



CHAPTER ONE

STEP ONE - PRIMARY CONTACT INFORMATION

Primary Contact: Dr. Chip Bartholomew
Business/Office Manager: Amber Konkel
Practice Administrator: Amber Konkel
Practice Name: Tampa Bay Internal Medicine
City: Tampa
State: FL
Zip: 33614
Office Phone: (813) 123-4567
Office Fax: (813) 123-4568

STEP TWO - PRACTICE INFORMATION

Number of Locations: ← 2
Year Founded: 2005
Number of Staff Per Location: 6
Number of Physicians: 1
Mid-level Clinicians: 1
Number of MA's: 2
Admin/Clerical/Accounting: 2
Desired Time Frame for Adoption: 6 Months
Legal Structure: S Corp
Ownership: Dr. Chip Bartholomew
Corporate Decision Making: Dr. Chip Bartholomew

STEP THREE - PRACTICE SPECIALTY

Primary Specialty: Other
Sub Specialty: Allergy Immunology
Board Certified: Yes
Certification Body: American Board of Internal Medicine
Year Certified: 2011

CONSIDERATIONS

One of the most important decisions you will make is how you will input data into your EHR. There are several alternatives. You can dictate your data, you can type in your data, or you can use regular handwriting on a tablet (a notebook designed with a touch sensitive screen and a stylus). Be sure to discuss these options thoroughly with your vendor and ask for an active demonstration.

As a primary care practice, you see a broad spectrum of health conditions and issues. You may want to choose an EHR product that has a wide variety of pre-formatted templates for specific diseases and symptoms. This will be a huge time saver for you. Also inquire about the process for customizing these templates. Many EHRs allow customization during actual usage at the point of care. Many also allow each clinician to customize templates to his or her preference without affecting the templates used by the other clinicians in the practice.

Being a primary care practice will impact your approach to chart conversion and retention. It's likely to be cost prohibitive and logistically difficult to convert all of your patient charts. Ask the EHR vendors you interview about their recommendations. You may weigh the pros and cons of beginning only with new patients in the EHR and inputting your established patients as they come in versus scanning in all of your active charts, versus a hybridized approach. These are all considerations that should be discussed before you make a product selection.

FUNCTIONALITY

- If you plan to use dictation as your data input method, make sure the product you select has the capability to enter dictation as "structured data", that is, directly into the software database in the field designed to capture that data.
- Do you have an in-office ECG? Ask about the ability to integrate it so that they are transmitted directly into the EHR.
- What type of training do you prefer? In-office one-on-one? Web-based on demand? A combination? Check the product matrix at the end of this report to determine which training modalities are offered for each EHR.
- If you plan to restrict the charting style of your Physician Assistant, you should ask your prospective vendors about "role-based privileges" for users. This will insure that they are limited in their ability to vary your office protocols and clinical decision-making.
- You indicated that a significant amount of staff time is taken handling prescription refill requests. Implementing the e-prescribing capabilities of a certified EHR will make a major positive impact on the workload. Ask your prospective vendors to demonstrate how this feature works.

SAMPLE REPORT



CHAPTER TWO

STEP ONE - PRACTICE MANAGEMENT AND EHR

The practice use Practice Management Software today

Name: Consolidated Physicians Services

Certified: No

The practice doesn't have an EHR product in place today

STEP TWO - BILLING AND GOALS FOR EHR

The practice utilize outsourced billing services:

Vendor: CPS

Certified: Yes

Year of Certification: 2011

Name of Clearinghouse: Publishers

Practice goals for EHR adoption:

Stimulus Money: 1

More Profit: 3

Efficiency/More Encounters: 2

I Have to: 5

Better Outcomes: 4

Other: 6

STEP THREE - CURRENT TECHNOLOGY IN THE PRACTICE

Desktop

QTY: 4

Date Of Acquisition: ←2 Years

Description: HP Pro

Laptop

QTY: 2

Date Of Acquisition: ←2 Years

Description: Toshiba Portege

Printer

QTY: 1

Date Of Acquisition: ←2 Years

Description: Kipocera

Scanner

QTY: 1

Date Of Acquisition: ←2 Years

Description: Xerox Documate 152

EKG

QTY: 1

Date Of Acquisition: ←2 Years

Description: Atria 3100

CONSIDERATIONS

You recently experienced a failed EHR implementation. Take time to make lists of every issue you encountered and make this a part of your vendor interviews. This is an opportunity to make sure these same problems don't come into play again, particularly regarding insurance and demographic data conversion.

