



## EHR Readiness Toolkit

**BUSINESS OWNERS FOCUS GROUP**

**Official Transcript**

**May 27, 2009**

**MODERATOR:** What this Focus Group is attempting to do is to help the EHR Work Group to develop an “EHR readiness toolkit.” It would be something to educate members about what they can expect when their clients decide to go to an EHR and give them information about the “unknowns.” Owners often really do not know what is going to happen until they have gone through the process with a client. We are hoping to gather as much information as we can, and to package it and offer it to the members so they can prepare themselves and get ready for it (especially with the mandate for clinicians to adopt an EHR-- the HiTech Act, which puts Medicare in a position to penalize doctors who are not on board).

Is everyone familiar with the HITECH Act?

This is our focus. Some of the things we are thinking to include in the toolkit are additional resources and websites that give more information on the EHR, some of the technology involved, and maybe some technology requirements. We have not exactly come up with a barebones structure for it yet. We also want to include some case studies in the Toolkit and other things like that. We want to reference the Health Story Project as well. Is everybody as familiar with that?

**Response:** (The Health Story Project) is really a way to retain structured narrative documentation in “headers” on a CDA architecture. So, AHDI developed 4 work types, like a “History & Physical,” an “OP-note,” a “Consult,” a “Discharge Summary,” and there is also a “Radiology” one called DICOM (Digital Imaging and Communications in Medicine). It is a way to structure headings and retain the narrative within those headings.

**MODERATOR:** I knew someone knew about that, but I did not want to do a disservice to the Project with an imprecise explanation. I did sit through the introduction to that at MTIA, but I knew someone had a more “hands-on” knowledge that could explain it in more detail. Those are some of the things we want to reference in the Toolkit, just to give people some information on where they could go for information if they wanted to dive into it a little more and get a little more involved. We hope these things will act as a ‘starting block’ to provide general information about what they can look at so that when an EHR is presented to them, they are ready for it.

**Question:** And this is specifically for MTSOs?

**MODERATOR:** This particular Focus Group is for MTSOs. We are also doing a Focus Group for the practitioners, managers, and supervisors.

**Response:** Okay.



**MODERATOR:** The other group is made up of people that are mostly working in a hospital setting, so we separated the 2 groups because we know the business owners' approach would be to deal with the implementation process from the bottom to the top; whereas, the hospital employees might not have as much exposure to all the interfacing, etc.

**MODERATOR:** So, we will just go through the questions and get into it that way.

### #1 - What is your strategy for working with clients implementing an EHR?

**Response:** I think that the first thing is that we have to know what we are talking about. I think a good starting point, if I were going to be doing a new strategy, would be to include the "White Paper" on medical transcription: *A Proven Accelerator of EHR Adoption*. That would be a really good starting point.

The other thing is that I think business owners have to have a good relationship with their clients so that when clients start mentioning they are moving in that direction, that they will involve or even ask business owners for help/ideas. So many times, the clients have made their decision and then we are the last to find out about it. I think a client/MTSO rapport just "has-to-be." Too many times, we are informed after the fact, and then we are trying to put our two-cents in and there is no way to contribute at that point. It's a done-deal. So, we as owners have to become involved immediately. We cannot just sit back and let them make decisions that involve us without our input. If they keep us on and we have no influence....We have to be in the frame of mind that we are not fighting them on this. We want to assist them.

**Response:** If I could add something here, I think it is important to (when I approach this) have your IT people talk to their IT people and ask questions. Our approach has been to facilitate the process as much as possible. Anything that is done on our end is a cost that we absorb, and we will go the extra mile with any client to assist them in working out the interface with their EHR.

**Response:** We are flexible and try to work with our clients to fill whatever needs they may have. This might include creating interfaces into their system, typing partial reports (eg, only the narrative sections), or transcribing handwritten notes.

**MODERATOR:** Okay. I wanted to ask if that is the case with the clients you have been working with who use an EHR. Did you talk to them first, or how did that come about?

**Response:** I had done that for a number of years before they went to the EHR platform. Because of our relationship, they wanted me to stay on. So, they actually approached me and asked me if I would be interested in doing this project with them. I thought that I either, do it then, or I was going to be doing it later and I would lose them as a client. There are several hundred physicians in one group I work with, that have 3 radiology departments, and I think 11 clinics. So, it made sense for me to do it, but the relationship I had with them is what motivated them to keep me on. They had no in-house MTs. It was all out-sourced to me anyway, and they just wanted me to make the move with them.



