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## How Do You Change HIE Software Platforms? Very Carefully!

By David Rath

With the flick of a switch in May, the HealthConnections (HeC) regional health information organization (RHIO) in central New York State changed over from the health information exchange platform from Axolotl it had been using for three years to a new one provided by Mirth Corp. of Costa Mesa, Calif.

The transition required a lot of planning and forethought, a close working relationship with the new vendor on data migration and project management, and the RHIO team's confidence that it could manage the transition without upsetting data providers or users.

I recently interviewed Rob Hack, HeC's executive director, and Dennis Sherba, its director of HIE integration, about their experience.

As their three-year contract with Axolotl was set to expire in March 2013, they began researching alternatives in early 2012, they said. "Cost was an issue for us," Sherba said. "Axolotl's core services were expensive and because of their growth, other services were taking a long time to be developed."

Most RHIOs and HIEs don't have buckets of money to spend on creating new software services, Hack added. "If you are spending 100 percent of your software budget on core HIE services, how do you develop additional services?"

Syracuse-based HeC wanted to provide new features such as alerts and triggers, CCD exchange, clinical messaging, Direct secure mail exchange and more responsive EMR integration capabilities for primary care and specialist practices, where it hopes to increase its subscriber base. It needed to free up the funding to develop those.

After launching a formal RFP process with qualified vendors and working with a consultant to help with the decision, the RHIO eventually chose to work with Mirth on moving more than two years of information in the HIE to the new hosted solution.

Although they were confident about their decision, Hack and Sherba admitted that they were among the first RHIOs to do a wholesale swap of platforms. "We knew this was a big risk," Hack said. "One board member said it could be a career-ender. But we had developed good rapport with them and had delivered on promises so far. Because we had developed that degree of respect, they trusted us on this decision."

One key challenge, Hack and Sherba said, was that they knew they had to run the two systems in parallel as they built out the Mirth system. So if they missed the May deadline they had set for the Mirth go-live, they would have to keep paying for both systems, which would essentially double their costs for a time and prove disastrous. But they were able to hold tight to the May deadline for the transition.

They moved records for 1.2 million patients; 1 million patient consents; and 140 interfaces with 17 hospitals, 6 independent regional diagnostic centers, 18 radiology image repositories and 7 EMR integrations. Mirth will also be providing application and technical gateway services for public health, Veteran's Administration, results delivery, clinical document exchange and Direct secure messaging capabilities.

Hack believes other RHIOs considering a platform transition should make sure they are aligned with their board of directors on the reasons for the change and then focus on limiting disruption with the existing data sources and users.

HeC worked with participating organizations to re-validate their users and associated rights on the new platform, Sherba said. Users were given new passwords and training as well as web sessions to get acquainted with the new user interface.

The RHIO created a lengthy [FAQ](#) to explain to users the reasons for the transition and how it would impact them. Hack said because that document was so thorough, it cut down on the number of comments and questions the organization received about the switch.

“You also have to find a vendor that can move that data for you. The vendor has to really understand that data, get it out of the legacy system, validate it and migrate it,” Hack said. Some HIEs have 100 million records going back five or six years. They have to ask how much of that they want to move. “If you were to move all of it,” he said, “the transition could take a long time.”

“We did this in six months,” Hack said. “It worked and we are really happy about it.” He said other HIEs on a fixed budget should look at what they are paying for core HIE services and whether they are getting enough bang for their buck. If not, it may be time to re-evaluate.

The HeC team is happy to share its experience with other RHIO and HIE leaders interested in this type of transition. But as Hack reminded me, this type of project “is not for the risk-adverse.”

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