You invested in new hardware when you selected the first EHR. Make sure all of this equipment is usable with your new vendor. You shouldn't need to replace much, if any of the new hardware.

You indicated additional efficiency and the potential to increase the number of patient encounters as goals for your EHR implementation. Be prepared for the learning curve. It will be particularly important to follow the pre-implementation training recommendations of your selected vendor. It will be challenging to make time to prepare yourself, but it will pay off ultimately by making your transition to optimal EHR usage shorter and less difficult.

SAMPLE REPORT

FUNCTIONALITY

- You indicated you would be interested in bringing the billing function back into your office. Make sure the products you select for demos have "intelligent E&M coding" which will make this transition much easier.
- How will your front desk staff be trained to use the new practice management functionality of the EHR you choose? Will it be important that they be fully trained before the new software goes live, or will the user interface need to be intuitive enough for staff to learn on the job? Ask your prospective vendors to show you and your team how appointment setting is done, as well as the internal messaging functionality of their product.
- A patient portal is a feature many practices plan to implement when they install their new EHR. Important features of a good patient portal include the ability for the patient to request refills, request appointment, and ask clinical questions. It must be HIPAA compliant and technically secure.
- A patient sign-in kiosk is a device that allows patients to complete paperwork electronically on sign-in, process payments of co-pays as well as patient responsibility balances. Since efficiency is important to you, you might consider an EHR that supports this type of front office device.



CHAPTER THREE

STEP ONE - CURRENT WORKFLOW + PRACTICE PROBLEMS

Current workflow problems being experienced by the practice (sorted from most to least problematic)

Time Management: 2

Time Management (Dr. or Staff): 2

Staff: 2

Errors: 3

Insurance Problems: 3

Expenses: 4

Current Software: 4

Insurance: 3

Practice Management: 4

Revenues: 5

CONSIDERATIONS

One of the greatest values of certified EHR systems is catching and correcting errors. Have real-time drug-drug interactions, drug-allergy and dosing checks are a big part of this feature. With systems that have intelligent E&M coding, you can avoid under-coding a patient encounter. Drop down menus and templates also support error detection and correction.

FUNCTIONALITY

- If you have previously participated in the PQRI program, collection of the clinical quality measures will be streamlined by the new EHR.
- Be sure to ask to see demos of the error correction functionality mentioned above. Make sure that how those features work can be customized to your needs and preferences.
- The greatest benefits from EHR come when you are able to do the majority of your data capture at the actual point of care. Ask your prospective vendors to demonstrate the ease of use of their systems in that context.
- To be able to input at the point of care, the modality you chose for data capture (dictation, typing, writing) is critical. Ask your prospective vendors to allow you to actually try any modality you're considering. Remember that how the software menus and interfaces are designed will have a major impact on your ability to enter clinical data with ease. Too many required clicks to navigate within the application will make it very difficult to use at the point of care.

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CHAPTER FOUR

STEP ONE - EHR EVALUATION, PRACTICE CONCERNS

Existing concerns of the practice in terms of adopting an EHR (sorted from most to least problematic)

- Cost: 5
- Practice Disruption: 1
- Learning Curve: 3
- Vendor Stability: 4
- Staying Current to Hitech: 5
- Ok Service: 5
- Practice + Security: 2
- Wrong Decision: 5
- Staying in Business: 5

CONSIDERATIONS

There are three options to implement an EHR and also save costs. The first options is to work directly with a vendor that offers a hosted solution. The second option is to choose a third party technology provider who can offer you a hosted EHR solution as service. The third option is to work directly with your local hospital to see what types of discounts/partnerships they may offer for referring physicians.

There are also Regional Extension Centers whose mission is to help smaller practices with adoption and implementation. You can find a REC in your area by going to <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2>.

