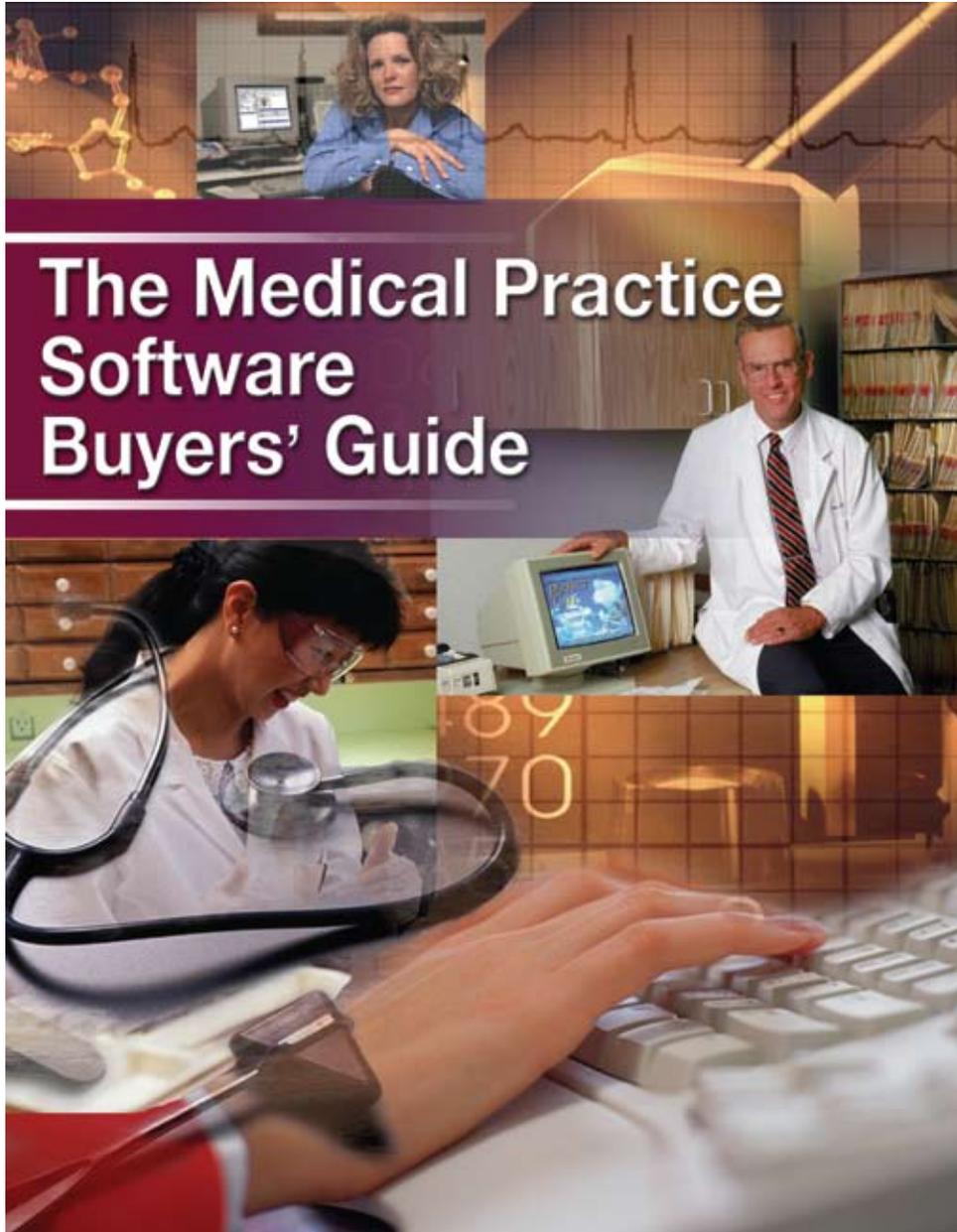
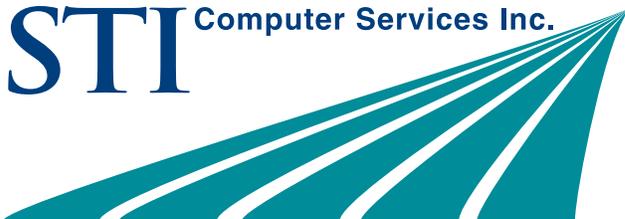


A Practical Guide for Physicians and Medical Practice Office Managers



Provided by:

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Computerized Practice Management Buyers' Guide

STI offers this guide as a service to help you make an informed decision when purchasing your Practice Management (PMS) or Electronic Medical Records (EMR) System. We believe that the more you know about the choices available to you, the more likely you will be to select the *ChartMaker® Medical Practice* system for your practice.

Many practices put too much emphasis on the cost of the system as the sole buying criteria. A medical system is a complex combination of computer equipment, software, training, software updates, telephone support, and hardware maintenance. The following sections will illustrate that cost is just the tip of the iceberg. However, if you do compare costs, compare all of the costs, not just the initial purchase price.

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Improved Work Among Staff

One major goal of office automation is to reduce the tedious, time-consuming work that is below the optimum work level of your staff. For instance, time spent by office personnel looking for a lost file is time taken away from billing.

The computer should help you and your staff work at your highest, most creative level. Instead of typing insurance claims or flipping through endless ledger cards looking for delinquent balances, your staff should be analyzing data and making informed decisions about how to maximize the operation of your office.

Productivity

The ability to do more work in less time is a primary goal of office automation. A corollary to that, and in some ways a more important one than productivity, is the goal of elevating the *level of work* of your medical office staff.

Everyone divides their workday between work of different levels. For instance, some part of your day is devoted to high level work, such as decision-making, analysis, patient interaction, development of new resources, etc. Conversely, some part of your day is low-level work, such as time wasted looking for missing information, doing repetitive tasks,

clearing up mistakes, etc. Finally, some work lies at any one of various middle levels.

The objective of improved work in office automation is to have the computer reduce the amount of low-level work *each employee* must perform in a day. It is important to recognize that this theory applies to the receptionist or billing secretary as well as to the physicians and office manager. Your employees will work better and with greater work satisfaction when they spend the majority of their work hours at their highest level of work. And, of course, the practice benefits because overall better, more creative work is done.

Many computerized medical office management systems sell productivity, but do not consider improved work. These systems can actually hinder the growth and progress of your practice.

The processes in a computer-based billing system should be simpler than the same process in a manual system. If not, you may still be overall more efficient, but you are not improving work. The tedious computerized processes are low-value work. A proper system simplifies and streamlines these complicated procedures through its careful design and through its logic and intelligence.

The computerized system should not be difficult to use. Time spent learning a system, codes, cryptic abbreviations, convoluted procedures and wading through "computerize" language is low-value work to avoid. Help screens should be available everywhere. Wherever a code is required (procedure, diagnosis, provider, etc.) a look-up window should be available to find the code for which you are looking.

Common Sense vs. Nonsense

"It is unwise to pay too much, but it's worse to pay too little.

When you pay too much, you lose a little money — that is all. When you pay too little, you sometimes lose everything, because the thing you bought was incapable of doing the thing it was bought to do.

The common law of business balance prohibits paying a little and getting a lot — it can't be done.

If you deal with the lowest bidder, it is well to add something for the risk you run, and if you do that you will have enough to pay for something better."

John Ruskin (1819 - 1900)

"Focus on the long-term effectiveness of your computer system as opposed to short-term savings." (20)

Functions Of A Modern System

Specific functions of a modern system:

- Electronic Claims Submission*
- Patient Scheduling*
- Patient Recall and Follow-up*
- Patient Clinical Information*
- Referral Letter Preparation*
- Marketing Trends & Patient Analysis*
- Mailing Labels for Focused Marketing*
- Managed Care Analysis and Referrals*
- Capitation Tracking*
- RVU Analysis*
- Auto Posting of the EOMB*
- On-Line Interface to Local Insurance Plans*
- On-Line Medical Laboratory Interfaces*
- Electronic Medical Records*
- Insurance Card Scanning*
- Internet Access for Claim Checking or Referrals*

Advantages of Electronic Billing

Electronic Transmission of Insurance

Electronic transmission of insurance claims is the future of third party billing. We've listed below several reasons why you should electronically bill as many insurance carriers as possible and automate your billing follow-up and collection process.

"The Health Care Financing Administration (HCFA) has reported that it rejects 26% of the claims it receives. While that number is astonishing, more astonishing is the fact that 40% of those rejected claims are never resubmitted. These rejections and lost claims confirm that there are significant billing problems in many provider organizations. Using Medicare's statistics, the lost revenue per physician is about 10%. On a per physician basis, this ranges from approximately \$25,000 to over \$50,000 per year." (1)

If you have a manual billing system or an inefficient computer system you may be experiencing this kind of insurance rejection rate and not even be aware of it.

Electronic billing provides practice benefits to avoid the type of results shown in the above HCFA study. First, electronically submitted claims are not manually keypunched or reviewed and therefore less likely to be rejected. Studies show that practices that bill electronically experience 21% fewer rejections (2).

Second, typically within 24-48 hours, you will be electronically notified that the submitted claims have been accepted or rejected. If rejected, they can be quickly corrected and resubmitted the same day.

Third, electronically submitted claims are typically paid faster. "By law, Medicare must pay an electronic claim in 14 days. The same paper claim wouldn't be paid until day 26." (2) "Aetna US Healthcare recently guaranteed payment within 15 business days of clean claims that are submitted electronically." (3)

Fourth, electronically submitted claims can be automatically tracked with the proper software. If a claim is not paid within the agreed time frame, a report can be generated, the carrier contacted and the charge reviewed before automatically resubmitting the claim.

