

## EHR<sub>MICRO</sub>SCOPE- Under the Microscope Profile - April 07A.

Each month we will present one or more profiles of a medical group which has extensive experience with an EHR which is not working satisfactorily for the group. These profiles will discuss, in detail, their requirements.

This is the first such profile. It is a Hand and Plastic Surgery group in the Midwest. Their current system fails them, as indicated in the narrative below, and they are looking for a replacement.

To EHRScope: While the 300 questions on EMRConsultant.com were complete in terms of general requirements for our practices needs, they did not delve into specific issues concerning our practice in sufficient detail to address our exact needs for a functioning system. I will discuss those issues below, in the expectation that there is a system which will be able to satisfy our requirements.

To provide some initial background of our practice, we are a group of three physicians (looking to expand to four) that practices at several area hospitals and surgicenters. The practice employs a total of 21 additional individuals including office manager, front desk staff, workers' compensation case managers, occupational therapists, and billing/collectors. We have two office locations which are currently connected by point to point T1 lines and a main server for the offices. The needs of our practice are not complicated, but they are exact as I will describe below. While the information I will provide is not exhaustive of our needs, I feel that this will provide sufficient detail for any company to evaluate and determine if their system will meet our needs. While we would prefer a single program to meet our needs, we are open to considering separate EMR/Practice Management software programs if this promises to be a better option. Obviously these programs must function in a seamless manner if this is to be considered. I will try to break down the information into categories and attempt to group items together as best as possible.

1. General System Requirements:
  - a. The system must have the capability to allow unlimited users on the system at once, and provide that multiple users can access the same information and patient file concurrently.
  - b. The system must be able to be used by our two offices concurrently from a main server via the T1 line with all due speed. This has been a major issue with the current program in that it functions slowly via our T1 lines and severely hampers work at the remote site. This is a problem with the system and not due to our IT capabilities. We have an appropriate server, internet connectivity, and end terminal systems that can handle any database. Because of this problem we have had to abandon the use of several facets of the program and the time lost waiting for files to upload, etc. is of great consequence. Please note: we will not install terminal services to increase speed. Thus data in the EMR/PM system must be designed via thin client technology.
  - c. The company must be willing to work with us to customize solutions to specific issues if they arise. Excellent customer support is essential in this regard, but must come from the top down. The statement that it is coming in the next release version is not an option.
  - d. While an initial internet demonstration is fine to see if we are interested, the company must send a knowledgeable representative for a site visit and probably more than one time.
2. EHR (Physician Issues)
  - a. From the physician standpoint, the main purpose of the software is for billing and coding. The physicians must be able to chart ICD-9 and CPT codes along with appropriate modifiers that will automatically link to the billing software and link the ICD-9 to the CPT with the 1 and 2 without the need for a coder to provide these services. Thus all services which are provided under a certain ICD-9 code must be able to be entered separately from services provided under another separate ICD-9 code in the same office visit so that the linkage is maintained as the information flows to the billing software and is ultimately translated to the HCFA. All billing/coding in our office is done by the physicians for office visits, surgeries, x-ray, injections etc.. None of this falls to the staff. We do not want to hire someone for coding purposes. The software must allow for the ability to code the same procedure more than once as this often occurs for example in using 26418 (tendon repair) and must allow for some customization as we have special codes for supplies and facility fees (for example we have AMED, ASMALL, FF1, FF2, etc..)
  - b. We will use the EMR for charting follow-up visits, work status, occupational therapy, and prescription writing
  - c. We must have the ability to create a new patient file with a minimum of information so that the physicians can enter new patients and code for surgeries done off hours.



### ○ | MICROSCOPE

Here we will analyze, in detail, the needs of an experienced medical group.

### ○ | BILLING

Must be able to bill for the same procedure at different costs, depending upon the location of the office in which the procedure was performed.

