

CASE STUDY

CLINICAL PEDIATRIC ASSOCIATES OF NORTH TEXAS

Pediatric-specific information technology has made great leaps forward over the last decade. Although electronic health records have been available to practices for years, the lack of modules designed for a child and adolescent audience have prevented many groups from adopting clinical information systems. But Clinical Pediatric Associates of North Texas has seen the evolution, abandoning their first attempt to implement an EHR but finding that their recent collaboration with PCC and JMJ Technologies, Inc. has brought long-promised gains in fee collection and efficiency.

In the late 1990's, the family physician practice of Irving, Texas tried to adopt an EHR, but the technology was geared to other specialties and big ticket procedures with little customization for pediatricians. The system had no provision to record and track growth rates or immunizations, and the practice suffered to adapt to what office manager Beverly Adams called a "cumbersome" system. "We struggled for a year-and-a-half or two years before giving up," she said. "It cost us money. It cut into patient time."

But the need for electronic records never abated.

The practice has two locations, and moving patient information from office to office was a continuous challenge, requiring either faxing back and forth or physically moving the records the 10 miles between offices. "It can be a big problem," Adams said. "There was always the possibility of losing charts."

Add to that the need to capture clinical information for billing, payer audits and legal liability. As such, Adams said a move to an EHR was obvious — even after the practice's first false start with digital records.

Given the disappointment of the first EHR implementation, Adams was prepared for a rough start, with workflow and revenue down for three to six

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Office Manager**

months. New systems require time and training, and the long-term benefits are often obscured early on by the difficulty of adapting to new software.

The practice adopted practice management software from Physician's Computer Company (PCC) in August 2004, and PCC worked with the practice to integrate the JMJ Technologies, Inc. EHR system two months later. As expected, Adams saw a 50 percent drop in productivity in the first couple of weeks. But rather than a six-month learning curve, the practice was "running full steam" in six weeks, with total charges up 20 percent. "I was dancing in the





Beverly Adams got buy-in early on from physicians and nursing staff by outlining clear goals and the benefits of moving to a new EHR system. Since implementing JMJ's EHR, they are able to pull up patient-specific information from home and provide better care.

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Adams attributes the smooth transition to two factors: buy-in from both physicians and nursing staff and intensive training, both initially and after the system was in use for several months.

Buy-in was not difficult, Adams said. The nurses were eager to move to a system that could be accessed remotely. Many of the nursing calls are handled by staff that work from home, taking calls from parents, triaging patients and providing patient education. Before the EHR system was in place, the nurses could only provide general guidance. Since implementing the EHR, they are able to pull up patient-specific information and provide better care to patients and families. “They love it,” Adams said.

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The physicians, too, were eager to see the system put in place. They researched the technology extensively, watching how other high-volume practices used their electronic records, to allay concerns that new technology would slow them down. Adding to the comfort level was the fact that the system was pediatric-specific. “It gave us confidence this would be useful,” said Adams. “Seeing some of the details — like the immunization system — meant the doctors could understand the system as they went through it.”

Once the group settled on a specific EHR, the practice dedicated two weeks to intensive training. The first week, the practice closed one office and the staff from that location received two full days of training. Then, over the next three days, a small number of patient visits were scheduled, giving the opportunity for hands-on use of the system at a manageable pace. The following week the procedure was repeated at the other office. “By the end of two weeks, everyone was trained. That was one of the best things we did [in the transition process],” said Adams.

Six months after the system was implemented, the entire practice did a four-hour teleconference with trainers, helping navigate issues that had arisen during the first months of use.

Now, the patients are happy — and impressed that the practice is digital — as are the physicians, nurses and staff. “We have no more lost charts, and my physicians are more productive than ever,” said Adams. “We love it.”

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