



Support Services for Healthcare IT Needs



Jacqueline Forestall - President

With a strong healthcare industry background, Alego Health is committed to providing its clients with the solutions they need to improve their business and create better patient outcomes through the use of technology. Alego's expertise extends throughout the Healthcare IT space and its employees are dedicated to ensuring each client's needs are met through its customer-centric approach.

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine

CEOCFO: Ms. Forestall, your site indicates Alego is experienced, dedicated and customer focused. What do you do?

Ms. Forestall: We provide support services to assist organizations with healthcare IT needs including the implementation of the electronic medical records. We provide a long list of consulting services in the healthcare IT space, with clients throughout the United States. Our clients range from acute care facilities and associated ambulatory facilities primarily, but we also have clients in the elder care and physician office space as well.

CEOCFO: It is certainly a crowded field at the moment. What is your basic philosophy, and what do you understand about the process that perhaps others do not?

Ms. Forestall: We found out early on that it is far easier to take people who are trained in a medical discipline such as an RN an LPN or another health professional, and teach them software that they can in turn teach to others, than it is to try to take people with an IT background and make them work and sit in the acute care setting and many other settings. We combined that philosophy and our expertise is recruiting the "right people" to build what we feel a huge advantage against other competitors that just fill slots. I put in a great deal of time and emphasis working with our HR Department to create a system that really highlights the "right people" approach that has been very important to our success and differentiates us from other competitors.

CEOCFO: How do you reach potential clients and at what point would you start with them?

Ms. Forestall: We have been very successful in reaching our clients through our affiliation with national organizations and client referrals. We also do some fundamental marketing such as trade shows, email campaigns, and direct mail. Most of our new clients come as a result of recommendations of individuals that we have done business with. We are fortunate to be in a very important part of the country for healthcare, and have been very fortunate to have clients here in Cleveland who are very well known. This has been helpful to us in terms of being able to demonstrate to potential clients our capabilities and industry contacts.

CEOCFO: How would a typical engagement work?

Ms. Forestall: Every engagement is unique; however, our normal procedure is to send our assessment team out to the proposed client location(s) in order to do a complete assessment of where the organization is in the process of the proposed engagement. Our assessment team will actually walk the facility areas that may be affected to determine numbers of resources that will be necessary to successfully complete whatever project we may be supporting. We then lay out a process, resource estimation, timelines and other information that is put into a proposal for the potential client. In many cases, we recommend that our clients utilize a coordinator for the different areas of the facility that may need extra attention, such as clinical staff, and especially the physicians that may need specialized training. Our coordinators are part of a specialized team that specifically identifies the needs of the clinicians and works with the client's own liaisons. They get the physicians and others into training and ensure that they get through the training, understand it, and continue through that process all the way to the end, beyond the actual implementation to ensure competency and a successful Implementation. After our proposal is accepted, we work with our clients to develop a plan for the work that we are providing. Depending on the scope of work, we have teams that prepare our resources for the engagement. In the case of an Application Implementation, we work with the client to develop a training plan. Once this plan is completed, the Coordinator begins to contact and communicate with the clinician end-users. Then, our training team begins end-user

training, which, on average, last 4-6 weeks depending on the size of the project. Once the end-users are trained and we have completed any lab or one-on-one work we begin the “Go-Live” phase of the Application Implementation. Typically, a “Go-Live” can last 4-6 weeks, depending again on the scope of the project. After we have completed the “Go-Live” we offer services for post support and Help Desk. The final piece is a recap of the project with the client and postmortem analysis of our services throughout the project. We will also discuss any future projects or continuing education on the application that was implemented.

CEOFCO: Are many organizations changing mid-stream? What are the common complaints they are finding with what they have tried to do so far and how are you able to assure them you can do it better, faster, cheaper and easier?

Ms. Forestall: We have experienced this in a number of ways. One of the things that happens to us is that we will be brought in based on a positive recommendation to work side by side with another company, and ultimately what happens is that we demonstrate that our resources and services are superior. I will tell you that is because we self-supervise. When I describe to you how we go out and put together a project for someone, we also bring in at no charge to our clients – because this helps ensure our success – operations managers. They do all of the scheduling, supervising and all of the things surrounding bringing in large teams of people to work so that the client does not have to worry about that at all. We have been successful in demonstrating that we are better at the management of these types of projects than other competitive agencies. We have also had the experience of going in and fixing projects after a client has tried using a competitor and the project did not work out for one reason or another. I do not know that they are so much changing in mid-stream, but some have had less than adequate outcomes, and they bring us in to clean it up.