- d. While the ability to template and record data is something that we like and was a reason for purchasing our current EMR, unfortunately what we've experienced is that if the system does not function quickly with uploading of data files, which has been a real source of difficulty with our current system to our second office, we have resorted to dictation. It's unfortunate because we spent a significant amount of time customizing the templates. We like to be able to dictate directly into the system. We currently dictate via voice recorder, upload the files to the computer and then send the data to India. The information is transcribed and then scanned into a document management file located within the patient chart, but not part of the visit. This is not ideal, and we would strongly prefer to have the dictation be an integral part of the office chart.
3. EHR/Practice Management (Staff Issues)
- a. In addition to the obvious issues which must be covered by the technology, we would like:
  - b. Internal e-mail program - must allow for sending chart information attachments with it. In the alternative, it must work with Microsoft Outlook within the EMR module. That is, we do not have to exit the program to perform internal communications. Furthermore, if a communication is started then that task can be minimized as with Microsoft, other tasks can be performed, and then the message finished. This is a major issue with current system, as once the email is started you must erase everything or finish before you can perform any other task in the system.
  - c. Must be able to see different physicians at different locations in the same screen without shifting between sites.
  - d. Must have a single log on for all modules.
  - e. Must have the ability to have several patients' information displayed concurrently via different Microsoft type "windows".
  - f. We need the EMR for case management. Our practice is involved in a large volume of workers' compensation cases. Having all patient data in one location so that we do not need to find charts is crucial. All data must be able to be stored and faxed or e-mailed directly to case managers, adjustors, employers etc., immediately. A major issue with our current system is that the fax and email server program only permits us to send information to one person at a time instead of batch faxing to multiple individuals by simply choosing from a list.
  - g. Despite the use of an EMR we cannot completely eliminate paper charts at this time for several reasons. First, is the problem that we've had with our current system with document scanning and its lack of a bar coding system to help speed the transfer of information directly to patient charts. Secondly, the state in which we practice requires actual signatures, not scanned signatures, in cases of legal matters when we need to proceed with attorney collections.
  - h. Customization of numerous contacts per patient is crucial as a worker's compensation file may have numerous contacts requiring information, and these may change. Many programs strictly limit the number of these contacts, and this does not work for us. If the system cannot do this out of the box, it needs to be provided for prior to installation, as this is an absolute feature that needs to be completed, as I mentioned earlier, to proceed with any system. "Work-Arounds" in this area are not acceptable.
  - i. We have Fluoriscan in the office. The ability to take images and move them directly to the chart would be nice. Currently we print pictures and store them in paper chart as we've had problems with our current system's scanning program to store images into the document manager program. The "upscan" is slow and the pictures are of not of adequate quality.
4. Billing/Collection
- a. Must be able to obtain totals for; charges, payments and adjustments on each patient account regardless of outstanding balance.
  - b. Billing must be able to close and balance each posted batch before being able to post another batch for that day.
  - c. Posting to any date as long as the batch has not been closed
  - d. Live posting ability
  - e. The ability to customize multiple fee schedules. For our usage, we do not contract with insurance providers so we are fee for service. However, we must have the ability to customize fee schedules. To give a concrete example; our state recently instituted fee schedules for workers' compensation with reimbursement dependent upon geographical zip code in which the service was provided. We currently practice with three "geo-zips" Therefore we know when a procedure is performed what the expected reimbursement and write-offs are. Furthermore, reimbursement can increase with the use of a 22 modifier and we need to be able to have the billing program be overridden in certain instances. Currently, we have found the need to create an excel spread sheet for this purpose because our current system will not do these functions for us.



#### ○ | WINDOWS

Must have the ability to maintain multiple windows open simultaneously, and be able to toggle between them, entering some data in each, but without closing them.

#### ○ | CONTACTS

Must be able to batch fax to multiple interested parties, as in Workers' Compensation cases.

- f. We must have the ability to update our charges and fee schedules with an across the board increase. For example a 5% fee increase which simply adjusts fees, write-offs etc. across the board. We cannot be required to do line item adjustments for each and every CPT procedure code.
- g. Split screen ability - that is on the left the patient chart has all visits and DOS listed and when you click the right screen it shows all the CPT codes.
- h. Scan EOB's to patient's file.
- i. Reports that shows payments and adjustments posted for any date, and who posted them.
- j. Hot keys and complete keyboard access instead of a combination of mouse and key board to complete a task.
- k. Ability to search for a patient by patient name, social security number, phone number, guarantor, date of birth, etc.
- l. Detailed audit trail. Vital function from the biller/collector point of view.
- m. As we deal with workers' compensation cases the system must be able to generate a date of injury that populates the claim automatically after it is initially loaded, and continues to do so for subsequent visits, but which can be manually over-ridden if necessary.
- n. Build relevant financial groups, file status, reason codes, etc. Order charges by charge amount.
- o. Bill for multiple locations from one location. For example, currently we cannot bill for Office A procedures if we are signed into a location that the computer recognizes as Office B. Otherwise charges that are billed from Office A show up on the HCFA with the billing address of Office B, and therefore this effects our reimbursement for workers' compensation as the wrong geo-zip is recognized by the carrier. Thus, we currently have to sign into 4 separate locations; Office A & B and Occupational Therapy A & B. to bill for each of these locations. We should be able to sign into the program, choose the location to bill for, and the information for that location should automatically populate the HCFA.
- p. If charges for a date of service (DOS) are multiple as often happens, so that more than one HCFA form is required, the total for that DOS should only appear at the end of the last HCFA. Currently, our program totals each page and therefore, charges are rejected as duplicate since there are totals on separate HCFA's for the same DOS.
- q. Ability to print HCFA forms for numerous DOS for a particular patient at a time. Currently, if we are appealing a claim and the patient has multiple visits we cannot choose which dates we want to print, but must run each date separately. This is very time consuming.
- r. Notes that are accessible to all users, but that are protected from being over-written or erased. This must have unlimited characters that are date and user stamped.
- s. Mail merge templates for collection letters and forms that pull vital information from the patient chart.
- t. Must have access to a system such as a data dictionary/crystal reports - so that we can sort by ICD-9, CPT, provider, payments, place of employment, place of service, adjustments, payor, etc...
- u. Accounts receivable to be sorted by age, dollar amount, payor financial class, provider.
- v. Patient must be able to be assigned multiple insurances depending upon circumstances. For instance sometimes a patient is initially treated as a workers' compensation patient and then subsequently seen as a private patient.
- w. Consistent Format-minimal screens to click through to access portions of the program directly.
- x. Comment area on statements that has enough space to accommodate a meaningful notice.



While this is not a complete list of issues, these are the major areas of concern to our practice in finding a working EHR system.

We are searching for the program which provides value at a reasonable cost.

Finally, we are aware that there may not be one program that will meet every one of our concerns. I cannot stress enough the point that any system we choose must be provided by a company that will work closely with us to resolve problems and issues prior to purchase and installation.

If you believe that you have a solution for this group, please contact [microscope@ehrscope.com](mailto:microscope@ehrscope.com) and reference MicroScope April 07A.