The Medical Practice EMR Software Buyer’s Guide
A Practical Guide for Physicians and Medical Practice Office Managers

CHART MAKER®
Medical Suite

The Right Choice for Medical Practice Software

Provided by:
STI Computer Services Inc.

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2700 Van Buren Avenue
Eagleville, PA 19403
www.sticomputer.com
800-487-9135
With all of the financial incentives available to you today, you don't need to buy a cheap EMR.

Dear Healthcare Professional,

Like most medical practices, I’m sure you’ve heard about the generous financial incentives from Medicare ($44,000/physician) and Medicaid ($64,000/physician) available to physicians using Electronic Medical Records (EMR) with e-prescribing.

I know many physicians had doubts on whether these incentives would actually be paid. The good news is that some STI EMR customers have recently received their first incentive check from both Medicare ($18,000/physician) and Medicaid ($21,250/physician). However, time is running out on these incentives. For example, 2012 is the last year that you can receive $18,000/physician from the Medicare Program by demonstrating Meaningful Use for only a three month period. See inside for more details on these programs.

With all of the financial incentives available to you today, you don’t need to buy a cheap EMR. In most instances, the incentives will more than cover the cost of a new STI EMR system. It’s critical to purchase an EMR from a vendor with Staying Power within the industry. Your practice becomes dependent upon the vendor providing you with support and software updates to keep your EMR up-to-date with the latest CMS requirements. Without updates the software is useless.

STI sold our first physician practice in 1979 and that practice is still using our software today. In 2007, when STI first received EMR certification, there were about 55 certified EMRs available for the ambulatory physician marketplace. Once the word got out that physicians were going to receive large financial incentives to use an EMR, the marketplace was flooded with new companies offering EMR software, many with little or no previous medical practice experience. At last count, there were over 700 certified EMR products available. How many of these products do you think will be around in five years?

George Santayana’s famous quote of “those who cannot remember the past are condemned to repeat it” is more relevant than ever. We saw a similar cycle during the 1990’s when physicians were adopting electronic billing systems. Hundreds of new vendors entered the market and many were gone by Y2K and HIPAA.

Don’t miss these generous financial incentives. At this point, there is no time to waste. You can install a quality EMR from STI and the incentives will more than pay for the software. Why risk making a mistake with an unknown vendor? Call today at 800-487-9135, extension 1188, and we will visit your practice to show you ChartMaker.

Best Regards,

Joe Cerra
STI Computer Services - 800-487-9135 x 1188

P.S. We would like to show you why using the ChartMaker Medical Suite will help increase efficiencies and revenue.

Eliminate all the Paper

Often, practices will employ someone whose sole responsibility is finding and re-filing the charts that are used during the day. An EMR completely eliminates the need for this function and immediately reduces costs. This will eliminate the chance of a HIPAA violation, when a paper chart could be accidentally left in a public place.

An EMR can drastically decrease the amount of time it takes to document chart notes and can increase the quality of the content in some cases. If you dictate your notes using the ChartMaker voice recognition software, you can save thousands of dollars each year by eliminating the need to pay a transcription service.

Another benefit of eliminating the paper is reducing the costs associated with it. On average, during the life of each chart the practice spends $15/chart on paper, stickers, binders etc.

The cost of these items individually does not seem like very much, but the average physician maintains over 3,000 charts. So, the cost is about $45,000 over the life of your practice.

Due to legal requirements, offices keep charts for seven years after discharging patients. If your office is paying for off-site storage for paper charts, it is a better reason to acquire an EMR.

STI Computer Services, Inc is 2011/2012 compliant and has been certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable certification criteria for Eligible Providers adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. January 5, 2011 - CC-1112-865040-1 Quality Measures Certified: NQF 0421, NQF 0013, NQF 0028, NQF 0041, NQF 0024, NQF 0038, NQF 0031, NQF 0043 and NQF 0068. • Self Attested Additional Software Used in Testing: cid:image001.png@01CBACA7.1EDE1D60.
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 Record (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 Suite for your practice.

Although there is a great deal of variation among the different types of software out there today, there are really only two main components of modern medical office software systems: Practice Management Systems (PMS) and Electronic Medical/Health Records (EMR). Both components of an up-to-date medical software solution should address three very simple goals:

1. Increased Efficiency
2. Increased Productivity
3. Decreased Cost

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, when you do compare costs, compare all of the costs, not just the initial purchase price.

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)

Increased Efficiency

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 patient care.

The computer should help you and your staff work at your highest, most creative level. In every industry there remain tasks that are nothing more than time consuming tedium. And, sadly, this means that there are people that are paid to punch in day in and day out to complete these tedious tasks. The modern medical practice is no different. But as advances are made in medical software technology, these tasks are slowly but surely being phased out. An up-to-date software system can reduce or eliminate tasks like calling insurance companies to check on a lost file, clearing up mistakes, etc. Finally, some work lies at any one of various middle levels.

Increased 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 lost charts or 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.

Without these monotonous tasks, staff members will be able to devote their time and creative energies towards much more productive goals. Software solutions can help enhance these goals too. Office staff members will perhaps be able spend their time chasing down unpaid debts or running detailed financial reports, thus gaining more control over office billing practices. Similarly, with up-to-date software, doctors will be able to create more comprehensive chart content in less time than it takes to handwrite, type or dictate a note.

Decrease Cost

Finally, an up-to-date medical software system should help decrease the cost of running your practice. Whether it is completely eliminating transcription costs, or decreasing something as simple as money spent printing encounter forms, a current software system should reduce the amount of money needed to run your practice.

Two Components to an Up-to-Date Medical Practice Software System

When you consider computerizing your medical practice there are two equally important components that you need to consider. There is a clinical side and a business side to your practice.

You need both to run an efficient medical practice. Each piece is equally important if you want to run a profitable medical practice. Obviously you became a physician to practice medicine not to run a business, but without revenue from your medical practice, you can’t continue in private practice. So when you investigate medical software you need to carefully evaluate both aspects. Since the clinical side is usually of more interest to a physician, naturally more attention may be paid to that aspect. However, you need to have your office staff involved to investigate the billing function as well.

A good analogy is the SAT score. If you want to go to a good college you need to have a high SAT score. Traditionally the SAT score was made up of two parts – math and verbal. If you had a high score in math, but a low score in the verbal side, most likely you would not get into the college of your choice. The colleges are looking for students with the highest combined score.
When you select a practice software system, you should look for the vendor with the highest combined score in business (billing applications) and clinical (EMR) applications. Don’t make the mistake of concentrating your effort on only one side of the equation, or it’s very possible that you will be investigating software again in the future.

**Think SAT Score**

*You want the Highest Combined Score*

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<tr>
<th>Average Score</th>
<th>Critical Reading Business (PMS)</th>
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When you bill by Practice or Provider, cannot contain a P.O. Box.

You need Both. Look at Both & Involve Medical and Office Staff

**Benefits Of An Up-to-Date Practice Management Software**

Practice Management Software is the financial component of medical software systems. Practice Management contains the nuts and bolts of the business side of any medical practice. The functions of Practice Management software can vary by brand of software, but a complete program that addresses all of your practice requirements should have most if not all of the following functions.

**Electronic Claims Submission**

Electronic Claims Submission is vitally important in accomplishing the three goals listed above. If you are not already submitting your claims electronically, you could be losing a lot of money without realizing it. The Center for Medicare and Medicaid Services (CMS) reports that claims submitted electronically experience 21% fewer rejections than those submitted on paper. (1)

Furthermore, if you submit your claims electronically, you will typically be notified within 24–48 hours if a claim has been accepted or rejected. That way, if there is a problem, it can often be addressed within the same day so little time is lost between submission and payment. Also, with electronic submission, you will get paid almost 2 weeks faster. By law, Medicare must pay claims submitted electronically within 14 days, whereas the average pay period for a paper claim is 26 days. (1)

And let’s not forget the most basic of expenses: labor and postage. With paper claims, you not only have to pay for the paper and ink needed to print the claim, you also have to pay for the stamps and envelopes to get them to the insurance company and the time to sort and stuff envelopes. It may not seem like a lot, but each paper claim costs $1.00–$1.50 to send. (2)

**Electronic Transmission of Insurance**

“The Health Care Financing Administration now called the Center for Medicare and Medicaid Services (CMS) 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)

Electronic billing provides practice benefits to avoid the type of results shown in the above CMS 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)

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. In some cases, Medicare payments can also be posted automatically.

**ANSI 5010 Progress**

Between January 1st and March 31st 2012, the Centers for Medicare and Medicaid Services (CMS) as well as various insurance companies will require you to send electronic claims and receive your payment remittance files in the ANSI 5010 format instead of the current ANSI 4010 format. STI has added support for ANSI 5010. Most of the changes related to ANSI 5010 happen seamlessly, behind the scenes within the ChartMaker Medical Suite. Here are a few important issues that we would like to share with you.

1. P.O. Boxes are no longer accepted for the billing provider addresses with this new format. The billing address, whether you bill by Practice or Provider, cannot contain a P.O. Box. There are no changes to your enrollment sign ups, or where the checks are sent.

