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"It's easy to think you're doing 'just fine.' What you don't measure, you don't know is correct."

James W. Hendricks, M.D.
Pediatric and Adolescent Care
Tulsa, OK

A Newsletter for Members of the PCC Family . Vol. 06, No. 8

Clients See 17% Increase in Reimbursement

Since 2001, PCC clients have increased their average revenue per visit from $71 to nearly $85 in the past year. That represents a seventeen percent increase in reimbursement from just four years ago!

PCC helps pediatric practices improve their financial health with exclusive tools and services, which include free coding calculators, practice management seminars and pediatric benchmarks.

Tulsa pediatrician, James W. Hendricks, M.D., of Pediatric and Adolescent Care, can vouch for PCC's role in helping their practice increase reimbursement. "It's easy to think you're doing 'just fine.' What you don't measure, you don't know is correct. PCC provided our doctors with our Evaluation and Management coding curve and compared our charges against other pediatric practices in the region, the state and nationally ... You could have heard a pin drop in the room as the doctors realized where they were undervaluing their services."

Following their attendance at a free PCC seminar in 2001, the doctors at Pediatric and Adolescent Care implemented an improved fee schedule based on the Relative Value Unit (RVU) system. They also started to pay closer attention to their coding habits, ensuring that they were coding appropriately and fairly for all services performed during a visit. Pediatricians often undercode their visits in fear that if they code too high—whether founded or not—that they will be flagged for an audit by insurance payors. However, as PCC and their clients can support, audits should be welcome, not threatening. "Practices whose charts support their coding have nothing to fear," says Chip Hart, director of PCC's Pediatric Solutions consulting group. "As our clients who have been to our seminars know, it's a great opportunity for negotiating insurance contracts."

Pediatric and Adolescent Care saw an increased reimbursement of 45 percent

from 2000 to 2005. "PCC increased our reimbursement by teaching us how to improve our coding practices...We now discuss our coding mix on a quarterly basis with reports from PCC's practice management software, and our numbers continue to improve!"

Hart believes the trend for increased reimbursement will continue into 2006, and is already seeing evidence to that effect. "The work our clients are doing to improve their coding practices, fix their prices and negotiate their contracts is paying off!" ■

To learn more about PCC's free coding and reimbursement tools and services, go to www.pcc.com/practmgmt or contact PCC at **800.722.7708, option 2.**

"We now discuss our coding mix on a quarterly basis with reports from PCC's practice management software, and our numbers continue to improve!" attests Dr. Hendricks.

PCC Clients Win SOAPM Elections

The votes have been cast, the ballots counted, and we're pleased to announce that two PCC clients have won election to AAP's Section on Administration and Practice Management (SOAPM) Executive Committee.

Current committee member Richard Lander, M.D., FAAP, will take the helm from chairperson Anne Francis, M.D., FAAP, in November. Jill Stoller, M.D., FAAP, will begin a three year term on the Executive Committee, succeeding outgoing member (and long-time PCC client) Richard Oken, M.D., FAAP.

SOAPM's mission is to educate members about the business side of medical practice. It's a subject virtually ignored in medical school, but vital in this age of managed care and government regulation. Both Dr. Lander and Dr. Stoller bring to the SOAPM committee a wealth of experience in the intricacies of practice management.

Dr. Lander, managing partner at the Essex Morris Pediatric Group in Livingston, NJ, came to recognize the importance of office management early in his career, during a decade spent as a solo practitioner. "I was lucky my dad was a good businessman," he says today.

Over the years, he has found outlets for his interests in both practice management and medical coding. He's been a regional Current Procedural Terminology (CPT) trainer since 1989 and has lectured and written extensively on coding issues; he also sits on the editorial boards of several coding newsletters.

His chairmanship of the SOAPM Executive Committee is the latest entry in a lengthy resume with the AAP. From 2000-01, he was president of the New Jersey Chapter (AAPNJ). On the national level, he's served with the Task Force on Reimbursement and the Committee on Child Health Financing, and has chaired SOAPM's Relative Value Unit (RVU) and Education Subcommittees. And, since a person can never be too busy, he has recently launched a private consulting business specializing in practice management.