From the minute I agreed to do it, we were at the starting point. They did not bring me in on the end but I was in on every phone call, whether it had to do with physician's orders or what they call "tasking." From there to lab to pharmacy orders, I was in on the ground level all the way. It gave me a better understanding of what they were trying to achieve instead of just sticking me on the end as a transcription (afterthought).

**Response:** Which is usually the case!

**Response:** Usually it is. But, not in my case.

**MODERATOR:** Is that something that you requested, or is that something that they wanted?

**Response:** They wanted it. It was a great education.

**MODERATOR:** Okay. How did that transpire with you?

**Response:** We didn't have a platform until about 2 ½ years ago, and our largest client was talking to lots of potential vendors, and it became clear to me that in order to keep the business, we would have to step it up to get a platform so that we would have the ability to interface. We did that during the entire process. They chose Arrendale, but they continued to use it in-house. I think they used [omitted] in one of their facilities. Basically, our IT Team worked with theirs. We had a lot of back-and-forth just about testing, and of course, we had to receive the voice files through Arrendale. That company does their voice capture for them. We were working in a more "responsive" mode. It is not something that we initiated. I think that it is wonderful to be involved from the ground floor. I do not think that happens a lot. I think she described it correctly, when she said that we are often approached at the end of the process, but I think that is a great strategy for us as owners to make that a goal in our relationships because our business is all about relationships. So, we should have that as our goal, to be working to be "out-there" letting our clients know that we are interested and willing and would like to help them through their process, to facilitate and improve it for them.

**MODERATOR:** Okay. Thank you. And I think you also have clients that are using the EHR, right?

**Response:** I have clients that are looking in that direction, so I am working closely with them. I think the best thing is to educate and talk to clients and hospitals and learn the technology that they are using by researching and understanding what is out there and available. I think those types of things are helpful.

**MODERATOR:** So, if either one of you do not have anything else to add to the 1<sup>st</sup> question, we will move on to the second question. As far as strategy, does anyone have anything else to add? Okay then. I think someone touched on this a little earlier when we were talking about how long you have been working with your current EHR system.

**#2 - How long did the implementation take?** You can go first for us again.



**Response:** I looked at the service contract with the client and, it was 6 years ago. We have been on it for 5 years, and it took us 1 year to “come-up” on it. Here again, it was from the ground level up. It was not just the transcription end, but from the time they told me they had purchased the [omitted] system, it took 1 year before we got the first dictation.

**Response:** We have been working with one of our clients on an EHR platform for about 1 year. It took the client longer to convert to the EHR than us. It took us about 2 months to prepare the interfaces into the EHR. The client actually took about 2 years to start bringing their physicians onto the EHR and have been transitioning the doctors over a few at a time.

**MODERATOR:** Was that due to the client’s process of getting onto the EHR or did something take longer on your end?

**Response:** Basically, the IT people on my end were very responsive. It was just a long process.

**MODERATOR:** Was it a long process because of their entire EHR implementation or was your process from the transcription end long? How long was your interface in process?

**Response:** It took a year for everything to go “live”—the entire EHR (all the components). I would say it took 6 months to get transcription up. They brought it up in phases, of course, and integrating transcription was towards the end. They had already been live on certain parts of the EHR for a while before they brought us on. I remember going through a training session with my MTs, and then we just sat around and waited. That was the most frustrating part because they all forgot what they had learned, and then we had to bring them back in and go over the whole training again. It went fairly smoothly once we were up. They brought up certain clinics one at a time, rather than all 11 clinics hitting us at once. That worked out well. We were able to work out the bugs and go to the larger clinics.

**MODERATOR:** While you were going through their process, were you still doing the other clinics the old way and the new parts the new way?

**Response:** Correct. We would still be getting tapes and getting files over the digital dictation system and phone system. Also, we would have the platform going on.

**Response:** We have been working with the client through this about 1 1/2 years. It took about 6 months to get going from the time we first started talking about it.

