



Cardiology

PRACTICE ADVISOR

Technology

How one practice made EMR improve workflow, patient care and revenue

■ Cardiology group finds healthy ROI in first year

You've heard all the claims of how implementing electronic medical recordkeeping (EMR) can benefit your business — improved accuracy, greater efficiency, better allocation of resources, enhanced patient care, to name just a few. And that it's all supposed to create a healthier bottom line. In fact, many tout the technology as the elixir that can take your practice to new levels of productivity and

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profitability.

But it's not without its downside. EMR can carry a price tag beyond the actual cost of the software

and additional hardware. Putting EMR in place often means replacing and displacing employees. Policies and procedures change and staff may find themselves in a new role or no role.

To provide you with some perspective and real-life accounts of EMR implementations, we talked with some cardiology groups about their experiences. We wanted to know — and

figured you'd find the information useful — whether all the buzz about EMR is valid or just so much hype. This month we're giving you Mid-Carolina Cardiology's story. We'll report on others in later issues.

Some pain, much gain

Mid-Carolina Cardiology operates seven office sites with 25 cardiologists throughout the Charlotte, North Carolina region. About two years ago, the practice undertook what started as a search to upgrade its billing software and to concurrently implement EMR. By the time the journey ended, the doctors and managers had installed a sophisticated clinical information system which led to a total overhaul of just about every operational procedure.

John Whitham, chief operational officer,¹ says the practice's installation of Gateway Electronic Medical Management System (GEMMS) challenged them in many ways. It brought about substantive changes in functions and job responsibilities, and the practice even lost some personnel as a result — a possibility the group had anticipated.

GEMMS makes the unique claim of being specialty-specific

to cardiology. Its CEO Rodger Pinto² served the well-known Indianapolis group then-called Nassar, Smith and Pinkerton as an administrator and headed its system development team from which GEMMS was born. While Pinto considers his system the ultimate for cardiology practices, he still recognizes that it's only as good as the people installing and using it.

What strengthened Mid-Carolina Cardiology's efforts, first and foremost, was the voice of strong physician leadership. Establishing an EMR implementation committee of key staff — including cardiologists — helped to guide the process and keep them on task. The committee is still intact, Whitham notes, but it meets less frequently now. It continues to look at ways to further develop and enhance use of the system.

Technology is simply a tool

Two key understandings are vital to successfully implement EMR, in Whitham's experience.

¹ Contact Whitham at (704) 347-2058; e-mail to jwhitham@mccardiology.com.

² Reach Pinto and the GEMMS company in Indianapolis, IN, at (800) 773-3111; via e-mail to info@gemmsnet.com. View the GEMMS website at www.gemmsnet.com.

First realize that technology can help you make improvements. You won't just install it and find that it works wonders. Second, you have to be open and ready to make operational changes, because inevitably you *will* re-engineer your practice.

"It's important to stand strong and present your implementation plan as the direction in which the practice is going, period. You can't view the plan as optional or as useful for some functions but not for others."

You must also realize that you'll face up-front costs beyond the system licensing and training. Mid-Carolina Cardiology had to install T-1 communication lines and increase IT (information technology) support. But even those extra expenses were quickly offset by cost savings and increased revenue, says Whitham.

Staff efficiencies can raise revenue

Mid-Carolina's physicians found that they could optimize the use of staff in new and different ways. One major organizational change, for example, grouped staff into functional teams comprising physicians, nurses and medical assistants. The cardiologists no longer each had their own nurse. That took some getting used to, as you can imagine, but it also freed the nursing staff to perform more diagnostic testing. And the increased testing generated more revenue.

The group's medical records staff also uses their time more effectively. Whitham estimates that, before installing GEMMS, about four of the 12 medical records FTE's spent full-time tracking down paper patient charts. Now this staff more efficiently captures and manages patient data to support practice operations.

Solid financial benefits

While it's difficult to measure return on investment (ROI) from technology improvements, Whitham believes much of the value came from his group's process improvement. Within this ROI framework,

Whitham reports that Mid-Carolina Cardiology realized a return on its technology investment within the first year.

Here are just some of the quantifiable achievements he tracked:

- Were able to see 25% more patients with no increase in staff
- Collected 35% more revenue
- Improved Medicare denial rate from 25% - 40% down to less than 1% (last year the practice billed Medicare \$7.8 million with only \$22,000 in errors)
- Reduced transcription costs by \$72,000
- Reduced postage costs by \$20,000
- Improved accounts receivable; 50% of accounts are now 30 days or less (best practices standard calls for keeping at least 36% under 30 days)

The group realized additional savings by eliminating duplicate work between the front desk and billing department. The new system allows simultaneous access to records, so data is still available to all when several departments need it.

Beyond the many measurable cost savings and efficiency improvements, Whitham considers one of the greatest values of their technology investment to be the ability to serve patients better. Instead of being reactive, as in the past, the practice can be proactive in helping its physician-users diagnose problems and provide care. And that's a value you can't always tally in dollars and cents. ♦

We invite our subscribers to share EMR implementation experiences with us. Whether or not a success story, we want to hear about what did and didn't work and why. E-mail us at fordocs@aol.com, or fax us at (610) 941-4499.

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