



Birmingham Heart Clinic

PrimeSUITE Implementation Boosts Charge Capture, Per-Provider Income and Patient Visits During Inaugural Deployment Year

PQRS Initiative Aids Care Improvement, Adds \$70,000 to ROI

Introduction

Birmingham Heart Clinic (Birmingham, Ala.) is a nine-provider cardiology practice established in 1994. Specializing in adult coronary, peripheral (PAD) and carotid diseases, the practice also offers electrophysiology for invasive and non-invasive cardiac arrhythmia. In addition to daily clinic operations, Birmingham Heart includes an on-site accredited diagnostic facility for echocardiograms, EKGs, nuclear stress testing and CT scans.

Growth in patient population and provider ranks resulted in relocation to a larger facility in 2005, followed in 2008 by the opening of a satellite clinic in nearby Pell City, Ala. Between mid-2007 and the summer of 2008, Birmingham Heart Clinic added an interventional cardiologist, EP cardiologist and a non-invasive cardiologist to its staff.

With a decentralized operation and continued growth, Birmingham Heart increasingly needed to coordinate patient care away from paper charts, reconcile administrative tasks and ensure that each patient was receiving optimal continuums of care as overall patient population increased.

In addition, Birmingham Heart sought to modernize its technology to address public and private quality reporting initiatives such as Physician Quality Reporting, meaningful use and anticipated accountable care, in part due to its proximity and association with St. Vincent's hospital.

Immediate Return and Efficiencies

Birmingham Heart Clinic selected Greenway's integrated electronic health record (EHR), practice management and interoperability solution PrimeSUITE to accomplish its clinical, financial and administrative goals.

In January of 2009, the practice began its go-live utilization of PrimeSUITE®, and by the spring, its nine providers and 40-member clinical, mid-level and administrative staff were utilizing at the point of care and integrating administrative functions, led by Birmingham Heart Practice Administrator William Sester and Clinical Director Charlie Walker.

Following a 12-month period ending in May of 2010, Birmingham Heart realized substantial Return on Investment (ROI) compared to pre-deployment in several categories:

- Total charges increased by nearly 3 percent per month through enhanced charge capture.
- Total receipts were greatly impacted, increasing by more than 10 percent per month.
- Total physician clinic visits increased by 300 per month.
- Overall practice income reflected a 3 percent annual increase, thereby increasing per-provider income along similar levels, aided by a 9 percent decrease in transcription costs and a 200 percent decrease in chart supply and storage costs.
- ROI was further enhanced by the receipt of \$70,000.00 in PQRS funds minus a \$4,500.00 investment.

Merging Patient Care and Practice Efficiency

Upon deployment, Birmingham Heart immediately found functionalities that met specific practice needs in financial and administrative aspects and for clinical care.

Open Visit ID Reporting

Through Open Visit ID Reporting, Birmingham Heart found serious gaps in charge capture, locating checked-in patients who upon receiving care services did not have accompanying charge creation.

“I found missed diagnostic, office visit and procedural billing,” says Sester. The first time I used the report, I tracked money from missed charges. I stopped counting after documenting over \$20,000 in receipts. To this day, I run those reports on a monthly basis at a minimum.”

Related financial capabilities from Open Visit ID Reporting included per-provider and coding analysis.

“With PrimeSUITE I can drill down to determine which referring physicians were responsible for what percentage of monthly revenue. I can also determine how much each referring physician generated per CPT code.”

Orders Tracking Filters

Through PrimeSUITE, Birmingham Heart gained the ability to set parameters for orders tracking to aid nursing workflows.

“Orders tracking filters are used for outstanding diagnostic testing for patient care,” says Sester. “If one of our physicians places the need for an echocardiogram, for example, and 31 days go by and the patient still has not had it, the nurse is able to determine that with a 30-day order tracking filter, and we are able to follow up with the patient to determine why they haven’t had the test the physician ordered,” he says.

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Physician Quality Reporting System (PQRS) ROI

Investment - \$4,500.00

Return - \$70,000.00

- Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- Coronary Artery Disease (CAD): Beta Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
- Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

Care Enhanced Through Clinical Alerts, Medication Improvements

Begun as the Physician Quality Reporting Initiative (PQRI) pilot program in 2007, the Centers for Medicare and Medicaid Services solidified the initiative into the permanent PQRS program in November of 2010. PQRS provides a percentage bonus on all Medicare Part B allowable claims submitted by practices matching quality reporting clinical care measurements selected from up to 179 measures and 13 measure groups.

