

Independent Practice Welcomes IMS Clinical Solutions to the Family

Practice profile

Practice name: Southside Family Physicians

Users: 15

Specialty: Family medicine

Time in Practice: Established in 1973

Location: Indianapolis, IN

Snap Shot: An independent family medicine practice looking for an affordable, sustainable EHR system that could grow and adapt along with them.

Challenge: Finding an integrated EHR and practice management system that fit the unique needs and budget of an independent family medicine practice.

Solution: After an extensive search, IMS from Meditab proved to be the right integrated system for Southside, and well-established IMS Partner, RANAC, ensured that the practice experienced a successful, timely implementation.

Results: The practice attested to and qualified for Meaningful Use in less than four months using IMS. Additionally, they experienced improved workflows, enhanced patient care delivery, and significant reductions in both salary and supply costs.

The Situation: Independent Practice Seeking Integrated Clinical Solution

Southside Family Physicians, established in 1973 is owned and operated by Dr. Kenneth Young, Dr. Brendan LeRoy and Dr. Brian Coppinger. The practice is one of only two independent practices on the entire south side of Indianapolis - not something to be taken lightly considering the current state of practice consolidation in the US. Today, it's far less likely for practices to be independently owned and operated. In fact, it is currently estimated that more than 80 percent of all U.S. physicians are contracted and employed by an insurance company or local hospital. That's not the case for Southside.

Working to stand on its own and differentiate itself from the crowd, the physicians at Southside don't have the corporate obligations of some other practices. They have the freedom to refer patients to whatever specialist

or hospital that they feel is best for each individual medical situation. They also have the freedom to evaluate and select the technology that works best for their practice rather than being told which system they have to use for EHR and practice management.

Two years ago, with new medical documentation regulations being introduced by the government and a practice that was continuing to grow at a rapid rate, it became clear that Southside needed to implement a more efficient and streamlined clinical automation system. The most important function to them was the ability to coordinate all of the systems in the office - from patient scheduling and sign-in to clinical visits and billing - all the while continuing to provide the personal, attentive service that their patients had grown to expect.

Benefits experienced:

- ✔ Rapid Meaningful Use attestation and compensation
- ✔ Decreased salary expenses by 18%
- ✔ Decreased medical supply costs by 13%
- ✔ Enhanced communications with a single electronic patient chart
- ✔ Increased flexibility and mobility
- ✔ More efficient workflows
- ✔ Improved patient services

New documentation requirements, combined with a massive chart volume that required offsite storage, meant the staff was dealing with an ever-increasing amount of paper. Additionally, since the practice was involved in reviewing documents pertaining to legal cases, they were often faced with nearly two-foot-high stacks of paperwork that made it difficult to sort through the clutter. The way their electronic billing system was configured also made it a tedious process to submit payments from paper charts.

While the team was actually satisfied with the paper system they had created, they knew it wouldn't be sustainable in the long haul, so they began looking for an integrated EHR and practice management solution to replace their manual processes. The practice's priority was to synchronize all systems, from front to back office, while ensuring they remained personal and attentive to each patient. According to Dr. Young, one of the practice owners, their initial research yielded 317 systems, but they quickly discovered that only 1 in 3 were qualified for family medicine. As an independent, physician-owned practice, cost was a particularly important factor to consider. Through their research, they found a very wide range of costs and fees for what seemed to be similar systems. For example, one system Southside came across was one-third the cost of others, but after speaking to several users, including the main local hospital, no one was satisfied with its usability. Alternatively, there were more expensive systems with advanced features, but the high cost made them impractical for Southside.

Finally, they narrowed down the options to the final five systems. They thoroughly researched each product and vendor, sat through demonstrations and had multiple phone calls before deciding which solution was right for their practice. They knew it had to: meet the clinical needs of the physicians; be a system that was implemented and supported by knowledgeable healthcare experts; and be a system that was easy to learn for the entire staff.

The Solution: A Sustainable, Flexible System

Ultimately, Southside selected IMS from RANAC because not only did the product meet their needs, but they also realized that Meditab (the software developer) was in it for the long haul with future functionality planned and additional enhancements in the pipeline. This was particularly important since the practice was looking for a system that could grow with them and adapt as their needs and the needs of the healthcare industry evolved. Additionally, IMS enabled all aspects of the office to work seamlessly together like a well-oiled machine.

Southside worked with IMS Partner RANAC to make the transition within a two-year timeframe, going live with their new system on June 21, 2011. Dr. Young stressed that they could not have accomplished their go-live goals without a clearly defined plan. To ensure as smooth a transition as possible, Southside broke down the implementation project into three phases - something Dr. Young suggests for anyone considering an EHR.

