



Empowering Healthcare™

Installing MedcomSoft Record™: A Deeper Kind of Due Diligence

Why a Physician Turned IT Consultant Switched His Practice to Record

“In the old days of private practice, you did the service, sent the bill, and got paid. Now there are insurance headaches — more red tape than most people could imagine — uninsured people who cannot pay bills, HIPAA, and the list goes on,” says Dr. Tim Zelko, an OB-GYN in private practice in Kenosha, Wisconsin. “All of those headaches are barriers to good doctors who want to be in private practice.”

Dr. Zelko speaks from experience. He started practicing in 1985 and has been board certified by the American College of Obstetrics and Gynecology since 1987. Even as a young doctor, Zelko was attracted to the possibility of venturing in to private practice. “I’d looked at private practice from the beginning, but the traditional route we went in 1985 was to spend a weekend attending AMA classes on starting your own practice. So, that was my business education as a resident. When people say doctors aren’t good businessmen, that might be why.”

Dr. Zelko learned a great deal about the business of medicine from his first stint as an

independent physician in 1991. “My chief takeaway was the understanding that for small practices to lower overhead, to be more efficient and more profitable, and to get better documentation at the point of care, they would have to adopt an information technology (IT) platform into their practice. To be truly competitive, they needed to have a strong IT

solution on both the EMR and on the practice management side. That was my ‘a-ha!’ experience. But until MedcomSoft Record™, that solution was very difficult to find. There is a lot of hype out there, but not a lot of results.”

Dr. Zelko’s own path to private practice was a long one. Out of residency at St. Joe’s in Milwaukee, he chose to join a multi-specialty group

(MSG) of 26 physicians. After just a few years, Zelko found himself dissatisfied with his experience there. The “business” of the MSG was driven by only a few physicians, and “you either went with the flow, stayed quiet, or complained, but you had no choice as to how your practice developed.”

As a business-oriented physician, Dr. Zelko wanted more control over his practice setting,

The coming years are going to see a weed-out of EMR and practice management solution vendors. Only the strong organizations and the good products will survive. I believe MedcomSoft and Record will be among them.

-- Dr Tim Zelko, OB-GYN

staff, and overhead. He opened his own practice in 1991— a poor time to make such a move in Milwaukee. “That’s when the HMOs were rolling into town.” Independent physicians in the area were seeing significant revenue declines, while larger MSGs were reaping the benefits of contracting directly with the HMOs.

Regardless of Dr. Zelko’s inclinations, a variety of personal and professional opportunities lured him away from private practice after just three years. But the time he’d spent in private practice had had a profound impact on his outlook: “I became convinced that independent physicians could level the playing field through the efficiencies gained by adopting information technologies.”

“My heart was never far from private practice, even while working as an employed physician.” Dr. Zelko began laying the foundation for a return to private practice almost from the moment he left it. Knowing now that a paper-based system guaranteed inefficiency and

unnecessary overhead, he started researching EMRs and practice management products as well as his colleagues’ attitudes toward IT in general. “We are still 10-15 years behind the banking industry; there is very little adoption of IT by doctors even though it is available to them.”

His research led him to an unexpected conclusion: “I thought, there might be a business model here. I could bring IT solutions to other physicians. I would need them if I

were going back into practice, so other doctors would as well. Why not learn more about the software market and define what an ideal system would look like for physicians? Instead of going back into private practice, why not start a consultancy?”

Dr. Zelko’s criteria for selecting an EMR

- **Must allow patient charting in less time than using paper**
- **User interface must be intuitive and uncluttered with no pull-down menus thus minimizing training time and simplifying system operation**
- **Must have option for using a touch screen, instead of a key board**
- **System cannot rely on voice recognition software**
- **Screens presented must be customizable for each physician user, so the right information, options and tools are always available**
- **System must not force physicians to significantly change the way they practice medicine, but allow a quick transition to a paperless documentation process**
- **Implementation must cause the minimum office disruption, allowing a rapid return to a full patient schedule**

The company Dr. Zelko formed was called Physician-Owned IT Solutions, or POITS, and it focused on minimizing the complexity associated with the choice, implementation, and maintenance of IT systems in an independent physician’s office. “I wanted physicians to be in private practice rather than being employed and residents to consider private practice as a viable choice for their future. I wanted both to offer their patients the highest quality medical care available.”