“If I can say one thing to [healthcare administrators and managers] as to why they should pay attention to Alego Health, it would be: ‘I understand.’ That is the motto that my company, and all of my hard working employees live by. We understand your challenges and we are going to do everything in our power to help your organization overcome those challenges. We are committed to the success of our clients and committed to better patient outcomes with the use of technology.” - Jacqueline Forestall

CEOFCO: How long would you be working with an organization?

Ms. Forestall: If we were going to go full cycle with them, we would probably start with a month or two of preparation and do the actual project after. We typically leave a few people there another two or three weeks after that, so a typical complete Application Implementation for instance, would normally take four to six months from contracting to completion. However, this varies, and we have done several quick turnaround projects that we completed in 2 to 4 months. Once we have completed a project our clients are normally very satisfied with our solutions and contact us to pursue future engagements. We maintain those relationships.

CEOFCO: What is the effect of the Affordable Care Act? With many of the changes and all of the turmoil, does it affect the level you are working on or is it not really a big factor day to day?

Ms. Forestall: It is not really a big factor day to day at this point other than the fact that hospital administrators – and I speak as a former hospital administrator; that is what I did before this – seriously have to be overwhelmed with having all of these things happen to all of them at the same time. Of course, there is the need to achieve meaningful use, which is what we are engaged in, but then they are also having to figure out how they are going to work under the Affordable Care Act. In addition to that, the change over to ICD-10 is happening to them in October of 2014. There is so much going on in 2014. It remains to be seen to what extent they will continue to put emphasis in, and frankly continue put capital into the upgrade and implementation of their IT & EMR investments. In the end, that could impact us. We intend to be involved with the ICD-10 implementation, Meaningful Use 2 and 3, and the emergence of mobile HIT. I guess we will have to wait and see like everyone else what the Affordable Care Act will ultimately do to the Healthcare Industry.

CEOFCO: How do you ensure the whole process to unintrusive to the patient and more user friendly to the healthcare professional?

Ms. Forestall: There are a couple things going on. I think that there are a lot of advances being made in mobile technology that should make it a little easier for the physician to be able to look at the patient and do what he or she has to do at the same time. I think the technology has to get better. The other thing that I think is very important is that the more comfortable the physician is with the technology that he or she is using, the better that experience is going to be. If the physician is having to focus on that computer screen because he or she is not feeling really confident about what they are doing, that is going to make your patient experience worse. One of things that we do is that we have always had such a focus on the physicians. We are very good at working one on one with physicians; our goal being to make them as comfortable with the technology they are using as possible. If you sit down with a physician who uses that technology as second nature, that is a much more positive experience than one who may be struggling a little bit. We work very hard to

get them comfortable with it. I do see that there are better technologies coming that will allow them to spend less time focused on that screen and more time focused on the patient, and we will be right alongside of them making them feel comfortable and building that technology into their daily workflow.

CEOCFO: *I would imagine that using people in the medical field is also helpful in working with a doctor?*

Ms. Forestall: Exactly, physicians have more respect for people who speak their language than for people who do not understand patient flow and their workflows. That type of thinking has been very helpful to us.

CEOCFO: *How do you handle your increasing business?*

Ms. Forestall: We have a very talented team of people that do our human resource function. As a former hospital administrator, specifically, VP of HR, (that is my background), I pay a great deal of attention to our HR process and plan. I feel that our recruitment and staffing sets us apart from our competitors, not only because that is critical to our success, but because it has been the focus of my work for over 30 years. The history of staffing has shown that one terrible situation can devastate a company. We are very good at having constant interactions with our resources and we have teams whose primary job function is to be in touch constantly with schools and to be out there recruiting regardless of what is going on. This ensures that we create a strong bench of resources that are prepared for the next big project.

CEOCFO: *What is the HIMSS Innovation Center and what is your involvement?*

Ms. Forestall: The Global Center for Health Innovation itself is located in downtown Cleveland, and is focused on the current & future innovations in healthcare. It is full of various organizations and vendors to the healthcare industry and is meant to be a focal point and meeting place for people engaged in innovations in healthcare. Inside of that, the HIMSS organization has taken space to hold meetings, and display what member organizations are contributing to healthcare IT innovation and so forth. We have committed to be part of that space. HIMSS is the global leader for healthcare IT advocacy and as a Diamond Corporate Sponsor, we have made the decision to invest not only in what they are doing at the Global Center but also invest into the Global Center itself as a proud Northeast Ohio based business. It is also a great opportunity for us to showcase what we do to all of the people who will visit the Global Center throughout the year.

CEOCFO: *What surprised you as you have grown and developed the company?*

Ms. Forestall: How fast we were able to grow once we had the winning calculation about what made the most sense and how quickly we were able to make headway and get things rolling. I actually started this as a medical staffing company back in 2004, and we became involved in the medical record around 2009. That is when things really took off.

