



John C. Dormois, MD, LLC

- Single Physician Cardiology Practice
- 1 Nurse Practitioner
- 4,500 Patients

Challenges:

- Become a paperless office
- Find a reasonable priced product
- Find a product with ease of use and key functionality
- EMR implementation without practice disruption

Solutions:

- Affordable software system with flexible payment terms
- Functionality beyond expectations
- Gradual, modular implementation

Results:

- More time during the day for Provider and staff
- Elimination of document preparation at each patient visit
- Significant reduction of time spent to document encounters and communicate orders
- Significant improvement in practice efficiency
- Increased revenue

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Single Physician Cardiology Practice Achieves Return on Investment for EMR in 6 months

Improving Efficiency with the AMCIS Patient Care Manager

A Case Study from Tampa, FL presented at TEPR 2008
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Selecting an EMR

Dr. John Dormois is a solo-practitioner cardiologist who has been practicing clinical and interventional cardiology for 30 years. He spends the great majority of his clinical practice in his outpatient office focused on preventive cardiology. His practice includes patient and diagnostic consults, office visits and stress and other cardiovascular studies.

In 2001, Dr. Dormois wanted to take his practice paperless and embarked on that mission independent of outside vendors by using the Microsoft Office Suite of products. Through a combination of MS Word, MS Excel, MS Outlook and a fax server the practice was able to significantly reduce the size of paper charts on an ongoing basis. However, this method of documenting patient care had several drawbacks. They included:

1. There was no central database that contained all the patient information. For example, the patient name had to be typed onto each newly created document. This led to:
 - Reduced ability to search for information
 - No ability to query a database
 - Redundant entry of the same patient data in different forms
2. There was no interoperability with pharmacies and laboratories
3. There was no connection to patients online

Because he could foresee ways of improving his MS Office based system, Dr. Dormois began a search for a vendor-based Electronic Medical Record (EMR) product that could fill the gap in functionality existing in his current system. He searched for 5 years to find a system that he felt would meet his needs. During that time, he saw many products which he categorized as expensive and containing many 'bells and whistles'. Instead, he was looking for a reasonably priced product with ease-of-use, a clear layout and centralized key functionality. He found what he was looking for with the AMCIS Patient Care Manager by M.D. Web Solutions. It was an affordable product that contained all the key functions he was looking for, including:

- Patient Portal
- ePrescriptions
- eLabs
- Easy-to-use Clinical Documentation
- Scanning
- Secure Online Communications
- Faxing
- Automated eReferrals
- Online Scheduling



"At first I didn't have to stay late to finish my charts; then I had an extra hour during the day to do additional consults; and now we're reducing our front office staff in half. I tell you, I'm a believer."

John Dormois, MD

In addition to functionality and ease-of-use, Dr. Dormois was looking for an implementation that his practice could undertake without a major upheaval of his existing workflow. In order to achieve this goal, he opted for a modular implementation of AMCIS. The product was implemented in 4 phases, listed here:

1. Online Communications and Clinical Documentation
2. Online Scheduling, Faxing and Scanning
3. ePrescriptions
4. eLabs

Implementing AMCIS

The increased efficiency for his practice was immediate, and within a month of the first go-live Dr. Dormois could tell that he had more time during the day.

This was due in large part to a unique service provided by M.D. Web Solutions wherein 15,000 of Dr. Dormois' previous notes were migrated into AMCIS on day 1. Not only were the notes moved into AMCIS, but they were segmented by AMCIS in such a way that he could renew portions of the previous notes, such as the History of Present Illness or the Physical Exam. As a result, when a patient came to his office for a follow-up, even during the first week of using AMCIS, he could renew the previous note on that patient and modify small changes as needed to complete the new note.

In addition, much of the time spent by staff prepping documents was eliminated. Prior to AMCIS, the receptionist and medical assistant would enter demographic and other repetitive information into each MS document. For example, there was one document for demographics, another for meds, yet another for labs and then of course the new note. With AMCIS, the demographics were entered one time for new patients and that information would flow to all other documents. Existing patient accounts were migrated from the practice billing system so they were automatically in AMCIS.

The time it took to document encounters and communicate orders was reduced significantly. Multiple templates were easy to create and adjust. Renewing one office visit into a different template was easy. For example, a new patient consult was easily renewed into an office visit. When patients entered their clinical information online, that information flowed directly into the note so there was far less information to enter. Prescription and lab orders were sent to recipients electronically and the note was faxed to the primary care provider, in many cases, before the patient left the parking lot.

Subjectively, Dr. Dormois observed that instead of staying late after his patient visits were completed he was leaving right after his last patient. He could tell that AMCIS had made a significant impact in improving the efficiency of his practice and so he set out to measure that improvement.



Measuring the AMCIS Difference

The number of billable patient visits and echocardiogram readings recorded in the practice billing system were compared between two 3-month time periods; April to June 2006, before AMCIS, and April to June 2007, four months after implementing AMCIS.

When looking at patient visits the data showed that he had seen 906 patients in the '06 period and 911 patients in the '07 period. In both periods he had worked 49 days and there were no significant disruptions in the normal schedule of appointments. Thus, the average number of patient visits was nearly equal between the two periods at $n=18.5/\text{day}$.

However, when observing echocardiograms read during the two periods, the difference was noticeable. During the '06 period, Dr. Dormois read 504 echocardiograms (echos). However, during the '07 period he read 656 echos; 152 more echos. This equaled 3 extra echo readings on average per workday and at an estimated revenue of \$50 per echo an amount equal to an extra \$7,600 in the three month period after AMCIS was implemented. Note, that Dr. Dormois was doing this while seeing the same number of patients and still leaving the office shortly after 5pm.

Setting the Standard for Success

Dr. Dormois' subjective observation that he had significantly more time on his hands after implementing AMCIS proved to be accurate. This is in stark contrast to what is commonly observed in doctor's offices that implement other EMR systems. As proof, the Medical Records Institute released a study in 2007 indicating that approximately 20% of all EMRs that are installed at a practice fail and the practice reverts to paper-based records. In many cases, an EMR's success is measured as 'not taking the system down'. For Dr. Dormois' practice, success was measured by a higher standard: What is the Return on Investment? For Dr. Dormois, within 6 months AMCIS was paid for. As a result, the AMCIS purchase was an investment not an expense.

Other Benefits

In addition to concrete and measurable financial rewards for implementing AMCIS, other non-monetary benefits were observed.

- **Finishing notes is easier and more efficient.** When notes are completed they are automatically faxed to the primary and/or referring provider. The need to print and fax notes is eliminated.
- **Drug renewals are so easy as to be satisfying.** Dr. Dormois observed that drug renewals are far faster and easier than before. Multiple drugs can be renewed with a few clicks and the time and date of the previous prescriptions, as well as the date of the next anticipated prescription, is directly on the screen.



• **Communication within the office.** There are no paper messages cluttering the office and getting misplaced. With a few clicks messages are sent and all correspondences, whether within the office or with patients, are time stamped and readily available in the patients eChart.

Conclusion

Many practices consider their EMR a success if they don't stop using it. Dr. Dormois and his staff measured success with the AMCIS Patient Care Manager by a proven Return On Investment within 6 months. Choose an EMR wisely and select a product with a proven track record of economic success.