

Pediatric Practice Needs for a Pediatric EHR and Practice Management System





Background

Pediatric practice owners should always look for tools and resources that provide the most value to their pediatric practice. Value should save the pediatric practice time and/or increase profitability. Since the HITECH Act in 2009, many pediatric practices have adopted an Electronic Health Record (EHR) and practice management system for their pediatric practice. Usually the process of selecting an EHR for the practice entails attending hours of online demos, receiving proposals and then selecting a system. Then, the salesperson might have sold the decision makers at the practice on the features of their systems and some of the benefits. After selecting a system, the staff and providers needed to be trained on the system and how to transfer their paper charts.

The physicians, other providers and staff started to use the newly purchased system and in many cases saw a significant drop in their productivity. This was not the 'fast' EHR system the salesperson sold to them in the demo. What happened? Many EHR systems try to be all things to everyone and require much typing. Other systems can be specialty specific but might be designed like a spreadsheet. While a spreadsheet is great for accounting, it is not the best for clinical patient management. Pediatric practice owners have learned much over the years since the HITECH act. While no Pediatric EHR will be 'perfect', there are core areas of a Pediatric EHR that pediatric practices should have, while other areas are nice to have or optional.

The Core Areas of a Pediatric EHR and Practice Management System

The core areas of a Pediatric EHR can be seen in the table below.

Pediatric EHR	Practice Management Pediatrics
Patient record that includes demographics, medications, immunizations, growth charts, allergies, and vitals	Vaccine management
Group patients by family	Vaccine registry reconciliation
Scheduling	Eligibility verification
Patient document management	Coding based on pediatric rules
Patient problem list	Electronic claims submission and remits
Clinical visit templates	Patient invoicing and management
Electronic prescriptions	Detailed claims tracking
Electronic lab orders/results	Summary level and detailed reporting
Pre-populated school/state forms	Real-time practice management tools
Patient educational resources	

Some comments on these core areas. The database that stores patients should be aligned and linked to storing families (this includes children with various different last names in the family). The scheduling system should be easy to use to schedule well and sick visits and automatically align the time slot based on the length of the visit type (e.g. longer schedule slots for the well visits vs. sick visits). The clinical charting should be aligned to pediatrics and require minimal typing to complete the visit while allowing space to take extra notes as needed. The system should have the ability to send and receive labs from Quest and Labcorp electronically. The electronic Prescription (ERX) system should provide a dose calculator for the provider to calculate dosing as well as show patient medication history. For a pediatric practice, there should be options for growth charts including normal, downs, and premature. When setting up a patient record in the system, the staff should be able to record demographics (such as address, phone numbers, email), patient insurance, scanned documents, vaccine records and vitals. A Pediatric EHR should have an end-to-end vaccine inventory management and vaccine patient record management system built into the workflow of the product. Some other features that insure optimal profitability for a pediatric group include: ability to verify insurance eligibility electronically prior to appointments, and an interactive and clear communication link to the billing team to collect patient balances and clarify insurance issues.

Optional Features of a Pediatric EHR



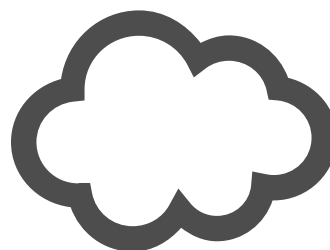
Optional features of a Pediatric EHR include: the ability to send patient charts via secure email to other providers on the secure email network, patient portal, bright futures forms integrated into patient portal, a task system to communicate with office staff members, ability to search for CPT and diagnosis codes. The Pediatric EHR company should have a method for users to report problems as well as suggestions. In addition, Pediatric EHR and practice management system should have enhancements each year. While not all suggestions can be incorporated into a design, many can over time.

A process of continuous improvement enhances the performance and reliability of a system. Some of these optional features might have additional fees for the practice – ask what is included and what is an extra cost. Each practice has different priorities and approaches. For instance, many practices either do not leverage the patient portal and/or limit the patient portal to a few options. A Pediatric EHR vendor should have the ability to turn on or off certain features in the patient portal (so the practice can configure or setup the patient portal based on some options). Secure email is an interesting feature to email patient charts and receive patient charts. Secure email allows a provider to email a patient chart and send some notes from the patient’s chart (versus needing to print and fax). While this might be used in many practices today, this could be a featured used to connect to a regional hospital and/or physician specialist.

Managing a Server in the Office vs. a Cloud-Based System



VS.