When Jill Stoller interviewed with Chestnut Ridge Pediatric Associates in 1996, the senior partner asked her what she knew about the business aspects of pediatrics. "Not much, but I'm a quick learner." She remembers she was told, "Well, we can't teach you anything--good luck!" "They were surviving by the seat of their pants and a lot of luck. I decided to clean things up." Last year, after a long struggle, she even convinced her partners to replace their antiquated computer system with PCC software, which has been "just wonderful."

Today, she is co-chair of AAPNJ's Practice Management Committee and a member of the chapter's Pediatrics Council, a group founded and co-chaired by Dr. Lander. Deeply interested in managed care reform, she has worked with the Government Affairs Committee, and has been asked to attend the 2006 Legislative Council in Washington on behalf of AAPNJ.

She hadn't heard much about SOAPM before Dr. Lander suggested she join two years ago. An "avid e-mailer" she quickly became an active member of SOAPM's listserv, where she gained a reputation as a person who "says it like it is"—a quality that undoubtedly helped win her seat on the Executive Committee.

During her tenure on the committee, Dr. Stoller wants to work on increasing the section's membership well beyond its current 500 participants and making sure her colleagues realize the AAP advocates for their needs. In her view, it's the right moment for collective action. All pediatricians now realize they're getting hurt by the insurance and managed-care industry, she says. "They're not willing to roll over dead anymore."

As SOAPM chairperson, Dr. Lander wants to keep the AAP focused on the doctors working "in the trenches," not just academic pediatricians and researchers. "We need to educate our SOAPM members on the practice of good medicine and the practice of good business, because without both, they can't survive." ■

To learn more about the AAP Section on Administration and Practice Management and to apply for membership, go to: **aap.org/sections/soapm/soapm_home.html.**

PCC Builds New Connections to Immunization Registries

PCC continues to remove obstacles that keep pediatricians from practicing medicine with new software and services. Most recently, PCC built an interface to the Maryland Immunization Registry. Pediatricians in the PCC network can now automatically submit their immunization data to the Maryland registry, over a secure Internet connection enabled by PCC, without even having to touch a button!

PCC clients are offered interfaces to their state immunization registry for free, eliminating the need for practices to manually enter their immunization data in two separate computer systems. Currently, PCC has registry connections running in 14 states across the country, and is actively working to expand that list of state connections.

Chris Forleo, PCC's Immunization Registry Project Manager, is excited about the new interface to Maryland, and about expanding PCC's offerings. "We're aiming to develop registry connections in every state in which we have clients by the year's end, as long as the the opportunity is there. We've offered this service for free to our clients for years and we would like to see more clients take advantage of this." Now that more registries are accepting data in standard formats, PCC has made it a priority to build connections to state registries that are ready.

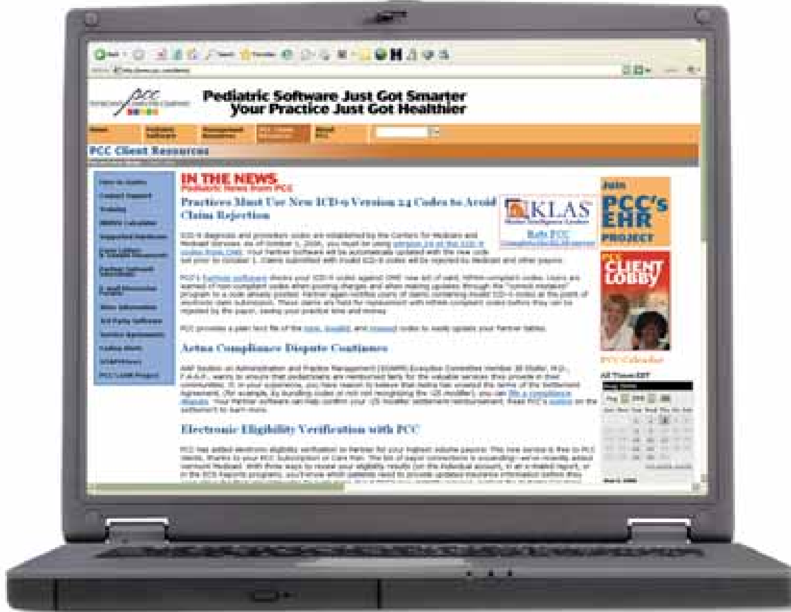
PCC is encouraging clients to submit their immunization data where connections are enabled. "In the past, we built registry connections at the request of a client, as was the case with Maryland. Now, however, we're taking the lead and contacting our clients in states where we are able to interface to their registries," adds Chris. "We want to get every client connected to their registry, provided they want to participate and PCC is ready to help make the service available."

