

# Caring and Sharing

**As the community care model of treating patients takes hold, physicians gain big from using a PM/EMR systems network and from sharing patient information electronically.**

*By Richard R. Rogoski, Contributing Editor*

Everyone heralds the implementation of IT in physician practices as a positive. It saves time, money and, in some cases, the patient's well-being. But for most physicians, the introduction of automation also carries a risk. When practices operate as silos, separated from each other by architectures and applications, not being able to electronically share patient-specific information with medical colleagues treating the same patient can add workarounds, negating the time and money saved.

There's a new model of care on the horizon. When several physicians who treat the same patient can share pertinent information about that patient over a common Web-based network, it's a win-win. Not only does the patient receive timelier and more comprehensive medical care, but also the physicians involved can save time and money—and both are valuable assets for most small and medium-sized practices.

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Anthony Alfieri, D.O., a cardiologist in Wilmington, Del., was so intrigued with the "community care model" that he started a company dedicated to building a network of practices that use a common electronic medical record (EMR) and practice management (PM) system—in this case, systems licensed from Kansas City, Mo.-based Cerner Corp.

Since 1999, Blue Ox Medical Network has grown from Alfieri's own nine-office practice to include more than 70 physician practices with specialties like primary care, general surgery, OB/GYN, pediatrics, dermatology and ophthalmology. Between 300 and 400 physicians, caring for approximately 500,000 patients, are now on the network, and Blue Ox continues to expand its reach. Beyond Delaware, Blue Ox now has member practices in New Jersey, Pennsylvania, Maryland, Virginia and the District of Columbia. Blue Ox signs up one or two new practices per week.

## **Casting His Net**

Initially, Alfieri was searching for a way to streamline his own practice that, in 14 years, had grown to include 20 cardiologists. The PM system he had been using exhibited major software glitches, and Alfieri felt the vendor and his practice weren't a good fit.

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Alfieri also wanted an EMR, but discovered it came in three varieties: good, better and best. "I could only afford good, but I wanted best," he admits. "Another big requirement was buying from an established vendor that would be here in the future. I wanted the best EMR system with a vendor who had a track record, financial stability and longevity—and that's expensive."

He began a two-year due diligence process and says he looked at all the options. "Cerner had just come out with their Millennium architecture and PowerChart Office and assured me they could provide the PM

system and an EMR as an ASP (application service provider). We liked Cerner because they offered the architecture, because they have a tremendous commitment to R&D, and I loved the software. It's easy to use, and the template system makes it malleable to any doctor's practice."

It wasn't long before Cerner's PowerChart Office clinical EMR and practice management system became the backbone of Alfieri's practice. He says the Cerner EMR lends itself to use by virtually any medical practitioner. "If people want to develop pathways (pre-completed notes for certain specialties), Cerner has done that. The EMR doesn't require much customization because it comes with everything a physician needs."



*Anthony Alfieri, D.O.  
Blue Ox Medical Network*

### **The Network Expands**

Alfieri says delivery of the software via an ASP model is significant because medical practitioners want to concentrate on healthcare, not IT. They don't want to be concerned with the number of servers in the office or with disaster planning and backup measures. "When I talk to doctors about this, I tell them, 'Look, there are 200 Cerner people sitting in their data center in Kansas City. It's their job to make sure we have no downtime, to prevent disaster and to handle backup.'" Blue Ox does provide physician support to its clients from 8 a.m. to 5 p.m. every day and represents the primary relationship with physician office clients, but Cerner manages the data center, backup, disaster prevention and the hosting.

While his cardiology practice reaped benefits from the PM and EMR systems, Alfieri envisioned family physicians on the same network, since they were the ones who most often referred patients. But he also realized that single practices might find it cost prohibitive to purchase PowerChart Office individually.

Alfieri approached Cerner about bringing other physician practices onto the network to facilitate his practice's conversion to an EMR. "The work of turning all my paper records into an EMR was onerous. I wanted to get transcriptions faster." As the community care model became more plausible, he was also able to work an arrangement with Cerner whereby "we have the right to resell the licenses."

Alfieri also notes that the community care model provides an economy of scale benefit with interfaces that can't be had from supporting a silo practice model. The cost for interfacing with Blue Ox is the same as the cost would be for interfacing with a silo model, he says, but the interface cost—and benefit—is spread over all the practices participating in the community care model. As the network grows, participating practices can gain from the enterprise's ability to influence price points.

In the future, Alfieri anticipates that Blue Ox will utilize Cerner's IQHealth, which provides for e-communication between healthcare providers and patients and their families for exchanging, tracking and recording patient information.

