

GE Healthcare

Alliance Medical Group

Better Care, Better Contracts: Better Practice



This four-office family practice was drowning in phone messages, prescription refill requests, and charts that had to be ferried from one clinic to another. Alliance Medical Group president Martin Serota, M.D., chose GE's Centricity® Practice Management and EMR to get control of the phones and the chart chase. With the Centricity system, this practice is now able to work more efficiently, provide more proactive health care, and participate in multiple pay-for-performance programs.

"The phones were completely unmanageable," Dr. Serota remembers. "We couldn't predict the load, and we couldn't get enough staff. Many of the calls were repeats: Patients would call for a refill and the receptionist would put the request on the spindle, then move it to the doctor's desk, and it took hours for us to get to them. In the meantime, the patient would call back looking for his refill, and the person answering couldn't find the request because it was on the doctor's desk."

Less than three years later, phones are no longer an issue. Half as many people can easily manage all the calls. Prescription refill requests are sent electronically to the doctors, who can approve or deny them quickly because the patient's chart is instantly available. Once approved, the prescription is faxed to the pharmacy directly from the patient's chart. The savings go beyond prescription refills, too, as Dr. Serota explains: "One big gain is that anyone who answers the phone can answer any question. We no longer have to transfer calls and leave people on hold. It's much more efficient."

Having every patient's chart available from anywhere is a huge advantage of Centricity. Before installing the Centricity system, Alliance was spending too much time moving charts among its four locations. Doctors and patients both moved around, requiring records staff to gather the next day's charts, then drive them to all the different offices, or even make a mid-day trip with a handful of charts.

Now all four offices are on one network and patient information is available everywhere, instantly. All the doctors have VPN access to the Centricity system from their homes, allowing them to respond quickly and accurately when patients call in the middle of the night.

Dr. Serota says, "It's very helpful when someone calls on a Saturday night claiming to be a patient and asking for a narcotics refill. Those callers hope to get someone without access to the chart, who will believe their story and call in the prescription. We protect both our patients and ourselves by being able to identify such posers." Although malpractice insurance carriers "are in the 'show-me' phase," Dr. Serota is optimistic that soon they will understand the extra safety the Centricity Electronic Medical Record (EMR) system offers and adjust their rates accordingly.

Investment pays off in pay-for-performance

Back in 2000, the Integrated Health Association (IHA) brought California payers and providers together to begin creating an effective statewide pay-for-performance (P4P) plan. Six large private insurance groups agreed to participate, and the California HealthCare Foundation and the Robert Wood Johnson Foundation provided funding. The original set of criteria were announced in October 2002 and included six clinical measures (weighted at 50% of the total score), four patient-satisfaction measures (40%), and an indicator of IT investment (10%).¹ These criteria have been updated and expanded every year; in 2005, the indicators include ten clinical measures covering childhood immunizations, cancer screening, and disease management measures for asthma, diabetes, and coronary artery disease.² Clinical measures are still worth 50% of the total score, but IT implementation is now worth 20%, with the remaining 30% based on "patient experience" ratings.

"GE Healthcare's Centricity has done all the things we wanted it to. The phones are no longer an issue, even though we have just two people on phones instead of four. There's no longer a battle to get information moved between offices. And we can do more quality audits, faster, and more thoroughly."

*Dr. Martin Serota, President
Alliance Medical Group*

Alliance Medical Group, because it uses Centricity, has been able to earn performance bonuses through this and other P4P programs. Beyond the obvious issue of the IT implementation score itself, without the Centricity system Alliance would not have been able to collect and manage data to track the P4P measures. The Centricity system allows this practice to create up-to-the-minute reports tracking physician performance, then slice and dice the data to answer any question they think to ask.