PCC clients can learn more about connecting to their state immunization registries by contacting PCC Support at **800.722.1082 or support@pcc.com.**

"We've offered this service for free to our clients for years and we would like to see more clients take advantage of this."

-Chris Forleo, Immunization Registry Project Manager

PCC is Building Your Ideal Electronic Health Record



Get involved now in the design of your ideal, pediatric-specific EHR. Participate in the surveys and join the online PCC EHR design community at **www.pcc.com/clients** and click on the EHR Project link.

PCC clients know from experience that the quality of PCC's EHR software and customer support will set us apart from all other EHR companies.

PCC's EHR will enhance the way you practice medicine. Our understanding of the unique needs and preferences of every pediatrician within a practice has been reinforced through our research, and we are prepared to handle customization at the individual level, not just the practice level. With guidance incorporated from trusted sources, we'll help you deliver the highest quality of care.

Help us bring you the absolute best pediatric-specific EHR available. Join the PCC EHR design community and help raise the bar for digital patient records.

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Meet PCC at the following educational events

October 7-9, 2006

AAP National Conference and Exhibition
Georgia World Congress Center
Atlanta, GA
www.aap.org/nce

November 16-19, 2006

AAP, CA Chapters 1, 2, 3 & 4 Pediatric Update
27th Annual Las Vegas Seminars
The Venetian Hotel • Las Vegas, NV
www.aapca2.org/futureevents.htm

EHR RESEARCH & SELECTION

LESSONS LEARNED THROUGH EXPERIENCE OF PCC PRACTICES

For many pediatric practices, making the decision to transition to electronic medical records is difficult enough. But the process of finding a system that meets the needs of the practice–and the individual providers within it–can be downright overwhelming. Where do you start? Who should be involved in the decision? What are reliable sources of information? Here are a few case studies from members of the PCC network.

The direct approach

One successful model for an EHR research and selection process comes from Delaware Valley Pediatric Associates, a practice with 6 providers and about 25 staff in Lawrenceville, NJ. Managing partners, Drs. Harris Lillienfeld and Glenn Palsky, along with office manager Elvie Sgro, made the decision to implement an EHR and drove the research and selection process.

Determined that any EHR they used would have to interface smoothly with PCC's Partner practice management software, the trio looked no farther than JMJ and Chartcare, two companies PCC has partnered with many times. Both vendors were invited to the office to give demonstrations for all the providers and head nurses. The discussion sparked by these demos made it clear that the most important issue for many of the providers was adaptability. In that regard, Chartcare seemed to be the best choice. "Chartcare allowed us to set things up for ourselves," says Lillienfeld. "Every provider could have their own template, so we wouldn't have arguments about what had to be on a chart. Everyone thought that was nice."

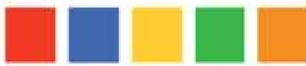
To learn more about these EHRs in action, Sgro, Palsky and Lillienfeld called and visited other pediatric practices, confirming their impressions that Chartcare offered the best fit for their practice. Soon thereafter, DVPA signed on with Chartcare.

Dr. Palsky says while their research and selection process led them to a good EHR, it did not reveal that setting the system up for their practice–creating templates, for example, would require so much time and effort. "We didn't know that going in," says Palsky. In addition, the necessary replacement rate for the EHR's wireless tablets has been far greater than anticipated. So while DVPA's front office costs have clearly dropped with an EHR, their IT costs have risen. "A practice has to think about that," Palsky advises.

Collaboration

A very different collaborative model for the EHR selection process comes from Holland Pediatrics, a practice with 9 providers and about 30 staff in Holland, Michigan. Although partner Dr. Nicholas Newman, D.O., and office manager Barbara Carlisle were leading the way, they wanted input (and buy-in) from the whole staff.