2. The full nine-digit zip code is required for billing provider and service facility addresses. The nine-digit zip code should be entered for all practices, providers and facilities.
In-House or Outsource Billing?

A successful billing process starts with the right practice management and electronic billing software. Once you’ve chosen your computer technology, the next step is to decide whether to assign the billing function to your own office staff or outsource it to a professional medical billing service. The billing process relies on getting the correct patient and insurance information into the system. Errors in data entry result in rejections, and it’s possible that a claim can be electronically submitted but immediately denied without ever entering the payer’s system for processing. Often, staff in the physician’s office forget or don’t have time to retrieve the next-day reports that will tell you if your claims were accepted. A rejection on this vital report means that your claim was not in fact submitted. If your staff doesn’t catch the error in time, the claim may be rejected for timely filing with no appeal possible.

A professional billing service can ensure that charges entered by you or your office staff are done correctly and completely, or even enter the charges for you. They will submit your claims, retrieve the next-day reports, and resubmit any necessary corrections. They will record payments and follow up on denials, rejections, and low payments. Skilled staff at a billing service can review your aging reports for slow pays, uncover unpaid claims that have been purged by the insurance companies, and send bills to secondary payers. Patient bills can be submitted for you, and if you choose, your patients can call the billing service with questions instead of interrupting your busy staff.

The advantage of using an outside billing service is that you reduce internal labor costs and a professional billing service most likely will have more experience dealing with the insurance carriers than your own staff since this is all that they do. That frees your staff to provide better patient service and not sit on the phone talking to insurance carriers.

Since billing services only get paid a percentage of your collections, they need to work your accounts to get paid. For example if a billing service receives 7% of collections, this means for every dollar that they collect, you receive $0.93 and they receive $0.07. To evaluate a billing service you need to determine your internal cost of collections and compare that to the cost to outsource billing plus any additional collections that an experienced billing service can provide. If they can collect an additional $10,000/month you receive an additional $9,300 and your staff is available to do more important work on patient care.

STI has independent billing services companies that have been trained to work with the ChartMaker software. These companies can provide you an option of either a cloud-based or client-server version of ChartMaker. With a cloud-based model, your data resides at the billing service location and they are responsible for software, back-up and server costs. With a client-server version the ChartMaker software is installed in your location and you control the billing information and the billing service comes into your system.

The combination of the ChartMaker PMS and EMR system with a professional billing service to verify the accuracy of billing information and to follow-up on claims can provide any practice an advantage. With the ChartMaker EMR a physician can enter charge and diagnostic information directly from the patient chart. That information can be accessed and processed by a professional billing service for processing.

ChartMaker software, in the hands of a trained billing service, may save you time and improve your cash flow. A professional billing service becomes your back office, providing knowledgeable employees who are focused on getting you paid. You may realize lower costs, reduced errors, and increased revenues when you use one of our billing services.

With ChartMaker you have a choice of either doing your own in-house billing, or working with one of our independent billing service companies to process your claims. It’s up to you.
Financial reporting functions work hand in hand with your offices’ ability to bill electronically. What good is it that you can find out about your claim status within 24 hours if you are not able to view that information in a report? An up-to-date software program will give you the ability to run reports to get a full picture of what is going on with the money in your practice.

According to the same CMS report mentioned above, 26% of all claims are initially rejected. As astonishing as that number is, even more astonishing is that 40% of those rejected claims are never resubmitted. This results in an average of about 10% income loss for the physician. Why do you think anyone would let rejected claims go without resubmitting them?

Most rejected claims are not resubmitted because they simply go unnoticed. With proper reporting functions, this should never again be the case.

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

Similarly, proper reporting functions should allow you not only to realize when you have not been paid for a claim, but also when you have not been paid enough for a claim. Sometimes offices will be paid a few dollars less than their contracted amount. Again, it does not seem like you are losing that much, a couple dollars here and there. But if you are getting underpaid a few dollars on 20% of the 500 claims you send each month, this can translate to several hundred dollars a month! In a year’s time, you will have effectively given thousands of dollars back to the insurance companies for work that has been done by you.

Again, this problem is easily addressed with the proper reporting functions in a Practice Management system. And reports do not only have to address insurance companies, (consider how much more effective it would be to renegotiate contracts with reports like these in your arsenal!).

Reports can also discern which provider is bringing in the most money at each location, or which procedure is the most lucrative and which ones are not worth doing. The possibilities are limitless.

Enhanced Billing Features

If you are using an out of date system, perhaps the most exciting new features will lay in wait for you within the realm of billing functionality. The latest systems are much more robust and easier to use than their older counterparts.

For example, in the ChartMaker’s® Practice Manager module, you have the ability to “scrub” the claims before they are sent out. Whether on a claim by claim basis or on a batch at the end of the day, you can run a test that will generate a report detailing which claims will be denied and why. From there you can go back and fix the problems listed and with one click send out all of your claims with confidence that if the claims are rejected, it shouldn’t be due to a billing error.

Another enhanced billing feature is automatic payment posting. Most offices employ someone to look over insurance EOMB’s, to manually match the payments to the procedures and then enter this information into the computer on a case by case basis. This is a time consuming and often inaccurate process that can result in more lost revenue to the practice.

Electronically submitted claims can receive electronic remittance advice from carriers to automate and streamline the EOMB posting process to reduce labor cost, save time and reduce errors. An up-to-date system can automatically post payments once they receive the electronic remittance advice.

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.

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 CMS example claims that many providers are losing between $25,000 and $50,000 per year. This is in addition to a 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. (4)
Patient Recall

Many offices already utilize a system of reminding their patients when its time to return for an important test or procedure. An up-to-date practice management system can both enhance and streamline these systems. With technologies like mail merge and automated phone reminder systems, computers can effectively remind patients that its time for them to call to schedule an appointment. And if just two more patients per week schedule an appointment, for some, the revenue generated from those appointments can make a substantial difference in the monthly income.

Eligibility Checking

Oftentimes, even the most responsible patients can have a lapse in insurance coverage without realizing it. And usually, this means that their doctor will not get paid for a very long time, if at all. Most offices will call to check on the insurance eligibility of their patients the day before they are seen. No one likes to sit on the phone with insurance companies, including medical office staff. This process is often time consuming and incredibly tedious.

Lately, insurance companies have utilized the internet to speed up this process, but only slightly. Staff members are still required to enter every digit of each patient’s group number, ID number, doctor’s NPI number etc. As a result, this task can very frequently go overlooked. And that can spell trouble very quickly for an office’s income. An up-to-date Practice Management system can gather all of the necessary numbers and data, transmit them to the insurance company’s website and respond with a list of eligible and ineligible patients. In some cases, it can even retrieve information about referrals and authorizations.

Eligibility Checking

An EMR can drastically decrease the amount of time it takes to document chart notes and can increase the quality of the content in some cases. Even if you continue to dictate your notes, using the latest voice recognition software, you will be saving hundreds or even thousands of dollars each year by eliminating the need to pay a transcription service.

If lack of time is the problem, usually the first thing to go is the documentation of normal findings. In most cases, the deletion of normal findings is the main contributing factor to under-coding. Although most doctors will evaluate patients and determine these normal findings. In most cases, the deletion of normal findings is the main contributing factor to under-coding. Although most doctors will evaluate patients and determine these normal findings, they only have time to document the problems that the patient was being seen for, thus drastically reducing the evaluation and management content in their notes.

Electronic Medical Records

Electronic health/medical records are the latest buzz in the medical software world. (NOTE: in this guide we will use the terms EMR and EHR interchangeably.) And it seems that even more information is available on all of the varied and different features available to doctors. But, in choosing an EMR, the same three goals listed above apply.

An EMR must be able to increase efficiency, increase productivity and decrease the overall cost of running your practice. If it is unable to meet these three goals, it does not matter how many bells and whistles it comes with, it won’t be a practical tool in managing your medical practice. There are features and benefits to look for, though, when researching EMR software.

Elimination of Paper

Many people underestimate the benefit of ridding their office of the constant paper chase. Often, practices will employ someone whose sole responsibility is finding and re-filing the charts that are used during the day. An EMR completely eliminates the need for this function and immediately reduces costs. This will eliminate the chance of a HIPPA violation, in which a paper chart could be accidentally left in a public place. Plus, no more lost charts. Even the most fastidious of re-filers has been known to misplace a chart from time to time. And every office can relate to the scenario of having a patient sitting in the waiting room with his or her chart nowhere to be found. With an EMR, you should not need to deal with a missing chart again.

Elimination of Paper

In 2007 when STI first received EMR certification, there were about 55 certified EMRs available for the physician ambulatory marketplace. Once the word got out that physicians were receiving large financial incentives to use an EMR, the marketplace was flooded with new software companies offering EMR software, many with little or no previous medical practice experience. At last count there were over 700 certified EMR products available.

How many of these products do you think will be around in five years?
The Interface (Bridge) Dilemma
In today’s medical software marketplace most medical practices want a completely integrated Practice Management System and Electronic Medical Record software from one vendor. However occasionally a practice would like to integrate (called an electronic bridge) two distinct software products from two separate vendors for their practice. Although in some cases a practice has no other option then to bridge two products, it is typically less expensive if you can avoid this project. Before undertaking such an effort it is important to understand the complexities in creating and maintaining an electronic bridge.

