

'With IMPAC's EMR we give better care, save money, operate more efficiently'

In the spring of 2006, The West Clinic in Memphis, Tennessee, began a three-phase installation of IMPAC's comprehensive MOSAIQ electronic medical records (EMR) product. The practice, with three major hub sites in the greater Memphis area and three satellite clinics within 85 miles of the city, is composed of 45 physicians, including 14 medical oncologists and 6 gynecological oncologists. They and a staff of 275 support personnel handle 120,000 oncology patient encounters annually. We spoke with Steve Coplon, The West Clinic's CEO, and Kurt Tauer, MD, a senior partner who describes himself as no "computer geek," regarding the clinic's migration to EMR.

What compelled you to start looking into EMR systems?

Mr. Coplon: One key factor was The West Clinic's commitment to quality medicine, which has continually motivated us to seek out the very best ways of delivering care. We feel it's absolutely essential to be technologically state-of-the-art. Another factor was our analysis of emerging realities of the medical marketplace. We know that down the road, the Medicare system and private payers are going to demand the kind of outcomes documentation that only EMRs can provide.

There are lots of EMR systems from which to choose. How did you decide on IMPAC?

Mr. Coplon: You have to make a couple of very fundamental decisions. First, are you going to get a complete solution, or try to cut corners and cut costs? We chose the former because we were determined to go with the best possible product. The next decision for an oncology practice is whether the solution will be oncology-specific or generic. We're conscious of the unique demands of our specialty, and we believe that it's crucial to adopt an EMR in which the clinical, scheduling,

and billing components function together as a single system. We agreed that we would go oncology-specific and that IMPAC's product was best for us. We were impressed with the single database solution, which unites all parts of our practice and our 275 employees in real-time and ensures that we're all drawing data from a single source that's secure, authoritative, and constantly being updated.

Dr. Tauer: I'd add that the usefulness of an EMR corresponds directly with how capable the software is. If you adopt a generic EMR that just tells you what the blood



Steve Coplon (left) and Dr. Tauer confer.

counts are and you lack the ability to do oncology-specific care plans or sophisticated entry of diagnosis, staging, and performance data, you're really losing out on the power of EMR. It's also very powerful as a research tool that enables you to make statements about patients who are *not* on research protocols, something we couldn't have done in the past. This has significant implications for safety, improved outcomes, and bargaining power with insurers.

Installing an EMR and getting everyone up to speed is a major undertaking. How smoothly did the process go at The West Clinic?

Mr. Coplon: We took many steps to create a culture of success. For a full year we worked on getting many of our processes standard-

ized, clinic-wide, before even making our purchase. We figured that if we overlaid EMR across weak and inconsistent processes, we would just magnify our problems. We implemented it in three phases, making sure to establish scheduling and billing before adding the clinical component. We also created champions of the system in each practice area, called "superusers." These folks—physicians, nurses, lab and clerical personnel—were given a financial incentive and became leaders.

Dr. Tauer: You have to buckle down for about 6 months. Once you've made the change, you're not quite sure how you ever survived without EMR. EMR forces you to do more day-to-day data entry than in the days of dictation and paper charts. But once you get your patients into the system, you never look back. Entering my patients into MOSAIQ gave me the opportunity to re-stage them. Now I have their full charts anywhere I happen to be, whether in the office, at home, or at one of our satellite clinics. By updating and standardizing our care plans, we've insured our patients are getting the best evidence-based treatments while greatly reducing the possibility of errors.

Is your work day longer now?

Dr. Tauer: I'm working exactly the same hours, but now I'm able to see 10%–15% more patients, and things are getting done much more quickly and accurately. When I finish my clinic at night, my notes are complete and integrated into the record, my letters are all written—everything is done. I was able to go completely paperless in less than a year.

How would you characterize your relationship with IMPAC?

Mr. Coplon: At the beginning we told them, "We're either going to be your best customer or your worst nightmare!" We demand excellence of ourselves and expect

the same from those with whom we work.

Dr. Tauer: They've been good partners. We know their people on a first-name basis. At this point it's not really a vendor-client relationship, but more like a partnership. We've worked together to fine-tune our system.

How would you sum up the experience of installing MOSAIQ?

Mr. Coplon: First, the system has enabled us to enhance our commitment to quality medicine and to provide better care. It has also helped us improve operational efficiency,

saved us money, and helped us find charges we previously missed. In addition, we've ensured that The West Clinic is living in the 21st century and is ready for the era of pay-for-performance. Lastly, we've come together as a team on the most difficult challenge we've ever faced and come through with flying colors. ❖

When vendors and practices work together, the transition to EMR goes smoothly

Barbara Robbins, Director of the Medical Oncology Business Unit at IMPAC, holds MBA and BSN degrees. In her nursing career, she specialized in the treatment of hematology and oncology disorders and bone marrow transplants. She and Melissa Speer, an experienced practice administrator as well as a veteran electronic medical records consultant who led the EMR implementation team at The West Clinic, discuss best practices in managing a successful migration from the paper to the electronic charting world.

Oncology practices that invest in EMRs want to be sure they get their money's worth. What aspect of the implementation is most critical for a successful result?

Ms. Speer: The key to successful adoption is recognizing that it's not just about information technology, but also about managing change. In moving from a paper chart system to an EMR, the practice undergoes a culture shift. In my experience, when implementations fail, it's usually because people have not been prepared to accept these changes, which significantly affect workflow in every aspect of the practice.

