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A One-two Punch

By David E. Wertheimer, M.D. F.A.C.P., F.A.C.C.

Growing multispecialty practice implements a new practice management/EMR system, reducing costs and diverting resources to new revenue-generating activities.

At Heart & Family Health Institute, we were committed to a single-source solution but when we couldn't upgrade the technology to meet the needs of our 12 specialties, we jumped ship and changed the source.

David E. Wertheimer, M.D.,F.A.C.P., F.A.C.C.

Heart & Family Health Institute is a multispecialty practice based in Port St. Lucie, Fla., with our own on-site laboratory and other diagnostic testing facilities. The practice's 28 physicians and two advanced practice providers work from a single location that serves more than 40,000 patients.

Problem

Several years ago, Heart & Family was growing at a rapid rate, expanding from 20 to 24 providers between 2001 and 2002 to meet patient demand. The logistical downside to this rapid expansion, however, was that the practice became difficult to manage. Since the early 1990s, the practice management (PM) system and its rudimentary electronic medical record (EMR) functionality was our primary technology platform. The EMR merely stored progress notes digitally, forcing providers and billing office staff to rely upon paper charts. This led to inefficient communication between physicians, sluggish response to patients, great expenditures of staff time and an unacceptable level of errors.

SOURCE
David E. Wertheimer, M.D. F.A.C.P., F.A.C.C.
President and CEO
Heart & Family Health Institute
Port St. Lucie, Fla.
dwertheimer@hfhi-psl.com

PRODUCT/COMPANY
EPM/EMR
NextGen Healthcare Information Systems Inc.
Horsham, Pa.
www.nextgen.com

Leadership at Heart & Family realized that eliminating paperwork would be key to running the practice more efficiently. We began transitioning to a paperless work environment by implementing new practice management and EMR systems. We were committed to implementing a PM and an EMR from a single vendor so the two systems would integrate seamlessly without interface issues. We also wanted to take a more proactive role in managing patients, for instance, offering newly available therapies to patients with specific diagnoses and scheduling patients for regular health maintenance services.

Solution

Late in 2002, we issued an RFP and began our search for the two new systems. I personally managed the process and utilized our entire management team as the search committee to ensure that the products selected would meet everyone's needs. The team included the directors of operations for billing, medical

records and marketing, as well as our patient services administrator, clinical laboratory manager and corporate controller.

Our initial prospect list included 20 vendors. We assessed these vendors based on their RFP responses, and against information gathered at meetings during conferences and trade shows. After eight months, we narrowed the field of vendors to five and evaluated them against a needs statement.

At the start of the search process, most committee members anticipated that we would remain with our current PM vendor. We had been happy with the system and hoped that, instead of completely changing our business office operational processes, we could simply upgrade the PM module and incorporate a more advanced EMR system from the same vendor. We knew we wanted user-friendly appointment scheduling and workflow management capabilities. When we learned we couldn't get that with our current vendor, we decided it was worth it to jump ship and go with NextGen.

The company demonstrated, for instance, how their Enterprise Practice Management (EPM) system could be used to build a user-friendly template for appointment scheduling that would factor in the type of patient, patient's condition or diagnosis, anticipated length of visit, and physician's schedule, including time-of-day preferences. Eliminating the complexity of scheduling for individual doctors allowed us to centralize appointment scheduling and train new personnel in hours instead of days or weeks.

Through the use of their workflow management solution, Worklog Manager, supervisors could assign employees to specific types of tasks and track their progress. In addition, the EPM module would generate customized reports that gave our billing office staff information needed to improve our operations. Both modules also could be easily customized to meet the needs of our 12 specialties, including cardiology, endocrinology, gastroenterology, neurology, orthopedic surgery, otolaryngology, podiatry, pulmonology, rheumatology and urology.

Implementation

Within weeks of selecting NextGen, billing office staff met with a project manager to establish an implementation plan and timeline. We decided to roll out the EPM module first on May 1, 2003, so that business functions would be in place before we encountered the clinical challenges of implementing the EMR on Nov. 1, 2003.

Once the implementation plan and timeline were finalized, training began. The director of operations for billing, two members of her staff, the director of operations for marketing and communications, the EMR project leader and I as CEO participated in two training sessions at the NextGen facility, focusing on the systems' functionality and, subsequently, how to use both systems most effectively. We then conducted off-site training locally for all affected personnel. The training was done in groups of 12 during off hours and lasted between four and 10 hours, depending on the complexity of the task.

To ensure an easy transition to the new practice management system, we kept the old system online for existing accounts receivable, while new billing was completed on the new EPM. In March 2004, the old system was retired when only cash balances (no pending insurance payments) could be forwarded to the new system.

During the six months prior to the EMR implementation, we hired 10 temporary staff members to sort and scan old paper-based medical records into the new EMR. Prior to going live with the system, we had digitally transferred our old progress notes to the EMR. The EMR rollout consisted of three phases, with the first two further divided into two stages. Phase one consisted of eliminating the paper chart for all encounters and communications, entering vital signs, ordering lab tests, and entering medication and allergy lists during patient visits. Three physicians began this phase on Nov. 1, 2003, followed by the rest of the staff on Dec.1, 2003. Phase two involved the entry of other diagnostic test and imaging orders—again with three physicians beginning on Jan.1, 2004, and the remainder following on Feb.1, 2004.

During the third phase (March 1 to Dec.18, 2004), our physicians transitioned from dictation by using the EMR progress note templates we created for them. To accommodate the learning curve, we eliminated as many as eight 15-minute patient slots—up to two hours—in a day for three days to two weeks, depending on how well the physician adapted. Also, project leaders shadowed the physicians to offer help.

Results

Implementation of NextGen's EPM module will allow us to redeploy 10 positions—including those formerly dedicated to payer denials and the appeals process—from our business office by the end of 2005, a reduction of 40 percent and a better utilization of $254,060 per year. In addition, the business office is saving $21,820 per year in storage expenses and nearly $8,000 per year in supplies by doing away with paper charts.

By completely eliminating outside transcription services, our medical records will save $213,714 in 2005. The system also has reduced our overall expenses for departmental salaries, benefits, outside professional services and operational supplies by 36 percent, or more than $225,000 per year.

We have reduced office space required by medical records and other departments, reclaiming about 4,000 square feet of office space or 15 percent of our floor plan. With the additional room, as well as newly available staff and financial resources, we have launched a progressive revenue enhancement program that will also serve to improve patient care.

The record keeping and reporting capabilities available through the EMR allow us to identify and communicate with specific patient segments, alerting them to relevant healthcare news and topics of interest. For example, if we learn of specific drug recalls, we can immediately contact patients who are taking the medication and prescribe an alternative. We can also contact patients with chronic conditions and schedule them for regular monitoring programs. Diabetics, for instance, can be scheduled for a 24-hour urine protein evaluation, a best practice that is recommended once a year.

Plus, we are able to take full advantage of new therapies and emerging technologies. When Enhanced External Counterpulsation—noninvasive cardiac therapy—became available in our area, for instance, we were able to identify those patients suffering from angina who matched the profile for the therapy and contact them about their options.

Finally, despite the challenges of adjusting to two entirely new systems, our physicians and virtually all employees have commented on the lower levels of stress and the higher levels of efficiency they experience in their daily routines.

Overall, the practice-wide conclusion at Heart & Family is that our conversion to a nearly paperless environment has been a huge success, benefiting not only our bottom line, but also our physicians, staff, colleagues in the community and, most importantly, patients.

For more information on **NextGen's Enterprise Practice Management,**
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