Fifth, after you are paid, your contracted fees can be checked to ensure that you are being paid correctly, and then the computer will automatically bill your secondary carrier or patient. Medicare payments can also be posted automatically.

HCFA reports that the average physician doesn't collect between \$25,000 and \$50,000 per year due to poor billing procedures.

The Paper Chase

The system you choose should be able to bill commercial carriers as well as Medicare. If your current practice computer is only electronically billing Medicare claims you may be losing revenue as well. Electronic billing to commercial insurance companies is as important as electronically billing Medicare since the 40% estimate of not rebilling rejected claims probably applies to commercial claims as well.

As importantly, many practices face an additional labor cost in tracking hardcopy commercial claims. With hardcopy claims there is no way of knowing if the commercial carrier received your claim or its status without a telephone call for follow-up. The billing staff in most practices complain about the delay in payment from commercial carriers and the amount of time spent on insurance follow-up and requests from carriers for resubmittal of hardcopy claims.

It is no wonder that many busy practices don't collect 40% of rejected claims, with the continuing cycle of mailing hardcopy claims, waiting for payment, telephone follow-up, requests for resubmittal of hardcopy claims, waiting again, another telephone follow-up, etc.

"If you submit claims electronically you have an electronic audit trail that shows when a payer received every claim you

sent out.”(3) With the appropriate software, you will receive a confirmation and status typically within 24 to 48 hours. If the claim was rejected it can be corrected immediately and resubmitted the same day. Accepted claims should not require a follow-up call and should be paid quickly.

Medicare Pays Electronic Claims 13 Days Faster than Paper Claims

Effective October 1, 1992, physicians who file Medicare claims electronically will be reimbursed as much as 13 days faster than doctors who file paper claims. Under a new law (H.R. 5677) all physicians who file their Medicare claims electronically are to be paid in no less than 14 days after the carrier receives the claim; physicians who submit paper claims will receive reimbursement in no less than 27 days.

Electronic Benefits

STI has been touting the advantages of electronic submission of insurance claims for years. We've never charged a practice an electronic transmission per claim fee and encourage all of our customers to electronically bill as many insurance carriers as possible, not just Medicare.

Studies have shown that electronic submission of insurance claims provides three big benefits to help your practice avoid the kind of results that HCFA reported in the above study. A recent *New Jersey Medicine* article (4) explains three major cost advantages of electronic claim submission:



1. Less cost per claim, There is an automatic 'fixed cost' per claim to filing hardcopy claims...the average hardcopy claim costs \$1-\$1.50 to send...using this conservative estimate: 500 claims/month x \$0.60 = \$300/month.
2. Faster turnaround, Hardcopy Medicare claims are held for 27 days from the day they are received, electronic Medicare claims are processed in 14 days...By allowing insurance carriers to hold your money for two to four weeks longer, they earn the interest – not you. On a monthly income of \$20,000 the cost of lost interest income could range from \$100 to \$300 per month.
3. Immediate feedback on edit/rejections. There is nothing more frustrating than waiting six weeks for payment of a hardcopy claim only to find that it was rejected...Then, the process begins again...With electronic claims, you can usually receive feedback on the status of claims within 24 hours.”(4)

The Cost of an Inefficient System

If your practice is not currently electronically billing every possible insurance carrier, your costs can be far greater than the cost to purchase a new Practice Management System.

The above HCFA example claims that many providers are losing between \$25,000 and \$50,000 per year. This is in addition to the above *New Jersey Medicine* article showing a fixed-cost of about \$300 per month as well as lost interest of between \$100 and \$300 per month for hardcopy billing. Compare the costs of an inefficient billing system with the monthly lease price of an entry-level system of about \$400/month.

An Outdated System —*Medical Economics* states “These days it costs money to be computer phobic. Even an outdated system can be a drag on your revenue.” (2) Is your practice experiencing revenue delays? If you are sending hardcopy claims or have an old billing system that can only electronically bill Medicare, you may be leaving money on the table.

In Denial —Many physicians deny their office is operating inefficiently. Just as many heart attack patients refuse to go to the hospital even when experiencing chest pain – many physicians feel that they have to endure an inefficient, old computer system because a new system is too costly. *Medical Economics* states, “While you may balk at spending the money, consultants stress that the system soon pays for itself.” (2)

Paid Correctly? — “If you can't track payments by carrier and account, you'll never know whether you get paid according to contract.” (3)

Billing Service — *Medical Economics* claims that practices using a billing service have additional error concerns, “If you

use a billing service as a middleman between your office and the insurance company, there's yet another chance that typos will be introduced or important information omitted.” (2)

THE BEST COMPUTER SYSTEM ADDRESSES THESE TYPICAL PRACTICE CONCERNS

- Too much time spent on patient bills and insurance forms
- Lost time searching for patient information
- Pressure to file insurance electronically
- Payment delays and tired of typing redundant information
- Incorrect patient charges, or lost charges
- Not sure if all charges have been billed
- Complexity of insurance and government regulations
- Lost patient billing information, or patient records
- Failure to consistently bill secondary insurance
- Fear of patient abandonment charges
- No time for collections resulting in high bad debt balances
- Office turnover, increasing office administration costs, and poor employee morale from long hours
- Feel out-of-control on the business side of the practice
- Each provider not properly compensated
- No centralized control — one place to find all information

Faster Payment

Electronic claims processing means in some cases you'll be paid twice as fast as compared to submitting paper claims. Electronic processing is also more accurate because of less manual handling.

Five Reasons to Bill Electronically

1. Less likely to be rejected
2. Notification of accepted (clean) and rejected claims
3. Faster payment
4. Better tracking of claims
5. Automatic posting and checking contracted fees



How to Select A Practice Management System

PROBLEMS

In an *American Medical News* magazine article, Neil Baum, M.D., a urologist and speaker on physician marketing issues, offers the following criteria to indicate your current computer should be updated:

“The first evidence of outdated hardware and software is when your office staff complains that the system is so slow they cannot keep up with the patient flow.”

“Another sign is that reports are taking hours to do instead of minutes.” Many old fashioned UNIX and MUMPS based systems use only one computer processor and dumb terminals instead of a modern computer networked system. Reports run on dumb terminals substantially slow system response times.

“If your system is not capable of submitting electronic claims to a particular carrier, or if it isn't capable of tracking managed care withholds and payments, you may want to find one that can.”

“You might consider a new system when your existing system cannot handle a critical function such as reimbursement reports from a specific provider, a managed care plan, an insurance carrier, or a procedure.” Many old systems have not kept up with the changes in healthcare. For example ChartMaker® Practice Manager has a new Managed Care Module included in the basic package that lets you track capitation plans, run insurance based reimbursement comparison reports, track RVU analysis, encounter analysis, and displays patient co-pay at the time of the visit. Most of these functions were not required in a system several years ago. Can your current system provide these functions without an additional charge?

“You should consider a new system if the support for your existing system becomes painfully inadequate, unresponsive, or given to providing incorrect answers.”

“It's better to buy directly from a program vendor than from a dealer who sells packages...they don't get the level of service they need, and don't have direct input to the vendor to improve the software.”

MGMA consultant Rosemarie Nelson. (19)

Many medical practices are changing computer systems in an attempt to remain competitive in today's evolving medical climate. In the past, computers were only used for insurance and patient billing. In today's competitive medical

environment there is a greater need for timely medical information to keep your practice competitive. If your current computer system hasn't kept up with the required changes, you've probably outgrown it. A backward computer system could be affecting your practice's bottom line.

Dr. Baum suggests the following criteria to select your new system vendor:

"You should try to stay mainstream with software and hardware...If at all possible, stay on a DOS or Windows compatible software."

"...make sure the company you are considering is viable and stable."

"... a well serviced system should be able to answer routine support calls in under 10 minutes."

"...inquire about the support of the program... Lack of good system support is the number one reason people replace systems."

"...inquire about the training included... my staff received on-site training... in the long run it proved to be very cost effective."

Support, Support, Support

"The most important element of a system, the thing you buy more than anything else is support," says Neil Bauman, executive vice president of Computer Talk Associates, Inc. According to Mr. Bauman, experienced buyers value support over all other considerations. He cites statistics that show that while first-time buyers of computer systems report that price was their main consideration, 56% of second-time buyers report that customer and technical support was their number one buying criterion. (see table below)

The constant changes in third-party requirements make software support and upgrades ever more important. Mr. Bauman recommends that physicians choose a vendor that provides software upgrades to keep up with third-party requirements as well as ongoing training for both current staff and new employees.

How Practices Select Computer Systems - Criteria

First time:	Second Time:
1. Price (56%)	1. Support (56%)
2. Easy Implementation	2. Vendor
3. Easy to Use	3. Equipment
4. Software Fit	4. Growth
5. Function	5. Software Fit
6. Equipment	6. Documentation
7. Growth	7. Function
8. Support	8. Easy Implementation
9. Documentation	9. Easy to Use
10. Vendor	10. Price

ADDITIONAL SUGGESTIONS

Year Business Founded — The vendor is as important as the software. Select a vendor who will be available. Many reports show that most new businesses fail before the 5 year mark.

Company Size— The size of the software vendor often determines their ability to be a competitive, long-term player in the market. A small company with few medical installations has a difficult time. To a large company you are just another source of revenue.

Medical Focus— You want a company with established medical product knowledge, besides business experience. You want to be sure the company has staying power in the medical field; after all, you are going to rely on your vendor to update your software and to make your practice more efficient, so they'd better understand your business as well.

Local Company— Your vendor philosophy should be "to come to you", to provide on-site service, installation and training at your location. If you have a problem, a local vendor can come to your office to help personally, unlike others who rely on long distance support via modems.

Operating System — The operating system is the engine that makes the computer run. Microsoft Windows® is the most popular operating system available today with well over 90% of the market. More software is available for Windows than all other systems combined, so you can add other inexpensive, programs like word processing, or other medical applications.