**MODERATOR:** I guess since you were not involved with your clients from the very beginning, they obviously had some other things going on before you came?

**Response:** I think they were on for quite a while. I think at least 8 or 9 months.

**MODERATOR:** Okay. And your transcription portion took you about 6 months?

**Response:** Yes.



**MODERATOR:** Okay. We will move on.

**#3 - Overall, has the EHR implementation affected your workload or your business, and are you comfortable with what the outcome has been?)**

**Response:** For us, regarding one group I am talking about, just keep giving us more, and more, and more business. I just cannot even tell you how much!

**Response:** We have probably had a very small net loss in overall business from this client. We transcribe less per report, but there are more doctors dictating. Some doctors have chosen to use FESR and have stayed with it while others have tried and returned to dictating.

**MODERATOR:** Why do you think that is?

**Response:** I think the EHR has given them flexibility. We are in southern California, but what I am finding now is that they are purchasing practices in northern California to become part of their group and the practices joining them are just going onto their EHR with them. It is already in place, and I think it has given them the opportunity to approach smaller groups with 4-6 doctors, and say, "Look, we already have the EHR, come and be part of our group." The small group is avoiding the cost of implementation.

**MODERATOR:** Okay. So, they are marketing the EHR to them, and you are benefitting from that.

**Response:** Totally. I would say our business has probably gone up 35 to 40 percent with this one client since they have been on their EHR. They are adding entire departments. We never did orthopedics before for them, and now we have orthopedics. We never did any of their surgery follow-up from their surgery clinics either. Now, we have 2, and we are getting a 3<sup>rd</sup> one in October coming on. It has just gone crazy. I am glad. It has been a selling point on their part and a benefit for my business.

**MODERATOR:** Right. As you said, that it is a selling point, when the client can offer you transcription work because you are on their EHR with them.

**Response:** Correct.

**Response:** It has had somewhat of the same effect for my company. The EHR improves turn-around-time dramatically. We instantaneously receive the voice files. Our transcriptionists transcribe on our platform, they hit one of the function keys, and the work has gone back to the client. All of us continue to do a good job for our clients. Our business has increased dramatically because of it. Absolutely, and it works beautifully.

**MODERATOR:** Okay.

**Response:** I am very comfortable with the choices our company has made. Overall, I think it has been a win-win for everybody--for the transcription service and for the clients.



**Response:** And, as we talked about, learning about the Health Story and the initiatives too, as well as defining what constitutes “meaningful use” is important (Definitely, check out their website and resource information). I do think there is a valid need to get those aspects of medical documentation into the EHRs.

**MODERATOR:** I guess I also think this situation represents a win-win because if a client is willing to tackle an EHR implementation, then business owners do not have to struggle on their end because they are used to dealing with technology and are used to “tackling” the technology. But not all the time are our clients. So, if the clients have already agreed that they are going to tackle the technology, and business owners are right there assisting them, it is a win-win because business owners don’t feel like they are having to push their clients to tackle technology—they are agreeing to do it together.

**Response:** As we see things change, I think it is important to be working closely with clients using that technology and learning about it, and continuing to follow it, and just to keep researching to help them overcome some of their challenges too.

**MODERATOR:** Okay. So we will move on.

**#4 - Were there any additional costs for implementing the EHR with your clients, and if so, how were they distributed?** You can start with that one.

**Response:** For me to go on a platform that would interface with the [omitted] product, there was an initial cost, but I looked at it as if it was an investment. I was either going to do it then or I was going to do it a year or two later. So, we bit the bullet and said, “Okay.” There was an initial set-up cost. The only cost in the beginning was having to pay some overtime to maintain turn-around-times because there was the matter of getting the MTs used to the system, the way things worked, and how it was different from previously. I would say that only twice since we have been on this system and only the one time I ever required any overtime of all employees. It was voluntary, and it was only twice that we had to pay extra for them to stay within turn-around-times. The client wanted the work within 48 hours. The work now involves patient clinic progress notes, and we are turning those around in the same day. They are just delighted. But, we can always fall back on 48 TATs if we have to. It is very rare that we have to do that. We have not had any additional cost except for the initial set-up. That cost also included training the MTs and having someone come out from the platform company to sit for 2 days training employees.

