

Inside Perspective

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Key considerations in conversion from MAGIC to Client/Server

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Those of you, like me, who started out on MAGIC know some of its strengths: It's a lean, mean healthcare IT machine. Doesn't need a lot of care and feeding, runs great on just a few servers, lightning fast, and rock solid.

Now, if you have—also like me—wandered around the Client/Server waters, you know there are some compelling benefits there as well. Most of the great capabilities of MAGIC, plus a distributed processing environment that reduces server processing bottlenecks, easier-to-link-to systems, and, with 5.6, a really slick user interface that your clinicians will take to like the swans take to the pond at MEDITECH's Canton office! Add in the promise of 6.0 with a more robust database architecture, transaction logging, better disaster recovery capabilities, and auditing, and it would make any CIO pause and consider upgrading from MAGIC to Client/Server.

In fact, many CIOs and IT Directors are finding themselves pressured to look at upgrading or replacing their MAGIC systems. Typically, the major driver is to get rid of what is often perceived as the "DOS system" in favor of a Windows environment. No doubt that Client/Server answers this issue, especially with the updated interface in 5.6.

But, as with all major decisions, you need to weigh a lot of factors to determine if the upgrade to Client/Server is right for your organization—and when it is the right time to make the move.

In working with healthcare organizations that have decided to embark on this upgrade, we've uncovered a few questions you might want to ask yourself. Here they are:

1. Where are we with the maturity of our MAGIC system?

Is there a lot of untapped capability in your existing system? Maybe a better first step would be to try to increase the use of the existing system. Then again, maybe the reason you haven't been able to push forward with additional functionality is something Client/Server would address.

2. Is my organization ready for a major project like this upgrade?

While MEDITECH has done a lot of things to help make the upgrade to Client/Server easier and less data entry intensive, many organizations are deciding that the upgrade to Client/Server is a seldom-realized opportunity to really rethink processes and system configuration. In other words, this is the chance to do all that stuff we keep saying we would have done differently when we implemented MAGIC, if we had the chance.

3. Are we ready to take on the infrastructure complexity that comes with Client/Server?

As mentioned above, MAGIC is lean; it doesn't need a lot of hardware. Client/Server is not so lean and the architecture calls for more machines, and more Windows server expertise. If you walk into your data center and there is barely room to turn around, you've got a problem. Where will you put all the new hardware for Client/Server? Remember, while you might be able to leverage an existing SAN for both MAGIC and Client/Server (emphasis on might), you will have to have both MAGIC and Client/Server machines running in your data center for some time to come.

Our technology team has developed some interesting strategies for mitigating these infrastructure transitions through the extensive use of virtualization technologies, so a conversation with them as part of your planning may be useful. It is also worth mentioning that whether you are on MAGIC or Client/Server, all of healthcare is re-examining its infrastructure quality in order to deliver what we have begun calling "healthcare-grade computing". The MAGIC to Client/Server infrastructure upgrade may not be the biggest part of next year's IT bill but rather a natural requirement to shore up your availability and recovery technology to support clinical computing and may drive your capital budgeting regardless of which MEDITECH platform you are operating.

4. How's our network?

To produce the desired user experience, Client/Server communicates constantly between the client presenting data and the server managing data. MAGIC was more of a terminal/host system with low bandwidth requirements that often covered up the weaknesses of an aging network. Client/Server 5.6 or 6.0 will run effectively on most typical network architectures with Gigabit backbones and Layer-3 routing, but if you have any doubts, it's worth doing some assessment before you move forward.

5. What third party systems are running that interface to MEDITECH?

Many organizations host non-MEDITECH written applications on their MAGIC machines. Client/Server makes this more difficult. Additionally, many third party applications use screen scraping and scripting to get data into/out of MEDITECH. While this is possible in Client/Server, it's different. Don't just assume that all your third party vendors will seamlessly follow you to Client/Server.

6. What about NPR Reports?

There is some good news here. MEDITECH has some great utilities that will convert most NPR reports. However, certain reports that are very complex with extensive MAGIC coding may not convert so easily. Plan on some resources to re-write some of these more complex reports.

7. Are you ready for Client/Server printing?

We hear, over and over again, that printing is a major challenge when implementing Client/Server. When upgrading from MAGIC, it's something to consider; MEDITECH's printing model for Client/Server has many layers and options. Organizations need to carefully consider and understand how printing will be configured in their environment to avoid a bumpy Go-Live day.

8. What data will be converted? How will we deal with data we decide not to convert?

Between Scanning and Archiving and Data Repository, several good options exist to help you archive and maintain access to older data from your MAGIC system. If you are not running these modules, you will need to consider other options for data that doesn't get converted.

This is by no means a complete list. But I hope it has given you some additional angles to think on and, hopefully, helps you avoid some unpleasant surprises down the road.