Alliance has even gone beyond IHA's targets to create its own in-house disease-management study for diabetes. "We wanted to identify patients with uncontrolled diabetes so we could track and improve their response," Dr. Serota explains. "Before we had an EMR, when the patient came in, the doctor would tell him, 'Your diabetes isn't controlled.' Now, we can find patients with an HbA1C above a certain cutoff – we started at 8 and above, and now we're using 9 and above – then go out to find them and bring them in for care. Before we got the Centricity system, that wasn't possible. We could do spot audits, but not disease management. The best we could do before was rate physicians. Now, with the Centricity EMR, we can target populations and really improve their care."

In addition to taking advantage of the IHA P4P contract, Alliance Medical Group is a pilot practice for DOQ-IT (Doctor's Office Quality Information Technology), a project of the Center for Medicare Services. Each state has a DOQ-IT program, which Medicare says was created to "educate physician offices on EHR system solutions and alternatives, as well as provide implementation and quality improvement assistance."³ By participating now, Alliance is helping to define standards and procedures that will eventually be used throughout California.

Plan for success, then don't look back

Moving the practice onto an EMR required careful planning, as well as a delicate blend of both commitment and flexibility. Dr. Serota says, "We observed two principles. The first is to adjust the schedule to the players. The second is not to allow anyone to turn back."

The project was implemented methodically in several phases. First, the practice leaders and GE project managers worked together to define workflows and plan a system that fit this practice. In February 2003, Alliance implemented Centricity Practice Management, which is used by front- and back-office support staff to manage scheduling, billing, and collections. Later that year, in September, the practice began phasing in the Centricity EMR. Each office was on its own schedule, but the process was the same: first, front office functions such as phone notes and refills, then physical exams, then some visits, then all visits.

To ensure that every physician and staff member was successful with the Centricity system, Alliance invested time in training before the "go-live" day. First, everyone went to a central location for brief initial training, followed by job-specific on-site training and "lots of hand-holding," according to Dr. Serota. "We had support from GE to get started, then developed our own trainers who could be there all the time."

Dr. Serota advises other practices considering an EMR to have a physician champion, someone with authority (a partner or medical director), to lead the project. His own understanding of the physician's point of view and his business perspective were both important to designing appropriate workflows and implementation. "I'm not a technophile," he says, "but I'm in charge of the bottom line. I was motivated to keep our investment from being wasted."

"The best [quality assurance] we could do before was rate physicians. Now, with the Centricity EMR, we can target populations and really improve their care."

Dr. Martin Serota, President
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Bringing it all together with Centricity

Now the GE Centricity system creates seamless communication among Alliance's different offices, systems, and people. All the practice's demographic and clinical information – including 60,000 charts – is stored on a single, secure server and accessible from all four offices and off-site locations such as the doctors' homes. Information passes seamlessly between the Centricity PM and EMR, eliminating duplicate data entry and permitting electronic charge entry. Interfaces automatically import data from outside laboratories and in-house equipment such as bone densitometry, mammography, DINAMAP patient monitors, and EKGs.

Integration between the clinical and demographic data allows Alliance Medical Group to go beyond quality-control reports to reach out to patients who need care. "In the old days," Dr. Serota says, "when a patient with uncontrolled diabetes appeared, the doctor would say, 'You're not controlled.' Now we can find those patients early, then bring them in for care." In addition, Alliance uses this capability to alert patients of drug recalls, such as the recent recalls of Vioxx and Topamax. And when a shortage of flu vaccine developed unexpectedly, the practice used its Centricity system to find out how many of its elderly patients had not yet been vaccinated.

Centricity has capabilities that go far beyond just putting a patient chart in the computer. The Centricity system gives practices like Alliance the ability to increase office efficiency, reduce overhead costs, and take advantage of information that was once hidden in countless shelves of handwritten papers. Alliance certainly appreciates being able to take advantage of P4P contracts and eliminate the chart chase. In the end, though, Centricity's most important benefit is that it gives doctors the tools to provide better, more responsive and proactive care to their patients.

1 <http://www.iha.org/payfprfd.htm>

2 <http://www.iha.org/p4pyr3/fmy3.pdf>

3 <http://www.doqit.org/>



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