**MODERATOR:** That was a cost that you had to pay?

**Response:** We did. We have brought all our other clients onto this same platform, and are only utilizing 1 platform.

**MODERATOR:** Also, if for some reason your other clients wanted to use an EHR, would you be able to use that same platform with them?



**Response:** Yes. It is a very simple platform. The clients can do whatever they want with the documents once they have downloaded them. They can print them out; send them on—or whatever they need to do with them.

**MODERATOR:** Would you be willing to share some of the cost figures with us?

**Response:** Sure, no problem. Six years ago, I paid \$23,000 for the system set-up. I will tell you that the company whose platform we use—I got in at the right time because now, unless you have a significant volume, you cannot even use their platform. I got in right at the ground level. Now, after 6 years we meet the volume requirement. It was a matter of getting all of our other clients moved over to it to add to the volume. The platform company has a very high volume requirement to even put people on. I consider my company very fortunate to have gotten in when we did.

**Response:** We already had the technical expertise to create the interface so it did not require a cash outlay. We did not charge the client a fee for interfacing with their EHR system.

**MODERATOR:** All right.

**Response:** If someone wanted to say that putting in the platform was an initial cost to implement the EHR with a client, then yes, there was an initial cost. Our platform initially cost \$130,000. I will have to say that it was something that we had been discussing for a number of years, and the moment arrived, and it had to be done. But, it has benefitted all of our clients. And that client is a fairly small percentage of our business.

**MODERATOR:** Did you say you paid \$120,000?

**Response:** We paid \$130,000 for our platform. We completely absorbed that cost.

**MODERATOR:** How did you learn about the platform that you went with? What you were using before? Were you using a platform at all? Did your client suggest the platform to you or did you suggest the platform to the client?

**Response:** Basically, I was called into a meeting and I was given a choice of 3 vendors that could interface with the [omitted] product I was using, and I picked the one name that I knew the most about; they had been around the longest. I might have been able to get away with going with one of the other 2 suggested vendors, but I just had not heard of them. That scared me somewhat.

**MODERATOR:** The EHR vendor gave you these choices?

**Response:** They did. Here again, they also gave me the choice that if I did not want to do it, that was fine too-- if I did not feel like I wanted to venture out into the EHR at that time.

**MODERATOR:** Okay. How about you? How did you find out about your choices?



**Response:** We did not have a platform at that time. I wanted to have control over how our work was produced. We did not want to have to go into somebody else's document handling program--as wonderful as [omitted] is-- I wanted us to have the control ourselves, so I intuited that we were going to need to do this. We made the decision and our experience has been that any decent platform out there can do an HL7 interface. It is not rocket science. The way I chose is, that I knew a number of people in the industry and I called them to ask their opinion and learn what they had done, what they liked, what they didn't like, etc. I did a lot of research on the internet and found the platform I wanted.

**MODERATOR:** So, you searched and looked on your own, basically, and asked peers until you came up with what you wanted.

**Response:** Business owners need to research platforms and find what will be compatible for their interfacing and support, technical support, etc.

**Response:** I would add one thing, because her comment just jogged my memory. The interface between the platform I am on and the [omitted] product's cost was entirely picked up by the customer.

**MODERATOR:** The interface cost?

**Response:** The interface cost was entirely picked up by them.

**MODERATOR:** Did you want to add anything else? I do not want to overlook you.

**Response:** That is okay.

**MODERATOR:** Now we will move on to question #5.

**#5 - What type of IT support did you require in order to integrate with the platform that you chose?** I do not want to lead the question, but if you could talk about the IT support or integrating a bit, that would be helpful.

**Response:** All of the IT assistance came from the platform vendor of my client. They handled all of it for me. That part of the initial set-up agreement on the platform was that they would deal with the customer. It was great on my end, very simple.

**MODERATOR:** So, the IT people came from the EHR vendor?

**Response:** No. It came from the platform vendor. They dealt with the EHR vendors as well as the client (the [omitted] IT department) and then the customer IT department. Actually, we had 3 IT departments going at it.

**Response:** We already had the technical expertise to complete the interface required to work with our client's EHR. Otherwise, we would have needed a programmer and possibly someone familiar with databases.





**MODERATOR:** If you could talk about the interfacing a little bit—what you knew about that, or did you have to – how much or not are you involved with that, and what can you share about that?