Bridge Between a new EMR and Your Old Billing System
Some vendors suggest that you interface (bridge) their new EMR with your old practice management software. The argument they present is that because their EMR software is HL7 compliant and that your billing software is also HL7 compliant, that both products can be easily interfaced.  Nothing can be further from the truth.  The HL7 standard is a compatibility index.  This means that both products are capable of being interfaced but it does not mean that the interface will take effect automatically.  A good medical analogy is a blood transfusion. If one patient has A+ blood and a second patient is also A+ they may be compatible for a blood transfusion.  It does not mean that the transfusion happens automatically, and the blood automatically flows from one patient to another. Someone needs to provide the technology, knowledge, and labor for a successful transfusion.

Integrated or Interfaced?
When upgrading your office software system, it is easier to purchase an integrated system (one with both a PMS and EMR from the same vendor) rather than interface a PMS and EMR from two different vendors.

Interfaces are expensive and add undue stress to maintaining a properly functioning system. An interface requires the continuous cooperation from both companies involved. If one company chooses to upgrade their product, it will be your responsibility to get (and probably pay for) the upgrade of the interface. If you must interface your products, have them sharing only critical information.

Conclusion: Integrate, Don’t Interface
After decades of development and negotiation, the shipping industry was ultimately able to agree upon a standardized cargo container. The healthcare industry is going through a similar phase that may take just as long involving XML, HL7 and CORBA initiatives. However, today there are no vendors offering a standardized container to “pre-package” all of their data so that one vendor’s PMS can seamlessly share data with another vendor’s EMR. Although the vendors may publish the specifications, still, a significant and ongoing custom programming effort is required to interface these critical applications. Relying on a fragile, custom interface only complicates the daily usage, reliability, and performance of the two most important computer applications in a physician’s office. To experience the greatest benefit and the least frustration, implement an integrated PMS/EMR. (24)
Another function of eliminating the paper is reducing the costs associated with it. On average, during the life of each chart the practice spends $15/chart on paper, stickers, binders etc.

The cost of these items individually does not seem like very much, but the average physician maintains over 3,000 charts. So, the cost of maintaining 3000 charts is about $45,000 over the life of your practice. Similarly, charts do not just take up your money; they take up your space. Due to legal requirements, many offices keep charts for seven years after discharging patients (longer for pediatricians). If your office is paying for off-site storage for paper charts, its a better reason to acquire an EMR.

**On-Line Chart Access**

More importantly, the best part of having charts in an electronic format rather than paper is that you can view an electronic chart from anywhere that you have an Internet connection. You can refill prescriptions from home or finish up chart notes from the hospital. Gone are the days of staying late in your office finishing up a stack of charts. Now you can go home on time, have dinner and if required access your charts from home when you need to finish a note or make a telephone entry.

**Streamlined Chart Entry**

Many physicians work after the office is closed to write or dictate their chart notes. An up-to-date EMR system can help eliminate the need to do this. If you are hand writing or dictating your chart notes, an EMR can save you time and money. Even doctors who are used to dictating their notes will save time. The latest voice recognition software can be integrated into your system and make the transition from paper to computer almost seamless. The only difference you should notice is the amount of money you save each month that would otherwise go to pay a transcriptionist and the elimination of the wait to receive your transcribed notes.

“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)

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**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)
E&M Guidelines

Many physicians are concerned that they are under-coding or under-documenting their patient notes due to a lack of time when seeing patients. Not properly documenting normal findings is often the main contributing factor of under documentation because of time constraints. Usually the work is done but the physician does not document the normal findings.

An up-to-date, EMR can also more accurately help you to determine the proper E&M level by counting the number of items documented in your note as you complete an electronic patient template for an examination. With an EMR, you can quickly document normal findings with the click of a button. And in some systems, like ChartMaker® Clinical, the E&M items can even be tracked in the background of your EMR to make your life easy if you are ever audited.

Electronic Laboratory Results

Electronic Lab submission and retrieval can go a long way toward saving time and increasing efficiency in your office. Many offices still employ a staff member whose responsibility is to retrieve the paper lab results from the fax machine and sort laboratory results alphabetically, find the corresponding charts, match them up and place them on the doctor’s desk to await review.

An efficient turn around time for this process is approximately a day and a half from fax receipt to doctor review. With an EMR the lab results can be sent directly to the doctor and in the case of ChartMaker® EMR, the lab can be linked directly to the patients chart so that it can be filed with one click after review.

HIPAA and Patient Confidentiality

Confidentiality of patient information becomes a bigger concern with the implementation of HIPAA. 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.

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.

The 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.

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 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.”

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.

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.

Some consultants even feel that a non-computerized practice has little chance to conform to the higher-level E&M documentation requirements. (11, 12, 18).
Electronic Prescriptions (eScripts)

There has been increased interest in recent years in the advantages of Electronic Prescribing (eScripts). The Centers for Medicaid and Medicare Services (CMS) has advocated the universal adoption of this technology for several reasons. First, electronic prescribing can significantly reduce the number of duplicated prescriptions by allowing the prescribing physicians access to an entire list of medications within a pharmacy database. Second, the utilization of software to aid in the process of eScripts is believed to contribute to the reduction of the number of negative drug-to-drug interactions as well as drug-to-allergy interactions. In the United States last year alone there were over 14 million adverse drug events (ADEs), 2.6 million of those resulted in the death of the patient. Electronic prescribing could drastically reduce this number of events. (23)

Integrated vs. Free Standalone eScript Offers

Although receiving FREE eScript software may initially sound pretty attractive, it is always a good idea to identify the “catch” in the offer. FREE for how long seems to be the most obvious question? The more subtle question is why is it FREE? Once you realize that eScripts software is the first step to the EMR, the answer becomes more apparent.

If your FREE software is hosted at the vendor site on their file server (called an ASP model for Application Service Provider – also called cloud-based) as opposed to on-site on your server (called Client-Server) you may have no choice but to purchase the EMR from the ASP vendor or lose the eScript content (your medication data in an electronic format) if you choose another EMR.

So a FREE eScript software plus an expensive EMR may cost you more than a moderately priced EMR with integrated eScripts.

There are several advantages of integration of eScripts into an EMR as opposed to FREE standalone eScript software. In a recent White Paper on e-Prescribing from Covisint (23) the author points out that stand alone eScript technology is disruptive to the physician in that it is not fully integrated with the rest of the practice software causing workflow changes to accommodate duplicate patient data entry, as well as using a second system to view and prescribe.

We would add that the physician is also building valuable patient content (medication history, allergies, etc) into a system that is not integrated with the rest of his patient information when using a standalone eScript system.

In fact this data may reside thousands of miles away on another server and begs the critical question -- How do I retrieve my patient medications and allergy history and import it into my EHR when I am ready to implement this technology and at what cost? The answer may be that “you can’t”, so check before you choose that “FREE” offer.

Since ePrescriptions are a required feature of all CCHIT 2008 or later certified EMR, a better solution than a “FREE” standalone ePrescription program is to purchase an entry level EMR program with eScript capabilities that many vendors call “EMR Lite”. Many EMR vendors realize that physicians may not want to purchase all of the capabilities of an EMR initially and provide low-cost versions of their software with limited capabilities that at least can provide you a growth path to a complete EMR when you are ready rather than committing to an ASP ePrescription product that may require you to walk away from your medication data at a later time.

For example STI provides a low-cost (under $5,000) EMR product called ChartMaker® Entry Point, that can provide your practice not only in-house ePrescription capabilities, but also the ability to receive electronic lab results, maintain a patient face sheet with medication lists, problem lists, and allergies for each of your patients, enter procedures with G-codes, query your medication and problem lists to find patients taking certain medications or with certain problems and medications. More importantly, it includes document management capability to allow you to begin scanning your patient notes into the EMR. So instead of an ePrescription only product that maintains your medication on a distant server that you may need to walk away from in a year or two, you have the foundation of a complete EMR in your office with no data loss if you choose to implement the complete EMR with template, voice or pen-based patient note entry at a later date.

A much better option!

For a more thorough discussion on the differences between a cloud-based and client-server system, see the related article on page 18.

Third, electronic prescribing allows pharmacies to become more efficient by demystifying the enigma that is doctor’s handwriting, thereby reducing the number of calls made to doctor’s offices for clarification.

Fourth, Electronic Prescribing allows doctors to receive refill requests directly into their EMR. This allows the doctor to view the patient chart and make accurate medication decisions from anywhere at any time of day.

Besides the patient safety considerations, the widespread adoption of eScripts could offer vast savings to the healthcare industry. "Savings could vary between $27 billion (CITL 2003) and $60 billion annually due to appropriate medication use and diminished ADE’s" (23) eScripts are so important that the CMS provides a financial incentive to send your prescriptions electronically.

Automated Billing Entry

Finally an EMR can automate the billing process even further. In many offices, patients are handed an encounter form or super-bill to carry to the front to check out. If that patient were to just keep walking past the front desk and out the door, many of those same offices would not even realize that a charge was missing. An EMR like ChartMaker® can send charges directly from the clinical side to the Practice Management side using an electronic charge slip in the EMR template.

