



Directions

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Tools and ideas to improve your group practice —
from the Medical Group Management Association Health Care Consulting Group

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Info Technology Self-Assessment — Part II

Enhance clinical operations with technology — Stepping stones to an EMR

The ways to attack the inefficiencies in our clinical operations are vast and varied. Options provide comprehensive electronic recordkeeping as well as solutions that address specific problems faced by most physician practices. The variety and volume of electronic medical record (EMR) systems available can overwhelm a practice with the selection process. And implementing a computerized solution to address specific issues within the practice, such as prescription writing or voice-recognition, can pose challenges of integration with the practice's overall technology plan.

Is a modular approach a viable implementation method? Can the existing information system integrate new solutions? Is a conversion from existing paper records manageable? Is your staff ready for a process change to fully use a new technology? Does your group have a staff member who can work with employees in the

trenches to coax the nonbelievers or those intimidated by new technology? Is an incremental approach to computerization more acceptable to all the providers than a blanket implementation? Do you have providers and staff excited and eager to implement new technologies to improve the clinical efficiencies in your office? Is your practice poised for the next step on the computerization continuum?

The following self-assessment can help you determine whether your group is well-positioned for the opportunities available now for improved clinical efficiencies, and whether outside assistance can benefit the planning and implementation.

As you complete the assessment, you may find that your group needs a plan for technology development to meet business objectives. An on-site operational review to identify ways to extend the use of technology will



By Rosemarie Nelson, MS, senior consultant, MGMA Health Care Consulting Group

allow your group to gain efficiencies, improve productivity and reduce costs. An operations technology audit can determine key action items and suggest a project plan to provide an immediate return for your bottom line.

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Self-assessment

Have your patients asked about e-mailing your providers or using your practice's Web site for prescription refills or appointment requests?

1. Do you have a Web site? Yes No
2. Does your Web site provide interactive solutions for patients that transfer work out of your office setting and free staff from routine interruptions, such as prescription refill requests, procedure instructions and/or recommended immunizations? Yes No
3. Do you provide your patients with lab results, including "normals"? Yes No

If you answered no to two or more of these questions, your practice can gain efficiencies by transferring routine phone tasks to online functions.

Does your current medical record provide the right information at the right time?

1. Can you be sure that your providers are meeting the standard recommended indicators of quality of care? The Rand Health Report published in *The New England Journal of Medicine* (June 2003) and reports from the Centers for Disease Control and Prevention from 1995-1997 indicate patients receive only 55 percent of recommended care. For example:
 - Only 74 percent of children receive recommended vaccines;
 - Only 52 percent of adults older than 65 receive an annual influenza vaccination; and
 - Only 67 percent of women older than 18 had a pap smear in the prior three years.
2. Does your nurse know the patient's chief complaint when the appointment was scheduled? Yes No
3. Is your provider confident that all patients comply with orders, such as follow-up mammography?
 - Does your office track orders, matching them to incoming results and reporting missing results? Yes No

If you answered no to two or more of the questions above, technology can improve your clinical operations and level of service, while providing tools to enhance your clinical staff's productivity.

Do you know how much time your office would recover if you could obtain patients' prescription refill requests online?

- Would your office workflow benefit from automated prescription printing during the chart preparation stage? Yes No
- Have your physicians expressed interest in using handheld personal digital assistants (PDAs) for medication references? Yes No

Does it seem that your employees are always at the fax machine or the copier?

- Does your computer network permit a staff member to fax directly from a computer, eliminating the need to print a document and walk to a central fax to transmit? Yes No
- Are you scanning your payer explanations of medical benefits (EOMBs) to make them available online for your entire business staff from each employee's workstation? Yes No

If you answered no to two or more of the questions above, an outside consultant with information-system expertise can give you guidance in implementing technology solutions specific to your operational needs.

Do you have a procedure to evaluate the status of electronic claims processing for each of your payers each month?

- Do you track the number of paper claims your group produces each month and routinely query payers on their availability to accept electronic claims? Yes No
- Has your business office staff implemented the electronic remittance processing available from each of your payers? Yes No

If you answered no to either question above, you can improve your accounts receivable management with assistance in using your practice management system to its full potential.

Do you know how many chart-pulls would be eliminated if your triage nurse had online access to office visit notes?

- Do your patients call a second time because chart-pulls have delayed the nurse returning their calls? Yes No
- Is your triage position a high-stress and high-turnover role that is difficult to staff? Yes No

If you answered yes to either question above, an operational technology consultant can help your practice improve service to patients while increasing productivity and reducing the hassle associated with phone triage.

Is intra-office messaging an organized, smooth process among receptionists, nurses, doctors and medical records staff?

- Are you using your printers to facilitate communications between clinical staff and medical records support operations? Yes No
- Is the process of matching messages to charts and completing call documentation smooth and timely? Yes No
- Can your network adapt to wireless PDA tools for in-office computerized physician order entry? Yes No
- Have you evaluated how technology tools like instant messaging and digital pagers in the office can improve communications and messaging among your staff? Yes No

If you answered no to two or more of the questions above, your office communications can benefit from the implementation of economical technology solutions. ▲

For more information about this self-assessment tool, contact Rosemarie Nelson, MS, an MGMA health care consultant. She specializes in system implementation and practice operations. Call Rosemarie toll-free at 877.275.6462, ext. 319, or e-mail rnelson@mgma.com.

To obtain Part 1 of this Info Technology Assessment, call toll-free 877.275.6462, ext. 877, or e-mail consulting@mgma.com.

Overhead: How much is too much?

Every physician practice questions whether its costs of providing service to its patients are too high. When costs exceed acceptable limits, patient services may suffer and physician compensation may decline. Every practice should closely analyze its overhead to make sure it does not exceed established benchmarks for its specialty.



By Daniel D. Mefford, CPA, MBA, FACMPE, independent consultant, MGMA Health Care Consulting Group

Benchmarking for performance

The Medical Group Management Association's (MGMA's) *Cost Survey Report* is an excellent source to compare your group's operating costs with peer practices. These costs are presented on a "per full-time equivalent (FTE) physician" level as well as a percent of revenue. Each practice should compare overhead indicators on both levels to determine if there are aberrations that could cause inefficiencies in overhead consumption.

A practice should first use a method of identifying overhead costs that will allow such comparisons. This often means using a chart of accounts in the bookkeeping process, which will approximate that used by MGMA in accumulating operating-cost benchmarks. Similarly, a practice should compare its overhead factors with other similar practices. Each specialty brings its own challenge to managing overhead, and will have distinct overhead cost items.

Nonphysician personnel costs are one of the largest expenses a practice should track. Because of this, MGMA breaks down these numbers by job function. A savvy practice administrator will compare his/her practice against the MGMA medians per FTE physician and by percent of revenue.

Pay particular attention to overhead costs, which are controllable. A practice should break down its fixed and variable costs to determine if any expenses identified through the benchmarking process can be changed in the