



Considering an EHR?

Tips for a successful approach to selecting and implementing the right solution

Presented by: Chuck Meisel
Vice President of Sales, Surgical Notes

Agenda

- Let's define the products
 - Electronic Health Record (EHR) vs. Electronic Medical Record (EMR) & Discrete Data
- Legislative Update
 - Federal, ASCA's position, Meaningful Use Requirements
- What do you want to achieve?
 - Creating goals and expectations and how to measure them
- Evaluation of competitive products
 - Features and Benefits – what do I need vs. what I would like to have
- What can I afford/will the owners approve?
 - Understanding the Proforma – will it truly save money?

Agenda

- What if I made a mistake?
 - Protect yourself
- The Buying Process
 - Understanding it and making it work for you
- What goes into creating your own ROI or use the Vendor's
 - How these dollars can benefit your ASC (today and in the future)
- Questions and Answers (hopefully)

Definitions

- **Electronic Health Record (EHR)**
 - To collect and share information from all providers an EMR connects to other providers and care settings and becomes an **EHR**. EMR + EMR or other patient information system = EHR
- **Electronic Medical Record (EMR)**
 - An EMR is an electronic version of the patient's chart

Definitions

- **Discrete/Structured Data**

- When you document in an EHR there is less information that is typed as text and more information that is selected from a list. This is called **Discrete Data or Structured Data**. The code is in the background and is transferred to other systems so their clinicians know exactly what you meant when they see that information in another system.

