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## Oliver Family Healthcare Finds Electronic Health Records Are a Win for Patients and Clinic

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### Summary Analysis

- **Problem** – Oliver Family Healthcare wanted to run its practice more efficiently and avoid the hassle and expense of paper charts.
- **Solution** – Allscripts *Professional EHR* for electronic health records and Allscripts *Professional PM* for practice management.
- **Rationale** – Competitive feature set, ease-to-use physician interface.
- **Results** – No longer use paper charts. Staff is more productive and sees more patients. Improved quality of patient care. Provide online visits now. Revenue growth of 25 to 30% annually.
- **Observations** – Paper charts are ancient history. Electronic health records not only drive efficiency and productivity, but also establish a platform for new services and improved patient care. A fast, aggressive system rollout is more disruptive upfront but less work in the long run.

Dr. Greg Oliver, head of Oliver Family Healthcare in Indianapolis, Indiana, was early to see the benefit of electronic health records for health care providers. “I had been in practice the first twelve years of my career and then I sold my practice to a hospital and went to work for them,” said Dr. Oliver. As medical director for multiple clinics, he kept abreast of new technologies for computerized healthcare. “I thought the future was going to be electronic health records from what I was reading. So the hospital gave me the assignment to try to find a product for all their clinics. I narrowed it down to a couple of products, and about that time, the hospital decided not to go forward with it due to costs.”

When this project stalled, Oliver saw an opportunity to buy back the family practice and run it more efficiently using new IT systems. “I decided to go back into private practice for several reasons,” he said, “but one was I really felt the future was going to be electronic health records.” The hospital allowed him to keep the practice in the same location since it was a larger referrer to the hospital. He and a nurse practitioner worked together to go back into private practice.

Having used charts for so many years, Oliver knew the limitations and costs of a paper-based system. “There wasn’t a day that went by where one of my staff didn’t say the unfortunate thing, ‘Your chart is lost.’ I’d always tell a patient that it’s really not lost. It’s here. Someone just can’t find it,” he said. Electronic health records seemed a more reliable and cost-effective solution. “I knew that it was expensive to handle charts and keep them stored. I just thought this has to be cheaper to do, which it definitely was. We were doing transcription at the time, and I wanted to save on transcription costs.”

At the time, he did not anticipate that electronic health records would add significantly to the quality of

patient care. “That wasn’t really one of the things I thought I would gain from it. That now turns out to be one of the greatest benefits of it,” he said.

## **In with the New – Electronic Health Records**

Oliver chose Allscripts *Professional EHR* for electronic health records and Allscripts *Professional PM* for practice management (known at the time as the *A4 HealthMatics System* and *HealthMatics Ntierprise*). After considering many aspects of the competitive solutions, one feature in particular made Allscripts stand out: “The reason I chose that over the other was it seemed to provide a very easy-to-use physician interface with a computer,” he said.

Dr. Oliver took an aggressive approach to rolling out the new system. He and the nurse practitioner took a week’s vacation from their hospital employment and traveled to Allscripts’ offices in North Carolina to learn the new system and make customizations to the software. After returning, they trained the staff and made preparations. On July 1, 2003, they went live with the new system and started the private practice on the same day. “We had a trainer from Allscripts here on site with us. The first day we went live in our practice we saw 60 people. They told us we shouldn’t do that. I know a lot of practices will say, ‘Stay with your charts and just do three or five on the system.’ We just went live,” he said.

In advance of a scheduled appointment, a worker entered key details into a patient’s electronic record. They also carried the patient’s chart into the room in case it was needed. Oliver continued, “I remember being in an exam room and telling a patient, ‘Hang on, I don’t know what I’m doing here,’ and would walk out. The trainer would say do this, this and this. And I would go back in the room and take care of it. The first few days we were in the office very early, six-thirty or seven a.m., and didn’t leave until probably nine or ten p.m. But very quickly within that first week, having seen hundreds of patients on the new system, we were rolling. It was fine. So my thought on it was if there’s going to be pain, let’s get it over with quickly, and it turned out, I don’t think we had a lot of pain.”

By the end of the year, they rarely needed the paper charts, and by the end of the second year, they no longer used them. The old charts were stored for compliance purposes and for rare instances when they need to see an old test result.

## **More Efficient, More Productive, Better Care**

The Allscripts Professional EHR and Professional PM solutions helped the practice to operate more efficiently and cost-effectively and improved patient care. Merely having access to timely, reliable records and reports enabled medical workers and staff to accomplish more each day. They were able to see more patients. At the end of the day, every patient visit was ready to send to the insurance companies. Collections were much higher than before, and revenues also climbed. The system notified patients automatically to schedule routine exams and tests, such as for hypertension, diabetes and high cholesterol. “Not only has it increased our ability to get the patients in for things that we think are important for their healthcare, but because of that, it increases our revenue also,” said Oliver.

More recently, Oliver Family Healthcare implemented online visits. For current patients experiencing minor issues, they can go to the website, enter symptoms and request an online visit. This generates an email that is sent to the on-call doctor's iPhone. The doctor views the patient request, symptoms and medical history from their iPhone or PC. With this information, the doctor can address the health issue, send a prescription, request the patient come into the office the next day or refer to an emergency room. The benefit to patients is they can access their own doctor who is aware of their medical history from home. They do not have to drive to a walk-in clinic. From Oliver Family Healthcare's perspective, the online visits are chargeable, though only if they can address the problem, and not if it requires further evaluation or a referral. The patient visit is also documented and becomes part of their medical history. "So we have implemented that in the last couple months," said Oliver, "and without an electronic health record, you couldn't do that."

*"Just jump in, you'll be okay. Because there is no way that with a paper chart you can take as good care of a patient as you can with an electronic health record."*

- Dr. Greg Oliver

## Advice for Healthcare Providers

When asked for his advice to other medical practices and clinics that may be considering electronic health records, Dr. Oliver responded, "I would tell anybody, especially a small practice, just jump in, you'll be okay. Because there is no way that with a paper chart you can take as good care of a patient as you can with an electronic record. And most of it is because you can't do anything with the data that's in a chart in a file. This software is doing things and inviting patients to come back for their regular screenings and checkups and blood tests while I'm sleeping. It's doing this automatically. There is no way you can practice that type of medicine with a paper chart. Is there an expense to getting involved? Yes. But we noticed that for the last five years, our practice revenue has gone up between twenty-five and thirty percent every year. A lot of it is just because we strategically look at how we can ladder technologies in our practice and link them to our electronic health records and practice management system to, number one, take better care of the patient and, number two, become more efficient over time and be able to capitalize financially on our ability to take better care of our patients."

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