It required three years of research for Dr. Zelko to choose IT products to represent. “I’m not an IT guy. I’m a doctor. But I’d done what few people have

the time or inclination to do: All the footwork necessary to launch POITS. On my Wednesdays off, I would fly all over the country. I would go to HIMSS (Healthcare Information and Management Systems Society) and to TEPR (Toward an Electronic Patient Record), which are huge medical information technology trade shows. I would visit EMR companies. I was literally traveling all over the country researching the best EMRs and practice management software available.”

“There were so many EMRs to choose from, it was mind boggling. I’d go to HIMSS, for instance, and there would be football fields of different vendors. Vendors would deliver very slick, scripted demos to impress the visitor, or show interesting, colorful, and eye-catching screen shots or fancy peripheral products. Mostly this was only fluff and offered very little substance.”

Dr. Zelko worked with a variety of industry analysts and other experts to narrow down the field, eventually choosing two of the more widely adopted EMR and practice management products. Dr. Zelko became a Value-Added Reseller (VAR) for both companies.

Yes, it’s good to send out bills, and it’s good to have cash flow for any business to survive, but what doctors do is see patients. Doctors document, diagnose, and treat. They do not bill or schedule.

-- Dr Tim Zelko, OB-GYN

The EMR tool Dr. Zelko chose had a “two-weeks-to-paperless” claim. “That might have been true with earlier versions of the product,” says Zelko, “but it took one client of mine nine months to make the transition, and all that time he was living in two worlds, paper and electronic. The tools I chose, mind you, were best-of-breed—not anything obscure.” Early adopting physicians had chosen these two products to marry — both products’ primary interfaces were with each other— so the market was speaking to Zelko as well. An interface kit was in place to help ensure seamless data transfer. “In my experience, however,” Dr. Zelko says, “that never happened. It was never seamless, especially when you were interfacing software packages from different vendors.”

Dr. Zelko launched POITS in February of 2002 and made his first sale three months later. The install was in June. “My second sale came in June, and that install was in August in Milwaukee. That’s where the thing started to go bad. One of the software companies assured me at their national user meeting that the new version of the software was stable and ready to

be released. Installation of the new version turned out to be a terrible mistake.”

The physician in Milwaukee was a very computer literate doctor, his previous partner had actually written a software program 15 years earlier, and he was still using it in his practice. Zelko recalls, “The install went in, and we were far from being paperless in two

weeks. It was the first week of August that we rolled out the install, and only by late spring, in March-April of the following year, could we call it stable. You would enter data, go back to look at the note and it was gone. The software would allow for contradictory data to exist. They were very frustrated, as you can imagine.”

POITS offered its clients a 90-day guarantee as a selling point. “I was at his practice essentially every day for three months straight. I went to him several times and said ‘Before your 90 days are up, I want you to junk this install. I’ll give you all your money back.’ He said no. In December I gave him the same offer. I felt awful for him. The struggle was so hard.”

The experience affected Dr. Zelko profoundly. “After that, I told my client that I had to disassociate myself from the product. The manufacturer would handle him directly. I couldn’t be part of it anymore. It was very difficult to see the horrible impact it had on him, the stress it was causing. Also, I simply could not afford to be on-site at his install all of my working hours.” Dr. Zelko had decided he would make no more sales because of the product’s poor quality.

Dr. Zelko had not abandoned his mission to help physicians in private practice, but he decided a deeper kind of research was necessary before he could consider reentering the marketplace as a consultant. “I would go back in to private practice first, and let my practice be the guinea pig, instead of my clients. I’d define IT solutions for myself, then

in time, I'd roll out my ideas. I would have to be sure the solutions would work now and for the future."

Back in a general OB-GYN practice, "I certainly was not going to install what I'd been selling. I selected another product, which was an early, well-established EMR. It was easy enough for my staff to use, but it did not fit my wish list of criteria, especially in terms of the interoperability of data. I looked at many different practice management tools to interface with my EMR, but I was not satisfied with any of the offerings. I was convinced that you needed a suite of products that talked to each other."

What is Medcin®?

Medcin® is a hierarchical medical terminology designed to facilitate the capture of medical data, in a codified format, at the point of care. Developed over two decades in collaboration with doctors from Johns Hopkins, Cornell, Harvard, and other major medical centers, Medcin enables the rapid entry, retrieval, and correlation of relevant clinical information. Each of Medcin's 270,000 plus clinically significant terms are linked to terms with which they are clinically related, composing a comprehensive web of more than 70 million SOAP links.