### **Potential for Savings**

Hooking up to a Blue Ox network requires a commitment from physicians. "Signing on with Blue Ox for the Cerner EMR via ASP does require a replacement of their existing PM system," Alfieri explains, "but this hasn't been a problem because of the robustness of the EMR and the productivity gains they experience." Plus, all physicians on the network receive quarterly upgrades from Cerner that have been thoroughly tested by Blue Ox testers before going live on the Web.

Needless to say, physicians who want to be members of the Blue Ox Medical Network are charged for the privilege. But by combining a community care network with an ASP model, costs are minimized. "We charge doctors \$150 per user per month to use the system," Alfieri says. He adds that in addition to the licensing fee, the total cost typically runs about \$500 per doctor per month.

The improved efficiency resulting from being on the network can have a long-lasting effect on a practice's bottom line, he says. "The average doctor can increase his income by \$80,000 a year." For Alfieri's own cardiology practice, the return on investment has been phenomenal. Balancing off the network's annual cost of \$351,128 with increased income of \$2,337,408 due to use of the system and improved efficiencies, he figures the cardiology practice's ROI averages \$1.98 million per year.

### **Team Players**

Alfieri says that not every physician wants to be part of this kind of network, but those that do know why. "They believe in a community care model, where all the doctors work together to treat a patient."

He explains how this can work. If a primary care physician refers a patient to him, "I can conduct a consultation and then send the report directly back to the family physician." If other physicians are involved, Alfieri can access a patient's record, see progress notes from three or four physicians (with their authorizations) and view their documentation. By creating interfaces with hospitals, labs and imaging centers, vital test results and lab data also can be shared.

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Because the system is Web-enabled, physicians on the network have access to patient data anytime. "I can look at patient charts at 3 a.m., and if I experience any problems with the network, I just call Cerner," he says. This ensures that emergencies can be handled whenever they occur, and that physician partners can cover for one another and still have a complete and up-to-date chart on each patient.

But Alfieri is quick to point out that not all data is accessible to all physicians on the network. "Information is only shared among treating physicians," he says. Progress notes, for example, are kept strictly confidential and are only shared if one treating physician chooses to send them to another treating physician, he says. Information including medications, allergies, lists of problems, demographics and insurance-related data can be openly shared, he says.

Since the inception of Blue Ox, protecting patient privacy has been paramount. "One of the first things we did was to hire a HIPAA attorney," Alfieri notes. "Patients coming to a participating practice must sign a consent form that allows electronic transmission of their personal and treatment data."

### **Coding Accuracy**

Even with all these precautions, running Cerner's PowerChart Office over an ASP-based network can boost efficiency levels of practices. Undercoding, for example, often is found to be the culprit in lower reimbursement levels. But undercoding usually results when busy physicians fail to document thoroughly, and the practice submits claims for those services it knows it can substantiate, even if higher-level services were delivered. The system used by Blue Ox Medical Network features an E&M coder that allows for the critiquing of notes under Medicare guidelines.

To further assist physicians in getting reimbursed, Blue Ox established its own billing company. "We offer primary care collecting rates below 7 percent," Alfieri notes.

Like undercoding, "no-shows" can be a waste of time and money. "On the scheduling component, the space turns blue if a patient doesn't show up," Alfieri explains. "With no-shows, the loss is a multiple one. Patients do not get the benefit of good care or the specific follow-up care they need. If a patient doesn't come back, the practice loses revenue—and also may risk losing the patient. We have the PM system connected to a 'telepointment' system that automatically generates a phone call to the patient the day before the appointment."

As a result, Alfieri's practice has been able to eliminate one full-time employee, and the system has reduced substantially the number of no-shows. "The practice gained, and those patients who came in again for follow-ups gained also," he says.

### **Physician-Driven System**

"The biggest reason EMRs are not used is because doctors don't want to take the time to learn how to use them," Alfieri says. "I tell doctors that the amount of time it takes to learn it is the same amount of time it takes to recertify in your specialty."

As a way to flatten the learning curve, Alfieri established "Blue Ox University," which he says is training with accountability. "It is based on the 'see one, do one, teach one' method that doctors know from medical school training. We have 200 points of learning in the training program, which consist of five modules, and the doctors get certificates and report cards."

Learning about this community care network is taking place in other sectors as well, Alfieri says. "It's a physician-driven system. The concept is new to insurance companies." Now he hopes that payers will soon embrace the concept so Blue Ox docs can get risk-sharing status with insurance companies.

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