

## STAFF

### UCH Insider Central

For the Clinicians, Managers & Staff  
of University of Colorado Hospital

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### *This Hospital Life*

# What Obamacare Might Have Learned from Epic Here

You can get a lot of technology for \$634 million. For about 6 percent more than that, for example, you can send an orbiter to study the atmosphere of Mars – Atlas V rocket launch, suite of eight instruments, a year-plus of operations and science-team budget included. With [MAVEN](#), a University of Colorado-led team did just that on Nov. 18.



*Steve Hess, left, and Soren Schultz led three major IT system implementations across UCHHealth. Here's their take on the HealthCare.gov fiasco.*

Or, alternatively, you can get a website that, a few days before its Oct. 1 launch, crashed and burned when burdened with the feather of 500 simulated concurrent users. Yes, we're talking about [HealthCare.gov](#), the flag-bearer and flak magnet of the Affordable Care Act, a.k.a. Obamacare.

It's getting better – by the time you read this, Centers for Medicare & Medicaid services (CMS)

officials [promise](#), 50,000 concurrent users will be able to ride the Obamacare site serving up health care reform to 34 states. (The other 16, including Colorado, have their own state-run exchanges.) Regardless, the HealthCare.gov launch will, when the dust finally settles, rank among the greatest information-technology fiascos of all time.

This is not a political statement. Whether your health care ideal is single-payer or laissez-faire, the IT project that birthed HealthCare.gov was a catastrophe. Everyone from the [New York Times](#) to [NBC News](#) to [CBS News](#) to [PC World](#) – even, maybe once or twice, Fox News – has explored the question: How did a U.S. president's signature initiative, executed in the country that invented the IT industry and continues to lead it, get so totally screwed up?

Reading these stories, I wondered what seasoned IT executives might think of the whole thing. I knew two such people – Steve Hess, UCHHealth's chief information officer; and Soren Schultz, the system's vice president of Epic information technology. They led the teams that implemented the implementation of the Epic electronic health record on three campuses. The launches, totaling \$130 million, involved hundreds of developers, integrators and testers

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at UCHealth hospitals. The unified system now supports more than 4,700 concurrent users.

**Deadlines.** Neither of them has been a student of HealthCare.gov's woes, Schoultz cautioned. But they had an inkling of the broad strokes: a huge project with unrealistic deadlines, poor communication, unclear lines of responsibility, overly ambitious functional design, insufficient and unproven technical foundations, cumbersome decision chains, inadequate management, and troubled client-vendor relationships, among others. So last week, they agreed to sit down and tackle the subject in Hess's office.

We started with what should have been the end: the Oct. 1, 2013 deadline set for HealthCare.gov to be up and running. The deadline had been established in the political, rather than technical, world, before there was a clear understanding of the system that would have to be delivered.

Deadlines do focus the mind. And sometimes, they're firm: Mars and Earth orbit the sun in such a way that, if you miss your launch window, you have to wait another 26 months. But the Obamacare deadline was a human invention.

"Setting dates before doing the project planning is 'ready, fire, aim,'" Hess said. "We never tried to set go-live dates without the appropriate planning."

**Leadership is key.** We moved on to governance. In IT, governance is about how work is identified, prioritized, parceled out and managed, and then about how problems springing up during that work are identified and solved. Getting IT governance right takes a clear reporting chain, strong leadership, and constant communication.

With HealthCare.gov, the program manager, CMS, was in over its head, and the nominal client, the White House, distanced itself from the day-to-day work. The subcontractors doing most of the actual work couldn't get questions answered quickly, slowing development and leading to assumptions that then manifested in flawed computer code. The extent of HealthCare.gov's woes failed to bubble to the White House's attention until late summer. By then it was too late.

In contrast, the UCHealth Epic implementations put a laser focus on governance, Schoultz said. It started at individual Epic applications and ran all the way up to an Epic decision-making committee

comprised of project leaders and top hospital executives. As go-lives approached, the committees met weekly. The methodologies used by the vendor, Epic systems – including a monthly report card showing "months ahead of time where the fires were going to be" – were vital, but the software company relied on the UCHealth team to establish the governance structure, Schoultz said.

"There's nothing about the tools we use here that is special or rocket-sciencey," Schoultz said. "It's project management 101. In the end it's the leadership here that's engaged. When that program report is sent, they're reading it. They're asking, 'Why is this off-track?'"

**Testing, testing.** Which brought us to the matter of testing. HealthCare.gov's end-to-end system testing reportedly didn't get going until two weeks before the Oct. 1 launch date.

"We had months for a much smaller project," Schoultz said.

While Epic is a package system, it's not plug-and-play. Thousands of changes had to be made for it to work well at UCHealth hospitals.

"We tested every single one of them," Hess said. He, and other leaders, were on multiple calls a week devoted to the status of testing the charge application alone, for example. "But that's why the revenue-cycle aspects have gone so well," he added.

The reason for the special attention: Epic implementations do fail, Hess said, and generally because of these very revenue-cycle flaws that leave hospitals struggling to get paid.

As go-live dates approached, the team performed three readiness assessments, 90 days, 60 days and 30 days out. These assessments yielded formidable spreadsheets with color-coding – green, yellow, red – indicating how the subsystem or function would perform if it were forced into action today. The team also tracked decisions and their resolutions, so that if issues came back up, one could say, "we covered that" or "we let that go, but for these reasons."

"It was about mutual accountability and transparency with respect to where we were against go-live," Hess said.

**Risk management.** Finally, there was the matter of hedging technological and functional risk. HealthCare.gov attempted to elegantly access and then integrate information from multiple

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legacy IT systems across multiple federal agencies. This was a hugely complex, difficult endeavor, even without “creating a cutting-edge website that would use the latest technologies to dazzle consumers with its many features,” as the New York Times described the administration’s “unrealistic goal.” Still, the HealthCare.gov team went with niche database software rather than the familiar mainstays sold by Oracle or IBM. It also under-invested in server horsepower.

Hess and Schultz would have made different choices. For example, UCHealth didn’t exist when UCH started its implementation back in 2009. The HP UNIX platform they used couldn’t handle the addition of Poudre Valley Health System, much less Memorial. They considered an inexpensive – but unproven – open-source Linux platform, but ultimately opted for IBM AIX. It’s more expensive, but Kaiser and other major health systems had proven it out, Hess said.

“That was not the time to be a pioneer,” Hess said. “When you take on a scope like that, you try to minimize and mitigate risk.”

Having just scratched the surface of the topic I asked Schultz and Hess if they had any final thoughts. Hess mentioned opportunities lost.

“This was a moment of truth,” he said. “Frankly, even if they make this the best site ever, something that rivals Google, the term ‘Obamacare’ will be forever linked to HealthCare.gov’s initial failure. And that’s not fair.”

Hess paused.

“That moment of truth could have had the opposite effect. With a good site, a good user experience – a success – people would have said, ‘Obamacare’s working.’”

Rockets and health care software are not horseshoes and hand grenades. Close doesn’t count, and there’s nothing more important than the launch.

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## What You Read, Dec. 3, 2013

1. Hospital Establishes THRU Route to Relieve Capacity Pressure
2. Standing Tall in the Wake of the Philippine Typhoon
3. In Health Care, Less Can Be More
4. Around UCH
5. Party with the President the Theme of Revamped Awards Dinner
6. UCH in the News
7. Therapy Dogs Make Rounds in Burn/Trauma Unit
8. NICU Works Clinical Puzzle to Improve Outcomes
9. Hospital Finds Buried Treasure in November
10. New Arrival Bolsters DBS Team