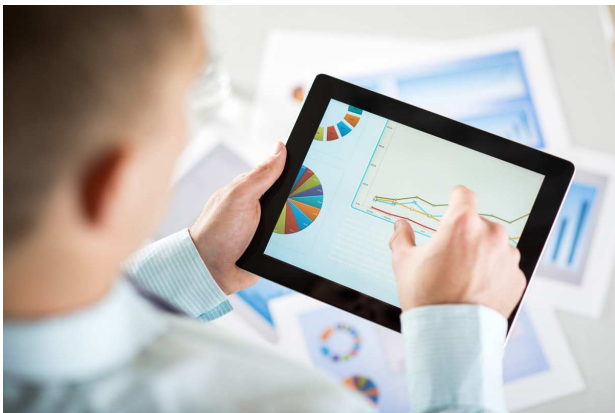


Some providers want to manage their own network and system on a computer server versus using a cloud based system. The performance advantage of a local server changed over the last four to five years. Today, High speed internet access and cloud facilities have changed this advantage. From a practice's perspective, there can be additional risk in managing a server to the practice and patients. The primary risk is related to data breaches of the server. If a practice wants to manage their own server, they will need a Network Engineer on staff or on contract to routinely monitor and management of their server including all security protocols. If you choose this route, make sure the network engineering team is monitoring the system 24/7 and uses 'enterprise' level security to protect your practice. Do not forget to add in this cost (call before purchasing a server E.H.R) as well the time you will need to manage the server and manage the process.

An enterprise cloud has 24 hour monitoring of the system, seven days a week and enterprise cloud level security firewalls and other measures. Usually, a server located in a physician's office might have a remote network engineer check the system a few times per month with a standard firewall. Many basic computer hackers could break through and steal patient data from many of these server systems located within a physician office. Interesting that most of the HIPAA reported security breaches were hospital systems with EHRs that store patient data on local servers. Hospital systems have a solid budget for daily monitoring and management of their IT networks. An independent pediatric group usually does not have the same financial capability as a large hospital system. How many pediatric practices with computer servers in their office have had a breach in patient data but the breach is undetected since the pediatric practice does not have an enterprise security system with continuous management of the network by network engineers? The challenges in the past with Cloud systems is that many offices have slow connections to the internet. Over the last five years, the connection speed options increase dramatically. The enterprise cloud is one of the highest growth rates in business due to the many advantages to cloud security and cloud software. A cloud based Pediatric EHR can be used in the office, at home, tablet PCs, iPads and even on your smartphone. While the cloud is not perfect, it is a great option for many pediatric practices.

Design of Clinical Templates - Aligned to Pediatric Specialty with Easy Work Flow

Clinical templates for a pediatric practice should be aligned to well and sick visits and the templates should be easy to complete quickly and effectively. Check boxes that are aligned to a pediatric well-visit age are usually much easier to complete and are iPad friendly vs. spaces that require much typing. Although typing is needed in some visits, if the templates are designed well, most of the visit should be completed via completing check boxes. Evidently, no system can be 'perfect', but this approach usually provides both consistency and flexibility for the pediatrician as well as better speed than templates that require typing.



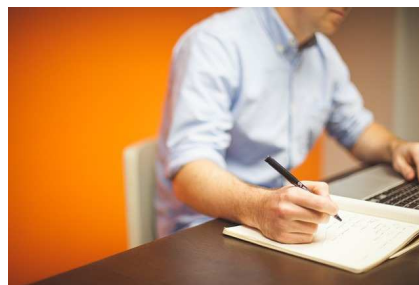
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The templates should easily allow the providers and staff to record vitals including height, weight, head circumference, pulse ox, and blood pressure. Also, the staff should be able to record vitals in either metric or English units. The vitals should automatically populate into the growth charts and calculate the BMI. The Pediatric E.H.R should provide some starting templates for ADHD visits, asthma visits as well as some other common pediatric visits. The system should provide a base starting templates with the ability to request changes/updates for their practice.

Also, templates should have a place to order vaccines and other orders (such as strep test, hearing test, and vision test).

Integration of Vaccine Orders and Inventory Management System

Since vaccines are the number two cost after payroll for most pediatric practices, an integrated vaccine ordering and inventory management system helps ensure optimal management and profitability of vaccines. The vaccine inventory management should have a virtual refrigerator that shows all the current vaccines, their lot numbers and display the number of doses for each vaccine for both VFC and commercial vaccines. Ideally, this inventory management system should allow a practice staff member to view which patients received all the doses of a specified vaccine lot number. When ordering the vaccine, the pediatric provider would select the vaccines to be ordered, this order should show in the nurses portal/account so they can choose the vaccine to give from the select list of available lot numbers and then administered the vaccine. The system should record how the vaccine was given (IM, SC, etc.), the vaccine name, lot number, expiration and Vaccine Information Sheet (VIS) date. This information should be recorded in the vaccine clinical record for the patient. Additionally, this clinical record should show dates for any vaccines offered to the patient for which the patient/parent refused the vaccine.



