



How EHR Systems Help Medical Practice Office Managers Increase Their Job Success



By: Denny Phillips
President
iPro Healthcare

800.736.2738
www.iprohealthcare.com

Introduction

There are many reasons only 4% of physician practices have adopted electronic health records to revitalize their practice operations, quality and profitability. Two significant obstacles were highlighted in a study by Vanderbilt University Medical Center in February 2009. That study confirmed that there is an engrained prejudice within the health care profession that “EHRs are more difficult to use than paper-based records” and that “EHR implementation reduces practice productivity and disturbs workflow.” (Lorenzi et al, *BMC Medical Informatics and Decision-Making*, 2009)

It is our contention in this white paper that, contrary to the received wisdom of the medical community, there is evidence that for most practices the operational nightmare they fear with adopting an EHR already exists in their paper chart environment. Practices chained to the outmoded reliance of paper charts are in fact far less efficient than they would be if using an EHR and it is almost inconceivable that any system could be more difficult to work within than a paper chart-based system.

Healthcare Settlement Disconnect

These conclusions may sound outlandish but the facts speak for themselves. CNBC reported on May 28, 2009 that 14% of current practice revenue is being spent to get accurately reimbursed. Over \$31 billion is spent annually by physician practices associated with health insurer interactions. Almost 15 cents out of every dollar your practice currently brings in is going to attempting to obtain reimbursements to which you are entitled. The problem is that the current system of insurance, Medicare, and Medicaid reimbursements are based on very specific protocols to which you may or may not currently be adhering.

A critical advantage to a qualified EHR is that the Billing module assists with the proper coding of all claims and that all necessary information is sent to the proper clearinghouse and reimbursement agent in protocols standardized by the Department of Health and Human Services. This greatly speeds the rate of reimbursement while reducing the demand on your practices resources to simply get the revenue that is legitimately yours.

Scattered Nesting

“50% of what the doctor orders disappears and never comes back to the chart.” That astonishing figure comes from Jonathon Bush, Chairman and CEO of AthenaHealth from that same CNBC report in February 2009. Prescriptions, blood tests, all sorts of lab work simple never make it back into the paper chart because it is a paper chart. It should be obvious that this inherently leads to diminished quality care, lost revenue capture opportunities, as well as wear and tear on the emotions and morale of providers and their staffs.

By contrast, in an EHR *all information is electronically nested in the patient chart.* Outside results of test and labs, renewing prescription refills, all this takes place within a single database rather than within a vast array of disconnected pieces of paper. Information currently is chiefly transferred today via email and fax. Typically, neither of these conduits is connected. Nor do email and fax results come to existing practices from a single source, but from multiple labs and other sources. This translates into piles of paper and emailed documents that have little or no relationship to one another. The practice has to create the relationship. This tedious task results in the paper chart not always containing everything that is required for adequate clinical diagnosis and quality patient care. With the revitalized world of electronic practice management, the EHR becomes the hub for everything. All of this scattered data is housed in one location.

Beyond the many challenges of just keeping up with the proper data for the proper charts, there is the fact that *8% of all patient charts are lost.* Most of them are not permanently lost. They are in misfiled, left unnoticed in a room within the practice, or simply buried within stacks of charts lying around a physician's office. This equates to further inefficiencies within the practice. The reality is that to a large degree the chart ends up running the practice (often around in circles) with its constant demands for being maintained rather than the practice simply going about its business of providing quality care profitably. In an EHR environment no patient chart is ever lost because it is housed within a single database and is available by secure access from any computer connected to the server.

Patient Cycle Sequencing

In addition to so much information never making it into the patient chart, there is the issue of reminding a practice's patient population of future testing and necessary clinical follow-up. Practices that currently perform these tasks manually or with a simple, non-integrated computer scheduling system often let the opportunity pass for continued quality care and additional revenue generation covered under accepted insurance guidelines. It literally slips through the practice's fingers because of the operational "noise" created by the scattered nesting (paper chart rescue) business model.

The handling of information that connects visits to the physician and especially the seamless integration of a series of patient encounters throughout an extended patient-provider cycle of interactions is another area where EHRs excel. A qualified EHR will automatically generate reminder letters or phone calls reminding patients of the need to schedule tests or office visits that are necessary in the dynamic of the patient cycle. Annual dexameter scans, PAP smears, and any number of regular, routine, and reimbursable tests can be handled by the Practice Management portion of the EHR. Practice staff members are thereby freed up to offer greater efficiencies in other aspects of the practice. Instead of the rather haphazard nature of scheduling and maintaining the quality health care of any specific patient cycle, an EHR allows the physician to control

the nature of the care and provide follow-up visits that both ensure the wellness of the patient and capture legitimate revenue sources for the practice.