"First we had several meetings with blank pieces of paper hanging on the wall," recalls Dr. Newman. "We asked everyone in the office what they thought about an EHR and what they wanted it to be able to do–almost like having our own focus groups." Two of the key priorities that turned up across the board were reliability and compatibility with PCC's Partner software. Next Newman and Carlisle built a team around them charged with finding an EHR system to match the practice's priorities as closely as possible. The team included a clinical manager, the assistant office manager, a nursing staff member who had also worked at the front desk, a biller, a nurse practitioner, and another physician. Why such a large group? "We figured



if we didn't get the perspective of the folks checking patients in at the front desk, and our nurses, and our billers all along the way, we might end up with a system that only worked for part of our office, not the whole office," says Dr. Newman.

"It really did help in that each of those people looked at the EHR in a different light," adds Carlisle. While nurses wanted a system that would minimize typing, work easily for phone triage, and handle immunization data easily, for example, doctors were more concerned with efficient documentation of physical exams and parent conversations.

Carlisle admits that such a large EHR team probably slowed the selection process down. In fact, the Holland EHR team met monthly for almost a year during their selection process. Initially, they used input from other nearby practices, online research, articles, and information from various conferences to create a list of EHR vendors to invite in for demonstrations. Based on the EHR team's response to the demonstrations, they narrowed their EHR contenders to four, and then two. At that point, the team sent some of its members out to visit other pediatric practices to see these systems in action.

In the end, Holland Pediatrics chose A4, a system that several other practices in the area were already using with success. "While A4 wasn't exactly adapted for a pediatric practice, the system is highly customizable, and we felt very confident in its reliability," says Dr. Newman. Though no one at Holland Pediatrics would say A4 is the perfect system–or that the selection process was perfect, either, Newman says he feels pretty good about the road they traveled to their EHR decision. "Our process communicated to the staff that we were serious, and it energized a lot of people," he says. "And, as the EHR has changed the work flow in our office, the staff here have been incredibly willing to dive in. I think in part that's because they were a part of the selection process. The key is that we've really done this as a team. Next time, we would invite fewer vendors in for demos," Newman says. "I'd tell them, 'if it can't do these ten things, don't even bother coming." Dr. Newman and office manager Carlisle also feel the EHR team could have done a better job understanding the time that would be required to customize the A4 system. "The vendor threw out a number that it might take. But we've spent more like 600 hours."

The tablets Holland uses with their EHR have also been disappointing–both in terms of their durability and ease of use. Newman agrees that the EHR team could have spent more time researching the best hardware options for the A4 system.

Looking to experience

No matter what kind of research and selection process a practice follows, it's impossible to get perfect information. Dr. Stephanie Poole, M.D., felt very comfortable implementing JMJ's EncounterPro EHR when she opened her own practice, Pediatrics at Whitlock, in Marietta, Georgia, two years ago. She had used the system successfully in a previous group practice, and when she and office manager Lawrence Poole learned that it could interface smoothly with PCC's Partner system, they signed on.

But the Pooles have had a mixed experience with their EHR, despite their prior experience with the system. "The most challenging part has been customizing the interface, in terms of diagnosis codes going properly from the back office to the front," says office manager Poole. Of the research and selection process, he says, "In retrospect, I would want to be more educated on the interface process." ■

Lessons Learned

What can be learned from these examples? Here's a list of suggestions for a successful EHR selection process:

1. Use the wisdom of other practices who have already implemented EHRs. Call other offices to get EHR recommendations early in the research process. Visit other offices to see EHRs in action once you've narrowed down to a few choices.

2. One way or another, get input from your own providers and staff about their priorities for an EHR. Seek the input of providers or staff who are reluctant about an EHR, too. Their concerns may help to shape the selection process and they will be more likely to buy into the new system once it is implemented.

3. A vendor's demonstration is probably best as a middle step. Invite vendors only if you're seriously considering their EHR.

4. Make sure you have a clear picture of the time and resources you'll need to customize your EHR. While it might not change your decision, it will help you avoid surprises in implementation.

5. Evaluate an EHR vendor's support base carefully. From training staff to building interfaces to troubleshooting, support is critical to the success of your EHR.

6. Don't forget to explore all hardware options carefully. The successful and cost-effective implementation of an EHR can depend on hardware as much as software.