**Response:** I was involved as far as being in on telephone calls, but to tell you the truth, six years ago I knew very little. I know a lot more now, but at the time, I was basically just listening to the conversations and my platform IT department was working for me, so rather than my having to hire my own IT department, they did it. I am much more knowledgeable after 6 years, but then I knew nothing. There were not a lot of sources of information to go to.

**Response:** Those were the early days.

**Response:** Those were the very early days. Business owners really had to rely on their IT personnel because the IT people knew what vendors were talking about.

**Response:** I hired somebody who had a lot of knowledge about our platform, and he continues to work for me today. I did have that expense, and I have also worked a lot with the owner of the company that developed the platform we use if we have questions that arise. Our ‘guy’ is the one who did anything that had to be done with the interfacing.

**MODERATOR:** We will go now to **question #6.**

**#6 - Do you currently use data tagging or XML, and if so, explain how it affects your transcription workload, delivery, training, etc.?**

**Response:** On #6, I have no comment because I am not doing any data tagging right now.

**Response:** We use a simple form of data tagging so that the transcribed information is imported into the correct area of the EHR. The tagging is simple and did not require extensive training of our MTs. We do not use XML.

**MODERATOR:** Okay. Do you want to share with us what it is you are doing?

**Response:** Ha, ha...well ...

**Response:** You are either using data tagging or you are not, right?

**Response:** We are not data tagging.

**MODERATOR:** So you are just typing like you normally would and it is just being pulled into the EHR?

**Response:** Right, it is being uploaded, sent through 2 servers, and what the physicians do—they call them “structured notes” but they are apportioned. They put tags on the portion they are dictating. For example, the “plan” or the “impression” Then, as they come through, they come as a separate dictation, and go back through the server, then they are put in the order the



doctor tagged them. So, then it is in the correct order that they wish it to appear. Other than that, we are not doing any data tagging.

**MODERATOR:** And?

**Response:** I am not doing data tagging at this time either, and I am essentially doing the same process that she just described.

**MODERATOR:** Okay.

**#7 - What is your overall impression of this process? What are the pros and cons?** I think we touched on that a little, but is there anything else you would like to add?

**Response:** It goes back to that saying—"If I only knew then what I know now," I think I could have been a lot more engaged than I was. I wish at the time there had been more information available. But you know, it was the "time" and one cannot go back. I think the pro has been increased volume for my company, decreased turn-around-times, and happier MTs. We have been delighted with it.

**MODERATOR:** What you are saying is that if you only knew then what you know now-- What are some of the things that would have made the process smoother for you had you known certain things?

**Response:** Because the information was so scanty at that time, people were talking about XML senders and sub-spaces and the language was way out of my league. Now, when we have a conversation about it, I am able to understand what it is they really are asking me. At that time, 5 or 6 years ago, I just passed it on to the IT people to handle. Now I would be much more engaged in the conversation this time around.

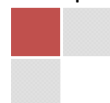
**MODERATOR:** What you are saying is that it is important to become as educated as one can be about the subject.

**Response:** Absolutely. There is so much more information out there now. Even if someone did not know the answer, they could find it very quickly. That information was not that available 5 or 6 years ago.

**Response:** We feel that the arrangement we have with our client has been successful. If we had not been willing to work with them we would have lost about 80-85% of our work with them. I believe our wiliness to work with them has shown them that we are their partners and they will turn to us when needed. I think they appreciate being able to offer their doctors choices about how they document patient care.

**MODERATOR:** Okay.

**Response:** My impression after having been involved with EHRs for a while is that the "language" sounds a lot more complicated than it really is. If people get to know the terminology, like HL7, it is a language. Characters, numbers, and that sort of thing have to be put



in certain sequences. Once someone understands that, it is actually simpler than it appears to be. It only appears to be very confusing because of all the different terms, etc. While we were just talking, I emailed my platform guru and I asked, "Do we use data-tagging or XML?" He said, I do not know what you mean by "data-tagging" What she said is true. The more educated we are, the better. There is a lot more information available now, and I suspect we are going to get even better at this technology.