Medicare Platinum Preferred Vendor — Is the vendor a Platinum, Gold, and HIPAA Preferred Vendor with Medicare? Medicare has a set of criteria based upon electronic insurance billing standards to select vendors.

Direct Electronic Transmission — Electronic transmission of insurance claims is the future of third party billing. Does the vendor have experience with electronic claims, maintain contact with the carriers to keep up-to-date on latest requirements. Do they charge you a per-claim or physician fee to transmit electronically?

Published Prices — Some companies make a big secret out of their prices, because they have a different deal for every doctor they sell. The more you pay, the bigger the commission. Ask to see a typed, signed proposal so you know you're paying a fair price for your system.

Functions You Like — As you see product demonstrations, keep a list of the functions you need. As you see new vendors, ask them to demonstrate those features for availability and ease of use. If there is a new feature you need, check back with the vendors that you saw earlier.

Would a Computer Help You Provide Better Health Care?

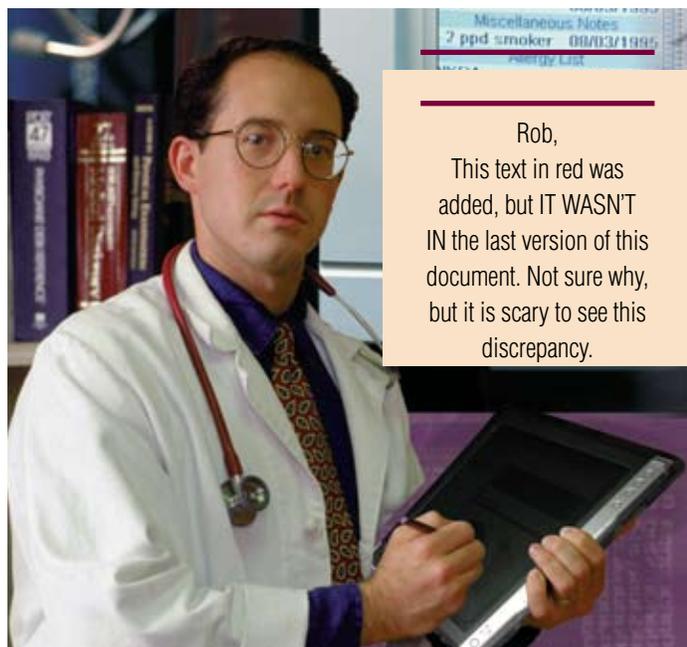
Primary care physicians who use computers to tickle their memories are twice as likely as other doctors to administer flu vaccine to high-risk patients, a new study suggests. The three-year study involves patients who were over 65 or had chronic lung disease, asthma, diabetes mellitus, congestive heart failure, or severe renal or hepatic failure. Patients whose doctors received computerized reminders had a 10 - 30% lower rate of hospitalization, ER visits and tests for respiratory ailments during the winter.

Medical Economics May 10, 1993

Don't Assume, Communicate — If any vendor tells you they have some feature or function in their software that no other medical vendor provides, we would welcome the opportunity to discuss the matter. As an example, recently a practice told us that a competitor claimed to be the only company to allow a physician to access their office information from a laptop computer at home. Networked practices have been remotely calling their office systems from home or satellite locations since 1991.

And, finally - Cost — When you do consider cost, plan for the entire system life. Most accountants suggest at least a five-year period for financial planning. The cost components of a practice management system are:

1. *The initial cost to purchase: software, hardware, installation, and training*
2. *The cost of annual hardware and software support*
3. *The cost of electronic claims*
4. *The cost of upgrades and new versions*



OTHER REASONS TO CHANGE

Here are a few other reasons to change systems heard from medical offices who converted to the ChartMaker® Medical Suite:

Buy a new version every so many years. — Some vendors will sell you a software system and charge you for software updates every year, and then tell you that the version of the software that you purchased and are paying to maintain is now old and no longer supported. Their solution is that you pay them a discounted price of \$15,000 to purchase their new version of the software. Some discount! \$15,000 is more than the cost of a new version of ChartMaker Practice Manager. We have customers with support agreements who've used Practice Manager since 1979. If you visit their office you will see the same up-to-date version as the customer we installed yesterday.

No staying power — The computer software business is easy to enter. All you need is a programmer and a first customer. Supporting medical customers over time is an entirely different issue and much harder to maintain. The problem is that the medical insurance business constantly changes. Last year's programs don't always work with today's insurance regulations. We've replaced systems from software companies where the programmer is also the salesman. If he's on a sales call he can't answer your support calls. After a while, it's too much aggravation and he decides to do something else. Meanwhile, you're left with a system with no support.

Sold the company — Recently some old medical (usually UNIX based) vendors have sold their software and customers to another medical software vendor. The new company buys the practices to convert them to their software. The rationale is that the practices have no choice and are forced to convert to the new system.

Outrageous support cost — Some medical practices pay over \$7,000 per year for support. In some cases the support cost is more than the cost for a new system. It's fine if you think your current vendor's support is worth that much money, but some system's with the highest support costs seem to offer the slowest response times.

Sell your patient information — Some vendors have added a clause in their license agreements that they have the right to sell your patient data to other medical companies. The AMA has reservations about this policy and so do we. **STI does not sell customer medical information. In fact, Practice Manager has built-in security measures to help you protect your data.** Always read your vendor's license agreement before you sign it. You'll be surprised what you'll find in some of them. And remember, no matter what a salesperson tells you, the license agreement is the legal contract between both parties and supersedes all sales promises.

We've heard them all before:

"They lied to us and told us they had a Windows system."

"After we installed it, they charged us for everything."

"We can't get support when we need it."

"Call backs take hours and sometimes days."

"They just don't return our calls."

"We know more than the support people."

"There's a new support person every month."

"The answer is always, we'll get back to you."

"That function is coming in our next release."

And my personal favorite,

"Sure Windows is 90% of the software market, but UNIX is better."

Microsoft Windows® Applications

Operating Systems Determine Software Options

The operating system is the engine that makes the computer run. There are many different operating systems available today. Choosing an operating system has a major impact on all future software options available to you.

VHS or Beta

A good analogy to the computer operating system issue is the videotape format. Whether you choose a VHS or Beta machine determines which videos you can rent in the future. Like the VHS video format, Microsoft Windows is the most popular operating systems available today with over 90% of the total operating system market. More software is available for this operating system than all others combined, so you can easily add other inexpensive programs like Microsoft Word, Windows® Internet Explorer®, Quicken®, PDR, or other medical applications like Dragon NaturallySpeaking® Medical Suite voice recognition software. At STI, we look for mainstream products to protect your computer investment, that's why we design only real Microsoft Windows® applications.

The Standard Operating System for Medicine

Microsoft Windows® has become the "Standard Operating System" for medical applications. For example, *Medical Economics* provides The Physician's Desk Reference System only with the Microsoft Windows® Operating System. The AMA has many Microsoft Windows® based packages available in their catalog. Most hospitals today offer a Microsoft Windows® interface to hospital data to physicians. Why limit your future options with a non Microsoft Windows® based package?

Unix – Not A Safe Bet

Is your vendor trying to sell you an old, repackaged Unix System again? It's not a good idea. In an article in *InformationWeek*, Justin Page a system's integrator for the New York Daily News said, "...if you're placing your bets on Unix as the solution, you may have bought your company a massive re-engineering project two to five years down the road. Unix was never meant by its creators to be a business operating system – it is cryptic and proprietary. Desktop operating systems have become intuitive and object-oriented. Unix is confusing and proprietary and you'll only have to get rid of it in a couple of years."

Don't Get Tied-up

More importantly, because of it's commercial success, most software companies write programs under Microsoft Windows®, which ultimately assures its long-term viability. Unpopular operating systems will ultimately lose support and stagnate, leaving you without program support to

update your practice management software. Packages using proprietary operating systems like UNIX, LINUX, XENIX, AIX, MUMPS, etc. are popular with software vendors because they tie the customer to the vendor due to operating system complexity and high cost. You cannot go outside the supplier for inexpensive software since proprietary hardware and software programs are incompatible with the Microsoft Windows® operating system.

The Big Lie

Many vendors who sell proprietary UNIX, LINUX or MUMPS systems know how important Microsoft Windows® has become and tell you their systems are "Windows-based" or that they use Microsoft Windows® "on the desktop" so you can still run Windows software with their system. This may be true but you should understand how this works. Only computers can run Microsoft Windows® software. If your vendor uses all dumb terminals on their system, only the stations with PCs can run Windows software. In some cases your medical software must be shut down for you to use a Windows software program. Quite an inconvenience to your staff.

An Inadequate Computer System Can Harm Your Practice's Financial Health

How important is a good computer system to your practice's financial health? An article in the March 10, 1997 issue of *Medical Economics* describes a New Jersey based, 200 physician practice that failed. What were some of the main reasons cited by the consulting firm for the practice's failure? "They point to a lack of data, ...and the plan's refusal to address crucial issues, including what they viewed as an inadequate computer system."

**Source: Why a 200-Physician Group Died;
Medical Economics**

Trendy New Operating Systems

New trendy operating systems like LINUX are also a dangerous option. Several years ago Java was the hot new operating system that programmers claimed would replace Microsoft Windows®. Vendors that converted their software to Java are now forced to convert again (probably to LINUX) because the Java system really never hit commercial viability. Most new trendy operating systems are based upon UNIX, and nothing more than the UNIX community trying to reestablish their operating system dominance. Remember your goal is to run a successful medical office, not to be on the "bleeding edge" of technology.

