

Case Study

Installing MedcomSoft Record™ at Valdez Family Clinic: Increasing revenue, improving the quality of patient care and enhancing the quality of life

Dr. Alicia V. Valdez faced a problem: “It’s important to me to stay in practice in South San Antonio, but it is hard to make a living here these days, especially in primary care.” Serving a largely Medicare and Medicaid patient population, and feeling the pressure of declining reimbursements, she looked to technology tools to make a critical difference. “We are all aware that a good electronic medical record (EMR) can improve the quality of patient care, but I wanted one that would help me both as a physician and a business owner.” Three of her primary *business* motivations for implementing an EMR were to more accurately capture charges for services performed, to bring the billing process in house — without adding staff, and to control overtime. “I wanted to trim overtime by not scheduling patient visits on Fridays,” Dr. Valdez explains. “At the same time, I did not want a drop in patient volume.” The EMR she chose would have to help her achieve all these goals and, in so doing, help her spend less time at the clinic, charting after hours.

In September of 2006, Dr. Valdez installed MedcomSoft Record, an EMR-based clinical automation suite. Six months after implementation, Dr. Valdez was pleased with her decision: “We are providing excellent quality care, and I’m seeing more patients than ever. Per-patient billing is up 25 percent, and we have much better control over accounts receivable. What’s more, staff overtime has dropped off, and most days I am home by 6:00 PM. It is safe to say that I am 100% satisfied with MedcomSoft Record.”

**MedcomSoft
Record, including
hardware and
training, paid for
itself twice in the first
six months.**

Valdez Family Clinic: An Important Community Resource

From a pure business perspective, South San Antonio, Texas, is probably not an ideal location for opening a family practice. It is not a wealthy community, and much of the population is under-employed and under-insured. This fact did not deter Dr. Valdez: “Many of the primary care physicians I know practice for the love of medicine first, not just for money.” When she left residency to establish her clinic, she never considered another location. Regardless of the economic pressures, “This is my community – I knew I wanted to open a practice here directly from residency,” Valdez says.

A 1997 graduate of the University of Illinois College of Medicine, Dr. Valdez’s pathway to becoming a physician was atypical. “I got a late start,” she says. “Medicine is my third career. I have degrees in chemistry, and after I raised children, I spent many years running research labs in a variety of settings.”

Dr. Valdez was a single mom at the time she and another physician opened their practice. “But,” she says, “the bank had faith in us and loaned us the money. Within 6 months we were meeting the overhead. We weren’t getting paid, but the staff was. After a year the practice became solid enough that we started paying ourselves.”

The practice grew steadily — but as a business owner, Dr. Valdez was not satisfied. “We were always busy — busier than we should have been for the patient volume we saw. I knew that we could improve efficiency in all areas of the practice, business and clinical. From the beginning, I wanted to implement an EMR.” Dr. Valdez had used EMRs both in medical school and in residency, but when the practice opened in 2001, EMRs for the small practice environment had not evolved to the level of functionality she wanted. There were other challenges as well. “In a partnership, both parties have to want the EMR in order for the practice to be successful. It’s a significant investment in the business.” By early 2006, Dr. Valdez’s partner had left the practice, preferring the work-life benefits employment offered. “There was some uncertainty as to the impact her leaving would have. Some of the staff worried if the practice would be able to stay afloat. However, the revenue numbers were encouraging, and risk is part of business.” Dr. Valdez reorganized as a solo practice and reopened as the Valdez Family Clinic. Now the sole decision maker, she announced to the staff that the Valdez Family Clinic would be paperless. “The staff was overjoyed — no one really likes working with paper records. Also, the timing was perfect. We’d opened in 2001, so by 2006 the computers and the network were outdated and needed to be replaced.” She asked the staff to be patient with her. Instead of buying hardware, then making it work with the EMR, she chose to investigate the EMR first, and then build her system around it. “I promised my staff that if they were patient and would put up with some of the problems created by our old technology, that we would get the Cadillac of EMRs. That is what we all feel that we have in MedcomSoft Record.”