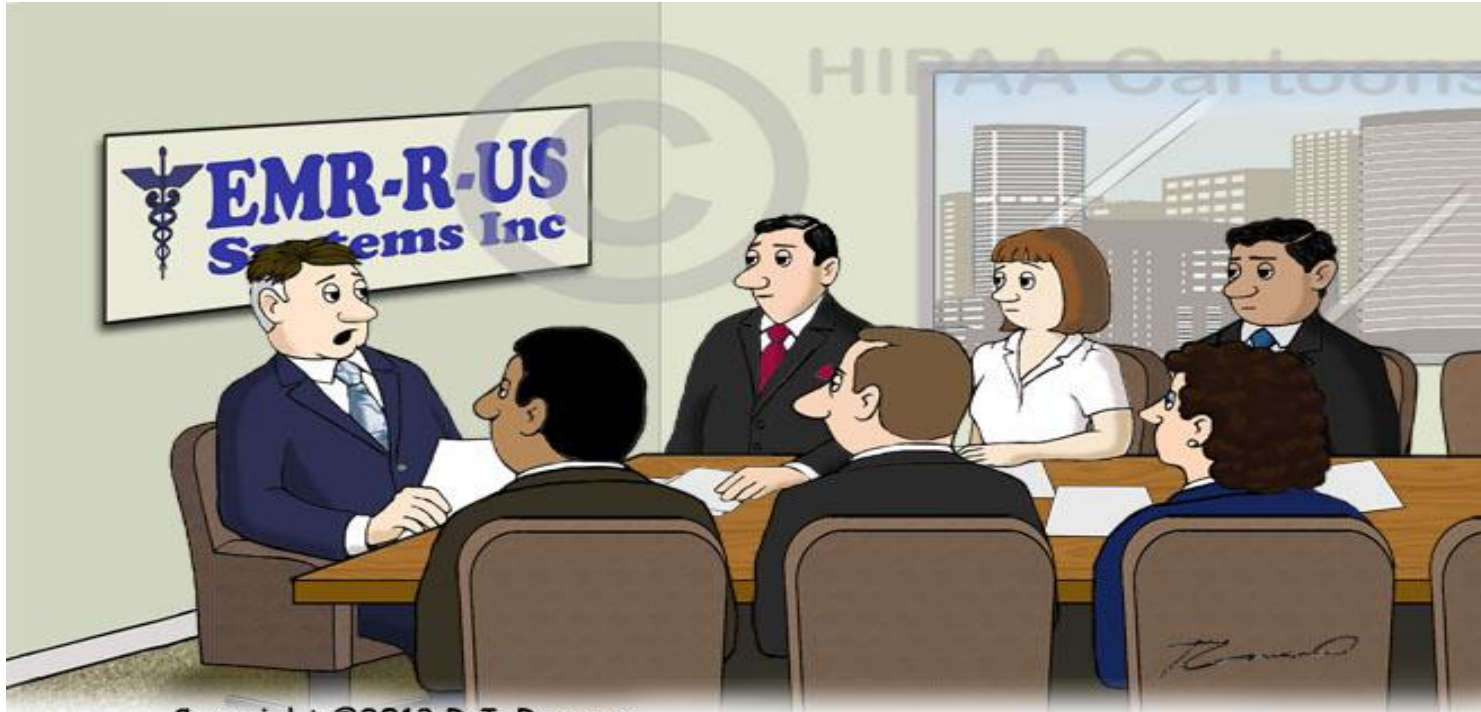
Legislative Update

- **Today**, there is not a requirement for licensed surgery centers to have an EHR, nor has CMS indicated they are going to mandate surgery centers to implement EHRs
- **Today**, there does not exist an approved “Meaningful Use” standard for surgery center EHRs
- **HR 5556: *Electronic Health Fairness Act of 2014*** (Rep. Diane Black (R-TN) passed via the House Ways & Means Committee)
 - This bill, if passed, would protect physicians from being financially penalized
 - To date, ASCA has not been made aware of any penalties being imposed

Legislative Update

- **WASHINGTON, D.C., April 29** – Senate health committee Chairman Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.) today announced a bipartisan, full committee working group to identify ways to improve electronic health records (EHRs).

“After \$28 billion in taxpayer dollars spent subsidizing electronic health records, doctors don’t like these electronic medical record systems and say they disrupt workflow, interrupt the doctor-patient relationship and haven’t been worth the effort,” **said Alexander**. “The goal of this working group is to identify the five or six things we can do to help make the failed promise of electronic health records something that physicians and providers look forward to instead of something they endure.”



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"Our new EMR has all of the features our customers want, and test users were unanimous in rating it a useless mash-up of complex bloatware. Tell Marketing to start the campaign."

Our Market Today

- Tough and getting tougher, but still providing outstanding clinical outcomes
 - Better outcomes, fewer complications at a price point that can't be beat
- Tremendous efficiencies
 - Most centers are finely tuned custom factories
 - Great workflow with excellent teams
- Profitable!!!!
 - Distributions are being made and centers being acquired

Why am I considering an EHR?

Some of the comments I've heard

- "I'm going to have to get one anyway"
- "Everyone has one"
- "I'll be penalized for not having one..."

Your driver should be because an EHR will...

- Increase the profitability of your center
- Reduce your labor expenses and save your facility money
- Free up your staff to improve patient care
- Enable you to report on your clinical outcomes (more money?)

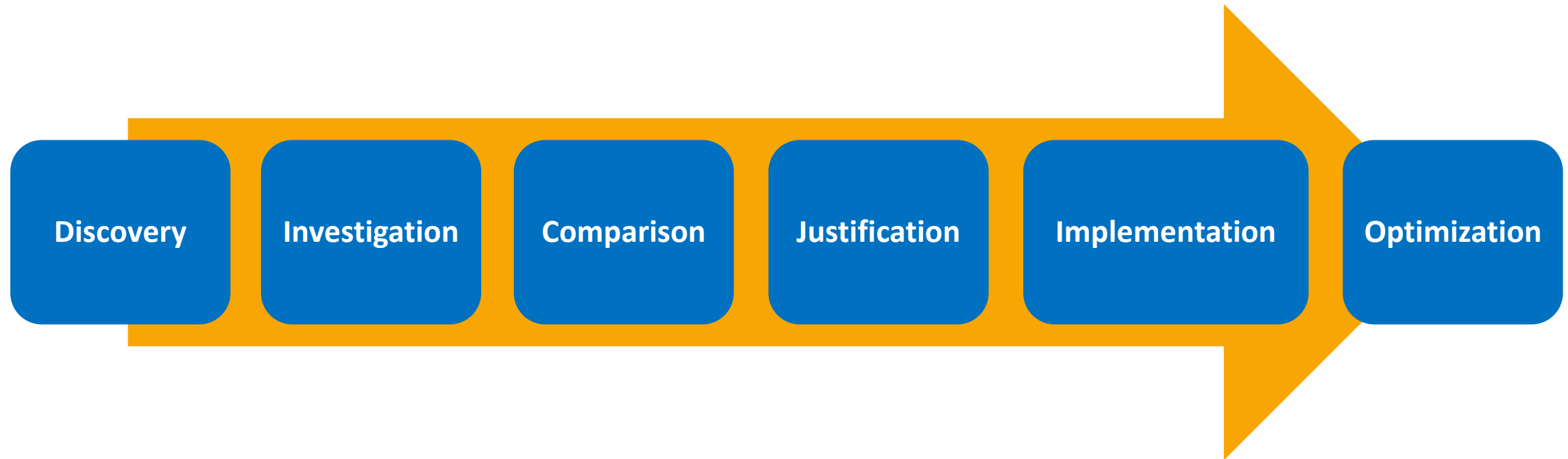
Why do we chart?

