A Ten Year Experience with EMR: Grossmont Family Medical Group

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1. Information about our office
    a. Size of practice
        i. 72 computers
        ii. 8 providers
    b. Website (www.gfmg.net)
    c. FAX messages from website to office
    d. experience with patient-MD e-mail

2. Making appointments
    a. Requires telephone call
    b. Web-based scheduling
        i. Would require secure hosting of our EMR by our software provider – at a cost
    c. reminding patients of visit
        i. installing software that links to the scheduling program
            1. patients able to cancel appointments
            2. office reviews responses early each morning

3. Seeing patients
    a. Paper superbill
    b. Unfulfilled electronic encounter form
        i. Poor pull down ICD-9 code list – non-intuitive abbreviations
        ii. CPT codes would have to be pulled down

4. ordering lab
    a. paper requests currently
    b. electronic ordering from independent lab via "e-bridge"
    c. electronic ordering through EMR
        i. unfulfilled
        ii. requires additional module
        iii. would track tests ordered but not yet received

5. receiving lab and xray
    a. our hospital
        i. ten year trial to get an interface
        ii. each information flow requires an interface
        iii. hospital has three separate information interfaces
            1. they thought they had two
                a. imaging text

b. laboratory results
c. pathology texts

b. commercial lab
    i. greater experience with interfaces nationally
    ii. able to set up the lab interface with our EMR quickly

6. Billing and Collections
    a. Initial DOS system with separate database than EMR (same company)
    b. Upgrade to Windows
        i. But all the demographics do not always update
        ii. Complex posting
            1. not as efficient as stand alone billing system
            2. many glitches
    c. billing "licenses"
        i. annual fee for each person using a module
        ii. having to pay limits how many people are allowed to bill or schedule
    d. sending out statements
        i. proprietary encryption of HCFA forms to Medicare carriers
            1. transaction or global fee to software carrier
            2. then to a web-based clearing house
            3. then to payor
        ii. IPA statements
            1. currently paper based
            2. to continue with current billing module, would have a per-bill fee + additional cost for softward
    e. receiving payments
        i. Medicare directly deposits funds into our bank account within 14d
        ii. BUT, takes a long long time to post payments
            1. need to compare ease of posting between systems
                a. can really eat up a lot of billing personnel hours that could be better spent in working on collections
7. Provider review of tests
    a. Lab files
        i. Generation of patient notification letters
    b. Text imaging and lab data
    c. Pending – third data stream for Hospital text data
        i. History and Physicals
        ii. Discharge summaries
        iii. Procedure notes
        iv. Currently, these have to be scanned in

8. Provider review of outside medical information
    a. Letters from consultants
    b. Hospital text data
    c. Paper sent to provider

i. Provider dictates summary
ii. Paper then scanned into chart
    1. then shredded

9. Vendor "lock-in"
    a. E-billing of Medicare and other third parties
        i. Proscribed encryption
            1. makes bills have to go to EMR software headquarters for de-encryption
            2. transaction fee charged by EMR software company

10. Office information system specialists
    a. Employment of a network specialist
        i. Hourly payment
        ii. Contracted payment
        iii. Current "to-do" list"
            1. work with hospital and EMR to get third data stream
            2. telephone reminder software installation
            3. electronic prescription transmission
            4. installation of new billing software program
            5. keeping viruses off our system
            6. constantly changing employees
                a. adding and deleting access
            7. maintaining e-mail system
            8. system HIPAA compliance
            9. current EMR difficulties with electronic transmission to Medicare
            10. setting up receiving FAXes from consultatants
                a. instead of printing from FAX, making a data file
                b. transferring the file into the chart for review

    b. medical records personnel
        i. Director of Medical Records
            1. helpful position – fulltime practitioners do not have the time
            2. arranging software upgrades
            3. interfaces directly with network specialist
            4. HIPAA compliance officer
            5.
    c. referrals specialists
        i. linkage with IPA for paperless referrals
        ii. separate electronic system

11. Accounts payable
    a. Paper bills received
    b. Commercial accounting program – no linkage to EMR

c. Electronic payroll