Internet Applications

The Application Service Provider (ASP) is a newer software structure that has been introduced by certain vendors in the past few years. With an ASP model, software applications

are delivered via the Internet on a monthly subscription basis from a vendor's server. The ASP provider hosts and manages access to the software along with all data added. This service arrangement is attractive to some medical offices because of the low start-up cost involved. Unfortunately, there are many pitfalls to this type of arrangement. These include loss of control over your sensitive patient data, service concerns, loss of service connection/disaster recovery, and bankruptcy of the vendor.

Avoid Common Mistakes in Software Selection

Doctors are buying a company as well as a product. The best bet is to research the company as well.

Make sure the company has been around for at least 5 years.

Make sure your software vendor is only selling physician practice management systems.

Check the vendors references.

Ask other clients if the vendor answers phone calls.

Ask how quickly you can get service and the cost of support.

It's worth overpaying by 20% if you're buying from a company whose customers are happy and one that provides extensive training and support.

Medical Software Leaders, Experts examine top programs for office management, by David Glabman, M.D. Physicians & Computers Magazine, July/August 1998 pgs 20-26

When the system cost is viewed over time, the ASP model can be quite an expensive purchase. The ASP service is purchased on a contract basis (1 to 3 years typically) usually for a flat monthly fee. With a 5 year lease option purchase from STI, after the 5th year you own the system outright. For accounting purposes, the system can be depreciated over that time period or "written off" in the initial year of purchase. With an ASP arrangement, after the 5th year, this monthly charge continues for as long as you own the system. This doesn't take into consideration the possibility a vendor will raise this rate when it becomes time for renewal. If your contract's payment terms are based on the volume of use, the service could become more expensive than if you owned a system. Bottom line: it is a perpetual expense on your ledger not a one-time investment.

Once a practice enters into an agreement with an ASP provider, it is often difficult and expensive to switch should you be dissatisfied with the service provided. This cost could exceed the cost of an in-house system. An unstable ASP could put your practice at risk. What are your rights with regard to obtaining your records should there be a problem with the vendor? Security is also a concern because of the

loss of control over your records. This could prove costly if there should be a violation of HIPPA security and privacy regulations because a third party didn't follow the proper regulations.

These are only some of many questions that need to be answered before considering an ASP application for your practice. This is a new industry in medical information technology. Expect a lot of uncertainty in the next few years while companies merge and consolidate their operations. It is important to factor in all these uncertainties before considering the ASP option.

Growth through Windows Networking

For multi-user systems use Network Technology (referred to as a Local Area Network, LAN, or client/server network). Networking allows you to add workstations or satellite office locations to your main computer installation. With a network, different people can work on the computer simultaneously. For example, one person can enter charges while another enters appointments, or several people can enter charges at peak times. With Microsoft Windows® you can have multiple jobs open on your computer simultaneously, and easily jump between functions to answer patient questions.

Can we come up with something current for this space?

Today many UNIX vendors substitute computers for the dumb terminals on their system so you can access Windows software "on the desktop" while still running UNIX or MUMPS on the main medical system server. However the problem with this technique is that Microsoft Windows® software like Quicken®, Microsoft Word® and most EMRs are incompatible with UNIX or MUMPS systems, so you can not share patient information between your UNIX or

MUMPS medical system and your Microsoft Windows® financial, clinical, and word processing software. What is really important is not only what operating system the desktop workstation uses, but what operating system your medical software accesses on the server. Why not save the hassle and purchase a real Microsoft Windows® system?

Work From Home

You can use your Windows System from your home Microsoft Windows® Computer System with Windows Remote Access Software.

System Support

Change is the only sure thing in the medical industry, and procedural changes often dictate practice management system software changes. Every time Medicare or another insurance company changes their insurance format, your software must be updated to reflect this change. Your software vendor must be available to adapt your software, or it will quickly become obsolete and unusable, and your entire investment is lost.

Buying Hints:

It's not how many times that the salesman calls you before you buy that's important. The mark of a good system is how many times the support people call you after you buy, and how quickly they respond. When you check references, ask about support response time.

On-Site Training

You want all service, such as installation and training at your office location. If you have a problem the vendor should come to your office to help personally, unlike some companies who rely on classroom training or internet-based training.

One Fee for All Software Support

Is software support affordable and all inclusive? Does it include all required software changes due to government or insurance regulatory changes (updates), and enhancement upgrades each year, additional staff training, unlimited toll-free telephone support, and local user group meetings? Beware of any company that charges you a separate fee for software support, and another fee for software updates, enhancements or new versions, or limits the amount of telephone support per month. Support is as important as the software itself.

On-Going Support

During the past three years, over 70% of the systems we sold were to practices who were already computerized with another practice management system. The main reason they gave for switching to STI was a lack of adequate *after-the-*

sale support and software updates from their old vendor.

MEDICAL ECONOMICS ON BUYING NEW PRACTICE MANAGEMENT SOFTWARE

"The most significant factor in choosing among practice management software packages, the experts say often isn't the software itself; it's support. And support varies not just by vendor, but by location."

Medical Economic Magazine; May 24, 1999; pgs 177-190

Software and Hardware from One Source

Does the vendor provide hardware support and installation services as well? Because of the high cost of computer technicians, many software companies outsource hardware support. The problem with a third party maintaining your equipment is that the hardware company has no experience with your software system, and this often results in finger pointing between the hardware vendor and your software supplier. Technicians should understand your hardware and network needs, but know your medical software as well. So there is only one telephone number you need to dial to get your problem solved.

"It's more important to secure ongoing support than a bargain on software and hardware. Support includes training, "patches" to fix software glitches, periodic software upgrades that offer new or improved features and as-needed advice and troubleshooting. . . a deluxe help desk lets you call an 800 number as often as you need. . . also periodic training for new hires." (20)

Free Electronic Insurance

Is there an extra software charge to electronically transmit insurance claims to Medicare, Blue Shield, Medical Assistance or commercial insurance carriers? Does the software complete insurance claims on paper forms like the HCFA-1500, as well?

No Fee per Transmission

Many vendors charge \$0.39/transmitted electronic claim. If you don't think \$0.39/claim is a lot of money, it represents over \$5,000 in transmission fees, per physician, over a five-year period if you submit just 50 electronic insurance claims per week.

Other vendors give you one or three free years of electronic claims transmission, than they charge you after the free yearly period. A cute trick, especially if you assume electronic claims are always free. STI has never charged an electronic insurance transmission or physician monthly fee.

Stable, Experienced Vendor

It's no secret that a lot of the old time medical software vendors have merged their operations and no longer exist. With their demise, medical practices have been left with expensive software systems that are no longer supported and need to find a new software vendor. An expensive proposition if you already purchased a medical system, and something that you want to avoid in the future.

Satisfaction Rating Summary (for STI)

Customer Satisfaction Rating	9.40
Customer Support	9.71
Vendor Stability	9.57
Functionality	9.56
Application Implementation	9.16
Cost	9.14
Regional Presence	9.66
Breadth of Products / Services	9.46
Technological Fit	9.27
Products / Services Maturity	9.11
Expectation Score	9.12

scale: 1-2 very dissatisfied; 5-6 acceptable; 9-10 very satisfied

**Source: Jewson Enterprises 2003 -
The Satisfaction Rating Directory (The SRD)
by Vinson Hudson (650) 368-6570**

Experienced Users

Most practices that are forced to buy a second or third medical system tell us they change their top decision criteria from price and a good sales pitch, to vendor reputation, and quality of after-the-sale support. These are the factors that will make a medical system stand-up over time, and protect your computer investment.

Focus

Many firms sell computer systems to companies other than medical practices. Some sell medical practices in the morning and lawyers that afternoon. Your vendor should focus only

on the medical industry, dedicated to keeping abreast of industry changes that improve your office efficiency, and keep your system current with the latest in insurance regulations or medical records.

Reasons for a New Computer — One Practice's Criteria to Select a New System.

1. Automatic capitation adjustments.
2. Referrals can be done through the computer. Faster.
3. All physician ID numbers from the insurance companies can be entered so they will show up when sending claims electronically. We get claims back because we can't have them on the claims. It also prevents us from sending a lot of claims electronically.
4. There is no per claim cost for electronic billing. We now pay \$5,820 a year to NDC for electronic billing.
5. No more superbills are needed. We will save \$5000/year.
6. We will put the appointment book on the computer. Each office can schedule appointments for any office.
7. We can put in the individual fee schedule for all insurances. This way if we are underpaid, we will know it and find out why.
8. We can keep track of all immunizations. This can include inventory. Monthly reports on all pay backs on all shots, etc.
9. Save on 1500 forms — we pay \$350 per year.
10. We can purchase our own PC's and printers.
11. We feel the best way to work the transition from one computer to the next is to work with both until we finish getting money from the old system.

Company Size

The size of the company often determines their ability to be a competitive, long-term player in the market. A small company with few medical installations has a difficult time. They often "under-price" their product to get established, but they can't afford enough staff to support their installed users. Eventually they may be forced to quit for financial reasons and you are left without support and upgrades, wasting all of the money you invested. On the other hand, large size

Comparing the Cost of Filing Electronic Claims

Doctors	Claims	Vendor 1	Vendor 2	STI
# of doctors in the practice	# of claims per doctor per week	Represents \$0.39 per claim over five (5) years	Represents \$83 per doctor per month over five (5) years	There is NO CHARGE for electronic claims with STI
1	50	\$5,070.00	\$4,980.00	\$0.00
2	50	\$10,140.00	\$9,960.00	\$0.00
3	50	\$15,210.00	\$14,940.00	\$0.00
4	50	\$20,280.00	\$19,920.00	\$0.00
5	50	\$25,350.00	\$24,900.00	\$0.00
6	50	\$30,420.00	\$29,880.00	\$0.00
7	50	\$35,490.00	\$34,860.00	\$0.00

does not guarantee success in the software business. Large companies keep their prices high to cover their corporate overhead, and they may not be solely focused on the medical industry. At the first sign of trouble, it's easy to quit and focus on other parts of their business. STI is the right size company, big enough to support you well, but small enough to provide personal care and 100% focused on the medical market.