Dr. Zelko had heard of MedcomSoft back in 2000, "but at that point I was not any more impressed than I was with any other vendor. About a year after I returned to practice, I moved into a new building. The building's owner knew my passion for IT and had some familiarity with MedcomSoft, so he recommended I take a second look at them."

In Dr. Zelko's opinion, one of the main differentiators between MedcomSoft Record and "every other player out there" is that other software suites evolve from accounting and billing software, and then an EMR is set up to recognize, rather than communicate with, the practice management system. "They run on different databases, even when the software is produced by the same company. When you have to set up an interface between databases, it's never seamless. That's just not a true claim in my experience."

MedcomSoft has made the critical leap in Dr. Zelko's view. "MedcomSoft got it right. They built a very strong EMR, and then built practice management around that. It all runs on one database. Communication between the two products cannot break down. But more

important is the shift in perspective. Patient care, not billing, is at the heart of a practice, and documentation of these events is the focal point. Efficient data capture at the point of care is the function of a good EMR. Yes, it's good to send out bills, and it's good to have cash flow for any business to survive, but what doctors do is see patients. Doctors document, diagnose, and treat. They do not bill or schedule. So I caution practices to not follow history and choose an IT solution based on the recommendations of the practice manager who likes a certain screen shot

when doing the claims. Choose a system based on what you do day in and day out, patient care. Choose a system that helps you efficiently document, manage and communicate this data. Choose a system that is EMR-centric."

Perhaps the most impressive aspect of MedcomSoft's product, according to Dr. Zelko, is that "Record delivers on being a true point-of-care EMR." It accomplishes this by the intelligent use of Medcin®, the most robust medical terminology available. Medcin contains over 270,000 clinically significant terms interrelated into a web of 72 million links. Zelko continues: "To my knowledge, there are only two EMRs who can claim to make Medcin available strictly for the small group practice. One is MedcomSoft, which is a very usable EMR that enables true point of care documentation. The other one I saw at a conference, and I was confused from the first

minute of the presentation. I could not follow the doctor doing the presentation. I did not know where to look. To me MedcomSoft is the clear leader.”

During the several months after he returned to private practice, Dr. Zelko got calls from other doctors who wanted advice: “My inclination was to recommend MedcomSoft Record, but I did not want another colleague to get burned. What if someone bought on my recommendation, installed before I did, and the same thing happened as had in Milwaukee? I could not let that happen. I could not ruin another doctor’s practice. I had to make sure that Record was the product, and I had to see it work in my practice.”

Dr. Zelko installed Record in his practice in December 2004. “The customary training schedule for an IT implementation is practice management first, no matter if you have a suite or two different vendors, then EMR. So first you train 5-10 days on the practice management product, then you go live and use it for two-three months. You make sure all is working well, and you are billing properly before you bring in the EMR product. Once you bring in the EMR, you’re looking at another 5-10 days of training, and typically three-nine months to fully understand and implement it. At best you’re looking at six months until your productivity reaches the level it was prior to implementation.”

Using Record, Dr. Zelko did it all in 6 days. “We were up and running with practice management *and* the EMR. Now I can do true point-of-care data capture. After just two months with the software I’m at the point where much of the time, when I walk out of the exam room, the note is done and my CPT and IDC-9 codes are in and batched as I’m walking into the next room.”

“Now,” Dr. Zelko says, “I’m satisfied. I would recommend MedcomSoft Record without reservation to any doctor in any practice. One reason is Record’s form generator. It was very simple to use and to customize forms to my practice patterns. I can really make the forms

look any way I want and put them in the sequence I want. I can phrase the form questions exactly as I ask them to my patients.”

As a student of the industry, Dr. Zelko is quick to point out the importance of interoperability. “We must be able to meaningfully communicate between disparate systems. We must also be able to de-identify the data for security reasons. For the future, we will need to do research on our patient data so we can do real-time studies, to drill down and find out what’s effective and what’s not. Interoperability is key to that effort. Doctors across the continuum of care will need to be able to read the information I’ve collected about my patients. With Record, they can do that today.”

Dr. Zelko had done the deepest kind of due diligence in selecting an IT solution for his practice. What’s his advice to other doctors?

“If you can use a computer and you work in medicine, you want Medcin embedded in your EMR. If you want a strong, highly functional, easy-to-use EMR and practice management solution, you want Record.”

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.

