

# Changing the Beat

A new PM system gives this cardio group a good workout, enabling rapid growth and enhancing cash flow.

By Gary Blakely

Several years ago, Leesburg, Fla.-based Heart and Vascular Multispecialty Group faced an unusual challenge. Our practice — one of the leading cardiovascular groups in the Southeast and founded by internationally-recognized interventional cardiologist David C. Lew, M.D., — was outgrowing facilities almost as quickly as we were building them. Our practice had a vision of expanding to include resources such as a catheterization lab, echocardiography and nuclear medicine, all of which are often only available in hospital settings. But our leadership could not have anticipated how rapidly the organization would grow.

## Appropriate Business Model for Growth

Several factors prompted Florida Heart to re-visit its practice management (PM) system. The first was directly related to our organization's goal of offering some of the services one would find in a hospital, with advanced diagnostic and management capabilities for urgent care. At the same time, we wanted to identify a more up-to-date, expandable PM system that would not inhibit our growth due to technological limitations, cost-prohibitive licensing, an inflexible feature set, or cumbersome training requirements. Once we decided that this was indeed one of the first steps we needed to take to achieve our goal, we determined that one of our top selection criteria centered on implementation.

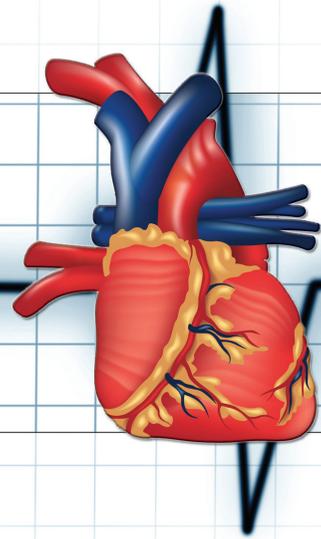
Based on past experience, we knew we wanted a migration path with minimal disruption to the work of our staff. That meant having the option for more comprehensive data transitions. While most packages could transfer only demographics, we wanted to avoid costly, time-consuming data re-entry as much as possible. Our ideal system would come with tools for converting notes,

financials and all practice management data. Moreover, this ability would be valuable if, as part of our growth strategy, we decided to acquire smaller practices with different types of PM systems.

The previous system had a proprietary report builder, and we incurred fees whenever we needed a custom report. With the new system, we gained the ability to write our own reports in-house.

We were also concerned about the cost of maintaining a new PM system. We were sensitive about licenses and service agreements as much as — or perhaps even more than — the up-front cost. Our existing system required a licensing arrangement based on user and provider. These fees, in addition to clearinghouse transaction and fulfillment fees for statements and other mailings, were high and steadily increasing as we grew. We knew that we would be hiring many more physicians and, therefore, many more administrative personnel, medical assistants and technicians, making the licensing and the per-transaction fee model unsustainable.

In order to make the best use of our advanced diagnostic equipment, we realized that we needed more control over scheduling those resources. In order to support services for patients experiencing cardio-related emergencies, we wanted a system we could set to issue alerts to the appropriate staff for rapid response. We also knew that we had an opportunity to decrease the cost of and time associated with new-employee training, optimize claims management capabilities and improve patient flow.



Any new training improvements, billing enhancements or scheduling efficiencies would be multiplied many

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times over as we hired more physicians and staff to serve a growing customer base.

### Selection and Comprehensive Transitions

We researched numerous systems while focusing on our key criteria: licensing models, user-friendliness, scalability, functionality and technology platform. We knew we wanted a Windows-based system because of its ease-of-use and more robust capabilities as compared to UNIX systems. This enabled us to eliminate a few options very quickly. We also queried area healthcare technology resellers that we had worked with previously to get their opinion on the available systems that other practices were using. After viewing product demos and ensuring that our selection criteria were met, we selected MicroMD PM, developed by Henry Schein Medical Solutions based in Boardman, Ohio.

At the time in late 2002, we had seven physicians on staff, all at one facility. After one week of training and classes, with product representatives onsite, we began the implementation on a Friday. We were back up and ready by Monday, without any significant downtime.

The implementation services and tools available for the new system continued to make a difference after the initial roll-out. When we acquired smaller practices before implementing the new system, the transition had required us to hire a team of specialists and data entry personnel for as much as a week to handle the tedious work related to transitioning patient data stored in the PM system.

With the new system, the conversion of demographics as well as financials, notes, images and everything else we wanted took only a matter of hours. This greatly streamlined our workflow, reduced manual data re-entry and ensured that we did not lose any important data in the transfer. More importantly, this approach enabled us to quickly get back to normal, focusing on the most important things: providing excellent patient care and the next growth phase.

### Results

With the new PM system in place, we began what

would become an aggressive growth phase for the practice. We added 12 sites and about 160 employees in the course of eight to 10 weeks to transform Florida Heart into a true multispecialty group. The updated licensing model — fees based on the number of providers, not users — has proven to be an asset, allowing as many (or as few) staff members to use the system as is optimal.

From the end user's perspective, our billing department experienced perhaps the most change. Our billing staff found that the new system had more sophisticated claims editing capabilities, which reduced our rejection rate, previously more than 15 percent, to approximately 3 percent. These and other improvements directly translate to enhanced cash flow. Average days in AR, for example, fell from 21 days to between seven to 10 days; and there are productivity differences as well. The reduction in rejections generates a corresponding reduction in the amount of staff time required to re-work claims.

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From a front office perspective, more powerful scheduling and workflow features have given us the administrative flexibility to use our medical equipment more effectively. Each of our five EKG machines, for example, now has an individual schedule. By scheduling the resource itself, our staff can better coordinate and review utilization to ensure that the patient load is evenly distributed. As an added benefit of the scheduling improvements, we have significantly increased patient visits per day, per provider.

Further supporting our ability to serve patients in cardiac distress onsite, we can maintain a separate schedule for urgent care situations. With this feature, we send automated alerts to the appropriate staff and patients are seen in less than 15 minutes. As a result, our existing patients have the option of coming to Florida Heart in case of cardiac emergencies — rather than the emergency department at the local hospital. This way, they can often get treatment faster and be seen by their

own physicians. Our staff uses the system to track patient flow from check-in through check-out. We can monitor patients' progress, ensuring they stay on an appropriate timeline. We make more efficient use of our resources and patients have a reliable estimate of current wait times at any given point, which contributes to higher patient satisfaction levels.

### Additional Benefits

The practice now also has stronger reporting capabilities for tracking patient care and financial performance. The previous system had a proprietary report builder, and we incurred fees whenever we needed a custom report. With the new system, we gained the ability to write our own reports in-house, sorting by demographics, diagnostic procedures or other variables.

Custom reporting has been extremely valuable to Florida Heart in supporting clinical studies, which the medical staff can compile much faster. In terms of additional efficiencies, new-employee training, which once required five business days on a UNIX-based system

with a DOS interface, has been reduced to less than two hours with the new, more intuitive system.

Additionally, an unanticipated benefit of the system is the ability to interface with our homegrown EMR, which is MS SQL-based. The vendor's support staff guided us in deciding which fields to map from our EMR, and we collaborated to develop a utility for streamlined lab ordering. When our technicians place an order with our diagnostic lab service through the Web, the necessary demographic information gets pulled from the PM system.

Today, Florida Heart operates eight facilities with 35 providers and more than 250 employees. Only with the right approach and careful decisions about technology was that rapid growth possible, practical and profitable.

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