HIPAA Compliance

President Clinton signed HIPAA calling for electronic billing standardization under ANSI protocol. All new insurance carriers are required to use this new format after October of 2003. HIPAA also has privacy regulations that many consultants feel will encourage physicians to adopt electronic medical records to better protect patient privacy issues. Your software should reside on your secure server in your office. No one has access to your patient data but you and your staff, unlike an ASP option (an ASP is a company that provides internet access to your patient data which resides at their location and on their server, out of your control).

All Training in Your Office

All installation assistance and training should occur at your office location. Training should occur over time, not all at once. To minimize pressure on your people, training should be accomplished over a 4 to 6 week period. Don't require your staff to travel to a vendor location for training since it wastes time, creates anxiety, and disrupts your normal office workday. Once you're up-and-running, software support people can answer most questions on the telephone. Emergency hardware support should be available at your location.



Medicare Platinum Level Vendor

The Medicare Platinum Vendor is the highest level of electronic compatibility with the Medicare Program. Vendors are required to install all of the available Medicare electronic programs, such as electronic billing, reconciliation, and automatic posting of the Medicare EOMB at no additional charge.

Affordable Medical Software

Spending more does not assure you a better product. A vendor should include all of the functions you need in one basic package. Some vendors show you an artificially low price for the base package, and then surprise you with additional charges after you purchase the system for items you thought were included in the base package. Features you need like Medicare, Blue Shield, and Medicaid electronic billing; auto posting of the EOMB; patient recall, managed care, and on-site training are software basics, not options.

Electronic Medical Record Component

Any system should include an electronic medical record system to comply with HCFA's E&M guidelines. Voice recognition now works well enough so most medical care providers can use voice in their practice today.

Where to Get Hardware

"Buy your hardware from your software source. Physicians sometimes purchase software and hardware from different vendors... the markups generally aren't eye gouging, and they're worth the simplicity of having one vendor responsible for everything." (21)

Easy to Use

A Practice Management System has to be easy to operate or your people won't use it. Ease of use is a matter of system design, as is richness of application functions.

One-Key Help

On-line help is like having a reference manual in the computer. If you are ever unsure about what to do next, a single keystroke brings up instructions on what information is required. "Look-up" windows instantly provide practice, medical or patient information to reduce time looking up codes on printed lists.

You're Involved

Computer software evolves over time, as more people use it and suggest changes. A good vendor listens to their customers to make a better product. They should encourage your ideas to make a better medical system by inviting you to regular, local User Group Meetings.



12 REASONS TO CHANGE SYSTEMS

1. Bad or Inadequate System Support
2. No Electronic Insurance Billing
3. Expensive Annual Support Fees
4. No Electronic Medical Records
5. Can't Use Windows Programs on System
6. Charge per Electronic Claim Submitted
7. Constant Costly Upgrades
8. Slow System Response Time
9. No Managed Care Capabilities
10. Can't Expand the Current System
11. Software Company Was Sold
12. No Voice Recognition Integration with EMR

"So base your buying decision partly on how strong the vendor is in your area. Look for an established company that has local support and local clientele," says Michael Wiley, a practice management consultant. (19)

Local, Medical Practices

When you choose a system it won't help you if all of a vendor's reference installations are in a remote state where insurance regulations are different. Local installations ensure that you can speak with someone you know and trust who uses the software. Don't just take the vendor's word for it, talk to some of their references.

Why You Should Consider EMR

The Health Insurance Portability and Accountability Act (HIPAA) has increased fines and monetary penalties for fraud and abuse provisions up to \$10,000 per violation. That's \$10,000 per error, per patient visit, per patient record. These fines were instituted based upon a 1997 Medicare survey estimating \$5.9 billion dollars of improper payments to physicians.

\$5.9 Billion Improper Payments to Physicians
44% insufficient documentation
37% lack of medical necessity
15% incorrect coding

Source 1997 Medicare Survey

The new Evaluation and Management (E&M) documentation requirements are designed to set specific ground rules for both physicians and auditors when medical charts are examined for compliance. For the practical physician it's important not to have your chart documentation put your practice in jeopardy of being fined.

Time to Begin is Now

The E&M documentation criteria require all medical providers to improve their level of chart documentation. Many consultants are recommending that a prudent strategy for their clients includes the implementation of an Electronic Medical Record (EMR) System to reduce their E&M documentation liability.

Eventually all medical providers will be liable for civil penalties if their level of E&M documentation is not up to

requirements. Besides the need for medical necessity and providing the required patient service, you need a more detailed level of documentation to support a 99213 code than is needed to support a code of 99212. So if you provide the patient the level of service, but do not properly document the service in the patient's medical chart, you do not qualify for the payment. In fact, you may be in jeopardy of a fine for fraud or abuse due to a lack of sufficient documentation. The old adage rings true, "if you didn't write it down, you didn't do it."

"The trend in practice management systems is toward integration with clinical information...should you buy both components from the same vendor? Michael Wiley thinks so." (19)

An electronic medical record system, like ChartMaker®, can make your job easier. That's because most of the E&M documentation criteria involves tracking the number of criteria (quantification) performed in an examination to determine a numerical score for each category that determines the level of care supported by your documentation. E&M templates include an automatic, numeric tracking system to help you better determine the proper code for each examination.

"Physicians buying a new software package today should start by finding the company with the best electronic patient record first and then look at practice management. That's the trend overtaking the marketplace."
*Sue Frisch, editor
Medical Software Reviews Monthly (20)*

E&M Documentation

Some consultants even feel that a non-computerized practice has little chance to conform to the higher-level E&M documentation requirements. "The new regulations require a comprehensive reimbursement form, accurately recorded as a Level 4 or 5 payment code; this code is essentially unattainable by any doctor using handwritten or dictated notes. Doctors who submit insufficient, incomplete patient charts for reimbursement ultimately will lose money by not being reimbursed for actual work done. Therefore these new regulations may be the catalyst needed to move the medical profession away from the traditional patient charts to computerized patient records." (5)

The Five Functions of an EMR

1. Storage — The first function of an EMR is to store patient information within the computer. Each patient visit or interaction, and other related documents or correspondence that relate to that particular patient is stored and accessed by the computer in a manner similar to storage in a medical chart rack.

2. Organization — An EMR organizes basic patient medical information into useful groupings for follow-up and decision-making. For example, the EMR can provide lists for all patient medications or provide lists of patients on certain medications. Telephone messages and recall lists can be maintained.

3. Presentation — The EMR has also been called a structured medical record, because all the information is shown in a standard, structured format to the user. For example, with the ChartMaker® EMR System, the patient's face sheet is always present on the left of the electronic medical chart with all current problems, medications, allergies, and recalls.

4. Virtual Data Base — Although all of your medical information physically resides in one, secure, computer server in your office, the information in your EMR can be accessed by authorized users at different locations. You have the ability to access patient information remotely. An added benefit is the elimination of lost or misplaced paper charts.

5. Medical Data Input — The fifth function of an EMR is to assist in the input of patient information into the record. ChartMaker® provides you with various methods to add your medical information into the EMR including:

1. Typing directly into the EMR
2. Dictation and transcription
3. Scanning
4. Voice recognition
5. Template based data checklists (9)

HIPAA and Patient Confidentiality

Confidentiality of patient information becomes a bigger concern with the implementation of HIPAA by the federal government. Besides fraud and abuse provisions, HIPAA also has strict rules on maintaining the confidentiality of patient medical information. Now the release of patient information includes the possibility of large monetary fines and even criminal charges that include the possibility of jail time. The Electronic Medical Record can help your practice to maintain secure guidelines needed to enforce HIPAA's confidentiality provisions. The EMR should include an integrated patient record password security system to maintain the privacy of your patient records. All records are maintained in your "in-house" computer only. You control if any internal or outside sources are allowed to access your patient information.

E&M Guidelines

ChartMaker® includes generic E&M templates including an automatic, numeric tracking system to help you better determine the proper E&M code for each examination that you document. Medical histories, ROS, examination and other medical data are counted by the E&M template to help your medical staff conform with E&M guidelines.

A Pragmatic Approach to the EMR

We recommend a phased implementation of the EMR, one physician at a time. Besides being easier for physicians to learn, a phased implementation offers additional advantages.

Simplicity

Selecting one physician to initially work with the EMR is the easiest way to implement a system. Templates and workflow must be discussed and reviewed. The key physician liaison can discuss these factors with other physicians within the practice. Once actual EMR implementation is about to begin, the easy way is to select one EMR function at a time to master. Voice recognition is often the easiest function to learn, especially if the physician currently dictates notes. A scribe can be employed to clean up your dictation and create the note if you prefer.

Minimize Initial Hardware Costs

With a phased approach, there is less computer hardware in the initial stages of the EMR implementation. Frequently in the implementation of an EMR system, much of the early decision making is concerned with the deployment of computer hardware throughout the physician's office. Decisions are made to wire all examination rooms and nurse's stations with computers, or wireless computers are installed. Decisions are being made on rollout implementation of the EMR before the physician has any experience with the EMR. We feel that this approach is backwards. Once the physicians use the EMR, they have a better understanding on how they prefer to implement the EMR in the office.

Less Financial Risk

There is less financial risk to the practice. Many practices implement costly EMR systems without knowing if their staff or physicians will be comfortable with the system. The most expensive phase of the EMR implementation is the hardware rollout phase, during which time the office is wired for computerization throughout the examination rooms. Computer costs in excess of \$30,000 are not unusual. Software licenses for multiple users can add thousands of dollars more for many systems. All of this is being done without EMR experience. The phased approach only requires additional hardware and software as you add additional physicians.

