

# Health Management Technology

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## Planning Makes Perfect



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# The Perfect Marriage

A small practice matches PM and EMR solutions for interoperable bliss.

Large and small healthcare organizations struggle to balance the cost of IT solutions with their responsibility to provide the best tools for their users. Often, the largest organizations with the biggest budgets have the power to get what they want, while the smaller ones are able to acquire only what they can afford. However, smaller physician practices can also accomplish a best-of-breed integrated solution with a determined, organized team and clear goals. For one practice, the IT team chose the best solution for their needs while being able to bring two vendors together for the benefit of all.

South Shore Urology Inc. (SSUI), an eight-physician, 50-employee practice located in South Weymouth, Mass., sees about 200 patients per day. Their physicians refer patients to South Shore Hospital, also in South Weymouth, and Quincy Medical Center in Quincy, Mass.

Although the practice had been using the PMS Gold legacy practice management (PM) solution, SSUI's senior management and IT experts realized that their DOS-based system had become inadequate. The software allowed one user at a time to access a patient's record, and reporting was cumbersome and limited. "I have physicians in my office every day looking for numbers who weren't getting the support they needed with the old system," says Sandy Swanson, SSUI's practice administrator.

In the spring of 2004, with the 2005 deadline for HIPAA compliance looming, SSUI began searching for a new

PM solution. The practice's IT team, including Swanson, IT consultant Kathy Aubin, and physician partner Luke O'Connell, M.D. who oversees the practice's IT initiatives, looked first to Warwick, R.I.-based GBA Health Network Systems, who had acquired PMS Gold in 1999. The vendor's longstanding track record for support, along with its newly launched browser-based PM system, MEDfx, was an appealing combination.

**"By keeping people in the loop during major change, you're automatically removing 50 percent of the fear factor."**

—Sandy Swanson,  
SSUI



After investigating solutions from other industry leaders with their goal of implementing an EMR as their immediate next step, the team selected MEDfx PM. According to Aubin, the product's integration with other software products and the ongoing customer support they knew they could expect from GBA were a huge factor in their decision. "We wanted to use MEDfx to its fullest capacity and utilize all of its features to take our practice to the EMR phase, so we went live with the solution in October of 2004," says Swanson.

## The Push for EMR

What had begun as a strong desire to implement an EMR after their MEDfx PM implementation soon became a deadline when the South Shore Hospital PHO offered to help underwrite any practice with an EMR contract signed by September 2006. Since SSUI had already invested significantly in their infrastructure, the pressure was on to find an EMR that would integrate with the new PM solution.

As Aubin began to look at several EMR solutions, she soon found that many of them were either too cumbersome to use or were beyond SSUI's price range. As the process of elimination continued, she turned to local peers for insight. According to Aubin, learning from other practices that had experience with various vendors helped put the decision-making process into perspective. "Among other things as an example, we learned that one vendor that we had been considering

### Sources

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| Sandy Swanson<br>Practice Administrator<br>South Shore Urology Inc.<br>South Weymouth, Mass. | Kathy Aubin<br>IT Consultant<br>South Shore Urology Inc.<br>South Weymouth, Mass. |
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### Products/Companies

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| Wellogix Consult<br>Wellogix<br>Cambridge, Mass.<br>www.wellogix.com | MEDfx<br>GBA Health Network<br>Systems<br>Warwick, R.I.<br>www.gbahn.com |
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had its EMR running in a practice for nearly one year with only one physician actually using it," she says.

The search took a turn in October 2005 when Aubin attended EHR University, an introduction to EHRs for participating practices sponsored by the Massachusetts eHealth Collaborative. At that event, she was invited to observe demonstrations at the New England Baptist Hospital PHO board of directors meetings, where active evaluations were in progress. She attended a presentation of the browser-based Wellogic Consult from Cambridge, Mass.-based Wellogic. "I knew that I wanted it when I saw it, because it was clean, simple and elegant. I envisioned our practice being able to use it easily," she says.

### A Vendor Partnership Takes Shape

The next step was to have the GBA team take a look "under the hood" of the Wellogic solution from a technical perspective. While a series of meetings between GBA and Wellogic showed a synergy existed between the two plat-

For more information on Wellogic solutions, [www.wellogic.com](http://www.wellogic.com)

For more information on GBA Health Network solutions, [www.gbahn.com](http://www.gbahn.com)

forms, Aubin still needed to consider proposals from other vendors as well. After a final round of deliberations and vendor demonstrations, the team, along with SSUI's board of directors, selected

Wellogic Consult. In addition to being willing to work with their existing IT partner, GBA, SSUI chose Wellogic because Consult could be implemented with all of their historical disparate data sources in place and could extrapolate data into the EMR as required.