Practice disruption is a very common, and very real, concern. Your vendor should be able to detail their plan to minimize disruption and safeguard your cashflow during the transtion period. During evaluation of vendors, ensure each participant can detail the expected transition period and document examples of that timing from other practices of similar size. Ask each vendor you are considering for reference sites and direct staff you can contact to ask about their experiences.

FUNCTIONALITY

- Your vendor should have a number of training tools avialable (for example: web-based on demand, instructor lead - both online and onsite, collateral, etc.) as well as options for one-on-one training. Ask each vendor you are considering for referneces sites and direct staff you can contact to ask about their experiences.
- Do your homework. Publically traded companies must file a 10k report with the SEC annually. You can access these reports online. Look for vendors who have received multiple year certifications. Ask each vendor you are considering to provide you with referring sites of your practice size that they have been installed at for greater than six months.
- Only consider EHR vendors who have achieved 2011 certification. Talk to each vendor you're considering for their long term plans to maintain certification.
- For each vendor you are considering, ask them directly how customer service is built into the delivery and ongoing maintenance of their solution. As an alternative to working with an EHR vendor directly, look to a third party technology provider or managed serices provider. Ask each vendor you are considering for the number of de-installs or failed implementations and what they have learned from those situations.

SAMPLE REPORT



CHAPTER FIVE

STEP ONE

Number of Active Patients: 3000
Number of Charts: 6601
Annual Net Revenue: 700000
Contract: No
Hospital: No
In-House Labs?
Blood: 100/Week
Urinalysis: 10/Week
EKG: 50/Week
PAP: 5/Week
Other: 0/Week

STEP TWO

AETNA: 10 % Of All Claims
BCBS: 30 % Of All Claims
CIGNA: 10 % Of All Claims
MEDICARE: 35 % Of All Claims
SELF PAY: 10 % Of All Claims
UNITED HEALTHCARE: 5 % Of All Claims
OTHER: Humana / Tricare / Coventry
Collection Agency? Yes
FEE %: 20%
MD/DO #1: 20
PA/NP #1: 15

STEP THREE

Approximate Number of Diagnostic Codes: 5
Top Diagnostic Codes: 431.9, 282.4, 251.00, 902.0, v04.81, 530.81, 709.4, 715.9, 776.2, 715.1
Approximate Number of Procedure Codes: 75

Top Procedure Codes: 99215, 99813, 19003, 36415, 8247, 9300, 9921, 8103, 8784
Flex Days: No
Seasonal Flux: Yes
When: Spring
WHY: snowbirds follow up before leaving
% of Change: 10

STEP FOUR

Referrals - Outbound Categories
Category: Cardiology
Average/Week: 25
Category: Orthopedics
Average/Week: 25
Order Categories - Labs
Category: Blood
Average/Week: 100
Category: Pathology
Average/Week: 25
Order Categories - Physical Therapy
Average/Week: 5
Referrals - Inbound Categories
Category: Family practice
Average/Week: 2
Category: Family medicine
Average/Week: 2
Order Categories - Imaging
Category: X-ray
Average/Week: 20
Category: MRI
Average/Week: 30
Order Categories - Home Health
Average/Week: 4

CONSIDERATIONS

The volume of lab activity you reported for your practice indicates that having a robust lab interface between your EHR and your most frequently used labs will be an important consideration. Ask each vendor you're considering about the requirements and cost of their lab interface. Give special consideration to products whose lab interface is included at no additional charge.

Your practice accepts a number of different insurance plans. 2011 certified software frequently has streamlined, sophisticated claims process capability. If you have been using a third party billing service, you may find that you are now able to process your claims internally. Ask each vendor you're considering to demonstrate how claims are built within the software and the process for submission.

The total number of inbound/outbound referrals you reported indicates your practice will benefit from the ability to electronically transmit and receive patient data from disparate EHRs. You should speak to the EHR vendors your considering specifically about this need and ask them to detail their product development plans for interoperability over the next 18 months.

SAMPLE REPORT

FUNCTIONALITY

- The volume of lab activity you reported for your practice indicates that having a robust lab interface between your EHR and your most frequently used labs will be an important consideration.
- Ask each vendor you're considering about the requirements and cost of their lab interface. Give special consideration to products whose lab interface is included at no additional charge.
- The volume of imaging studies your practice orders per week indicates you would benefit from an EHR system that has the capacity to handle DICOM images and electronically transmit study orders directly to an imaging center.