**MODERATOR:** What would you say to your MTs to reassure/caution them when going through this process?

**Response:** "Hang in there." It is difficult to make the transition to a platform. Some people take to it easily and some people do not. We offer some extra pay during that period, if we are bringing on a new account or bringing on new people. It is worth their time and the extra money to me. It improves our productivity and most people end up loving it.

**MODERATOR:** Do you have anything to add to that?

**Response:** I totally agree with. If you can get employees to stick with it, well here again, it really is up to the individual. Some of them just pick it up and they are flying the first day, while others take longer; they were used to the old way and are asking why we have to change. If we can just encourage employees and let them know that there is a light at the end of the tunnel and the more people that deal with it, the word gets out that it is not that frightening. MTs are not going to lose their jobs. The EHR actually makes MTs more marketable in the long run, because they were willing to adapt to change.

**MODERATOR:** Okay.

**Response:** MTs should do better financially on a platform because it does help them become more productive.

**MODERATOR:** I have another question that I just thought of.

**#8 - As far as the technological challenges that you have dealt with and your MTs, is there anything that you had to do in particular for them in order for them to work through the process of integrating into the EHR?**

**Response:** With the platform I use, there are requirements for subs as well as home-based employees, and there was a minimum of what was needed on their computers. It was minimal. They needed a headset, a foot pedal with a USB, and they needed high-speed internet.

**MODERATOR:** These are things they needed before the EHR though, right?

**Response:** No, because we were using tapes before. They needed a headset and a foot pedal, but not one that would go into the computer. Yes, they needed that equipment and there were No requirements for their computers as far as high-speed internet. If they had it at home, it was great if they were doing tapes, but we were using modems and getting work back that way. The requirements were minimal.



**MODERATOR:** They just had to use what we now consider standard.

**Response:** Right, exactly. At the time, it was foreign. Now that is just how it is. So, other than that, we go to a website, download, the voice comes to us, we transcribe, we upload, the next one falls in to us. So, it is a pretty seamless operation.

**MODERATOR:** Okay, do you have anything to add to that?

**Response:** When we bring on new people, we have a “trainer” to work with them. It has been important to develop a clear and concise training program. It is not very long, but that part is very important, that they can utilize all of the productivity tools on the platform. Before they even get to that point, as she said, they do need some of the basics on their computer. Usually they have it, but occasionally it is not there. I would say the training part is important.

### ***Additional Comments***

**Response:** Our client is a large, corporate practice. We have good working relationships with several of the office administrators and we actually worked through them to gain access to the IT support and EHR implementation team. I don’t believe the IT staff or the EHR vendor would have approached us to work with them otherwise. Initially their goal was to eliminate transcription, but they realized the doctors were not “on board” with this decision. We had to be proactive and use the connections that we had to gain access to decision makers.

**Response:** Actually, there is one thing that I thought of, maybe this is appropriate to talk about. In order to interface with the EHR, you have to have a platform. One thing that MTSOs will need to consider and I think size will be a criterion is that the business will need to either buy a platform (an outright capital purchase) or consider an AFP model.

**MODERATOR:** Okay. Now, your platform—, you bought yours?

**Response:** Yes, I bought mine. This is strictly my opinion—AFPs work well for a small business, like if you are doing under a million a year. The numbers can work, but over that when you start to get bigger than that, the numbers will not work. You are giving too much of your profit to that AFP vendor. That is strictly my opinion.

**MODERATOR:** Okay, do you want to add anything.

**Response:** No. I think that is a very good statement. Well, let me add that I think that it is an opportunity for MTSOs that are on the smaller side to get onto this without having to make a purchase. That may seem like it is a con, but It actually is a pro because the business now has choices based on their size, rather than a one-size-fits-all solution.

**MODERATOR:** That would conclude all of our questions. Also, one of our questions was whether you get to see the output of what is generated by the EHR document.

**Response:** I do not.



**MODERATOR**: Okay.

**Response**: I have...when there have been issues regarding counting. To resolve it, we have seen in very limited cases seen the output.

**MODERATOR**: You mean when it has been an issue about counting lines?

**Response**: Everything amicably resolved. It was a sort of clarifying thing.

**Response**: I guess that is true for me also. I should not have said no. On a rare occasion, clients will actually print a document that they would like me to edit in some fashion or form, but it is rare that I even get those requests. Usually, all the editing is done on their end.

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