Ms. Robbins: If you're an oncologist, you're still delivering cancer treatment, but you're changing your approach to such basic things as how you document care and how you look at and use information. It's a big change from the paper world that we have used in health care for a long time.

What is IMPAC's approach to managing these changes?

Ms. Robbins: IMPAC is built on understanding the oncology process flow and information technology development. As part of IMPAC's understanding of the oncology process flow and practice needs for efficiency and accuracy, we deliver to the marketplace an oncology-specific EMR application; it's our core competency. One of the first steps we take with our customers is developing an understanding of what their challenges have been and why they've decided to go with an EMR. In this way, we begin building a relationship even before the sales process is complete. Once it is complete, and before implementation actually begins,

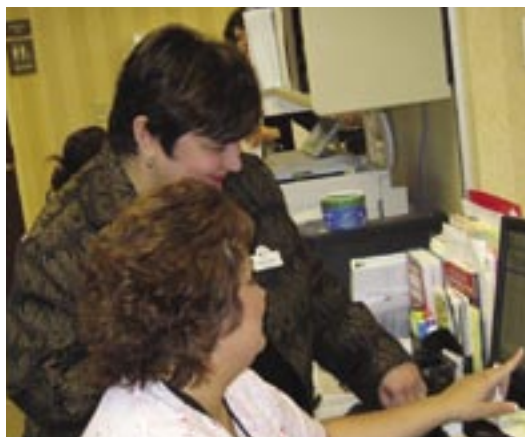
every point in the patient encounter, as well as in crucial processes such as billing and scheduling. Later, when the IMPAC team came to Memphis, their engineers worked elbow to elbow with us, not for us or around us. Their dedication won the team's confidence and cemented our partnership.

It took less than a year for The West Clinic to migrate from a system that relied on paper charting and 1980s-vintage UNIX-based practice management software to IMPAC's paperless MOSAIQ system. How did you do it without many bumps in the road?

Ms. Robbins: The West Clinic really did take an enlightened approach to the transition. They got everyone on board early and left no one behind in the paper world. They carefully identified their needs and worked with us to create an implementation plan that would phase in the various components of MOSAIQ—single-database practice management and clinical charting—that would meet these needs.

Ms. Speer: We established the system step by step, in a rational way that didn't put excessive burden on staff. People weren't stressed-out when we brought the system online. For instance, billing was addressed before the

clinical component, because you simply must keep the revenue flowing while you're making a major computer change. Around the same time, we began educating our physicians about the functionality of the clinical software. We asked them to start by entering patient diagnoses. A few weeks later we added the staging information, and then we incorporated lab orders. By



Melissa Speer (standing) at The West Clinic.

we work with the practice in a variety of ways, including on-site visits, Web sessions, and conference calls. Then, together, we develop a plan that identifies the qualitative endpoints and the critical paths that will enable us to reach these endpoints.

Ms. Speer: Before we even looked at vendors, we spent a year determining exactly what we needed an EMR to do for us at

the time we were ready to go live with EMR charting, our clinical staff was very comfortable with the computer environment. We knew we would be successful when the doctors told us we were going too slow! Still, we insisted at first that they only use the charting system for new patients—about 10% of their daily patient total. Gradually, we incorporated our established patients by moving them to the EMR as they began new chemotherapy cycles. Then we added the rest of our patient base and routine follow-ups. The process was almost seamless.

Ms. Robbins, you've been involved in many implementations. What about this particular installation did you find exemplary?

Ms. Robbins: Without a doubt, it was



Barbara Robbins offering a tutorial.

the emphasis placed on educating the team. I intentionally say “educating” as opposed to “training.” Training is: “Point at this icon and double-click.” Education is enabling the users, from the front desk to the lab to the

examination room, to understand what the software enables them to achieve and why they are doing what they are doing. When you succeed in this, you are not serving the technology; the technology actually is working for you.

What happens after the installation ends?

Ms. Robbins: It is just the beginning. It's a partnership that we seek to establish.

Ms. Speer: IMPAC has made it their priority to understand our processes and our problems. They understand our quality-of-care concerns. The things that make MOSAIQ work better for us tend to be the same things that will help all of their users. We have a real sense that our interests and IMPAC's are aligned. ❖

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From left to right, Edwina Rains, Oncology & Hematology Center, Joplin, Missouri; Vicki Slat-Vasquez, University of Colorado Hospital, Aurora; Dave Eggert, IMPAC Medical Systems, Inc.; Amy Earp, Oncology & Hematology Center, Joplin; and Gail Curley, University of Colorado Hospital, Aurora

Keeping Customers First

IMPAC's responsibility to its customers does not end with installation—it begins. IMPAC's service organization specializes in the installation and service of the entire family of IMPAC products and the training and support of the people who benefit from the use of the IMPAC system.

SupportPlus

SupportPlus brings the power of our support organization straight to your desktop. Turn to SupportPlus for installation and troubleshooting documents, training manuals, upgrade checklists, the SupportPlus Knowledgebase, downloadable software tools, My IMPAC, and much more.

My IMPAC

IMPAC's Web-based support tool, My IMPAC, makes it easy for customers to log support calls, update records, and gather documentation.

Support Handbooks

IMPAC has created a series of support handbooks to help customers better understand what is available to them through their partnership with IMPAC.

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