Dr. Valdez attended medical school from ‘93 to ‘97. “The hospitals in Chicago all had EMRs, and the university hospital had their own when I was in residency, so I had been exposed to EMRs. Compared to Record, they seem archaic.” In 2006, Dr. Valdez researched the market to learn “what was available for ambulatory care in general, and what was going to work in my practice specifically,” as she puts it. “I started at the American Academy of Family Practice website and contacted several of the vendors reviewed there. The more I looked, the clearer the picture became in my mind of what my ideal EMR would be.”

“The business of medicine is all about billing and coding . . .”

Billing was the area Dr. Valdez looked to for immediate improvement in revenue. “For the past few years, we’d used a billing company to submit our claims. If you look at their business model, it does not take long to see that they make the bulk of their money in the first billing. They have very little incentive for aggressively working accounts receivable or denied and rejected claims. However, for a small business, a small practice like mine, those accounts receivable add up to a good deal of money. In addition, I never had truly up-to-date financial information. So I wanted to bring billing back in house.” Of course, the traditional challenge with in-house billing is finding an employee who can code and bill properly, and get clean claims out quickly. “One of the reasons I chose Record is because it is an integrated system. The EMR and practice management work very well together, and from a business perspective, I wanted a billing system that would be as automated as possible. The business of medicine is all about billing and coding. It is very difficult to find and hard to afford hospital-level coders. If we were going to bring billing in house, we needed a system that makes it easy to post, easy to code, easy to bill, and easy to transmit. MedcomSoft Record afforded us all of that, as well as an up-to-the-minute reporting of income and cash flow.”

Dr. Valdez’s EMR also had to support her in delivering excellent patient care. “Simply knowing that every patient chart is complete helps me be a better doctor,” she says. Valdez Family Clinic experienced the range of problems inherent in a paper-based office. Associating lab results with the appropriate paper charts is a good illustration. As her practice grew and the pace of work increased, labs occasionally fell through the cracks. In some cases, the results would not come back, or the patients themselves would not comply, or results would be misfiled, never to be seen by Dr. Valdez. “From a patient care and a liability perspective, that was unacceptable.”

Further, Dr. Valdez wanted a system that would alert her to the needs of particular patients prior to the exam. Her EMR would have to help her, “ensure that the Hemoglobin A1Cs for my diabetics were being done on time, that the lipids were being monitored, the mammograms were being ordered, the Pap smears were being done, the colonoscopies were on the record, etcetera.”

Finally, from a clinical workflow perspective, Dr. Valdez’s goal was to capture complete medical information in real time, at the point of care. “From a personal standpoint I wanted to see at least the same number of patients I had been, but do it more efficiently, without chasing lost charts. Also, I wanted to be able to finish my charts within an hour of being done with clinic. I was staying here some evenings until 10:00 PM finishing paper charts — that was starting to get old, especially when my lawyer husband is home by 5:30.”

The Selection Process: Finding MedcomSoft Record

Her high-level criteria established, Dr. Valdez attended an EMR show in March 2006 to see several systems on her short list. “Many vendors were going to be there, and several talks were being given on how to select an EMR. I took the entire staff.” She asked them to go to all the talks, listen to what all the vendors had to say, visit the displays, and “to look at these vendors for what is specific to you. Don’t think about whether this is easy for Dr. Valdez, but if it will be easy for you to use.” This process, of placing the needs of her staff on the same level of importance as her own, went very far in creating a culture of support for the transition to an EMR-based practice.

“I asked each person to make a list of their top three. MedcomSoft Record was on every list. I knew my staff wanted Record because at various times during the show, different employees would come up to me and say so. By the end of the day, everyone else had left the exhibit hall, but my entire staff and I were crowded around the MedcomSoft display, where the representative gave us a very thorough demonstration. It was an impressive demo, so we invited him to visit the clinic and give us a sense of what it would be like to actually use the software in our setting. Needless to say, we liked what we saw.”