Build Patient Content

Patient information is being added to the EMR during each phase. As the physician or scribe enters information into the EMR, you are building patient content. This places the practice one step closer to rollout throughout the office. Computers in examination rooms or wireless notebooks make much more sense when there is information to view in your patient data base.

Faster Charting Benefits

The learning curve effect is reduced. Physicians who try to input data during examinations often feel uncomfortable using a computer and maintaining eye contact with the patient. If you initially use the EMR in your office, the physician is free to listen to the patient rather than "fiddle" with the computer. Afterwards the physicians can complete chart notes in the privacy of an office. It is true that this is double work, but only for a short period of time. One you are comfortable entering data into the EMR, you can move the EMR into the examination room and give it a try with patients present. Some physicians feel that they are more productive using voice recognition and letting a scribe input patient data into the EMR.

Who's Next

Once one physician has completed the process, bring on the next. It will be easier for each subsequent physician, since the earlier physicians have completed much of the set-up work, and decided what hardware equipment works best in the practice environment.

A Modular Implementation

In a recent article from *Health Management Technology Magazine*, Francine R. Gaillour, M.D. agrees. She writes, "a modest suggestion is made that we aim for a less than perfect CPR in order to achieve something useful for the organization... Furthermore, the organization can reap operational efficiencies without going paperless and without requiring physicians to perform direct data entry." (6)

In a similar article from the July 2001 issue of *Modern Physician*, C. Peter Waegemann CEO of the Medical Records Institute writes, "A viable option for many physician executives has been to roll out one piece of the EMR...first diagnose and treat the greatest point of pain in your practice...recognize that a fully electronic medical record is not needed to achieve many, if not most, of the benefits of automated clinical data." (7)

Voice Recognition

Voice recognition is only one module contained in the entire EMR system. However, it is often the easiest function to learn, especially if a physician currently dictates notes. This presents an opportunity for a physician to use this as a starting point when implementing

electronic charting while gaining immediate benefits. It is for this reason we like to describe the voice recognition feature as “The Gateway to the EMR.” Physicians begin using additional modules in the EMR as their comfort level with the software increases opening the door to greater efficiency and quality of patient care.

Voice Recognition EMR Integration

Although an EMR provides a variety of input options, here is a simple implementation approach using voice recognition and checklists.

1. Use voice recognition as the basis for building the EMR.
2. Use a paper checklist for numeric data and E&M input along with voice technology. This minimizes the amount of voice recognition needed and minimizes the amount of editing. The paper input form can be used for standard text, normal findings, or numerical data. Voice is only needed for free form text.
3. Use a handheld, dictation device to supplement the paper checklist. The handheld recorders can provide mobility throughout the practice, and reduces the complexity, and cost of implementation. Initially you do not need computers throughout examination rooms. The handheld devices are affordable, and only one computer is needed for the scribe to update everyone's voice files.
4. Use a scribe to edit your voice data and to input data into the EMR templates from your paper checklist. One scribe can handle the workload of several physicians. The scribe not only edits your voice files, but inputs medical data and numeric results. The scribe prints notes or sends reports to referring sources for you. (9)

Rob,
This text in red was changed from your version. Also the pull-quote was at the top of the page on your version.

Physician Commitment is the Key

The deciding factor between success and failure of any EMR is the physician. An EMR forces physicians to change the way they document patient visits. If the physician wants to make the EMR “work”, it will.

The physician needs to be involved in the implementation of the EMR to be successful. Time needs to be set aside to learn to use the product and to review and change templates to meet each specific practices' documentation requirements. A phased implementation approach helps to methodically move the practice from paper to electronic records, but in the end the determining factor is the physician's determination to change old habits, and to make it work.

Integration of Practice Management

Does the vendor have both a Practice Management System and an EMR component? If not, how will you integrate both systems, so when you register a new patient, that patient also appears in both systems?

The fact of the matter is — integration between two systems written by two different vendors is very difficult and costly. To integrate both systems, the issues you need to discuss and document before signing any agreement with any EMR vendor are:

1. What will be the cost of integration?
2. Who will do the integration programming?
3. When will the programs be completed and delivered to you?

Don't be surprised if the integration cost is greater than the cost of the EMR itself and no one is willing to do the actual programming. Our experience is that practices that purchase an EMR eventually purchase a new practice management system from the EMR vendor for patient data integration purposes. **Be sure the EMR you buy has a robust practice management component; you're going to need it.**

Don't fall for the “We Can Integrate With Anybody” Trap.

Most EMR vendors know that you will want to integrate your EMR with your Practice Management System to share patient information and to avoid entering patient data twice (into both systems). Some EMR vendors know that this function is very important to most practices, and will try to put the issue off to a later date by telling you that their EMR “can” integrate with anyone's practice management software. Can and do are a world apart.

Maintain Private, On-Site Records

One of the main concerns of practices about outside transcription services, or computerized patient chart systems maintained off-site is the security of your private and confidential patient information. Confidentiality of patient information becomes a bigger concern with the implementation of HIPAA by the federal government. Now the release of patient information includes the possibility of large monetary fines and even criminal charges that include the possibility of jail time.

Security and liability are the concerns with patient records maintained at an off-site location by another company. You never know who is looking at confidential patient charts, or what the company is doing with your private patient information. A recent article in *Medical Economics* discussed your liability if private patient data is disclosed. Computerized chart vendors who maintain your patient data at a mainframe location or on the Internet, away from your office, may put you at a similar risk. You don't need to assume this extra liability. All patient information should be under your control and on-site within your practice.

Prescriptions

In an October 1997 article in *Healthcare Informatics*, Lyle Berkowitz, M.D. states, “If an EMR can easily automate a long and repetitive task, most physicians will quickly want to use it....One immediate benefit involves prescription

management. Even on the first day of use, a physician should obtain some benefits with this function...the prescription is printed and the electronic chart documents it all. And on return visits, the system facilitates drug refills.” (14)

We agree. In fact, we believe that prescription management alone can justify the cost of an EMR. **INSERT TEXT #4 MAKE NEW PARAGRAPH (where???)**

Moving from a paper based chart system to an electronic medical record takes time and effort. Prescription management is an easy to computerize function that quickly provides benefits to your practice. Why not use the electronic prescription writing function as an easy way to build patient record content into your EMR? Each prescription that is automated, puts your practice one step closer to implementing your EMR.

When you see a patient for a problem, you can review any past medications that you've prescribed. With the click of a button, you can prescribe and print a new patient prescription, with dispensing and personal instructions, update the active medication list, and add the medication to the patient's history.

Help Minimize Malpractice Liability and Insurance Premiums

An EMR can provide more complete and detailed patient medical chart documentation to help reduce your malpractice liability caused by incomplete or illegible documentation. A June 1996 article in *Health Data Management Magazine* (15) stated “Physicians who use computer based patient records software are likely have a lower risk of losing a malpractice lawsuit than those who rely on paper records.”

The article continues to say, “By their very nature, computerized patient records prompt physicians to ask pertinent questions that will help them make a diagnosis and rule out other possibilities.” A template process provides this prompting function by including items to review during the patient examination.

The article makes several important points about malpractice litigation, “ In court the doctor has two things going for or against his or her case: the testimony of an expert witness and the medical record ... Anybody who's been to court and seen a scrawled, illegible handwritten medical record blown up on a big piece of poster board certainly can appreciate the defensibility of accurate, concise computerized medical records.”

In a related *Medical Economics* article, called Why Defensible Malpractice Cases Have To Be Settled (16), the author states, “I'm amazed at the poor documentation I see from physicians with outstanding reputations, and how many doctors won't

take documentation seriously enough to be specific. ... Lack of recollection is the largest single cause of out-of-court settlements of defensible cases.” With an EMR detailed medical notes are maintained and chronologically organized for quick review. The author continues to state, “office or hospital notes are so skimpy or illegible as to be of almost no value.” Some insurance companies now offer reduced premiums on malpractice insurance to physicians who use computerized patient records, especially if the system includes the ability to send prescriptions electronically.

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HOW TO MAKE A CAPITAL ACQUISITION DECISION

Most physicians were never taught how to make a capital acquisition decision in medical school. Because of this, they often put too much emphasis on the initial cost of an asset, like a practice computer system, and ignore the long term costs. Many computer system vendors realize this and present a low front end cost, while de-emphasizing their on-going costs. The proper way to make a capital acquisition decision is to look at the total cost over the life of the asset (if you don't know the useful life many accountants would tell you to assume five or ten years) and compare this cost to the corresponding benefits. Here is an example that shows how to make a capital acquisition decision for a new practice computer system comparing the cost from four vendors. This example assumes a two physician practice submitting 75 electronic claims per week per physician.

	Vendor #1	Vendor #2	Vendor #3	STI
Purchase Price	\$11,289	\$18,995	\$6,000	\$13,739
Software Support 5-year Cost	\$1,700/year \$8,500	\$2,500/year \$12,500	\$900/year \$4,500	\$1,250/year \$5,000*
Electronic Claims 5-year Cost	3 years free then \$0.39 \$6,084	\$25/doctor/month \$3,000	\$0.39/claim \$15,210	No Charge \$0
Software Upgrades	\$8,000	No Charge	\$3,000	Included with Software Support
Total Cost (5-years)	\$33,873	\$34,495	\$28,710	\$18,739
Monthly Cost	\$565/month	\$575/month	\$479/month	\$312/month

Worksheet	Vendor #1	Vendor #2	Vendor #3	STI
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Software Support 5-year Cost	\$ _____	\$ _____	\$ _____	\$ _____
Electronic Claims 5-year Cost	\$ _____	\$ _____	\$ _____	No Charge \$0
Software Upgrades	\$ _____	_____	\$ _____	Included with Software Support
Total Cost (5-years)	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Cost	\$ _____	\$ _____	\$ _____	\$ _____

Definitions:

Purchase Price: Cost of system including hardware, software and installation.