The system should also have end-to-end alignment with the billing system so the practice can evaluate the profitability per vaccine per payer. This level of reporting is needed because some payers have reimbursement models that at times might be below cost. I recently identified this exact issue for a large regional payer in which the contract rate proposed was below the acquisition cost for four (4) pediatric vaccines. The regional payer looked into the issue and identified that they were applying the wrong information/formula for vaccine reimbursement for these four vaccines.

Without a strong end-to-end vaccine inventory management system, identifying issues like this can be like a “Mission Impossible” assignment. A strong vaccine management system will also align the proper attachment of CPT administration codes for the practice consistently. The vaccine management system should have the ability to connect into immunization exchanges as needed.

Pediatric EHR Systems Should Have 30-Day Trial

The 'normal' process is for EHR companies to conduct a demo, provide a proposal and then obtain signature on a contract. There are different pricing approaches but the pricing should be easy to understand with a few options for the practice. The 'old' pricing models for EHR companies was to obtain a large upfront payment for the system then receive a maintenance fee for upgrades to the system (a common fee was to charge 18% maintenance fee each year). So in this model, the pediatric practice is on the hook to install the software, maintain a server and if there is an issue with the server, call an network engineer to their office to fix. The cloud systems changed this approach by reducing operating costs for practices (considering the cost of software, network engineer, and hardware) while providing enterprise level security.

The current approach is to provide a monthly fee based on the services received (minimal upfront fee). The pricing model should reduce the risk to the practice so they can try before they buy. This is very difficult with an 'old' system because it requires large installation onto a server. Additionally, a company with a

strong revenue cycle management can increase the collection rate for a pediatric practice while reducing their admin burden. When obtaining a quote that includes the Revenue Cycle Management check out the details to see if receiving "Basic" Medical Billing or "Elite" Medical Billing Services. To understand the differences between Basic Medical Billing and Elite Medical Billing, I recommend reading our white paper on this topic. I was speaking with an owner of a pediatric practice who was sold by the salesperson of a server-based Pediatric EHR. He was impressed with the "salesperson" explanation of the product and the demo provided on the system. After the purchase of the system, he realized the system was old, was hard to use and, unreliable (they system advertised high acceptance by their users). He claimed to me what the users found (pediatricians and staff) were that the providers were only to see 4-5 patients a day and they were not clear on how to manage the billing/other aspects of this system (even with multiple training sessions). He stated to me that they tried for 2-3 months and found that the practice lost a significant amount of money so they had a legal battle with the

EMR company (they wanted their money back and out of the long-term contract). This type of situation, in my opinion, is bad for all parties (pediatric practice, Staff and EHR vendor). Simple pricing models and clarity on what is provided can avoid these issues. How to prevent or minimize a 'bad fit'? A few suggestions: have two demos completed on the system, request a free month (we provide this now) of using the Pediatric EHR and ask for the contract length for the Pediatric EHR to a shorter period of time (recommend one year that renews with the ability for either party to cancel the agreement with 90 days notice after the first year).

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Summary

Identify what you truly need for your pediatric practice and do not over spend on upgrades that you might not use. Although many of the extra features seem nice, most are not used and if used might increase the workload for the staff and providers. Providers today are looking for less administrative work and more focus on quality patient time and time to spend outside the office (either to generate more patient referrals or some time off). For pediatric practice owners, the system should be focused on optimizing profitability for pediatric practices in a simple to use, up to date Pediatric EHR system.



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ABOUT THE AUTHOR

Ken Dominy has over 25 years of experience in the Healthcare Market and he is the founder and President of PhysicianXpress, Inc. He helps pediatric practice owners optimize the profitability and management of their pediatric practice via providing an end-to-end Pediatric EHR and elite Pediatric Medical Billing service. Ken led a team that created the PediatricXpress system, a Pediatric EHR and Revenue Cycle Management system. The PediatricXpress system is leveraged by independent pediatric practices that range from hundreds of visits per month to thousands of visits per month.

Ken managed the start and growth of his wife's pediatric practice from a solo pediatrician to four-provider, two office pediatric group. His overall experience includes: pharmaceuticals, vaccines, specialty medical devices, medical group management, as well as development & implementation of Electronic Health Records and Medical Billing processes/systems.

Ken holds a Bachelor of Mechanical Engineering degree from the University of Delaware and a Masters of Systems Engineering from the University of Pennsylvania.



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