When the doctor finishes the note diagnosis, procedures and modifiers can be transmitted from the EMR to the billing system with the click of a button. No more lost charges and a reduction in clerical costs as well as possible transcription errors. Since the billing staff no longer has to manually enter each diagnosis/procedure code, they can spend their time doing more productive work.

EMR Certification

Certain standards have been put in place to certify that an EMR software program meets the highest qualifications. One such certification program is called CCHIT (Certification Commission for Healthcare Information Technology). This seal of approval is currently the highest level of certification an EMR program can achieve.

CCHIT is designed with the intent to protect doctors from buying software that is not able to complete all of the basic functions necessary to keep appropriate patient records. The government is also utilizing...
these standards to increase the interoperability between Electronic Health Records, so that in the end a patient will have a comprehensive community-wide health record, rather than discrete medical records held in separate locations. In theory this should allow physicians to make more informed medical decisions.

Many software vendors do not have CCHIT certification or are not up-to-date with the most recent certification. CCHIT certification becomes more complex and difficult to achieve each year and the year in which the software was certified is included with the CCHIT logo. Software with a later CCHIT certification date is better than software with an earlier date. With a trend moving toward an increase in governmental funding for CCHIT certified EMR software, it would be unwise to purchase an EMR system that does not hold the most recent CCHIT certification.

**EMR Incentive Programs**

There are many financial incentives to help your practice acquire eScript or Electronic Medical Record software. Let’s discuss current Federal programs designed to assist your acquisition of Electronic Health/Medical Record software.

**EMR Physician Recovery Act Incentive**

On Feb. 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009, a critical measure to stimulate the economy. Among other provisions, the new law provides major opportunities for the Department of Health and Human Services (DHHS), its partner agencies, and the States to improve the nation’s health care through health information technology (HIT) by promoting the meaningful use of electronic health records (EMR) via incentives. Qualifying physicians can receive up to $44,000 over a five-year period to defray the cost of using an EMR software system in their office-based medical practice.

**Medicare/Medicaid Providers**

You have probably heard about the federal stimulus for practices that implement and “meaningfully use” a certified Electronic Medical Records (EMR) system. Office-based Medicare participating providers who “meaningfully use” a certified EMR, starting in 2011 or 2012, are eligible to receive a financial incentive up to $44,000 per provider. However, what is vital to remember is that you will not qualify for reimbursement, unless you already: purchased your EMR, had your installation and training, and are able to demonstrate that you meet the meaningful use criteria below. For Medicaid participating providers, who have at least 30% of their patients paying through Medicaid (or 20% for pediatrics), you are eligible for up to $64,000 over 6 years.

**What is Meaningful Use?**

Key to your practice’s participation is meaningfully using an EMR. “Stage 1” meaningful use requirements must be met for the first two-year period that a practice participates in this program. “Stage 2” requirements cover the second period and the government is planning to publish Stage 2 requirements soon. The requirements for the final, fifth year, have yet to be determined.

Stage 1 has 25 objectives. Of these 25, 15 are the Core Set which must be met. The remaining 10 are referred to as the Menu Set. Up to 5 of these Menu Set objectives can be deferred. So, providers may choose which 5, or more, they are going to implement. In cases where meeting an objective is impossible (for example, that specialty doesn’t do that function), exclusions are permitted.

**The Stage 1 Core Objectives Are:**

- Use Computerized Physician Order Entry
- Implement drug-to-drug and drug-to-allergy interaction checks
- E-Prescribing
- Record demographics
- Maintain an up-to-date problem list
- Maintain active medication list
- Maintain active medication allergy list
- Record and chart changes in vital signs
- Record smoking status
- Implement one clinical decision support rule
- Report Clinical Quality Measures
- Electronically exchange key clinical information
- Provide patients with an electronic copy of their health information
- Provide clinical summaries for patients for each office visit
- Protect electronic health information created or maintained by certified EHR

*STI employees discussing Meaningful Use implications.*
Implementing an Electronical Medical Record (EMR) In Your Practice

Implementing an EMR software system can be a challenge for any medical practice. Most physicians that commit to computerizing their practices’ medical records envision themselves using a paperless system and accessing all patient data on computer workstations throughout the office. All patient charts are kept on the computer and the computer prepares all required medical documentation like prescriptions, laboratory orders, patient handouts, and correspondence to other physicians. Everything happens with the click of a computer button and at almost hyper speed. This is the goal but it does not happen overnight. There are a lot of necessary steps required to transition your practice from a paper-based environment to a paperless one. With proper planning and a good implementation plan, the chances of implementation success are vastly improved.

Presented below are a number of keys to success pertaining to EMR implementation along with some suggestions for practical implementation:

• ‘Fail to plan = plan to fail’. A planning phase is critical to implementation success. This phase should precede the start of training on the EMR software and should include discussion pertaining to the training schedule, workflow design/redesign, practice goals/objectives, etc. Physicians, office management, nursing staff, and any other individuals who will be intimately involved with the implementation of the EMR should be present for this part of the process. This not only serves to prepare everyone in the practice for the transition to an EMR based way of medicine, it keeps them feeling involved in the entire process. If your practice contains multiple departments, representatives from each of those departments should be involved in this phase.

• Commitment. The importance of this cannot be overstated. As with most things, one gets out of it what they put into it. Without significant effort directed at planning the training, learning the software, practicing with the software, and assessing/redesigning workflow, the chances of successful implementation are greatly reduced. In addition to participating in the formal EMR training, it’s critical that the office staff practice learning the functionality of the software. Often more learning occurs with hands-on experience.

• Training. Time devoted specifically to formal training is truly one of the most crucial factors when it comes to successful implementation of an EMR. Medical staff and office personnel should have time throughout their day specifically devoted to training only, especially in the early stages. Training time should be separate from the office personnel’s typical work duties. Learning robust EMR software programs requires dedicated, uninterrupted time for most individuals.

• Assess and redesign your workflow. Office workflow will change with an EMR. The goal of this ‘workflow redesign’ is greater efficiency. Processes which tend to be handled differently with an EMR include messages and prescription refills, the review and tracking of lab/test results, coding office visits, placing and knowing where patients are in your office, and the daily task of merging paper documents into the ‘electronic chart’ as opposed to the paper chart. The change in workflow will redefine the job responsibilities of some office personnel and lead to greater efficiency within the practice.

• Establish an EMR leader/super-user’. This individual is typically a physician or an office manager who possesses some level of authority and computer literacy. Implementation failure is imminent if leadership is lacking in the office. The leader should be someone who is intimately involved in the daily workings of the office and someone who can facilitate the forward progress of the EMR. The ‘super-user’ is someone who learns every aspect of the EMR allowing them to serve as an ‘in-house’ go-to person for other staff members who may have questions or who are struggling with learning the software. The ‘super user’ can serve as a very valuable resource to those office staff who may be struggling with the EMR.

• Have a plan for entering existing patient data. At least some portion of the paper chart content needs to be merged into the electronic chart. This is typically performed by a nurse or medical assistant and involves the task of entering patient data such as medications, allergies, diagnoses, past medical history, immunizations, etc. and should be done weeks prior to a ‘go-live’ date with the EMR. This can be a time consuming task initially but serves as a time saver once patients begin to be seen without the paper chart. Document scanning will also play a part in migrating existing patient information into the electronic chart. Typically it’s most efficient to scan only recent data (a couple of months to 2 years) from existing charts.

• Set a ‘Go-live’ date. This is the date that you will begin seeing patients using the electronic chart. This date should be soon after initial formal training has occurred so everything is fresh in the minds of the office staff. It is wise to adjust your patient schedule accordingly. Attempting to go-live on a day with a full patient load is typically not the best way to start off. Even after a period of formal training and practice, it will take some time to develop proficiency and speed with the EMR. Reducing the number of patients you see during the initial ‘go-live’ period or adding additional time to patient visits will create less stress for everyone, prevent discouragement, and provide a greater chance of success.

• Don’t give up! For those practices encountering difficulty with implementing an EMR, a slower, more phased-type approach may be the direction to go. EMR’s, for the most part, consist of various modules. These modules typically include document management, electronic prescribing, templates, voice recognition, messaging and lab interfaces. Modules can be implemented all at once or can be implemented in phases over a longer period of time. If you feel your practice may have undertaken too much at once, take a step back, re-evaluate your practices goals and implementation plan, and take a close look at simply implementing only one or two modules of the EMR. Achieving success with one portion of an EMR will build confidence and allow for an easier transition to more complex functions of the software.
The Menu Set Objectives are:
- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/ follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient specific education resources and, if appropriate, provide to patient
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/ systems
- Capability to provide electronic syndromic surveillance data to public health agencies

**Meaningful Use Dashboard**

Built into the ChartMaker® Medical Suite is a mechanism through which you will assess whether you are meeting the requirements for Meaningful Use. STI’s software helps physicians to qualify to receive up to a $44,000 incentive per physician.

**Meaningful Use made easy with ChartMaker’s Dashboard.**

**Relaxation of Anti Kickback Rules**

Thanks to a recent decision by the U.S. Department of Health and Human Services (HHS), physicians will be allowed to accept donations of electronic prescribing software, electronic health records software, and training services from hospitals, medical laboratories, health plans and other entities involved with providing Medicare services under expanded safe harbors to the anti-kickback statute.