- Simply put, to document what our nurses and physicians are expected to be doing (more or less a checklist)
 - Pilots, Military, Sports Teams
 - Increase safety!
 - For AAACH/Surveyors
- To demonstrate that policies and procedures were adhered to in the event of a sentinel event
 - 50,000 paper charts are created in surgery centers every day
- Can charting be done electronically in a manner that is efficient, cost effective, eliminates all paper, is easy to use, IT supportable yet captures the discrete data you need?
 - I think so....

What Do I Need and What Am I Trying to Accomplish?

- Are you trying to find a game changing technology?
- Improving on a current process that work
 - Reducing expenses/costs?
 - Lowering cost per case?
 - Better business analytics?
 - Increased patient involvement?
- Or replacing an outdated (no longer supported) or poorly performing technology?
- How do I go about it?

The Healthcare IT Buying Cycle



The Healthcare IT Buying Cycle

1. Discovery:

The stage when you decide to look for solutions that could potentially transform your business and/or replace an existing product that is holding back your company.

- Tradeshows (ASCA) – what's new and what do peers have?
- Do other centers have a competitive advantage that you do not?
- Pick someone at your center (if not you) to become the discovery person

The Healthcare IT Buying Cycle

2. Investigation:

Once you've identified the issue(s), isolate technologies that can make an impact. At this point, you're interested in acquiring a technology but still have work to do.

- What are others centers using?
- Begin examining your expenses that you want to impact
 - Paper Expenses (all of them)
 - Overtime
 - Labor tied to charting/auditing
 - Expense per case

The Healthcare IT Buying Cycle

3. Comparison:

Once you decide on the technology solution, it's time to start evaluating and comparing vendors and products.

- Reach out to the companies with potential solutions and request a demo or presentation
- Establish a timeline and, at this point, let your Owners/Partners know what you are looking to accomplish
- Get buy in from your Partners before pursuing further
- Establish a budget (know it!) soft costs and hard costs
- Create a list of capabilities (must have features vs. nice to have features)

EHR Comparison Criteria

- **Must Have:**

- Ease of use (most like our current forms)
- Allergy alerts throughout chart
- Completely eliminates paper (no thin charts)
- Operative Reports flow directly into the chart
- Automatic chart auditing capabilities
- Soft and hard stops tied to missing documentation
- Standard report generation that can be customized by a lay person!
- MD can add post op note to chart (voice or template)
- Hosted
- Subscription model
- Anesthesia will use it! No paper
- Interoperability

- **Nice to Have:**

- Auto vital sign capture
- iPad or tablet vs. laptop or COW
- E-prescribing
- Drug library
- Internal messaging
- Tower/processor image capture
- Patient status visible on monitors in waiting room
- Patient portal
- Remote access
- Can be standardized among multiple centers

The Healthcare IT Buying Cycle

4. Justification:

All businesses (ASCs included) need real returns on technology, and the executives (like yourself) who make technology decisions need to convince the folks with the budget to make a move.

- Validate the ROI as best as possible
- Site visits with current clients and conversations with customers to confirm or refute the ROI
- Obtain performance criteria in writing

The Healthcare IT Buying Cycle

5. Implementation:

Once you've purchased a technology, the process shifts to completing a smart, successful implementation with minimal impact on your day to day business while getting your staff up to speed.

- How long will it impact my daily operations?
- Is my staff ready and supportive?
- Who is my go-to person in-house?
- Keep your docs up to speed

The Healthcare IT Buying Cycle

6. Optimization:

It never ends. Updates and upgrades, new interfaces, and changes in staff require constant optimization and effort to make the solution run like clockwork.

- Are our annual expenses going down or up?
- If the product is not working, is it worth the annual maintenance?
- Is the company supporting the product and honoring their commitments?
- Am I keeping my docs up to speed?

Sample ROI Measurements

Software Purchased

- Expenses/Capital Investment:
 - Software
 - Training
 - Hardware
 - Support (software/IT)
 - Travel
- Savings:
 - Elimination of paper
 - Storage
 - Labor
 - Reporting

SAAS (Subscription)