This protected their investments in software and infrastructure and gave them the freedom to import data from hospital, laboratory and practice systems when it became practical. "We were not put under any pressure to throw anything away to get up and running on EMR," says Aubin. Over the 2005 holiday season and into 2006, the two companies collectively worked on a plan to turn the vision of an integrated SSUI solution and a long-term partnership into a reality.

After the contract was signed in June 2006, it was time to begin planning. Since the PM implementation had gone so smoothly a year and a half earlier, the IT team decided to model their plan for Consult after the MEDfx implementation. The IT team along with project team members from the PM and EMR providers held weekly meetings to coordinate details and delegate items on a task list.

Soon the project was moving forward with bi-weekly conference calls, structured agendas and task lists, and clear accountability for everyone. Additionally, Swanson implemented SSUI's "staff immersion" plan that included monthly staff meetings to report on the progress of the EMR implementation.

### Show Value Quickly

In consideration of essential documents for their go-live EMR, the IT team analyzed their charts and identified six crucial forms their physicians required to conduct a patient encounter. By November, these six forms were providing 90 percent of the functionality they needed, which immediately showed the physicians the value of the EMR.

It was important to SSUI, GBA and Wellogic to allow the physicians to reap the benefits of the EMR while avoiding disruptive changes to their daily workflow. Internal testing and advice from peers led to a decision to use tablet PCs as the hardware interface to the system. The practice selected a lightweight tablet that would allow physicians to write, as they had been accustomed to writing on paper.

Although challenges were few, Aubin recalls the difficulty in using the inking tool, which turned out to be an issue with the word processing software. The physicians would write their notes on the tablet to fill out a form, and sometimes the "ink" would either slide down to the bottom of the form, or disappear altogether. "Without that issue, it would have been a walk in the park," says Aubin.

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SSUI



### Knowledge is Key

For Swanson, barring the unforeseen issues, it was the preparation and detailed planning that helped the implementation run as smoothly as possible. Months earlier, she had begun to build trust throughout the practice and keep everyone informed about even the smallest details. She held 10-minute early morning "huddles," during which her staff would discuss what happened the previous day and what would be happening that day. "The huddles instilled a real team feeling and started the day with everyone fully informed," she says. "By keeping people in the loop during major change, you're automatically removing 50 percent of the fear factor."

Like the MEDfx implementation, staff members were also held accountable for practicing the use of Consult. The month before going live, they were tasked with looking up and documenting charts every day so that the technology would not be so intimidating once in place. Physicians were brought up to speed on the EMR one at a time in a carefully deliberated order. The process went slower than planned due to the earlier technical issue and staffing shortages.

The IT team eased physicians into use of the new system by single-booking their patients for the first three days rather than double-booking them as usual. Office hours

were increased on these days to accommodate the stretched appointments, while each physician was assigned two medical assistants (MA) during their go-live periods. This allowed one MA to assist the doctor with the next patient while the other could complete system tasks. A member of the IT team also was available at all times to provide immediate support. "The key was making everyone an integral part of the process, so that they knew things were moving forward with them, not in spite of them," says Swanson.

According to Swanson, paying close attention to personalities during the MEDfx implementation allowed her to see who would be eager and who would be reluctant during the Consult implementation. "I would counteract every negative I heard with a positive because a group 'can-do' attitude has a very calming effect," she says. Aubin also credits technology-savvy O'Connell for paving the way with the other physicians. "We could never have been as successful in such a short time frame without him," she says. "He made it easy for us to make decisions quickly."

### Seeing the Difference

Swanson sees the team leaning toward greater efficiency now that everyone has what they need at their fingertips. However, there is still work to be done, as document scanning for the new EMR continues. Paper charts are added on a present-time basis, meaning every time a patient comes in, his or her chart is scanned. "Since most patients visit us



at least once a year, we're hoping to have this done within that time," says Swanson.

The practice is seeing a difference with the physicians who have been live on the EMR since November, as they are starting to have repeat patients with charts already in the system. Physicians get their phone messages in Consult throughout the day, allowing them to return calls at anytime, rather than being greeted at the end of the day with a large stack of messages. Additionally, secretaries no longer have to leave their desks to search for charts.

With implementation and full use of the system on track, SSUI's IT team is eager to get started on e-prescribing as their next EMR functionality. While everyone agrees this will be a big step, the practice feels ready to move forward. Next, will come connectivity to local hospitals for sharing laboratory and radiology results and, as everyone believes, an even stronger and more efficient practice. **HMT**