

Doing More with Less

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Agenda

- Personal background
- Why we went to EHR
- Where we are now
- How we got there
- Obstacles for the small practice
- Overcoming the Obstacles
- Discussion

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FMS Background

- 2 doctor clinic 2/01
- Moved to Millbrook/Centricity over summer 2003
- Had 4000 paper charts
- 6 staff including 2 nurses
- Added 3rd physician last month

My background

- 5th year of practice
- Received Executive MBA from UT Dallas in 5/03
- Almost no computer skills prior to starting practice in 2001
- 1 semester of high school typing

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Importance for Small Office to move to EHR

Improve the Quality of Healthcare

- Reduce medication errors
- Improve chronic disease management
- Improve preventive care
- Organization of the health record
- Remote access

Improve Office Efficiency and Customer Service

- No charts – everyone can be in the health record at the same time
- Improved patient satisfaction – faster and more accurate responses
- Improved employee satisfaction – better productivity
- Better physician lifestyle

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Cash Flow Critical to Small Office

Decrease Cost

- Decreased staff to physician ratio
- Decreased overtime
- Decreased supplies
- No transcription

Increase Revenue

- Better coding
- Better protocols and case management yields more services
- Patient perception yields new patients

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Where are We Now

- Implemented Logician over 5 weeks, Go Live August 14, 2003
- Added Docutrak, Digital camera and Lab interface upon install.
- Added EKG in February 2004
- Added CCC and upgraded to 5.6 in August 2004
- Added Biscom fax last week
- Planning to Add Kryptiq and imaging interface this year
- Planning to implement disease management programs this year
- Considering CCC speak this week

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Squeeze the Value out of the Technology

- Appointment/Demographic link from Millbrook
- Point of care entry by physicians on PCs in each exam room
- Protocols set for preventive care and disease management
- Forms include CCC, knowledge bank, and out of box
- Point of care entry of orders by physicians (i.e. Procedure link)
- Pt education often provided with printed handouts
- Triage calls, Rx refills, Medical records requests and Referrals done by staff
- EKG interfaces
- Lab interfaces
- Fax Rx to pharmacy at point of care or with refills
- Docutrak scans consultant notes and imaging studies
- Flags used for memos, reminders, etc by all staff

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Key to Success are the Same for all Sizes

Commitment to Change

Training and Implementation

Continuous Improvement

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Commitment to Change

- Communication
- Physicians must be on same page
- Involve staff
- Address Concerns
- Site Visit for Entire Staff

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Training and Implementation

- Do not skimp on training, staff will have various learning curves
- Involve all clinical staff
- Be detailed in your workflows
- Slow down your practice
- Customize as much as possible for your practice specificities

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Continuous Improvement

- Communication – meet often at first, at least monthly thereafter
- Involve all staff
- Reevaluate workflows at least biannually
- Always strive to do better

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Obstacles for the Small Office

Money

Lack of Resources/time

IT support

Continuous Training and Learning

Customization

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Money

Our solution

- Borrow
- Interest rates are very low
- Better ROI than any investment you could ever make

Invest 50K at 15% annual from equity investment

- No Brainer
- Doubles in 5 years
- 100K

Borrow 50K for EHR System

- Break even in less than 2 years
- Double in 3 year
- Quadruple in 5 years
- 200K

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Lack of Resources/Time

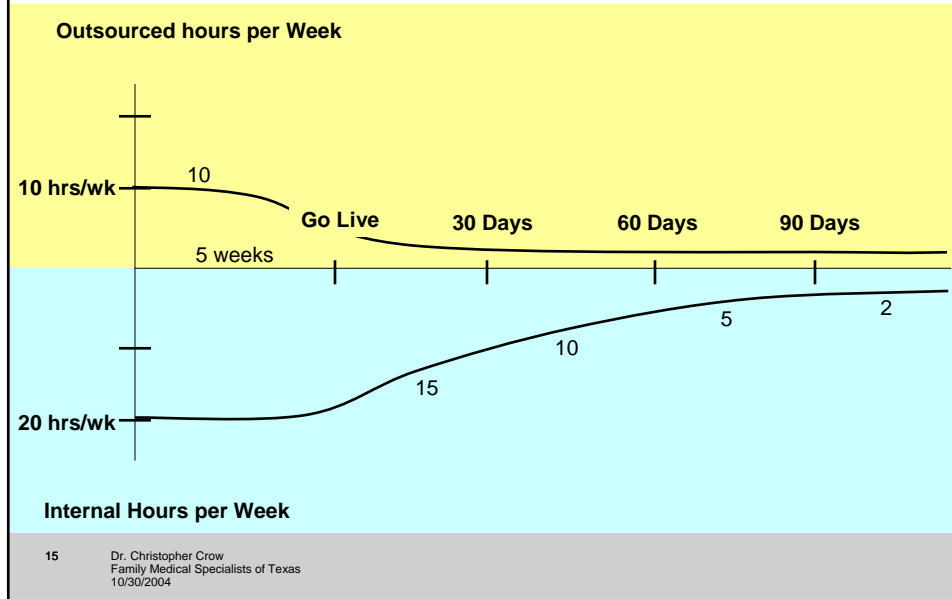
Our Solution

- Need to have a physician champion
- Time Commitment Upfront
 - Slow Down Practice
 - Heavy use on Nights and Weekends
 - Basic Setup
 - Clinical Content
 - Workflows
- Quick Start
- Continuously fine tune over time
- Communicate with all clinical providers and staff regularly

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Investment in Time as well as Money



No IT Support

Our Solution:

- Outsource to Practice Tech
 - Onsite 2 half days a month
 - VPN at any time
 - They provide network and hardware support and installation
 - Software “liaison” to GE and VAR
 - Teach us how to troubleshoot common issues
- Leverage our VAR - Final Support

Continuous Training and Learning

Our Solution:

- Physician champion and key clinical employees
- Be organized, set up a training program for your office
- Use VAR but realize they do not use your workflows
- CHUG
- User Summit

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Customization

Our Solution:

- Work around it through macros and typing
- Incremental modifications over time

Other possibilities:

- Have a provider interested in Encounter/Visual Form Editor (could be PA)
- Better sharing between practices
- Have a dedicated “customizer” for hire at VAR level

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Discussion

Other Obstacles

Other Solutions

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