



# Case Study: Women’s Health Advantage

MGMA 2011 Better Performing Practice  
*Performance and Practices of Successful Medical Groups*

HIMSS 2011 Davies Award Finalist  
*Ambulatory Health Information Technology*

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Women’s Health Advantage (WHA) is Fort Wayne and Northeast Indiana’s largest OB-GYN practice, with 31 providers in seven locations administering 242,000 annual patient visits.

In 2002, WHA implemented a rudimentary system, basically an electronic version of a paper chart, consisting of transcribed word documents and scanned or hand-entered diagnostic testing results. There was a functional OB flow sheet, but only limited data points for reporting, mainly medications and allergies, and the system was unable to mine clinical data. Dictation would add one to two hours to the provider’s day, which had a negative impact on quality of life.

WHA also felt that our paper “encounter forms” for coding and charging created two areas of lost revenue. We knew our Bell Curve was skewed to the lower coding levels, but as a specialty practice, the opposite should have been true. The second was lost charges; charges the provider neither accounted for in their dictation nor on the encounter form. For these reasons, in late 2006 WHA initiated a search for a comprehensive, fully integrated Electronic Health Record/Practice Management solution.

## 13-Month ROI

	Increased collections/coding	Increased procedure charges
2008	\$164,286.00	\$216,222.76
2009	\$245,336.00	\$348,527.47
2010	\$255,692.00	\$208,940.19

### Selection Process

The Board of Directors appointed a selection committee composed of four partners, administration and department supervisors. A consultant was hired to lead this effort. Originally the strengths and weaknesses of 10 EHRs were assessed, after which we chose four for an initial round of two-hour demonstrations.

Each group of reviewers (providers, nursing, registration/scheduling and billing) were provided a job-specific evaluation form, with a 1-10 scoring system. These evaluations rated 18 to 25 categories for functionality and ease of use. A common “overall” rating system was used by each group. After this round, Greenway and

one other EHR vendor were asked to do a second, four-hour demonstration. Greenway was scored highest by every reviewer. Site visits were then arranged, first to a site that had been live for only six months, and the other with a longer track record. Following these visits, the committee recommended to the partnership to purchase Greenway's PrimeSUITE EHR, which ultimately went live in November of 2007.

## Implementation

WHA decided on a "Big Bang" approach to implementation because we felt that a staged implementation ran the risk of never achieving 100% usage, by 100% of the providers, 100% of the time. Knowing that training was the key to a successful "Big Bang" approach, we asked Greenway to develop an initial two-day training course for providers. Recognizing that the provider and primary nurse worked as a team, the nurse was included in this two-day session. This intensive provider-nurse training was critical in the successful implementation.

Seven super users were also trained both on the EHR and Practice Management pieces. These individuals received five days of training. For the EHR, two NPs, the clinical director, two RNs, and an MA received training. Additionally, all staff received a minimum four hours of training.

The process used to choose the right EHR was evidenced by the successful implementation and a 13-month return on investment (ROI). In determining the process there were two keys: first we established a process and adhered to it; second, price was not a primary consideration. In fact we did not seek pricing until the EHR selection was completed.

Cost Savings	
Transcription Costs	\$236,130.00 annual
Non-clinical staff	\$130,134.00 annual

## Best Practice Clinical Templates

Our initial implementation focus and long-term success was due to our focus on the development of clinical templates: first, by mandating the use of approved templates based on best practices by documenting the visit at time of service in a template, versus waiting until the end of the day to dictate by memory, so the chart was more complete and there is now consistency among providers, and by assuring completeness there was a corresponding coding increase as well as the elimination of lost charges, two significant revenue enhancements.

Although aware that the software enabled each physician to create their own templates, we decided to develop a library of company templates, whose use was mandated, in order to achieve our quality and business goals. Therefore we formed a new standing committee, the Template Committee, composed of three physicians, our NP super user, IT director, clinical director, billing supervisor/coder and administrator. This committee quickly expanded to include a staff RN and an MA. This innovative approach was the key to developing templates that met everyone's needs. With a single approved set of templates, when our Quality Committee determines a best practice, the appropriate templates are changed, and a uniform standard is achieved. In this respect we believe we have created within our templates a clinical pathway, which is far more than an electronic health record.