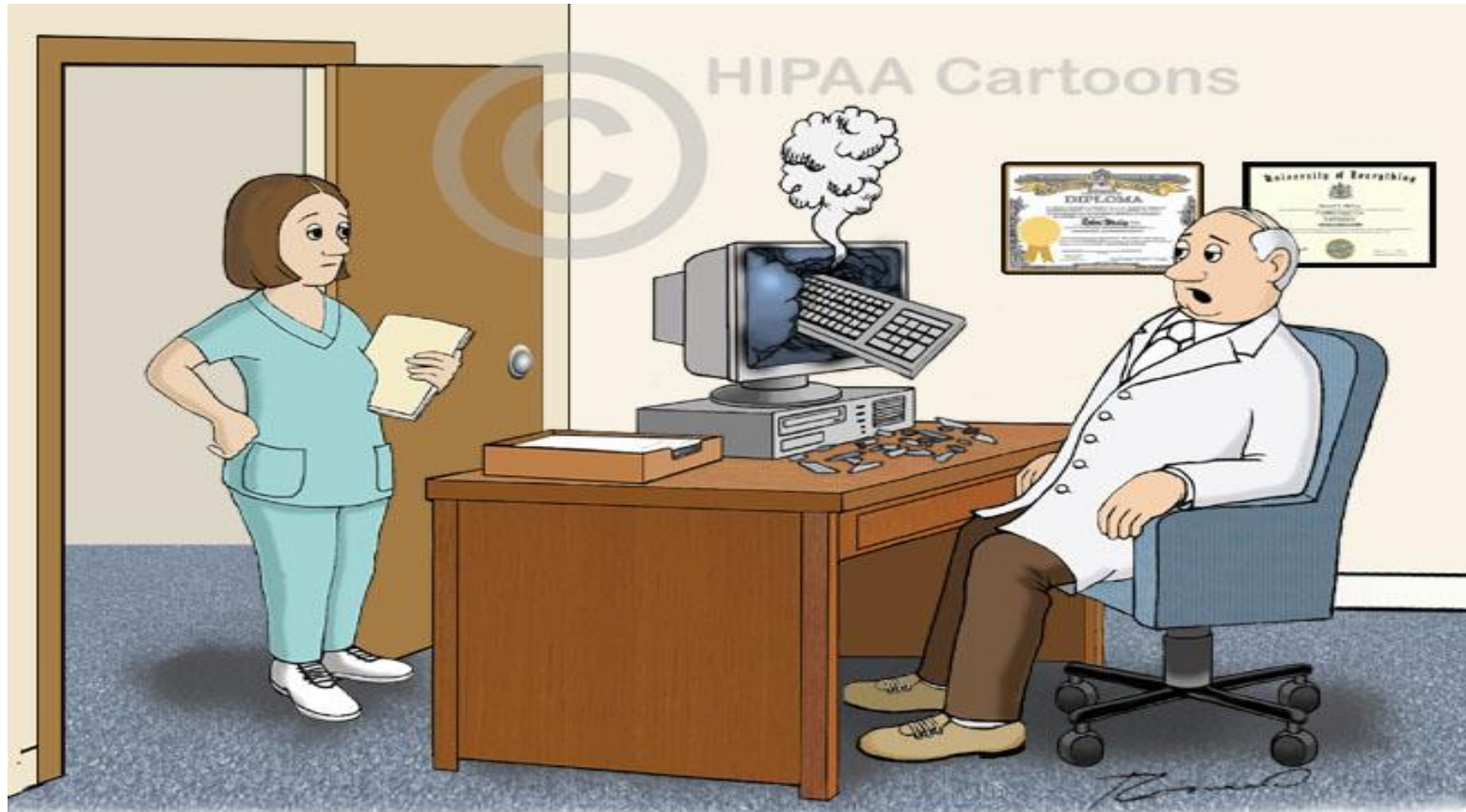
- Expenses/Capital Investment
 - Software (typically much less)
 - Training
 - Hardware
 - Travel
- Savings:
 - Elimination of paper
 - Storage
 - Labor
 - Reporting

ROI Savings – What do they equate to?

- What does \$38,000 mean to your ASC?
 - At an average of \$350 in net profit per case equals the profit generated by **109 New Cases**
 - In a center that averages 300 cases per month, this **represents a 3.0% increase in case volume** for that year
- Are your Physicians considering selling a portion of the center at some point?
 - \$38,000 in added net income tied to selling a portion of the center could have significant positive consequences for the ASC
 - Conversely, if you add a technology that doesn't add profitability and efficiency, it could hurt a potential sale or bring a lower valuation

In Conclusion

- You and your staff should determine what is best for your center or centers
- Pick a solution that pays for itself, not the other way around
- You need to make compromises – the perfect EHR (at your price point) isn't available (yet)
- In the end we'll all be using what the Government decides on anyway!
(KIDDING)



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"Better call technical support. The darn EHR crashed again."



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Email: Sales@SurgicalNotes.com

Phone: (800) 459-5616

Website: www.SurgicalNotes.com