Other Considerations

It is important that the EHR be customized to your office management style. The way that the practice conducts business in a paper chart environment should be the way the EHR will work without the burden of all that paper. One problem many practices experience when they implement EHR is making the choice to go with a pre-developed template “designed” for their specialty. The problem with this approach is that it forces the providers and staff to not only learn how to function within an EHR environment but to also learn a new way of creating progress notes and navigating in general through the template patient chart. A better solution is to choose an EHR provider that will customize your current patient information. This incorporates the way you currently conduct business as much as possible within the EHR. Experience has shown that it is easier to migrate to an Electronic Health Record structure when the staff sees their “paper” environment inside the electronic one. It makes adoption easier, generates efficiency quickly, and creates a comfort zone for the entire practice with the revitalized way of doing business.

In addition to concerns about implementing an EHR many providers and their staff look at that existing (and constantly growing) room filled with paper chart data and wonder how in the world all that paper will physically get into an EHR. It is a daunting prospect to consider the hours required to convert the existing load of relevant paper-base health information contained in those charts to an electronic format.

We recommend that practices try to look at their existing patient chart rooms not as a whole but as important pieces that can be disassembled as the need arises. That way, instead of attempting to convert everything at once, patient paper charts can be systematically scanned and converted as the practice’s patient population cycles through the practice. You don’t have to convert your entire mass of paper charts all at once, only as each patient comes in for a visit. In this manner the chart room diminishes over time. Usually this process will take several years. At first your chart room will decrease dramatically as you see patients with faster cycle times. Younger patients and those that only visit for regular physicals or simply have less health maintenance demands will be among the last charts you will scan into the EHR.

It should now be clear that rather than creating chaos within your practice, EHRs actually relieve many symptoms and causes you the efficiencies and difficulties practices already experience. The fact is most practices conduct business in some sort of chaotic fashion already. This is largely due to the fact that paper charts can be lost, information can be misplaced, and there is no single source for all the information providers need to profitably deliver quality care. By contrast, EHRs provide a single, integrated conduit for everything from managing the patient cycle to improving accessibility of all patient data including labs and

tests to greatly reducing the existing burden of making sure the practice is properly reimbursed for the services provided.

Beyond this, EHRs offer efficiencies and advantages that are simply not possible within the paper chart way of doing business. EHRs allow providers and staff to be at multiple places at once. The practice's waiting room can be monitored with indicators of how long each patient has been waiting. Staff members can see where each physician in the practice is located at any given time. Physicians can view the practices billings for the day. Current patient information as well as information from a patient encounter earlier in the day or vitals and updated information for patients who have checked in but are still waiting to be seen are all immediately accessible. All of these functions can be performed simultaneously as a provider sits in his office or a head nurse deals with an unexpected situation on the phone. No one within the practice ever out of touch with any aspect of the practice's workings and responsibilities. The EHR offers the potential to master the operational space of the office in a way that simply cannot currently happen. Far from creating chaos, the electronic model of office management creates a perspective by which the multitude of important human and medical data can be interpreted and organized.

If you are a healthcare office manager, EHR is a key business success tool that you can use to maximize your practice success. Embracing the concept of EHR is the 1st step to moving your office to a more controllable work environment and increasing physician and patient satisfaction and reducing practice costs.

About iPro Healthcare

iPro Healthcare is a leading strategic advisement firm serving over 100 clients throughout the southern United States. Since 1998, iPro has helped healthcare providers manage costs, increase productivity, and drive sustainable growth and profitability. We specialize in medical workflow analysis, business model revitalization, and maximizing revenue capture opportunities. iPro Healthcare is uniquely qualified to provide strategic and tactical advice that will produce measureable value and prolonged results that are consistent with client expectations and goals. We are focused on assisting providers in successfully navigating their toughest issues and providing them with the tools they need to thrive.

Denny Phillips is the president of iPro Healthcare. He has over 20 years experience in assisting clients in their achievement of maximum ROI on their investment in technology delivery systems. Since 1998, he has specialized in the challenges confronting healthcare and how technology can best be integrated within this industry to enhance profitability, efficiency, and provide better quality care.