The PQRS evolution allows submission per provider or per group practice, and requires only a one-time data submission at a six- or 12-month time frame, with data transmission via a CMS-approved registry or a fully qualified electronic health record.

Greenway is a CMS-approved registry for PQRS, and PrimeSUITE a fully qualified EHR for PQRS reporting. Upon practice selection of quality reporting measurements, Greenway's technology extracts, compiles and transmits the data through the quality reporting infrastructure provided by Greenway’s RESEARCH Services.

"We're using technology to help us be even better doctors."

- Birmingham Heart Clinic
Practice Administrator
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Birmingham Heart Clinic selected measures submitted for its nine providers focusing on the use of antiplatelet or beta blocker therapy for patients with coronary artery disease (CAD) or those with CAD and prior myocardial infarction, respectively. The practice submitted through the Greenway registry option for its allowable patient volume, and received \$70,000 from CMS.

"Our practice improved the quality of care through this program," says Sester, primarily through the establishment of custom clinical alerts within PrimeSUITE to identify and assure that patients were receiving the regimen.

"We had already established clinical alerts upon the implementation of PrimeSUITE, and Greenway built these measures into the clinical alerts to determine patient population qualification in terms of who, for example, had existing coronary artery disease and was not on therapy to improve their quality of care. We found patients were not on the right drug and we want everyone with CAD to be on reminders."

According to Sester, his practice sees the practicality of the convergence of incentive programs. "Practices that report quality measures and strategically focus on improving patient care will benefit the most. We are using technology to help us be better doctors. There is a future of physician practices working very closely with hospitals, be it the accountable care or medical home models. For more teamwork between IPAs and hospitals to occur, there will have to be incentives."

Birmingham Heart Clinic can now tailor the alerts and reminders process to fit other quality reporting and payer programs.

"We are anticipating in Alabama a state Blue Cross Blue Shield quality measures program. PrimeSUITE will allow us to build clinical alerts for that program and speak payer languages. When clinical alerts are used properly they can impact the quality of care your patients receive. We're using technology to help us be even better doctors."

Conclusion

As a thriving cardiology practice seeking to improve patient care and administrative coordination as its patient population, services, staff and locations grew, Birmingham Heart Clinic turned to Greenway Medical Technologies, Inc.'s integrated EHR, practice management and interoperability solution PrimeSUITE to accomplish these goals and to enter into payer quality initiatives to further care advancement and practice ROI.

In a 12-month period of analysis following go live and compared to pre deployment, Birmingham Heart realized a patient volume increase of 300 physician clinic visits per month. On a given day, the practice sees up to 400 patients, combining those requiring diagnostic or lab visits with the physician clinic visits requiring provider interaction with PrimeSUITE at the point of care. Those physician clinic visits alone currently number approximately 125 per day.

Combining efficiencies led to a practice-wide charge capture increase of approximately 3 percent, and almost a 10 percent increase in monthly receipts. The practice also realized decreased costs in transcription and storage by downsizing paper processes.

Following the successful receipt of an additional \$70,000 in PQRS quality reporting funds, the practice is well positioned and motivated to continue with this CMS program and embark upon other payer incentive programs such as meaningful use.

Taken together, the combined efficiencies and financial impact increased overall practice income, and average per-provider income, by 3 percent in the initial implementation time period analyzed.

About Greenway Medical Technologies, Inc.

Greenway Medical Technologies provides innovative EHR, ambulatory healthcare and clinical research business solutions and services to more than 27,000 healthcare providers nationwide, in 31 specialties and subspecialties, by enhancing the delivery of patient care through advanced health IT software and on-demand services that allow physician practices to function at their highest level of efficiency in group practice, IDN, REC, HIE, IPA, Accountable Care Organization (ACO) and Patient Centered Medical Home (PCMH) settings. Established in 1998, Carrollton, Ga.-based Greenway is a privately held company with more than 450 employees.

About PrimeSUITE 2011 Meaningful Use Certification

PrimeSUITE® 2011 is an ONC-ATCB Complete EHR. The 2011/2012 criteria supports the Stage 1 meaningful use measures required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA). This Complete EHR is 2011/2012 compliant and has been certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. PrimeSUITE 2011 was certified on October 14, 2010, certification number CC-1112-699072-1 for clinical quality measures NQF 0421, 0013, 0028, 0041, 0024, 0038, 0031, 0032 and 0034.

Review complete details of PrimeSUITE 2011's meaningful use certification on CCHIT and ONC websites: http://www.cchit.org/get_certified/ONC-ATCB-Certified-2011-2012 and <http://onc-chpl.force.com/ehrcert>.

For more information about Greenway, visit www.greenwaymedical.com.

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