This, quality experts say, will lead to enhanced quality and patient safety across the health care continuum as interoperability between electronic medical records (EMRs) in physicians’ offices and hospitals increases. The key issues are that he software must be CCHIT certified within 12 months of your acquiring a license, the provider can not restrict the interoperability (ability of the EMR to talk with other EMR or other medical entities) and the donation cannot exceed 85% of the EMR software cost, and you must pay ay least 15% of the cost yourself.

STI has hospital and medical laboratory partners that are currently willing to help provide funds for EMR adoption. If you would like to determine if you qualify contact STI at 800-487-9135 extension 1188.

**Voice Recognition**

Voice recognition 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.

**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.

**Specific Functions of a Up-to-date System**

- *Electronic Medical Records*
- *Electronic Claims Submission*
- *Patient Scheduling*
- *Patient Recall and Follow-up*
- *Eligibility Checking*
- *Chart Summary*
- *ePrescriptions*
- *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*
- *Insurance Card Scanning*
- *Internet Access for Claim Checking or Referrals*
One of the goals of the new Healthcare Initiative Program from the federal government is for ambulatory medical providers to have the ability to share medical information electronically with other medical entities (medical centers, hospitals, Regional Health Information Organizations, and medical laboratories for example) to provide better patient care and to reduce costs. Interoperability refers to this ability of diverse healthcare information systems to work together. STI is dedicated to this effort and our goal is to help connect the 3,000 medical practices that use STI software products to share information.

The United States is building a point-of-care health information system similar to the network of electronic banking. As an example, if you can access your money from any ATM in the world, why can’t you access a patient’s medication history in a similar fashion? Through health care information exchange and interoperability, physicians and other medical providers (with a need-to-know) will have access to a longitudinal medical record. “Interoperability is a fundamental requirement for the health care system to derive the societal benefits promised by the adoption of electronic medical records (EMRs)” (25).

This interoperability standard is so important that the federal government has made exceptions to the Anti-Kickback rules for EMR donations to physicians from medical centers, health plans and medical laboratories to in some cases help you pay for an EMR. They cannot pay the whole cost of an EMR but in some cases they can pay up to 85% of the software cost of an EMR. Interoperability is so important that any organization that restricts the sharing of information is not eligible to participate in this program. If anyone tells you that you can only use one EMR to access information you may want to refer them to the Federal Register (42CFR Part 411 August 8, 2006). Here are some of the organizations that STI is currently working with to ensure the interoperability of our software.

Regional Health Information Organizations (RHIOs) are key to the US National Health Information Network (NHIN). The Office for the National Coordinator has contracted with the National Alliance for Health Information Technology to lead workgroups of national experts in defining key terms including RHIO and to solicit public comments.

HEALTHeLINK™ Western New York RHIO

STI is one of 10 strategic vendors with the HEALTHeLINK™ Western New York RHIO an unprecedented collaboration among physician, hospital, and insurance organizations to share clinical information in efficient and meaningful ways to improve the delivery of care, enhance clinical outcomes, and control healthcare costs throughout the western New York region.

Greater Rochester RHIO

STI is an approved vendor working with the Rochester RHIO and the Monroe County Medical Society to get doctors connected to their community. The RHIO connects area doctors, laboratories, area hospitals, ambulance companies, radiology providers, and payers. Rochester RHIO is a secure electronic health information exchange that gives authorized medical providers access to test results, lab reports, radiology results, medication history, insurance eligibility and more.

HIXNY Albany New York area RHIO

STI is an approved vendor working with HIXNY, a collaboration of health plans, hospitals, physician practices and other entities in a 17 county geography comprising the Capital Region and Northern New York. HIXNY has built an interoperable network to electronically share medical information more efficiently for the benefit of healthcare consumers.

Delaware Health Information Network (DHIN)

STI is one of four certified vendors with this state wide RHIO in Delaware. DHIN is a communication system that is available to healthcare providers throughout Delaware. Through a combination of the latest in technology and well-designed security practices, this system makes it possible for physicians, hospitals and labs to deliver and access critical health information to ensure better healthcare for patients.

AtlantiCare Health System

AtlantiCare is a Southeastern NJ regional integrated delivery network. InfoShare, AtlantiCare’s IT Company, provides information sharing between medical providers and their healthcare consumers through its web-based electronic Health Information Exchange (HIE). The Web enables physicians and other healthcare providers to access their patients’ consolidated clinical information at the hospital, office and home 24 hours a day. AtlantiCare’s HIE will be part of the emerging NJ Regional Health Information Organization (RHIO) and National Health Information Network (NHIN). AtlantiCare will provide grant funding to certain eligible physicians of up to 85% of the ChartMaker EMR software and implementation cost.

Medical Laboratories

STI also has the ability to share information, and in many cases receive medical results from over 50 medical laboratories like LabCorp, Caris, Quest, Centrex, Lab Alliance and others directly into your ChartMaker EMR.
**Section 179 Income Tax Credit**

Section 179 of the Federal Tax law has been extended through 2011 and allows up to $500,000 of eligible software and computer equipment to be deducted the year it is purchased and put into service. That means based upon your tax bracket, Uncle Sam could help defray the cost of your ChartMaker® system. For example, if you’re in the 33% personal tax bracket, a $15,000 system purchase could reduce your tax liability by as much as $4,950. There are some limitations on the amount of equipment you can deduct each year, so check with your accountant.

An article in Nation’s Business stated, “Although the year is almost over, there is still time for small business owners to implement tax strategies to reduce their federal tax liability. If you’re in the market for new business equipment, buy it before the end of the year.”

Support

Support is so important because it does not matter how eloquently written a piece of software is, it’s important to know how well a company can assist you when you need them. Every vendor claims to have great support. Who wouldn’t since it is easy to claim and more difficult to dispute. Ask specific questions like, “How long is your average call back time for support calls?” and “Is your support team at your main location or is it outsourced to some other company or country?”. Don’t forget to call references. Ask them how well they were supported when they had issues. Ask if they are happy with the level of support they are getting and ask them if they know of anyone else that is using the system that you can call.

Besides customer references, many vendors in the medical industry can tell you about a software company’s reputation, especially CPA’s or pharmaceutical and medical laboratory representatives. They are in a lot of medical offices and often hear the medical staff complaining...
about the vendor reputation. We know of some companies that are so notorious for bad support that it seems that the only person who doesn't know is the physician who is buying their software.

Medical consultants are also available to help you to investigate software vendors and should know about negative reputations of bad vendors. Two words of caution on selecting a consultant. First, if you are not directly paying a consultant for their advice, they are technically working for someone else and not for you.

Secondly, some consultants tend to select the same vendor's continuously. It's important when interviewing a consultant to get references from them as well. Ask them to give you the names of their last 5 medical practices that they helped to purchase software. Check with the practices if all five purchased the same software, you maybe dealing with a stealth salesperson, rather than a real medical consulting firm.

Does the software company stop supporting any software system after a certain time period? Some companies do. If you are using an outdated system of theirs, they may approach you with the option to upgrade your system to the newer version (at a substantial expense), or face discontinued support for the old system.

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.

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.

Vendor Stability
In difficult economic times, it is more important than ever to have confidence in your vendor. Investigate a company's financial stability before buying software. Consider how long they have been in business. Young upstarts generally have a smaller client base to fund their ongoing software development and support efforts, making them more susceptible to extinction.

Also, consider how many times a company has changed ownership in the past. Typically software firms are purchased not for their software but for their customer base. The cost of the acquisition is recouped by forcing the old vendor's customers to purchase new medical software. This is called ‘sunsetting' old software. Usually you have five (5) years to transition to the company's new software offering.

If your software vendor's management team sells out to another vendor, you may be forced to change software systems to that of the new vendor. One major medical software company on the market today has changed hands six different times in the past 15 years. The main concern with this company is that every time management cashes in and sells the company, the level of software support denigrates.

What is the management philosophy on selling the company? This may be hard to determine by asking the obvious question -- “are you planning to sell your company?” Past history is more telling. A company with the same management team for a long period of time and that has never sold out, may be more in line with the stable vendor that you are searching for. If the software company you are considering has been sold in the past, it could happen again.

Similarly, support tends to be significantly better when you deal with the company that originally created the software. You can imagine how much better an understanding of the software that the support staff will have if they can actually speak to the programmers that wrote the program.

Implementation and Training
There are two basic options when it comes to training. On-site or over the web training. Some vendors offer training DVD's or pre-recorded computer programs, but companies that provide live training have much higher success rates. On-site is best for several reasons. Anything that needs to be done manually, from scanning charts to inserting back up disks, is taught more efficiently in person. On-site trainers are also better able to understand the workflow in an office environment and provide more efficient and personal solutions.

Another benefit to on-site implementation and training is that your staff will not be responsible for installing any of the software themselves. This ensures that the whole system will work properly from day one.

However, on-site training can become expensive, so many offices opt for combination of on-site and web training (usually an interactive connection using web meeting software). In any event try to purchase as much on-site training as you can afford.