MedcomSoft Record is a comprehensive, EMR-based software solution that enables providers to automate nearly every task associated with managing their practices and patients. Unlike systems that achieve integration by interfacing discrete practice management, order entry, EMR and so forth, Record runs all its functions from a single database. The result is a single application with a consistent look and feel across the entire suite, minimizing the learning curve.

Record is embedded with Medcin, a numerically codified medical nomenclature. Developed over nearly three decades by physicians at the Mayo Clinic, Johns Hopkins, Harvard and other institutions, Medcin is composed of over 250,000 medically relevant concepts, reflecting a broad sweep of specialties. Using this nomenclature, MedcomSoft Record produces fully structured and numerically codified patient charts that enable the aggregation, analysis, and extensive mining of all clinical and practice management data related to a disease, a patient or a population. Now, healthcare providers can effectively track the progression of a condition or disease, and easily exchange detailed patient clinical information to ensure appropriate continuity of care. The result is the world's first truly interoperable EMR and intelligent disease management system.

The Medcin nomenclature as integrated by MedcomSoft also allows for truly integrated clinical decision support tools, including intelligent prompting and differential diagnosis, drug interactions, health maintenance alerts, medical necessity compliance checking, drug formulary checking and more.

MedcomSoft Record is a single tool for:

- **EMR**
- **Practice Management**
- **Computerized Order Entry (CPOE)**
- **Document and Image Management**
- **Disease Management & Health Maintenance**
- **Referrals and Authorizations**

A Successful Implementation

“Some of my colleagues invested in an EMR and the hardware, but their offices did not adapt to it. Now the EMR goes unused. We were not concerned about the impact of implementation on the culture, because everyone — literally everyone - in the organization was involved in the selection process. No one was worried that it would not go well. We all saw the future: Once in place, Record would make everyone’s job easier.” The attitude of the entire clinic was positive, if not impatient, for the implementation to take place. In the months preceding implementation, Dr. Valdez says she would, “overhear things like: ‘This will be so much better once we get the EMR,’ or ‘We won’t have this problem once we have MedcomSoft.’ We all knew it would take time to adjust, but we were all looking forward to it.”

Much of the initial training was done online. The classes started three weeks prior to trainers arriving on site, and were organized by functional areas, so only those users expected to perform a specific process were trained in that process. Prior to each session, the staff downloaded and read the relevant portions of MedcomSoft Record’s user manual as pre-work.

“The web-based training was particularly effective because the remote trainer used what would be our software,” says Dr. Valdez. Although hosted remotely, the clinic staff used their own workstations, maneuvering and clicking through the screens they would see, using their passwords and IDs to log in and log out, and creating the protocols, pick lists, and forms they would use in the course of their work after implementation. A high degree of system customization was a by-product of training. “I appreciated web-based training. I could see patients in the morning, then take a 2-hour break to sit in my own office for training, and then go right back to seeing patients for another few hours.”

Trainers arrived on a Saturday, giving the clinic two days of preparation prior to seeing the first patient. At no time during the web-based or on-site training was it necessary to close the office, or for Dr. Valdez or any of her staff to leave.

Go-live was set for Monday, September 25, 2006. MedcomSoft’s training protocol was to schedule one patient per hour on the first day of go-live, and increase the patient load as the week of training proceeded. “The week of on-site training was not as hectic as I’d thought it was going to be,” says Dr. Valdez.

“We tested the protocols we’d developed in the real world. The staff were entering vitals, and we were going through our protocols — entering current conditions, medications, immunizations, allergies, any new information. We did physicals, ordering labs, the diagnostic testing, just going down the list of everything we do during a routine encounter to ensure all of the bugs were worked out of our forms.” If any problems arose, the trainers fixed them on the spot, and “usually, by the next patient, that form was ready to go.”

