Best-Of-Breed Electronic Billing Service and SaaS EMR Software Eight Transition Challenges, and Integration Plan

by Yuval Lirov

The limited choice between mediocre full-scope products and excellent single-function systems has been expanding in step with increasing reliability of the Internet technology and standardization of systems interfaces.

"An integrated best-of-breed product helps patient care and clinical error reduction, financial performance, and regulatory compliance," says Boris Petrikovsky, MD, PhD, Chairman of Obstetrics/ Gynecology Department at Nassau University Medical Center and Professor of Obstetrics, Gynecology, and Reproductive Sciences at Stony Brook University School of Medicine.

Comprehensive integrated best-of-breed solutions combining modern EMR software and billing service can be utilized under the "pay-as-you-go" business model. Software-as-a-Service (SaaS) model allows physicians to confirm the benefits of technology solutions first and pay later. While such solutions deliver multiple risk management and operations control benefits, they also pose significant transition challenges.

Comprehensive integrated best-of-breed solutions combining modern EMR software and billing service can be utilized under the "pay-as-you-go" business model.

Integrated SaaS and Outsourced Service

Improved operations control, risk avoidance, and added revenue are the most significant benefits of integrated outsourced and SaaS solutions during both implementation and exploitation phases:

1. SaaS requires no large upfront investment in hardware, software licenses, or systems integration on the part of the user.

2. SaaS shifts the onus of systems management from the user to the SaaS vendor.

In business accounting terms, SaaS turns capital expense into operating expense, which translates into:

1. A better balance sheet.

2. Lower risk, especially during the period of rapid technology innovation on one hand and practice-building stages on the other hand.

The likelihood for implementation success is directly proportional to staff involvement.

Transition Challenges – People and Processes

Once you selected your outsourced solution vendor(s) for EMR and billing, you face a transition challenge. It involves people, processes, and technology, and requires solving eight problems, including communication, expectations management, fear of change, prioritization, leadership, tracking, scheduling, and training:

To avoid errors and conflicts in the future, leave nobody behind using the old workflow.

1. **Communicate, communicate, and communicate**. The likelihood for implementation success is directly proportional to staff involvement. Review current workflow, understand expected changes, and make sure everybody in the practice agrees with them, including practice manager, doctors, and office personnel. To avoid errors and conflicts in the future, leave nobody behind using the old workflow. Document specific:

   a) **Steps** required to schedule an appointment, register patient's arrival, determine outstanding balance, bring the patient to the exam room, find previous diagnostics, treatment and financial plans, gather vital signs, medication and allergy lists.
   b) **Tasks** required to get paid in full and in time. Include coding, claim submission, denial review, appeals, followup with payers and patients, secondary submissions, and review of accounts receivable.
   c) **Individuals** performing those tasks, locations, and task durations.

Return to Table of Contents

2. **Manage Expectations**. Laurence J. Peter observed in The Peter Principle: "If you don't know where you are going, you will probably end up somewhere else." Document specific changes in the new workflow. Identify specific steps in the new workflow that require fewer or less qualified resources. Quantify expected benefits in terms of saved resources, added revenue, and personnel savings. Schedule specific time lines for meeting specific financial benchmarks.

3. **Control the Fear of Change**. Do not force the new system on the old workflow. Had the old processes met new business requirements, you wouldn't be looking for better solutions. Carefully design the new workflow leveraging the new solutions together with workflow participants, including the practice manager and every doctor.

4. **Prioritize**. Do not try to implement an entirely new process including all new features at once. Soften the transition shock by using a gradual approach, minimizing the amount of changes but maintaining a steady and sufficiently frequent pace of such small changes to complete the transition on time. Avoid scheduling migration to a new system coincidental with the practice move to a new physical location.

5. **Lead**. Without a manager for entire transition process, members of the transition team will find other priorities and will not take responsibility for delivery. While technical background or prior familiarity with EMR are helpful, the following leadership skills and a commitment to accomplish results are critical for successful implementation:

   a) Communication
   b) Expectations management
   c) Consensus building and conflict resolution
   d) Delegation
   e) Attention to detail
   f) Verification of delivery

Quantify expected benefits in terms of saved resources, added revenue, and personnel savings.

6. **Track**. Schedule regular (weekly) implementation review meetings with practice manager to:

   a) Ascertain progress is made according to the plan or
   b) Modify the plan.

Had the old processes met new business requirements, you wouldn't be looking for better solutions.

7. **Schedule**. Without specific action items including specific owners and delivery dates, implementation will drag on and exceed allocated costs. Consider using a process tracking system, e.g., TrackLogix. Pay special attention to:

   a) Payer enrollments: Fill out required paperwork. Check for clerical errors.
   b) SOAP note customization: Review current notes. Consult every doctor in the practice when designing the new templates.
   c) Custom reporting: Address any unique practice needs.
   d) Legacy systems and data: Review interfaces. Contact vendors. Prioritize record upload.
   e) Testing: Design test plan for specific transition and integration items. Schedule dates.
   f) Going live: Find low-volume days to reduce damage from unexpected errors.
   g) Personnel training: Focus on the new process. Test newly acquired system skills.

Without specific action, items including specific owners and delivery dates, implementation will drag on and exceed allocated costs.

8. **Train Gradually**. Allocate enough time to train everybody on both the new processes and technology. Do not try to jam everything your system can do in a single training session. Expect multiple training sessions, adjusting to participants' learning pace. Ease in, use the "onion peel" approach, training personnel only the features required for the new processes and specific scheduled items on hand:

   a) Basic Scheduler and Superbill. Learn to schedule patient appointments, enter demographics for the new patient, and test patient eligibility and balance on line. Enter charges for patient visit.
   b) Workbench and Problem Tracking. Identify denied claims. Respond to billing operations requests for information, review denied claims, update claim data.

c) **EMR**. Update SOAP notes. Test drug interaction. Refer to other doctors and review referral reports.

d) **Basic Accountability Reports**. Track charges, payments, and billing quality (percent of A/R beyond 120 days). Generate a summary of accounts-receivable by payer or a breakdown of revenue by physician for a given month or cumulative to date. Review end-of-day report of patient visits, new patients, patient visit average, missed appointments, accounts receivable.

e) **Advanced EMR**. Modify SOAP note templates. Modify alert generation rules.

f) **Patient Relationship Management**. Create and track payment plans. Manage patient compliance.

g) **Advanced Reporting and Performance Analysis**. Track payment variations by CPT codes and payers. Identify the worst payer for the best revenue-producing CPT code. Analyze your audit risk exposure. Identify under-coded or over-coded claims.

Generate a summary of accounts-receivable by payer or a breakdown of revenue by physician for a given month or cumulative to date.

Yuval Lirov, PhD, author of "Mission Critical Systems Management" (Prentice Hall), inventor of patents in Artificial intelligence and Computer Security, and CEO of Vericle.net Billing Technologies and Services. Vericle® unites hundreds of billing services across the nation. Its electronic medical billing software tracks payer performance from a single point of control and shares compliance rules globally. Yuval invites you to register to the next webinar on audit risk at BillingPrecision.com.

Identify the worst payer for the best revenue-producing CPT code.