Phased Training Over Time
It is important that your software company not try to train you on everything in one sitting. To begin with, if you choose a system that is capable of doing all of the functions discussed above, that is a great deal of information for you and your staff to learn. And unless you have savant level concentration, very few of us can actually absorb that much information at once.

Secondly, very rarely are you able to foresee what questions you will have once you start using the software. Basically, you don't know what it is that you don't know, and you won't even know what questions to ask until you use the software for a while. It’s best if the trainer initially teaches basic concepts and returns for a second or even a third visit to answer questions and teach more advanced topics. Web training is valuable for refresher training on previously taught topics. Your retention rate is much higher using a phased method of training.

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
**Vendor Hosted Model (ASP) - Cloud Computing**

One of the choices that physicians have when selecting software for their practice is the decision between installing a client/server based model (computer server and software installed in your office location) or a vendor hosted model (computer server and software installed in a location other than your office) also known as an ASP model. ASP stands for Application Service Provider. Also known by the popular name of ‘Cloud Computing’. Although the ASP model appears to be a new way to use medical practice software, it is actually a very old model that used to be called a time sharing model in the 1970s. In the early days of expensive computers, many companies could not afford to purchase their own mainframe and instead decided to share computer time with other companies in an effort to reduce costs. Companies like Shared Medical Systems pioneered this concept to hospitals and created a technique for hospitals to share technology on a time-sharing basis. The low cost personal computer destroyed this business model in the 1990’s, but now it seems to be back. The ASP model is actually a throw back to an old technique where people share technology using the Internet to provide connectivity.

**Client Server vs. ASP Model**

If you have done any shopping for medical software, you have probably already encountered these terms, or you will. **STI offers both of these options to our customers, so we are indifferent to the option that you choose.** We are more concerned that you understand the pros and cons of both options. Plus, with STI, if you desire, you can change from one model to the other. **Client Server** - A client server model is basically one where your medical practice has the server in your office. A server is a computer with a large amount of memory. This is the machine onto which the software is loaded, and all of the patient information is kept. **ASP** - An ASP model is when a separate company (not your office) has the software loaded on a server at another location and your medical office accesses (dials into via Internet connection or leased telephone line) remotely. In reality this is basically a rent versus purchase decision. Choosing ASP is a rental decision and the client/server choice is a purchase or lease/purchase decision. However, like any decision there are pros and cons that should be considered. STI can provide either option to you. Most of our clients have chosen to lease/purchase their system in the client/server environment, but we also have clients using an ASP model as well.

### Client Server Option

Because this is a purchase decision, the costs are less in the long run. You need to pay for software but this cost can be lease/purchased to make the monthly expense similar to an ASP monthly cost. Once the lease is paid, your main cost is for software updates.

1. You need to purchase a file server, which is not as expensive as many ASP only vendors make it out to be.
2. The server is in your location and in your control.
3. Your patient information is secure in your location and not accessible to anyone without a security password.
4. You can access your information from a secure VPN connection or from any computer over the Internet with monthly subscription software.
5. You maintain the data and provide for data backup.
6. Access to your data is faster and there is no need to worry about a lost Internet connection.
7. If you terminate the relationship with your vendor, you own the software and it is accessible to you.
8. Safety, in that if a catastrophic event occurs such as the vendor suddenly going out of business you have access to the data and software.

### Benefits and Costs

In many cases, with the ASP model your practice is not responsible for paying for maintenance or support for the software. Another benefit of the ASP is that you do not have to worry about purchasing a new server if the other server gets old or breaks.

So what’s the real difference? As is so often the case, cost is a major difference between these two options. The cost difference is best described as a rent vs. own paradigm. With an ASP model, you have fewer up-front costs, a little lower monthly cost and lower upkeep costs. But the charges that you do incur will go on for as long as you are in practice (plus up to seven years to maintain charts).

With a client server model, it is more like buying a home. You are the one responsible for keeping up with maintenance, but you will generally be able to pay off the purchase in a few years and only have to pay for upkeep. Some practices are attracted to renting as a way to keep up-front costs down, but remember, with medical EMR software the only way to stop paying rent is to eventually buy the software. So you must contemplate how much money you are willing to invest in the short-term before purchasing or always pay rent.

Another aspect to consider when determining whether to select an ASP or Client Server is the accessibility of your data if the hosting company goes out of existence. Will you be able to retrieve all of your patient information (billing, medical charts, etc) in this instance?
ASP Hosting Option

Because this is a rental decision you may pay a smaller initial monthly fee, although over the long run you will pay more for the system because you never actually own it. You do not need to purchase software or software updates although this cost is actually covered in the rental fee.

- You do not need to purchase a file server, however you do need to purchase computer equipment for local use.
- The server is not at your location and not in your control.
- Security of patient information may be a concern. Your patient information is not in your location and accessible on the Internet although most vendors provide encryption. You need to have a contractual arrangement with the vendor to protect and return your data if you terminate your relationship.
- You are not responsible for making daily backups.
- Access to your data is slower, and you may experience interruptions in information access and to your workflow due to inevitable Internet connectivity issues.
- If you terminate the relationship with the vendor you do not have access or ownership of the software. You need to get contractual issues in place to define who owns the data. Data in machine readable format may be useless without the software that acts as a viewer. Can you use or read the data that is returned to you or do you need to buy the software to view or read it?
- Danger in that if a catastrophic event occurs such as the vendor suddenly going out of business quickly, you do not have access to the data and software.
- Ability to access your EMR or billing system at anytime with an internet connected computer.
- Cost of ASP system is lower in the beginning, but payments continue indefinitely (again, think about leasing a new car every 3 years) so over time the cost is generally higher than a Client/Server system that you own.

- Hardware requirements are fewer with an ASP system - a web-browser and a decent workstation is pretty much all that you need to get up and running.
- Many ASP vendors provide an out-sourced billing and collection option to augment your office staff further reducing your labor costs.

The Real Question

Furthermore, many people like the ASP model because they believe that since they are just “renting” the software, they can leave any time they want after the initial term of the agreement. And this is a valid point. But again, you must know up-front what processes are involved in retrieving any patient information from the hosting company. Will they be able to convert your data into a readable format that you can use with another EMR software system? Will they be willing to translate this information into the language used by the next software system you choose to use? Will they sell their application (“reader”) software if you choose to leave? What is the cost of these options? Find out before you sign the agreement.

Remember data (information) in machine readable form is useless without the software that can translate it into people readable form. What good is a Microsoft Word document without Microsoft Word or another program that can translate a Word document?

Will the hosting company send you only disks that no other software program is capable of deciphering, or reams of paper when you leave? How you disengage from an ASP solution is the critical question since you need a “program” to translate the data. You are required to maintain medical records for seven years. What is the cost of the “reader software” if you choose to leave an ASP vendor? Since STI offers either computing model, you can start with cloud (ASP) computing and transition to Client Server without data translation issues or many other potential problems.
Software Upgrades

As we all know, after years of transitioning from Beta to VHS to DVD to BlueRay technology, or from rotary phone, to touch tone dialing to cell phone to blue tooth headset, technology changes very quickly. The same is true for your new medical software. So, you need to know how your chosen software company deals with updates. Most companies will update features or functions yearly. In the case of CCHIT certified EMR's changes are required to keep up with the current standards. Keep in mind that even the greatest medical software will most likely be obsolete in no more than 5 years without software updates. The question is: will you get those updates, and if so, at what cost? Are they considered upgrades, enhancements or new versions of the software and how will your vendor charge you for them? Does the vendor always upgrade the current software or do they make you purchase a totally new version to get the most up-to-date software? What happens if they stop supporting your software version, what are your conversion options?

Lessons Learned

The EMR is not some mystical product. It’s important to remember that an EMR is a software product just like your current billing system. Don’t forget lessons learned in selecting billing software. The same criteria that you used in the past to select a billing software vendor should be also be applied to your EMR vendor. In selecting EMR software and in fact any software the most important element is the viability of the vendor providing the software and their commitment to keeping the product up-to-date.

Ongoing Costs for Interfaces, Electronic Claims, or eScripts

Get a quote for any ongoing costs for interfaces that you require for your software. Most companies charge an initial set up fee for lab or equipment interfaces, but will also charge a monthly or yearly fee for the upkeep for that. Many will also charge you a monthly rate to do things like e-prescribe. Most vendors charge for a claims clearinghouse either on a per claim or per physician basis. This number should be calculated and added to the cost of the system.

Customization and Growth Potential

Every practice is different. Even practices within the same specialty can vary greatly in the way their workflows within their office and how they create chart notes. So it is essential that any EMR software is modifiable to fit your specific needs. Customization is also a variable concept. In some cases, you may just want to change the wording in the sentences that pop up in your chart note, whereas in other cases you may want to change the whole layout of a note, or create completely new and unique templates.

How does the vendor account for these changes. In fact is the software customizable, or can you only use the templates provided by the EMR vendor? Can you make the changes or do you need to have the vendor make these changes for you and at what cost? The software should adapt to the way you practice, not the other way around. Similarly, find out the costs for growing the system along with your practice. If you add a physician or nurse practitioner, what is the extra cost? If you decide to start adding other services to your practice, are there additional costs for uploading new templates, etc?