At the time of implementation, we considered 65 patients a day full capacity. We went live with MedcomSoft Record on September 25, 2006. We hit 67 patient visits on October 16, 2006, two months sooner than I’d anticipated.

The Results: Rapid and Unexpected Returns on the Investment

Dr. Valdez’s research had prepared her for the idea of decreasing patient volume while she and the staff became comfortable with an EMR. “I’d read that the average was about 3 months before a clinic is back to full capacity, which in our case was about 65 patients a day. We went live on September 25, 2006. We hit 67 patients on October 16, two months sooner than I’d expected.”

A quick return to pre-implementation patient levels was not the only pleasant surprise for Dr. Valdez. The improvement in charge capture was staggering. Dr. Valdez says, “Installing MedcomSoft Record, including hardware and training, paid for itself twice in the first six months.” In the six months prior to implementation, the clinic saw 4228 patients, with an average charge of \$84.67 per visit. In the six months after implementation, the clinic saw 4156 patients, and averaged \$106.60 per visit — an

improvement of over 25 percent. “We expect an increase in revenue of over \$200,000 in the first year,” she says.

Dr. Valdez explains how this is possible: “Because MedcomSoft Record uses codified data, each item I chart during an encounter is automatically converted to the relevant billing codes, so nothing gets missed. At the end of the exam, I hit two buttons, called ‘E&M’ and ‘OK,’ and the chart is done. Before, my poor coders had to read the entire note and count for bullet points: Did I chart a review of systems; if so, how many systems? Did I chart the history? If I had neglected to write down that I reviewed the history, the coders could not count it as billable, even though they knew full well I’d done an HPI.” Now, the protocols themselves help Dr. Valdez catch what is actually done in a clinical encounter. “Doctors do so much automatically — we greet the patient and start asking questions right away, but we don’t always write everything down. If a question is on the protocol I’m using, it reminds me to document the answer.”

Valdez Family Clinic now does all of its billing in-house, completely electronically. This saves the cost of a third party biller. Further, the clinic no longer schedules patients on Fridays. “I’m glad about that,” Dr. Valdez says. “It gives the staff a nice long weekend. They get their 40-hours in Monday through Thursday, and our patient volume is right where we want it.”

“MedcomSoft Record has given me the flexibility to practice medicine the way I want to,” says Dr. Valdez. “Now I can devote my time to patients. If I have 15 minutes, I can spend 13 minutes with them and two on the note, rather than five with them and 10 with the note.” Using MedcomSoft Record, her charting is finished — labs and referrals are ordered, prescriptions are emailed, and the encounter is coded and ready for billing — before she leaves the patient.

As a result, Dr. Valdez is indeed home in the evenings — sometimes before her husband, a fact that continues to amaze and delight her family. The effect on her personal life has been more dramatic than she had anticipated. “I knew MedcomSoft Record was going to make my life easier, but I did not realize how much easier. The time I put into the clinic has changed drastically. I am home much sooner in the evenings, and I spend much less time there on the weekends. I’m getting to know my grandkids instead of charting.”

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Looking to the future

What does the future hold for Dr. Valdez? Now that revenues have been improved to such a degree, she is planning to add another physician, bringing still more resources to her medically underserved community. As her practice grows, MedcomSoft Record will grow with it. “Record has a great deal of adaptability,” she says. “All the upgrades have been fantastic. Because the system is essentially all encompassing, it’s taken worry out of my life. I don’t have to be concerned whether my billing software or e-pharmacy is going to merge, be sold, or go out of business—leaving us unable to upgrade. With Record, I have none of those problems. It grows as I grow.”

About MedcomSoft Inc.

MedcomSoft® is an innovative developer of software solutions that are changing the way the healthcare industry captures, manages and exchanges patient information. Through its powerful and flexible suite of products, MedcomSoft provides important tools that enable healthcare professionals to fully automate their practices and to efficiently connect to their pharmacies, laboratories, medical suppliers and insurance providers. www.medcomsoft.com