Software Support Cost: Vendors annual cost to provide telephone assistance and program updates. *STI's first year of software support is free.

Electronic Claims Charges: Vendor charges to submit electronic claims either directly to carriers or through an electronic insurance clearinghouse. Ask is there ever a charge to submit claims electronically?

Software Upgrade Cost: Some vendors charge customers for software upgrades and new versions of their system (e.g. Y2K upgrades, HIPAA changes, and new software versions). This process can be considered quite arbitrary since the vendor gets to determine what is a software update included in the annual software support agreement, and what programming changes are considered a new version of their software. Ask if they ever charged a customer an additional upgrade or version charge?

Five Year Cost: Total cost over a five year investment period

Monthly Cost: Five year cost divided by 60 months. Compare this cost to your current monthly practice management cost, or billing service cost, less the monthly benefits to be received from the asset (e.g. increased cash flow from electronic submission, less lost charges, increased collections, etc.)

Physicians should avoid on-going costs more than one-time purchase costs, since on-going costs continue throughout the life of the asset. Most likely a practice computer system will outlive the five-year investment timeframe shown above, and the difference between vendor costs will continue to grow. If you call for support and you're on hold for 15-20 minutes or the vendor needs to call you back tomorrow to answer a question, what is the cost of that inconvenience?

WHAT DOES CHARTMAKER PRACTICE MANAGER REALLY COST YOU?

Here is a hypothetical example based upon a *Practice Manager* system that includes computer equipment (hardware), software, installation and training that costs \$15,000.00 if purchased outright. While you agree to pay 48 monthly lease payments of \$404.00, the after tax considerations of the lease clearly reduces your actual cost to purchase a system. Let's take a closer look at the after tax cost. The below listed example assumes your effective tax rate is in the 36% tax bracket*.

YEAR	MONTHLY PAYMENT	ANNUAL PAYMENT	TAX * SAVINGS	ANNUAL NET CASH OUTLAY
1	\$ 404.00	\$ 4,848.00	\$ 1,745.28	\$ 3,102.72
2	\$ 404.00	\$ 4,848.00	\$ 1,745.28	\$ 3,102.72
3	\$ 404.00	\$ 4,848.00	\$ 1,745.28	\$ 3,102.72
4	\$ 404.00	\$ 4,848.00	\$ 1,745.28	\$ 3,102.72
			\$ 6,981.12	\$12,410.88

Your total, after tax, cash outlay to computerize your practice for four full years is only \$12,410.88, or less than \$60.00 per week. Afterwards you can own the system for a \$1.00 purchase option. * *Plus applicable sales tax. Based on a 48 month lease purchase and assuming a 36% tax bracket. Your exact savings depends upon your individual or corporate income tax brackets. You may want to contact your accountant to determine the exact tax effect that this example has upon your practice.*

Investment Value:

An additional consideration of leasing, is that it frees your capital for other practice requirements or to invest. Funds that would have been used to purchase a system can be invested, or used in a profit sharing plan. For example, if you invested \$15,000.00 in an investment yielding 5%, you would earn \$750.00 each year to further reduce the annual cost of your system, or better yet you could allow your \$750.00 to continue compounding interest tax free. After the 48-month period, you can exercise your \$1.00 purchase option and still have your original principal of \$15,000.00 compounding interest, tax free, forever. Even if we disregard the after tax effects on the actual cost of the system, it's certainly hard to find the clerical help the Practice Management System can provide your practice for only \$404/month.

Look at benefits, not costs.

A system should save you money, not cost you money. Buy the system that saves you the most, not the one that costs the least. There is a cost associated with doing nothing. Labor costs grow annually and complex insurance regulations cost your practice in both lost productivity, lack of patient attention, and money. The question isn't — "if you should get a medical computer", but — "when and which medical software system to buy". Although most practices only consider hard, tangible justification dollars when they investigate a medical computer, it is the intangible benefits that they enjoy most, once the system is installed and working.

Tangible Benefits

1. Increased Revenue due to:
 - Quicker payment from electronic insurance filing
 - Automatically billing secondary carriers
 - Centralized pricing to eliminate billing errors
 - Reduced lost charges resulting from better control
 - Improved cash flow from reduced collection cycle
 - More revenue by properly billing correct procedures
 - More available time for collections to increase revenue
 - Higher profits from controlling clerical costs
2. Cost Displacement based upon:
 - Elimination of a billing service
 - Reduced clerical costs, and collection agency costs
3. Cost Avoidance based on:
 - Practice growth without adding clerical staff
4. Reduced E&M Liability
5. Reduced Malpractice Liability

Intangible Benefits

1. Better Management of Information:
 - Access medical information for improved patient care
 - More effective planning for future requirements
 - Avoid abandonment liability with patient recall
2. Improved Practice Image:
 - More professional looking statements
 - Accurate statements and insurance information
 - Faster response to patient billing inquiries
3. More Efficient Operations:
 - Centralized information in computer system
 - Faster information access
 - Elimination of lost patient information and charts
4. Better Employee Productivity and Morale
5. Practice is in Control, and all work is completed on time.

Ten Ways Not to Select a System

1. *Looking at Costs, Not Benefits*

A system should save your practice money, not cost you. If your vendor salespeople can't explain how their system will save you money, don't buy it. A good sign that the salesman doesn't understand benefits is an attempt to offer you a deal on the price. That's like saying, "I don't know why you want this, but if you buy mine I'll charge you less". Cost is a secondary consideration. Buy the system that saves you the most, not the one that costs the least.

2. *Making a Fast Decision to Get a Good Deal*

Don't be pushed into making a fast decision with deals that end on Friday, or are good for this month only. The old saying is "Decide in Haste, Repent at Leisure". Deals are offered by companies that are afraid of their competition. There must be a reason they're concerned. You better find out before you buy, afterwards is too late.

3. *Buying Because You Like The Salesman*

You're buying a company, not just the salesperson. It's great that the salesman is nice, but how good are the support people, and the vendors reputation for support? You'll spend a lot more time with support people than salespeople. It may take you a month to decide on the system to buy, and you may never see the salesperson again, so get all promises in writing, signed and attached to the agreement.

4. *Not Checking the Vendors Reputation*

The vendor should have at least 5 years of experience and at least 500 installations of their software. Check references correctly. Ask for more references and only speak with practices that have at least 2 years of experience with that vendor, preferably in your specialty. Are there any third party endorsements from independent companies like the Medicare Gold List? Are they a top 100 vendor? On the Blue Shield preferred Vendor List? On the Envoy/NEIC List? What do local pharmaceutical, insurance, or laboratory salespeople know about them? They've been in a lot more offices than you have. Get a second opinion from a second source. Talk to as many references as you can.

5. *Putting Too Much Emphasis on the Demonstration*

A lot of people buy the system that looks best in the demonstration. What you see is only the tip of the iceberg. Many demonstrations start with "Show me how to enter a new patient." Wrong! You only do this once, and who cares. What's important is the information that you get out, not how you put it in. Demonstrations should start with a discussion of your needs, and focus on how the system will be set up for you by the trainers. Some people buy the system that they see last, not because it is better, but because they learned about their needs in earlier demonstrations, that's why most vendors prefer to come in late in the demonstration cycle. Invite the best vendors back for a second demonstration if you are unsure.

6. *Looking Only at the Initial Cost of Purchase*

There are two kinds of costs in a system. Cost to purchase and on-going costs. Most practices make the mistake of only looking at the initial system cost. The right way to look at costs is over a five year period. Ongoing costs are more important since they are with you as long as you own the system. Find out what the support costs are and what they include. Do you ever have to repurchase a new version of the system, or maintain a support contract to use the software (called 'right to use')?

7. *Answers Can't Always Be Yes*

Don't be fooled by promises. See it, or don't believe it. If you get the line "that's coming in our next release", write it into the agreement.

8. *Don't Communicate Your Concerns*

As you get down to the final decision you need to communicate with the salespeople about your concerns and let the vendor respond. Return phone calls.

9. *Looking at Hardware, Not Software*

Hardware gets old, software should not. Usually the hardware cost is less than 30% of the total system cost, but most people spend too much time on it. You can easily replace old hardware, not software. Software is a practice asset that should improve with maturity as updates and enhancements are added. Hardware is an expense that can be replaced.

10. *Ignoring Support Reputation*

A vendor relationship for support is what you are really buying. If you hear a vendor has a good system, but bad support, forget it. The #1 reason people replace systems is because of bad software support. Check references and assume that the references the vendor gives you will always be good. Find out for yourself.

Bonus Reason: Not Getting it in Writing

Make sure you get all promises and features in your signed, written proposal. If you are unsure of anything, put it in writing. A reputable vendor will not be offended and it will document your understandings. If something is misunderstood, a written explanation offers an opportunity to clarify the issue prior to installation. It's unfortunate, but some salespeople know what you want to hear and will give you that answer, even if they can't provide the feature. For example, most practices want a Windows based practice management system. Some vendors with UNIX and MUMPS products claim that their products are windows or "windows like", even if they are not. There is a big difference between a Windows practice management system and a UNIX practice management system running under Windows. If you don't understand the difference, find out before you purchase and get promises in writing attached to the license agreement.

ELEVEN GOOD REASONS TO CHOOSE STI COMPUTER SERVICES

1. All the Software Pieces

We are the software authors and provide, install, train, and support our integrated products. ChartMaker® Practice Manager is our Practice Management System currently installed in over 2,000 medical practices. ChartMaker Entry Point or Clinical are Electronic Medical Record (EMR) systems that integrate with the ChartMaker Practice Manager and Scheduler. Because we designed our applications as integrated modules, you can purchase only the functions you need today, but feel secure that you can add necessary functions as your needs grow. Since we are the software authors, we can provide custom software changes and updates to our integrated applications to keep your medical system up-to-date and to protect your software investment.

