voxent. However, upon initiating its implementation, PPSLR staff realized that the NextGen templates would not adequately meet the organization’s needs and that the Voxent Frameworks design better ensured that health center operational requirements could be fulfilled.

Lessons Learned

The Voxent experience may be instructive to other safety-net providers collaborating to develop a sustainable technology services organization. While there have been growing pains along the way, Voxent has successfully transitioned from a founder-based, California-focused startup to a national institution with formalized structures and processes. Key areas in which the organization has evolved from its initial planning phase to a growth-oriented business are discussed below.

Staffing

Voxent started with six staff members drawn from the founding PP affiliates. It was structured as a flat organization; the roles and responsibilities of staff members were not well defined, and each person performed multiple, disparate tasks. “At the beginning, I was dabbling in QIW, data architecture, development . . . in short, doing a bit of everything,” said Bishop.

As the organization grew, new roles were created: a director of implementation and support, and product managers dedicated to clinical solutions (for EHR) and operations (for business intelligence). The product managers were given responsibility for working with customers to identify business needs and synthesize them into useful requirements. Product managers, in turn, acted as liaisons between the customer and a cross-functional development team consisting of a development manager and software developers. In addition, technology development, which was previously outsourced, was brought in-house, allowing Voxent to have more control over its development processes. Implementing these new structures transformed the organization’s culture from a “mom-and-pop shop” to a solutions vendor.

Hiring new staff continues to be challenging, however, since Voxent prioritizes staff with PP-specific experience. With its expanding customer base and services portfolio, Voxent must ensure it is staffed with individuals who have

the right mix of skills to accommodate increased customer demands.

Product Development Methodologies

Initially, product development was driven by committees with representation from every member affiliate.

These committees provided input on all aspects of the development of clinical documentation, templates, and the QIW. Customers not only identified needed product changes but also made design decisions — for example, about location of a data field on a form and its background color.

While decisionmaking by consensus worked well at the beginning, as affiliate membership grew, it led to delays in product development. Voxent has since moved to a more formal process for development by putting the product managers in charge of developing a road map of solutions and product releases.

Product change requests from customers are now triaged by the product manager, who decides on the feasibility of the solution and prioritizes work based on a predefined set of criteria. According to Andrea Pettiford, Voxent product manager, these criteria include the number of customers affected by the change, regulatory and patient safety considerations, and ultimately, the impact to customers.

Customer Management and Input

At the beginning, three large committees provided input into all of the organization's tactical and operational functions. Even though a formal decisionmaking process was used, some affiliate representatives felt that meetings were dominated by a few individuals with agendas specific to their affiliates. This committee-based approach sometimes resulted in a fragmented development road map that did not meet the needs of all affiliates.

Voxent changed the structure for affiliate input by creating smaller, more focused advisory groups.

Operational aspects of development are now handled by Voxent staff. Customers contact product managers directly for enhancement requests. To increase transparency and customer engagement, Voxent established multiple channels for feedback. Newsletters and emails provide information on new product releases and opportunities to share feedback. Periodic user group meetings (facilitated by Voxent product managers) and community-focused forums allow customers to share experiences and concerns.

Governance

Voxent's board composition has changed substantially since the organization's founding. The original board was composed solely of representatives from affiliate members. The current board includes member affiliate leaders, PPFA representatives, and independent board members, and balances the needs of PP affiliates and PPFA.

Independent board members provide insight into the strategic aspects of running a technology services company, which helps the other board members, who are largely nontechnical. Independent board members bring an outside perspective in their guidance on elements such as working capital requirements, regulatory concerns, and additional opportunities.

Conclusion

The four Planned Parenthood affiliates that built and deployed a collaborative EHR model did key things right. By leveraging standard implementation and configuration strategies and ensuring customer buy-in through stakeholder involvement, they built an organization that was positioned to succeed and grow.

Keys to early success were defining a clear set of goals, keeping the organization's scope manageable, and taking a strategic outlook toward potential avenues for growth. The founders clearly articulated a plan for reaching goals that were lofty but achievable and demonstrated progress

toward them. PPFA funding allowed the organization to build an optimal infrastructure to support future needs.

To improve communication with users and to create the opportunity for affiliates to share their experiences and learn from their peers, Voxent instituted periodic community-focused forums. At the same time, the advisory groups shifted focus from operations and tactics to organizational strategy. The governance structure, which was initially customer-driven, has transformed to include non-PP perspectives with the inclusion of independent board members. This new board structure helps the organization to better prepare for the changing health care IT landscape and to incorporate industry best practices.

Finally, because of the finite customer base of PP affiliates, Voxent will need to evaluate its PP-only focus. As it looks to the future, the key question for the organization is whether it will sustain its growth by expanding to include non-PP customers or whether it will pursue stability by continuing to optimize its services geared specifically toward PP affiliates.

Building a technology services organization is one way providers can work together to implement EPM and EHR solutions. Other safety-net provider organizations considering a collaborative approach to implementing health IT may benefit from this story of Voxent's development and growth.

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ABOUT THE FOUNDATION

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit us online at www.chcf.org.

ENDNOTES

1. The California Networks for EHR Adoption (CNEA) was established by the California HealthCare Foundation (CHCF), Blue Shield of California Foundation, and the Community Clinics Initiative (a joint project of the Tides Foundation and The California Endowment).
2. An MSO is a centralized entity that provides services under contract, such as a facility, equipment, staffing, contract negotiation, administration, IT, and marketing. Voxent was set up as a technology MSO with the goal of improving operational efficiencies, capitalizing on economies of scale with specialized staff, and assisting in technical, operational, implementation, and clinical support services that may not otherwise be feasible for individual PP affiliates.