Company	Product	Cost	PRACTICE SIZE							TRAINING MODALITIES				SUPPORT		CUSTOMIZATION			COMPUTER PLATFORM							
			Supports Specialty	Multi-Office Supported	Small	Medium	Large	Extra Large	Hosted	Web On Demand	Web Live	On-Site	24-Hour	Variable Levels	Remote In	Integrated Database	User	Vendor Paid	Point of Care	Dictation Capability	Device Integration	Order Entry	E&M Coding	PC	Mac	Linux
Allscripts	PeakPractice 5.5	\$\$\$	•	•	•					•		•	•	•			•		•	•	•	•	•	•	NC	•
Allscripts	Professional EHR 9.2	\$		•	•	•		•		•		•		•		•		•							**	•
Allscripts	MyWay EHR	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	NR	
Allscripts	Enterprise EHR	\$	•	•				•				•		•		•		•		•	•	•	•	•	**	
Aprima Medical Software	Aprima 2011	\$\$\$	•	•	•					•		•		•		•		•		•	•	•	•	•	***	
SuccessEHS	SuccessEHS 6.0	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	*	•
athenahealth	athenaClinicals 10.12	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	NR	
GE Healthcare	Centricity Advance 10.1	\$	•	•				•				•		•		•		•		•	•	•	•	•	NC	
GE Healthcare	Centricity EMR 9.5	\$\$\$	•	•	•			•		•		•		•		•		•		•	•	•	•	•	NR	
GE Healthcare	Centricity Practice Solution 9.5	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	**	•
eClinicalWorks	eClinicalWorks 8.0.48	\$\$	•	•	•			•		•		•		•		•		•		•	•	•	•	•	***	
eClinicalWorks	eClinicalWorks 9.0	\$	•	•				•		•		•		•		•		•		•	•	•	•	•	*	
Ingenix	CareTracker 7	\$\$\$	•	•	•			•		•		•		•		•		•		•	•	•	•	•	NC	
McKesson	Lytech MD 2011	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	NC	•
NextGen Healthcare	Ambulatory EHR 5.6 Service Pack 1	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	*	•
Pulse	2011 Pulse Complete EHR	\$	•	•				•				•		•		•		•		•	•	•	•	•	***	•
MedPlus, A Quest Diagnostics Company	Care360 2010.2	\$\$\$	•	•	•					•		•		•		•		•		•	•	•	•	•	NR	
Epic System Corporation	EpicCare Ambulatory-Core EMR 2010	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	**	
Epic System Corporation	EpicCare Ambulatory-Core EMR Spring 08	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	**	•
Epic System Corporation	EpicCare Ambulatory-Core EMR Summer 09	\$	•	•				•				•		•		•		•		•	•	•	•	•	***	•
McKesson	Medisoft Clinical v.17	\$\$\$	•	•	•					•		•		•		•		•		•	•	•	•	•	NC	
Cerner	PowerChart	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	NR	
Cerner	Cerner Healthe	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	***	•
Cerner	IQHealth	\$	•	•				•				•		•		•		•		•	•	•	•	•	*	•
Cerner	HealthSentry	\$\$\$	•	•	•					•		•		•		•		•		•	•	•	•	•	**	
Cerner	Cerner Health Record	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	NR	
Cerner	P2 Sentinel 2007.19.12	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	NR	•
Cerner	P2 Sentinel v.4.2.1	\$	•	•				•				•		•		•		•		•	•	•	•	•	***	
McKesson	Practice Partner 9.5	\$\$\$	•	•	•					•		•		•		•		•		•	•	•	•	•	NC	
Greenway Medical Technologies	PrimeSuite 2011	\$		•	•	•		•		•		•		•		•		•		•	•	•	•	•	*	
BizMatics	Prognosis Version 2.0	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	*	
Medical Informatics Engineering	WebChartEHR Version 5.1	\$	•	•				•				•		•		•		•		•	•	•	•	•	***	
eMDs	eMDs Solution Series	\$\$		•		•		•		•		•		•		•		•		•	•	•	•	•	**	

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