2. Microsoft Windows Applications

Have you seen demonstrations where salespeople tell you that their product is "Windows-like", "Windows-based", or "our version of Windows"? As soon as the salesman shows you the medical program you know something does not look right with their software. Don't be fooled by fake Windows systems. The ChartMaker modules are real Microsoft Windows®, client/server applications designed to work in a Microsoft Windows environment. They are designed from the ground up to use all of the power and features of the Microsoft 32-bit Windows® operating system, and SQL database technology.

3. Great System Support

Change is the only sure thing in the medical industry, and insurance changes often dictate practice management software changes. Every time Medicare or another insurance company changes their insurance format, your software must be updated to reflect this change. Your vendor must be available to adapt your software, or it will quickly become obsolete and unusable, and your entire investment is lost.

4. Free Electronic Insurance

Electronic transmission of insurance claims is the future of third party billing. With STI there is no extra charge to electronically transmit insurance claims to over 700 Medicare, Blue Shield, Medical Assistance and commercial payers. After all, isn't that why you're buying a computerized medical system? Practice Manager® also completes insurance claims on paper forms like the HCFA-1500, when required.

5. Stable, Experienced Vendor

It's no secret that a lot of the old time medical software vendors have merged their operations and no longer exist. With their demise, medical practices have been left with expensive software systems that are no longer supported. At STI we sold and installed our first

Practice Management system in 1979, and that practice is still with us using it today. Now that's stability in a vendor.

6. HIPAA Compliance

ChartMaker complies with all HIPAA regulations currently in effect. STI will meet these requirements on a timely basis with software updates included with your annual software support fee.

7. All Training in Your Office

STI provides installation assistance and training at your office location for *no additional charge*. Up to 20 hours of personal training are provided free with the basic ChartMaker system. Additional software modules like Appointment Scheduling or ChartMaker EMR include more on-site training.

8. Medicare Platinum Level Vendor

STI is one of only a few Medicare Platinum Vendors, the highest level of electronic compatibility with the Medicare Program. We install all of the available Medicare electronic programs, such as electronic billing, reconciliation, and automatic posting of the Medicare EOMB at no additional charge.

9. Affordable Medical Software

It's our goal to provide you the most powerful medical practice management system available today at the most economical price possible. We constantly monitor our competitors' products to ensure we provide all necessary product features. Many practices justify the cost of an STI system based upon two savings – STI does not charge a per claim fee to send electronic claims and the annual savings between your current support cost and STI's lower annual support cost.

10. Over 2,000 Local, Medical Practice Users

STI has more local, satisfied practices than any other medical computer vendor. We are a local company dedicated exclusively to the medical market. Our people understand your business and local insurance regulations. When you choose a system it won't help you if all of a vendor's reference installations are in another state where insurance regulations are different. STI has installed over 2,000 medical practices since 1979. Local installations ensure that you can speak with someone you know and trust who uses an STI software system.

11. Endorsed by the Medical Society of New Jersey

The ChartMaker systems are the only software products endorsed by the Medical Society of New Jersey for their members use.

Demonstrations Available

For a personal demonstration contact Rob Farrow at: 800-487-9135 Extension 1159, or by email: rfarrow@sticomputer.com. Or return this information:

Contact Name: _____

Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Specialty: _____

Telephone: _____

Please send additional information. Please call me to set up a demonstration.

For faster service fax to 610-650-9272



Call Today!

800-487-9135

Practice Management and Electronic Patient Charting

— Why You Need Both

Most practices have discovered that *practice management software* is essential to their medical office. Besides tracking receivables, the advent of electronic billing and electronic remittance put the office that attempts to do all of these things on paper hopelessly behind. Evaluation and Management (E&M) guidelines and the need to comply with new regulations in the course of a medical exam should cause an office to seriously rethink their use of a paper patient chart. Just as electronic billing has brought payment receipt from several months to two or three weeks so does an electronic patient chart bear no comparison to its paper predecessor.

Why is it so needed? Let's examine a few of the reasons why:

Increased Numbers of Patients – With physician reimbursements down, the average medical office now needs to see more patients. The practitioner has less time with each one, but needs to document more details about the visit than before.

Missing Charts or Lost Lab or Test Results –

It has been estimated that in 30% of patient encounters, the chart or other vital information has been misplaced.¹ And 11% of the time, tests have to be repeated because the results are lost or misfiled.²

E&M Guidelines – Gone are the days when the doctor can simply log in the chart “all normal”. The amount of written information that justifies billing at a higher visit level is increasing.

Improperly Billed Services – Many physicians are so busy handling their patients' care that they take little time to investigate why their collections are poor and their write-offs are so high.

Now, let's look at what could be – how a medical office can do more with less and increase efficiency and profitability: practice management and electronic patient charting working together.

STI Computer Services is an expert in making medical offices more efficient. The *ChartMaker® Medical Suite* contains practice management and electronic medical record software. The *ChartMaker* modules are integrated and provide a cutting edge solution for medical practices.

Efficiently Handling Higher Patient Volumes–

The patient calls the medical office that uses the *ChartMaker Medical Suite* and an appointment is scheduled. The software is designed to identify problems BEFORE they occur. So, the operator can be warned about several things at the time the appointment is scheduled: the patient's balance, any bad debts, the status of the patient's referral or if a new one is needed, if the patient is in a post-operative no-bill period. Special needs or comments are logged into the system.

When the patient arrives at the office to be seen, they are quickly entered in the

ChartMaker system because all information gathered at the time the appointment was scheduled immediately appears on the patient registration screen.

The Chart is Never “Lost” or “Misfiled”–

When the medical assistant or nurse looks at *ChartMaker* EMR, this new patient, added to *Practice Manager* by the reception staff, appears on the screen. There is no need for duplicated work.

Appropriate Follow-Up to Tests or Labs–

ChartMaker then warns the medical staff member about all pertinent information in regard to this patient by giving a quick summary. It lists all diagnoses the patient has ever had (which were told to the system), the listing of current diagnoses and the dates when they occurred, all medications that have ever been logged into the system for this patient, and the current medications being taken. It also has a listing of all notes, allergies found in the past, and all services given that will need follow-up in the future.

Reminders to Address Each E&M

Requirement– *ChartMaker* understands that different practitioners have different preferences and different ways of performing a patient exam. So, it offers many different ways an exam can be logged into the system.

Voice Dictation/Scanning – Probably the quickest way to start with electronic patient charting is to use either scanning of a patient paper chart or for the provider to dictate the exam. *ChartMaker* can store scans and also comes with voice recognition software which understands medical terminology and “learns” from the voice of the speaker. It is very accurate and only grows in its efficiency. This even works with doctors who have an “accent”. *ChartMaker* turns words into text on the computer in that patient's record.

Templates – Another option available to the provider is the use of templates. The way in which the provider chooses to do the exam can be programmed into *ChartMaker* so an entire system can be shown as normal with one click. Or exceptions can be shown with a click as well. These “clicks” immediately display as regular English text. This text can later be automatically turned into a letter for the referring physician with little to no additional work.

The template also serves as a reminder to the provider of what questions need to be asked. *ChartMaker* even comes with a visual graph to show, during the course of the exam, what you have asked and what still needs to be asked or done in order to meet the requirements to bill the visit, for example, at a level 3, 4 or 5.

Avoid Improperly Billed Services–

ChartMaker allows the provider to specify the proper procedure and diagnosis codes needed for billing. These codes are auto-

matically and seamlessly passed to *Practice Manager* and just “appear” for the billing person. Since the biller is not “typing” in this information, there is no miscommunication and the claim can be billed as the provider chooses.

However, if an office chooses, the software can give the experienced biller the option to correct anything which the provider may have overlooked or anything which needs revision. Getting the billing right the first time will increase the collections for the practice and make it more profitable instead of wasting time going back trying to “fix” previously billed claims.

Free Electronic Billing–

When the claim is ready to be billed, *ChartMaker Practice Manager* offers FREE electronic billing to over 800 insurance companies, with additional insurers being added periodically. This is a major time and cost savings for the practice that currently pays a per claim or flat fee charge for electronic billing.

Automatic Payment Posting (Remittance)

ChartMaker also offers the ability to post some Explanation of Benefits (EOBs) directly to the patient accounts electronically. With this ability, the proper allowed, paid, and write-off amounts are automatically added. And, for insurances that still do not provide electronic remittance files, *ChartMaker's* “Profile” system remembers the payments previously received from that insurance for that procedure and fills in the pertinent data on the screen for you saving hours and days of work.

Phased Approach to Computerizing

Your Patient Charts– STI designed *ChartMaker* for a “phased implementation” – start using a feature when you are ready. *ChartMaker* helps you transition. Together they will:

1. Reduce redundant work
2. Stop many problems before they occur
3. Help locate and use patient charts
4. Will warn of all pertinent medical events: diagnoses, medications, test and lab results, allergies, etc.

So, the value of a quality practice management software working in coordination with a powerful electronic medical records software is clear. Are you ready to become more efficient, more profitable, and more compliant?

¹ – Magnis, Ellen. *Information Technology Tools for the Medical Practice*, published by Medical Group Management Association, 2000

² – Magnis, Ellen. *Information Technology Tools for the Medical Practice*, published by Medical Group Management Association, 2000

By: Geoffrey A. Barnes, Medical Sales Representative with STI Computer Services, Inc. Mr. Barnes has over 20 years experience helping medical practices to improve efficiency through the use of technology.

CHART MAKER[®]

Medical Suite

Rob,

Should there be more
addresses and areas listed?

Also- note disclaimer.

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