PHASE 1: Transferring all of their demographics data into the system. The support of the RANAC team throughout the entire process made the transition a successful one. Dr. Young reports that they transferred information almost seamlessly, saving the practice thousands of hours. “There was a lot of hand-holding along the way and RANAC provided us with phone numbers for emergency lines, non-emergency lines and even cell phones, so we always had a connection to them.” The office staff was comfortable with the RANAC support team and had no problem reaching out to them for assistance.

PHASE 2: Efficiently and accurately entering all chronic care patient data which also enabled them to begin tracking and measuring it for timely meaningful use reporting.

PHASE 3: Thoroughly educating the staff about how the software works for their specific roles allowing them to get used to the program through demonstrations and training sessions and encouraging them to play with it hands-on . . . Dr. Young stresses the importance of making sure the entire team is onboard with the system prior to implementation saying, “If you don’t believe in the system, you will constantly be frustrated.” Also, because there was a mix of EHR experience levels among the team, Dr. Young encouraged them to “get lost in the system in order to learn it, play with different screens and icons . . . get a feel for the way the whole thing works.” From the beginning, the entire team understood there would be a learning curve and staff members took it upon themselves to go home and practice, to ensure they were comfortable using IMS for their specified roles.

The Outcome: More Efficient Workflow & Superior Patient Services

After a year and a half of working with IMS, Southside Family Physicians has seen great improvements in efficiency, communication, and patient service. On their official date of transition, June 21, 2011, they started a two-year clock to get all records transferred over to IMS. Dr. Young says, “We do still have some paper charts with information that has not yet been scanned, but we find it easier to just build a whole new electronic chart, keeping

the paper chart as a back-up. If you want to use an EMR, you need to learn to think in that language . . . it really is a different language than writing with paper charts.”

While still working on customizing their templates, everyone from the front office staff to the physicians has seen an improved workflow and all agree that IMS is the right system for them. Nurses and other staff members work collaboratively to find the most efficient ways to handle tasks, identifying nuances, short cuts and different pathways to the same outcome. Since implementing the system, they have brought in three new employees and one new doctor.

Treating the whole family, from pediatrics to geriatrics, Dr. Young and the other physicians value the flexibility and mobility that IMS offers. In addition to their normal office hours, they can now schedule patients at any time from home and even during the weekend if necessary. They access schedules, answer e-reminders and even look up medicines in the system to e-prescribe when patients can’t remember themselves. Since family medicine is such an extensive specialty, they incorporate a little bit of everything into their practice and appreciate the fact that IMS offers templates for everything from immunizations to dermatology. Each doctor also has the ability to customize templates as much or as little as they like. For example, Dr. Young prefers the standard templates, while Dr. LeRoy likes to incorporate a lot of previous visit notes into his templates.

As a result of the implementation of IMS, Southside Family Physicians is now able to offer patients improved customer service, including same-day office visits for those who are sick, as opposed to a wait time of up to a week; e-prescriptions and e-reminders to keep patients on schedule; and the ability to address non-emergency questions without having to necessarily see the patient. The overall processes in the practice have become more seamless, with one coordinated system, within which all parties can communicate, from the time a patient checks in to when they check out. Because the doctors are provided with real-time feedback throughout the day, they can better manage their time and create a

more efficient patient flow, knowing which patients are active, what they have come in for and what procedures can be started ahead of time - for example setting up an EKG. With such a flexible system, Dr. Young points out that, "The front office can be entering information, nurses can get vitals loaded in the system and the physician can be coordinating a lab test, all at the same time, without an actual chart."

Dr. Young feels that the practice is already beyond the national trend of approximately 80-85 percent efficiency and that they will only continue to improve. Additionally, since installing IMS, they have been able to reduce staff by one medical assistant in the back office, as there is now less paperwork. This also means that financially, Southside has seen a decrease in salaries, their greatest expense, of approximately 18 percent from last year, as well as a 13 percent decrease in medical supply costs.

One of the greatest benefits Southside has experienced is their ability to have attested to and qualified for Meaningful Use (MU) within only four months of implementing IMS. This is no small feat. In fact, they received their MU compensation much faster than many organizations that need at least a year before they can even attest. Dr. Young attributes this success to the ability of built-in IMS functionality that enables the practice to easily conduct self-audits. "We can quickly figure out what information might be missing and where we need to catch up in order to stay on track." With a successful 2012 under their belt, they are onto their next challenge . . . planning to prepare for and apply for Stage 2 MU in January 2013.

"We could not have accomplished our go-live goals without a clearly defined plan."

Dr. Kenneth Young
Physician Owner / Operator



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