CEOCFO: *What are some of the areas that you are able to help your clients do well?*

Ms. Forestall: We can walk into their facility, assess their situation and present them with a document that lays out all of the staff they are going to need and the skill sets that the staff will require begin to end to do what they need done to get something implemented. We can toss that out for them, and then they have a place to start. They can decide they want the level of service we are recommending, or that they would like to do things a little differently, but that is something that I know all companies are not as good at as we are. We can walk in, survey the situation and put that document in front of them very quickly. The other thing that we do is that we understand clinical staff and we understand their pain points as it pertains to the new world of healthcare IT, which they are expected to integrate into their daily routine. That is very important. We have resources that have had experience working with physicians their entire career and are very good at going in and being able to work one on one with them to get them comfortable with what is in most cases an unwanted step in their day. That is something that we provide, which is typically not there in other organizations. The other thing we do is that we self-manage so that when we take on a project, it is our project as much as it is their project. We see to it that our people are the right people, they are there, and we will move them around right in the middle of the process if we are finding that the chemistry is not beneficial to the overall goals of the project. Other companies do not necessarily do that. They might send a team of resources, but it is up to the facility to make sure that the resources get there and get into the right places throughout the project.

CEOCFO: *Do you find that most doctors are respectful of your time?*

Ms. Forestall: Getting them to sign up for the training and to commit to the time is probably the hardest thing, but once they are there, they understand how important it is to learn these processes. They are definitely then respectful of us. It is hard for them to prioritize this as something they really want to do because they are obviously doing such important work, but once our teams work with them; they are very committed to learning. They tend to work best one on one. What we have learned is that Physicians tend to absorb the knowledge that we are passing on to them better in a one on one environment, and that is something we are committed to providing our clients. If you put them all in a room and try to hold their attention for hours on end, it is not going to work. We found that the use of labs and one on one learning is far better for the success of the project than trying to teach large groups of them in a room.

CEOCFO: *What is ahead for Alego?*

Ms. Forestall: We are finding and forging partnerships with organizations that till now have been outside of our target market. Our focus has been primarily on acute care facilities, but we have stepped into the elder care market and have committed to expanding our traditional IT services. We will also be focusing on expanding our opportunities in the ambulatory space, primarily working with physicians and physician groups. We have finalized a partnership with a large Ambulatory EMR software vendor and will be working with them to provide services to their clients. We are also very committed to the future of Mobile Healthcare and the opportunities that presents. It is all very exciting and the best thing for me is that I have an amazing team of people that will take on whatever challenges and opportunities that may present themselves.

CEOCFO: *Alego is recognized by Inc. 500/5000, so clearly business is good. Why should the business and healthcare community pay attention to Alego Health?*

Ms. Forestall: When I created this company my vision was to bring my knowledge and experience from my years as a healthcare administrator to market. I felt that I could use that experience to help other healthcare administrators and managers with issues that present themselves each day. So if I can say one thing to them as to why they should pay attention to Alego Health, it would be: "I understand." That is the motto that my company, and all of my hard working employees live by. We understand your challenges and we are going to do everything in our power to help your organization overcome those challenges. We are committed to the success of our clients and committed to better patient outcomes with the use of technology.

CEOCFO: *Final thoughts?*

Ms. Forestall: We are female owned, diverse and poised to continue our growth.

BIO: After a long and distinguished career as a hospital administrator, Jacqueline Forestall founded Alego Health in September of 2004. Ms. Forestall served as Vice-President of Human Resources for large urban Acute Care Teaching Facilities through acquisitions, mergers, de-mergers, in secular, faith-based, and even government partnerships and coalitions. One of her specialties was the preservation of jobs and fairness in selection of the ongoing workforce through times of great change and upheaval. Ms. Forestall also has an extensive background in labor relations in healthcare including significant contract negotiations.

Jacqueline started Alego Health to meet a need for the temporary staffing of medical professionals, but quickly saw and responded to a greater need for the development of a professional clinical workforce to facilitate Healthcare IT initiatives. Through her guidance Alego Health has become a national leader in client satisfaction, client retention and innovative technology in the Healthcare IT Industry.

Through the direction of Ms. Forestall and the Alego Health Team her organization was named to several awards over the past few years. Alego was named to the Weatherhead 100 (highest revenue growth companies in Northeastern Ohio) by the *Case Western Reserve Weatherhead School of Management* in 2011 and 2012, placing 3rd overall for the 2012 award. Alego was also recognized as one of the "Top Workplaces" for 2011 by *The Cleveland Plain Dealer* and Ms. Forestall was named as a 2013 "Women of Note" by *Crain's Cleveland Business*. Jacqueline holds a BA from Western Illinois University, and attended Bowling Green State University.

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