AFTER A YEAR ON THE CHAOS TRAIN,.........

What difference a year makes! In January of 2004, coming back to work after the holidays had been a nightmare. What made the difference?

In July 2003, our physicians faced a painful truth: our practice management system didn't provide us what we needed to run our practice at optimal level, nor did it provide a platform to move ahead with our plan to purchase and implement an electronic medical records system (EMR). We needed a drastic update. We wanted to go from standing still with an outdated, UNIX® based practice management system (PMS) to a comfortable, smooth ride with a new, Windows® based PMS. But to get there, we had to be willing to board the train and endure some hard lurches and track shifts along the way.

As any practice administrator knows, installing new software of any kind is going to wreak havoc on the main system that the entire practice is built upon! We knew that when we did decide on a new PMS and set a date to move forward, we would have to plan carefully to survive such an undertaking. This article shares what we learned that helped us make a successful transition and not only survive, but thrive, because of it. I know that our practice is not alone in having outgrown our practice management system. Many other practices are facing this reality, yet are afraid to jump on the train because they feel that the right train isn't out

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there. They don't realize what new programs are available to replace their tired old systems. Even if they do find a better product, the fear of the train ride in getting to a successful transition is extremely daunting and becomes a stopping point before they ever even see a demo of the new systems.

Boarding the Train

In the fall of 2003, we purchased MicroMD®, a system that offered everything we were looking for. We had already worked with and trusted the vendor, who showed us how easily the PMS integrated with document imaging and EMR programs, how easy it was to learn and use, and how many standard features it had that our old system did not have and would have charged outrageous costs to provide. Now we needed to make it happen and survive the transition.

We scheduled training, cleaned up many files on the old system, set up new codes on the new system, and planned our conversion. Data was transferred from the old system to the new over a weekend and we began with the new system on a Monday morning in December of 2003.

Rule 1: Plan for Change but Change Your Plan if Necessary

We had planned for the change, but on day one we were surprised at our front desk backlog. Registration took longer because the staff was still learning the new system. We thought that we had planned for everything, but on the first day of "go live" we had a major line of patients at our registration desk.

Rather than panic (although I must say it was tempting), I surveyed the situation and realized that it wasn't only the new system that was causing the problem. Part of it was the physical layout of our registration area. The next day, I brought in a new small desk where we placed a sign-in sheet for patients to record their name and then be seated until called to the front desk to register. Not only does the furniture look nice in the waiting room, it solved our queue problem! Completing patient registrations at the time the appointment was scheduled also helped alleviate congestion at the front desk.

Another situation developed with respect to cash flow. Since we "draw down" cash at the end of the year per our accountant, and since the billing department needed about a month to get the new system under their belt, we experienced cash flow problems. By using our line of credit—and getting our billing department up to speed, we quickly recovered. Three months after conversion all was well, and the fourth month was a record month for collections for the practice.

Change Processes AFTER System Conversion

When we were cleaning up files for conversion, we became so enthused with the capabilities of our new system, we tried to implement new processes at the same time. We realized during our training sessions that we were expecting too much, too soon from our people. We were trying to have them learn a new software system AND make process changes all at the same time.

A consultant said I needed to readjust my expectations and explain to staff that all they were expected to learn on the new system was how to do things they previously did on the old system. After using the new system for several months, we moved to the next level of changing some processes. This approach worked very well for us. It took about two months for the immediate chaos to subside and the staff to become truly comfortable with the new system. With respect to process changes, we used the analogy of a train leaving the station. We indicated that the train was leaving the station, and each staff member needed to decide if they wanted to be on the train, and if so, where they wanted to be… in the engine, in the middle of the train, or in the caboose.

Write Down Your Plan

The first thing in any type of system change is to take stock of how you are doing things now versus where you want to be. Make a list of what you want to accomplish with a new practice management system. Be clear about what is going to happen

.........DESTINATION REACHED!

because of new software and what is going to happen because of new procedures.

At first, it looked like our office was going to be turned upside down. Making a list and writing down the areas that were going to be affected allowed me to organize various categories. What seemed overwhelming in my mind became an orderly list that we could conquer once I looked at it in writing. I realized that four major areas comprised the majority of what we would be dealing with in a conversion. I created the following outline to help set the stage for our plan.

A Patient Accounts
1. Demographic information
2. Insurance information
3. Computer notes and features on patient accounts

B Scheduling Appointments
1. Call center and front desk functions
2. Medical Records: route slips, outguides, patient data sheets

C Billing and Collecting
1. Entering charges
2. Carriers, clearing houses, and electronic billing
3. Patient Statements
4. Account types including collection
5. Financial controls

D Reporting
1. Daily reports
2. Monthly reports

Create a Team

We created an implementation team with supervisors from each area of our practice. This let us divide responsibilities among the departments and provide individuals a way to give input. It is so much easier to make a large system implementation successful if you have buy-in. We now had a team of people who were enthused about boarding the train, rather than a group of disgruntled, scared, and confused individuals. We created groups based on job functions and trained these groups only on the sections

of the software that pertained to their job. This helped to minimize stress. Later on, they learned more about other areas of the system.

We used our team approach to streamline our billing department. Staff members logged their work into spreadsheets which let us monitor what they were doing, how much was getting done, and in what time frame. From this data, we determined that we needed to hire an additional staff member to work problem EOBs. During the year, our billing team worked with the new software to accomplish the following:

- Categorize accounts by type, creating meaningful account types.
- Clean up old account balances —sent to collection or written off.
- Establish standard payment arrangements for overdue balances.
- Set a standard of entering charges—no more than 24 hours after service.
- Use sequences and split sequences in payment posting.
- Ensure each staff member taught one other person to do their job so they could cover for them when absent.
- Establish a reporting system to monitor charges that were submitted to and rejected from our clearinghouse, and then to the carriers.

We involved staff members whenever and wherever possible. Some of the changes with respect to the registration process were:

- The call center would complete registrations for all patients when making appointments.
- Notes about the appointment would be entered in the software and printed on the route slip.
- The mail merge feature was used to create our own route slip that pulled data from the patient account and printed it on each route slip. Along with the route slip, we printed outguides.
- We developed a patient data sheet that printed along with the route slip. These were handed to patients to check while insurance cards were scanned at the front desk.
- The registration process was changed so that patients took their time-consuming forms (Medical history sheet, consent form, HIPAA form) to the "waiting" area to complete, allowing the front desk to move to the next patient.

We Survived the Ride

Front desk backups, a financial department that was unsure of how to function, and very little cash—a nightmare in any

practice administrator's book. Chaos to be sure. But hard work, persistence, and time made a big difference.

The reporting function of our new PMS has allowed us to prepare information for the physicians that was previously unavailable. A report on E&M codes indicated we had a problem, so we had a coding consultant provide instruction to the physicians. The changes in coding patterns were evident . . . our reports showed them.

We worked with an accountant who used EOB data to analyze our market and recommend fee levels. He previously had to come into the practice and copy EOBs, taking them back to his office to extract the data. Now, we run a report, create a file, save it in Excel®, and e-mail it to him. He imports it into his database and provides his recommendations to us, and the savings in his fees are considerable.

Over a year later, we have made significant progress and are ready for our next steps: document imaging to take our practice paperless, and an EMR. We'll let you know how we fare when we round these bends!

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