





John M. Kirk  
Chief Executive Officer

# Brief Overview of PMG


- ▶ 8 ½ years old
  - ▶ 51 Physicians
  - ▶ 7 Allied Health Professionals
  - ▶ 315 staff
  - ▶ 7 clinical locations
  - ▶ 41,000 CEMs
  - ▶ \$48MM annual revenues
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# Specialties


- Allergy
  - Cardiology
  - Chiropractic
  - ENT
  - Family Practice
  - Internal Medicine
  - Nephrology
  - OB/GYN
  - Ophthalmology
  - Optometry
  - Pediatrics
  - Podiatry
  - Radiology
  - Rheumatology
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# PMG's EHR Story

- ▶ Identified as a Priority (after getting out of debt) in 2005
  - ▶ 2006 – 2007 Vendor Selection Process
  - ▶ June 2007 Signed Contract
  - ▶ July 2007 – Kickoff Meeting
  - ▶ Late 2007 – Paid off startup debt
  - ▶ December 2007 – ITT Training & Build Kickoff
  - ▶ Sept 2008 – First clinic Live
  - ▶ June 2009 – Last Clinic Live
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# The Big Decisions:

1. Which EHR System?
    - a. Recommend a good consultant!
    - b. See them in action.
  2. ASP or Direct Purchase?
  3. Big Bang or not?
  4. Data Input Device Issue
  5. Float Pool?
  6. Historical Data
    - a. Scan it in its entirety – average 30 charts per day per scanner
    - b. Scan a portion
    - c. Don't scan anything
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# Human Investment

## ▶ Internal EHR Group:

- Manager of Information Services – Project Lead
- In 2007, hired 1 FTE – training & support
- In 2008, hired 1 FTE – change requests & support
- In 2009, hired 1 FTE–help desk & interface support

## ▶ Core Project Team

- Internal EHR Group
- Three Clinic Managers
- Two Nursing Supervisors
- Three physician “Champions”
  
- Core Project Team was on-site at each “go live” for the first three weeks. Physician Champions on-site for week 1 only.

# Human Investment (Cont.)

- ▶ EHR Review Board
  - Internal EHR Group
  - Executive Management – CEO, COO, CFO
  - One Provider from each Clinic
  - IT Manager
  
- Meets monthly to obtain implementation progress report, hear concerns, resolve issues and develop EHR policies. It was at this level that the Battle of the Data Entry Device and the Battle of Degree of Scanning were waged.

# Human Investment (Cont.)

Some external training resources were included in our ASP contract; we purchased 130 additional hours of training and implementation assistance as well.

We used these external resources for the first four “go-lives”; the remaining three were conducted entirely by the Core EHR Team.

# Financial Investment

- ▶ CAPEX: \$747,000
  - Data Input Devices – one per exam room (170 in all)
  - Arms
  - Cabling
  - Dragon Licenses
  - Scanners
  - Training Room Equipment & Set Up
  - Network Upgrade
  
- ▶ Operating Startup Expenses:
  - 100% of Internal EHR Team for 2 years;
  - 8 weeks of Core Team
  - Loss of Productivity
  - Float Pool
  - Temporary Providers


# Financial Investment (Cont.)

- ▶ Ongoing Operating Expenses:
  - Lease Payments to ASP
  - EHR Group

Cash ROI already positive in that the transcription savings exceed the ASP fees

Other financial benefits (supplies, charge entry personnel, storage, etc.) will ripen as we get more mature on the system.

# Implementation

- ▶ What did we install?
    - TouchWorks v1.1
    - Scan v3.31
    - Dragon Voice Recognition
    - Connect R – Interface Monitoring
  
  - ▶ What have we interfaced?
    - Registration and Scheduling
    - Charge
    - Orders
    - Results
    - Dictate
    - Transcribe
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# Implementation (Cont.)


## ▶ Data Conversions

- Prescription Data
- Transcription Data


## ▶ Modules Implemented

- Phase I – Base, Document, Scan, Rx, Note, Charge and Dictate
- Phase II – Orders and Results  
Orders & Results added later due to build time, interface set up and testing.

## ▶ End User Training

- Ancillary: One 4 Hr Session
  - Reception: One 4 Hr Session
  - Nursing: Four 4 Hr Sessions – 20 Hrs
  - Providers: Five 4 Hr Sessions – 25 Hrs
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# Roll Out Strategy

- ▶ EHR Deployment Plan
    - Roll out timeline was developed for all 6 offices. Plan allowed for 1 clinic implementation per 6 week period.
    - Staggered implementation assured core project team availability at “go live” site for a minimum of 3 weeks.
    - Allowed team to make any suggested system or template changes.
    - Incorporate any training or workflow revisions for the next clinic implementation.
    - Simulation training exercises at each clinic prior to each “go live” date.
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# Next Steps

- ▶ Analyze processes and workflows look for areas needing improvement.
  - ▶ Shadow provider and staff identifying areas where struggling or areas where full functionality not being utilized.
  - ▶ Make system adjustments and deliver reinforcement training where needed.
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