Common Sense vs. Nonsense

“It is wise 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)
Finally the Cost

When choosing a new software system for your practice, be cautious about choosing based only on price. You can get a fully functional system that meets your needs for a reasonable price, but heed the words of famed social critic John Ruskin as you look over proposals:

Also, don’t just consider the software cost alone. Be aware of all of the different costs you will incur when buying a system and have them all available to make an educated comparison between vendors.

The main costs that you should consider are:

- **Purchase or Licensing Price** - you can usually either buy a system outright or pay to use it for a contracted amount of time. Typically purchasing the system (or leasing with a buyout option) will be cheaper in the long run.
- **Ongoing support/maintenance costs** - how much does support cost? Is it a yearly fee or do you have to pay every time you have a question? If someone has to come on-site to fix a problem will you have to pay extra for that?
- **Training** - What is the cost of training? Do you need to pay travel expenses or are they included in the training cost? Can you purchase more training later if, for example, you hire new staff.

**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.

**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.

**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.

**Don’t Assume, Communicate** — If any vendor tells you they have some feature or function in their software that no other medical vendor provides, check back with the vendors that you saw earlier.

**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. We have customers with support agreements who’ve used our products 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 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. 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.”
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 primarily focused on selling physician office software.

Make sure your software vendor offers integrated practice management and emr software.

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_

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_

10 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. Constant Costly Upgrades
7. Slow System Response Time
8. Can’t Expand the Current System
9. Software Company Was Sold
10. No Voice Recognition Integration with EMR

Knowledge is Power

There is a lot to reflect on when you are in the market for new software. But if you know the questions to ask, the features and functions that you need; and work within your budget you will most likely find the right vendor to meet your needs. More tools have been provided later in the document to help you organize this information.

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STI has everything you need for successful practice management, now and in the future. The ChartMaker Medical Suite Includes: Practice Management/Electronic Billing, Appointment Scheduling, Electronic Medical Records, and Document Management.

If you are looking for a complete, affordable, integrated solution to your practice software needs, you’ve come to the right place. There is no need to look any further.

The ChartMaker Medical Suite is the most comprehensive medical office management system available today. It has all the features you need for electronic claims processing, appointment scheduling, managed care, reports, document management and electronic medical records. All of our software products are true Microsoft Windows applications.

Since 1979, we have dedicated our company to meet the requirements of the physician software marketplace, and to understand its unique needs. We installed our first practice management system in 1979. That practice remains a customer to this day.

We introduced ChartMaker Clinical EMR in 1997; years before most practice management vendors understood that there was a need for an EMR in the ambulatory environment. Our programming staff is working today on tomorrow’s practice software solutions.

Your software investment is protected because we are committed to the physician software market. There is no need to work with other software vendors; STI has all the pieces that you need.

STI is a stable vendor with over 150 employees dedicated to the best possible service. Our goal is to provide you with the software tools you need to operate a more efficient, productive, and profitable medical practice today and in the future.

Each practice is unique and one software solution does not fit everyone. STI has designed its software suite into modular components so that you can select only the pieces that you need today, and you can feel secure in knowing that you can add additional components when and if you need them.

In this brief overview, we will show you why STI is the right choice for your medical office. Whether you own an individual practice or an integrated health system, STI combines all the elements of a successful medical office management system such as: practice management, electronic medical records, client/server technology, the power of an SQL database, true Microsoft Windows’ GUI interface, and local system support into one extraordinary product. Now, and in the future, STI offers you the best value.

ChartMaker Medical Suite Features, Services and Options:
- Electronic Medical Records
- ePrescribing
- Claims Scrubbing
- Authorization Checking
- Procedural Follow-up and Recall
- Electronic Patient Statements
- Patient Inquiry
- Security & Audit Trails
- HIPAA Compliant
- Payment Profile Checking
- Full Range of Practice Reports
- RVU Analysis of Profitability
- Internet Access Capability
- Automatic Telephone Reminder System
- Decision Support
- Laboratory Management
- Device Interfaces
- Insurance Card Scanning
- Eligibility Checking
- Equipment
- Support
- Upgrades
- User Group Meetings

The ChartMaker Medical Suite Includes:

- ChartMaker Practice Manager
- ChartMaker Scheduler
- ChartMaker Entry Point
- ChartMaker Clinical
“The Center for Medicare Services (CMS) 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. 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” (1).

Electronic Transmission of Insurance

Electronic billing with ChartMaker Practice Manager provides practice benefits to avoid lost revenue and can pay for itself with improved electronic billing procedures and collections. Here’s how ChartMaker Practice Manager can help:

First, electronically submitted claims are scrubbed for errors by ChartMaker Practice Manager. They are not keystumped nor manually reviewed at the insurance carrier and, therefore, less likely to be rejected. Studies show that practices that bill electronically experience 21% fewer rejections. (2)

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

Third, electronically submitted claims are typically paid faster. “By law, Medicare must pay an electronic claim in 13 days. The same paper claim wouldn’t be paid until day 26.” (2)

Fourth, electronically submitted claims are automatically tracked with ChartMaker Practice Manager. If a claim is not paid within the agreed to time, a report can be generated, the carrier contacted and the charge reviewed, and ChartMaker Practice Manager can automatically resubmit the claim.

Fifth, after you are paid, ChartMaker Practice Manager checks your contracted fees to ensure that you are being paid correctly, and automatically bills your secondary carrier or the patient.

Commercial Carriers

ChartMaker Practice Manager files electronic claims to most commercial carriers.

The Paper Chase

With ChartMaker Practice Manager you can electronically bill most commercial carriers as well as Medicare. If you do not bill all claims electronically you face an additional labor cost in tracking hard-copy commercial claims. With hard-copy claims, there is no way of knowing if the commercial carrier received your claim or its status without a telephone call for follow-up.

STI Payer Inquiry

The STI Payer Inquiry module allows you to obtain Insurance Authorizations, patient eligibility and claim status. In addition, if you are a PCP, this module allows you to generate your patients’ referrals. As a specialist’s office, the STI Payer Inquiry module would be used to obtain your patients’ referrals.

Electronic Statements

ChartMaker Practice Manager offers the option to generate and send an electronic batch of patient statements. Electronic statements are printed, prepared, and mailed by a third party, saving your office both the time and money required to manage this function in-house.

Auto Posting

In some cases, ChartMaker Practice Manager electronically posts your EOMB automatically, checks your profiles for correct payment accuracy, and balance bills your patients, saving most practices hundreds of labor hours each year.


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Electronic Billing

Data Inquiry
With the ChartMaker® Practice Manager “Patient Driven” Inquiry section, you have access to all patient information in a logical format in one place, making it easy for even the novice ChartMaker® user to find needed information.

Data Entry
ChartMaker® Practice Manager provides for the entry of patient charges, recall requests, co-pay payments, and clinical information from within the charge entry process, the logical place and time when this information is fresh in the operator’s mind. If you use the ChartMaker Clinical EMR, patient charges pass automatically from the EMR into the charge screen for review.

Courtesy Statement
Both a walk-out statement or a non-assigned (courtesy) CMS 1500 form can be quickly generated for your patients.

External Billing Referrals
ChartMaker® Practice Manager provides automatic patient referrals to participating insurance providers through its electronic “Payer Inquiry” module.
We've designed ChartMaker® Scheduler to work in an intuitive and logical manner making it an easy transition to move from a manual office or old system to a modern, efficient computerized system.

Appointment Scheduling System

The ChartMaker® Scheduler is an optional component of the ChartMaker® Medical Suite. It can be used with other ChartMaker® modules. You have the ability to schedule appointments separately for all your providers and practices, for years in advance! The unique feature of the ChartMaker® Scheduler is its combination of flexibility and rigidity. The system gives the physician or office manager tremendous flexibility in specifying not only when, but also how appointments are scheduled. Once this intelligence has been built into the system, even untrained operators can schedule appointments effectively and accurately.

Extensive use of graphics makes ChartMaker® Scheduler both easy to use and efficient. Each day is depicted in a graphical format showing all available appointments and the name of the patients scheduled for each slot. These graphical depictions give the operator the ability to add appointments efficiently at a glance.

Within each time slot, you have the capability to specify the type of visit permitted. For instance, many doctors prefer to schedule all their consultations at the beginning of the office hours. ChartMaker® Scheduler permits you to store this intelligence into the system; next to each appointment slot is a listing of all “valid” visit types.

The calendar screen gives the operator an at-a-glance indication of how busy each day is. Color can be used to indicate the type of appointment scheduled. The find option helps to quickly find an appointment by many different criteria. The system also checks pre-certification authorization, surgical follow-up days and tracks missed or canceled appointments in the patient’s inquire file.

Check-in and Patient Tracking

A patient can be checked-in once they arrive and their time and location tracked throughout your practice. This information will appear on both the ChartMaker® Clinical and ChartMaker® Scheduler screens. Once a patient checks out, reports can be generated showing the process time for patients.

Electronic Eligibility Checking

ChartMaker® Scheduler can quickly verify patient eligibility directly from our Appointment System or on a per-patient basis. Sending and receiving electronic insurance referrals also is available with ChartMaker® Practice Manager. Other functions included are computerized patient recall reminders for procedures like flu shots, tests, medications, x-rays, or physical exams.