## Broad Improvements through EHR Technology

### Interfaces

The two most important interfaces would be with our own existing software for lab and ultrasound. As part of our purchase agreement, Greenway developed interfaces for our Laboratory Information System (LIS) and Digital Ultrasound, but later a third interface was added for our mammogram tracking system.

The LIS was the most critical. Not only did it provide the reporting for our own moderately complex lab, but it was interfaced with our two primary outside labs, DCL and Labcorp. This configuration allows us to have the reporting capabilities of the LIS and still utilize the result features in PrimeSUITE.

### Patient Engagement and Efficiency

With the EHR tasking system, the majority of the wait time was eliminated allowing the phone nurses to lower patient on-hold time by 24 percent while handling 44 percent more calls, all with one less phone nurse.

The increase in phone calls was minimized by utilization of the EHR's integrated online patient portal PrimePATIENT® and specifically its "Ask A Nurse" feature. The message on the phone nurse queue directs patients with less urgent questions to the portal. Portal questions are answered within two hours by RNs.

### Electronic Prescribing

The use of e-prescribing enabled us to access a current medication list and contraindications of drugs being prescribed, both of which impact quality. Within PrimeSUITE we were able to use the tasking system to streamline the entire prescription refill process saving valuable and expensive nursing time.

Value of eliminating lost charges	\$209,000.00 annual
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### Standardized Labs

Prior to utilizing an EHR, our efforts at standardization were ineffective. With the EHR we were able to succeed by creating an order in Greenway which generated standard panels.

### Benchmarking and Data Share

The EHR also provided WHA the ability to use comparative data with HEDIS measures and state of Indiana data to benchmark against. Additionally, due to the existence of sharable data, when IHIE, an Indianapolis-based RHIO approached us, we were able to become the first provider in Northeast Indiana to participate.

### Financial Results

With an ROI of 13 months, our business objectives were clearly met. From an IT standpoint, we brought the services inhouse, thereby achieving a more predictable cost for budgeting purposes. In fact, we have been in the enviable position of having declining IT costs as we bring additional services in house. Additionally, we have realized a return each year in coding accuracy which improved our receipts by \$164,286 in 2008, the first full year of operation.

Cost savings have been the elimination of transcription costs at \$236,130 per year, as well as a \$19,000 annual savings over the cost of our old electronic document system.

Because we are continuously revising our templates and becoming more sophisticated users of PrimeSUITE - merging templates for multiple complaints, for example - we saw receipts increase to \$245,366 in 2009 and \$255,692 in 2010. Likewise, we calculated the value of eliminating lost charges at \$209,000 per year.

### Success Factors

Women's Health Advantage's success in the implementation and operation of its EHR can be primarily attributed to several basic factors: 1) we hired a consultant who gave us the framework toward approaching demonstrations and site visits; 2) The training budget, especially for providers, was not constrained and exceeded recommendations; 3) By using the Big Bang method of 100 percent go live, we did not have the ongoing pain of introducing more features, bringing on additional providers or adding patient types; 4) The concept of a multidisciplinary template committee provided a highly efficient and effective structure to developing the core of EHR utilization.

Organizational factors also contributed through the creation of a multidisciplinary selection team which achieved organizational buy in. One of the key factors in provider buy in for the EHR was the elimination of the one to two hours spent daily dictating records.

Assembling an implementation team four months in advance to make preparations gave direction to our effort, which we supplemented by attending our first user's conference two months prior to our go live. Additional factors such as the inclusion of IT personnel at demonstrations and site visits helped supplement our body of knowledge.

It was our goal to make the EHR the centerpiece of all patient processes, thereby maximizing its benefits from both the quality perspective as well as in terms of revenue enhancement.

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