Automatic Appointment Reminder Option

ChartMaker® Scheduler has an optional module to automate your appointment and recall reminders. The Automatic Telephone Appointment Reminder System will automatically dial and remind your patients about their up-coming appointments and recalls.
Since we first released ChartMaker® in 1997, we’ve learned how to move a physician office from paper-based to computerized patient charts. This experience is one of the primary benefits of using our phased implementation approach.

ChartMaker® Entry Point is a low-cost, modular, Electronic Medical Record (EMR) System for medical practices. ChartMaker® Entry Point shares a common database with the other components of the Medical Suite and allows for the storage and recall of patient notes in an organized patient medical file. ChartMaker® Entry Point is designed to be installed in a phased implementation to move the medical practice from a hand-written, manual chart system to a legible, computerized, electronic medical record system. ChartMaker® Entry Point is step one and designed to overcome physician’s objections to time consuming, computer data entry of patient data into the medical chart. Instead it focuses on EMR benefits and minimizes the amount of “hands on entry” required by the physician.

We Can Get You There

Most physicians who commit to computerizing their practice medical records envision themselves using a paperless system and accessing all patient data on computer workstations throughout the office. All patient charts are kept on the computer and the computer prepares all required medical documentation such as prescriptions, laboratory orders, patient handouts, and correspondence to other physicians. Everything happens with the click of a computer button at almost hyper speed.

That is our vision too, but realistically it does not happen overnight. We can get you there, but our approach is a pragmatic one. We realize that there are a lot of necessary steps required to transition your practice from a paper-based environment to a paperless one. There are necessary, sequential, and logical steps that you must take to get from point “A” to point “Z”.

Building Valuable Patient Content

One of our first goals is to build critical “patient content” so you will have patient information to access on your computers. Once we build patient content and you have confidence in using ChartMaker® Entry Point on a day-to-day basis, we can discuss additional options that meet your practice needs.

ChartMaker® Entry Point allows for the storage and recall of patient notes in organized patient medical files as well as scanning, prescription management, and laboratory data. ChartMaker® Entry Point includes the ability to track patient problems, medications, allergies, and recall reminders.

Electronic Document Management

Electronic Document Management is the first critical function to eliminating paper charts in an established medical practice. Before you can become paperless, old paper documents need to be scanned into the EMR so that they are electronically manageable and accessible. ChartMaker® Entry Point involves scanning of paper charts into user-defined “tabs” within the ChartMaker® EMR, and is the foundation of all future clinical data that is to be entered into the patient record.

ePrescriptions and Prescription Printing

When you see a patient for a problem, you can review any medications that you prefer to prescribe for this condition. With a mouse click or pen tap, you can prescribe and print or ePrescribe the patient prescription, with dispensing and personal instructions, update the active medication list, and add the drug to the patient’s history.
ChartMaker® offers on-site training at an affordable price.

Once ChartMaker® Entry Point has been fully implemented and your staff is trained and familiar with its use, the ChartMaker® Clinical module can be added to allow the physician and your staff to create or customize templates for specific needs and to provide personalized patient handouts and additional correspondence.

You can review patient charts on your computer. Immediate information displayed includes the current problem list, allergies, medications, and miscellaneous patient information, as well as the most current chart notes for each patient in your practice.

You can easily select a template(s) and complete an evaluation. Notes can be entered either by mouse, pen, transcription, or spoken directly into the ChartMaker® voice recognition module. Prescriptions or laboratory work is monitored through the system. You can quickly create any required correspondence to a referring physician based upon the information found in the chart. Plus, you can improve your level of chart documentation with our E&M Coding Assistant.

Both ChartMaker Entry Point and ChartMaker Clinical share the same SQL database as all of our products so there is no duplicate data entry. Since the system is fully integrated, you will never need to worry about the uncertainties of a costly interface to another company’s software product.

ChartMaker® Clinical EMR benefits:
- Eliminate paper charts and their related storage space.
- Eliminate lost charts and manual chart pulls.
- Get out of the office sooner and work or access your electronic charts from home or another location.
- Reduce errors and the time to document a note or referral letter.
- Provide printed patient handouts to reduce medical liability.
- Produce legible, and E&M compliant chart notes for proper billing purposes.
- Eliminate or reduce transcription costs.
- Quickly document notes from pre-designed templates by mouse click or pen tap.
- Provides templates that permit checklists for easy note input with a documentation by exception option.

ChartMaker® Clinical EMR features and options:
- Chart Organization with customized tabs
- Workflow Management
- Messaging
- Orders Management
- Document Management
- Transcription Management
- Voice Recognition
- Handwriting Recognition
- E&M Coding Assistant
- Electronic Prescriptions and Prescription Management
- Query & Reports
- Flow Sheets over Time
- Custom “Flex Form” Feature
- Wireless Pen Tablet Input
- On-Site and Web Based Training
- Template Building Services
- Faxing Documents
- Illustration of drawings and photographs
- Security & Privilege System
- Patient Tracking System
NINE 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. 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. What do local pharmaceutical, insurance, or laboratory salespeople know about them? They’ve been in a lot more offices than you. Get a second opinion from a second source. Talk to as many references as you can.

4. 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. 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 and you will learn a lot more.

5. 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’)?

6. 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.

7. 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.

8. 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.

9. 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. Get promises in writing attached to the license agreement.

SIX 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® is currently installed in over 3,000 medical practices. 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 person 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®, 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 64-bit Windows® operating system, and Microsoft 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. 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.

5. 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.

6. 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.
George Santayana’s (1863-1952) famous quote of “those who cannot remember the past are condemned to repeat it” is more relevant than ever. We saw a similar cycle during the 1990’s when physicians were adopting electronic billing systems. Hundreds of new vendors entered the market and many were gone by Y2K and HIPAA. There was even a vendor who offered a “FREE” electronic billing system if you watched some advertising on the computer from drug companies. That vendor is gone, and the physicians that used the “FREE” system were forced to convert to another software system.
ARRA Stimulus Overview

You have probably heard about the federal stimulus for practices that implement and “meaningfully use” a certified Electronic Medical Records (EMR) system. But, not starting now could cost you dearly. Here’s an overview of what this means to your practice.

HITECH Incentives for Medicare/Medicaid

Office-based Medicare participating providers who “meaningfully use” a certified EMR, starting in 2011 or 2012, are eligible to receive 75% of their Medicare allowable professional charges up to a maximum of $44,000 per provider over 5 years.

There is also an incentive for Medicaid participating providers, who have at least 30% of their patients paying through Medicaid (or 20% for pediatricians). If that describes your medical practice, you are eligible for up to $64,000 per provider over 6 years.

Waiting Can Cost You Money

According to the HITECH Act, only Medicare practices that demonstrate meaningful use in 2011 or 2012 are eligible to receive the maximum incentive of $44,000 per provider. If you wait to implement an EMR until 2013 or later the incentive dollar amount decreases. If you start in 2013 the total incentive over 5 years is $39,000, and $24,000 if you start in 2014. In 2015 there is no incentive at all. We think you are better off if you start early. Consider the following:

Wait Times — Late adopters may end up getting less money than practices that started earlier because they can’t get installed and trained in time to qualify for the higher payments. With many practices signing to purchase an EMR, there is commonly a wait time between the time you sign the contract and the date when installation and training can begin. Among EMR vendors, wait times of 3 months are common and could even lengthen as software vendors struggle to meet the demand.

Learning Curve — You need to learn how to use your EMR before you can demonstrate “meaningful use”. Changing to an EMR takes adjustment time. However, once fully implemented, you wouldn’t ever want to go back to a paper and pen. Many practices say it takes up to 3 to 6 months to become proficient in using an EMR.

When Will I Receive Payment?

To receive your $18,000 per physician, in the fastest way, you need to show “meaningful use” in 2011 or 2012 for at least 90 consecutive days and have reached your maximum reimbursable allowable professional charges of $24,000. CMS has stated that they plan to make the incentive payment within 45 days. Then, for the subsequent years, you must demonstrate the appropriate stage of “meaningful use” for the entirety of each year and you will receive one payment annually (as shown in the table).

So, at best you need between 6 to 9 months from your order date to install, implement, train and attest for meaningful use to receive the maximum incentive. If you don’t start soon you could run out of time to get the maximum incentive, starting in 2012.

Where Do I Start?

The best way to get started is to schedule a time to sit down with your STI representative and discuss your practice needs in detail. I will be happy to show you why we provide the best software and software support in the industry.

Call today to set-up a meeting 800-487-9135 • Extension 1188

Call 800-487-9135 ext. 1188 for more information or, fax this form to (800) 971-7735.
STI Computer Services, Inc. • Valley Forge Corporate Center • 2700 Van Buren Avenue • Eagleville, PA 19403

Name: ____________________________________________
Practice: __________________________________________
Address: __________________________________________
City: __________________________ State: ____________ Zip code: __________
Specialty: __________________________________________
Telephone: ________________________________________ Email: __________________________

☐ Please call me to set up a demonstration and provide an exact quote.
☐ Please send additional information about ChartMaker Medical Suite®.
**Helpful Topics to Enable You to Make an Informed Decision:**

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