



Nicholas E. Davies Award of Excellence – Ambulatory Care Award EHR Benefits - Examples

Additional information: www.himss.org/davies

Condition	Possible Efficiency	Gain	Ambulatory Care Davies Recipients – Actual Examples
Increase physician productivity – “Soft Benefit”	IF physicians have extra capacity & get “faster” with EMR	0% - 15% revenue gain	Virginia Women’s Center (’09) – 25 MDs, 5 sites, 5,629 avg pt encounters/provider/yr <ul style="list-style-type: none"> ▪ Volume of patient throughput was increased. Pre EHR, average number of annual patient visits/provider 5,314. Post implementation, 11% increase to 5,629. ▪ Average number of annual relative value units (RVUs)/provider jumped over 13% with EHR ▪ Average profits per shareholder physician stayed level during implementation, and 19% increase in the year post implementation
Reduce transcription – “Hard benefit”	IF dictating AND willing to change	\$5k - \$15k/yr costs cut	Cardiology Consultants of Philadelphia (’08) – 79 MDs, 21 sites, 2,710 visits/year/physician <ul style="list-style-type: none"> ▪ 88% reduction in transcription costs, pre-implementation cost of \$800,000, post-EHR reduced to <\$100,000
Capture lost charges- “Hard Benefit”	IF charges are now being lost	1%-5% revenue gain	Valdez Family Clinic (’07) – 1 MD, 1 site, 9,600 visits/yr <ul style="list-style-type: none"> ▪ Increased the accuracy of coding -Pre-EHR: 948 patient visits, \$91,904 was billed Post-EHR (by 3-months): 772 visits, \$94,175 was billed ▪ Move billing in-house without adding to staff - Svgs: \$31k/yr - the avg of yrly cost 3rd-party billing company; Offset the cost of software
Staff efficiency – “Soft Benefit”	IF overtime being paid, or IF staff ratio can be reduced	0%-15% cost reduction	Alpenglow Medical, PLLC (’06) – 1 MD, 1 site, 10,000 visits/yr <ul style="list-style-type: none"> ▪ Post-EHR, only 1 MA needed for 2 clinicians (annual cost savings of \$30,000) ▪ Post-EHR no need for medical records staff or transcription (annual cost savings of \$20,000) ▪ Post-EHR ability to see more patients per time spent in the office with increased profitability (1 extra level 3 return per day adds \$10,000/yr in profit)

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Increase physician productivity – “Soft benefit”	IF physicians have extra capacity & get “faster” with EMR	0% - 15% revenue gain	Wayne Obstetrics and Gynecology (’05) – 1 MD, 1 site, ~6,000 visits/yr <ul style="list-style-type: none"> Work hours devoted to documenting patient encounters decreased by 4 hours/week Number of patients clinicians able to see increased 225 %
Increase preventive & management services – “Hard Benefit”	IF new services are profitable AND capacity exists	5% revenue gain	Southeast Texas Medical Associates (’05) – 24 MDs, 3 sites, 200,000+ visits/yr <ul style="list-style-type: none"> Improvements in E&M service coding increased average billable charges for office visits 4.23%, adding more than \$150,000 in billable charges
Staff efficiency – “Soft Benefit”	IF overtime being paid, or IF staff ratio can be reduced	0%-15% cost reduction	Southeast Texas Medical Associates (’05) – 24 MDs, 3 sites, 200,000+ visits/yr <ul style="list-style-type: none"> Number of administrative staff required to handle patient charts decreased by 76.7% (from \$2.65 per visit down to \$0.62 Annual savings of more than \$120,000 in administrative costs
Reduced chart pulls – “Soft Benefit”	IF practice charged for pulls	\$5/pull or \$6k/yr/MD	Sports Medicine & Orthopedic Specialists (’05) – 4 MDs, 1 site, 20,000 visits/yr <ul style="list-style-type: none"> Spends \$1,000 per month on the EMR, post-implementation, compared with the \$6,000 per month the practice used to spend pulling paper charts The systems freed up an estimated \$75,000 in staff time.
Reduce claims denials and delays – “Hard Benefit”	IF denials or delays are common	15-30 day A/R speedup	Riverpoint Pediatrics (’04) – 1 MD, 1 site, 6,800 visits/yr <ul style="list-style-type: none"> Increased collection rates from 52% to 88% in 4 years Eliminated claims denied due to coding errors Insurance-payment turnaround time fell from between 30 and 60 days, to approximately 15 days
Reduce transcription – “Hard Benefit”	IF dictating AND willing to change	\$5k - \$15k/yr costs cut	North Fulton Family Medicine (’04) – 7 MDs, 2 sites, 51,000 visits/yr <ul style="list-style-type: none"> Elimination of transcription, recouped costs since implementation total ~\$775,000 Transcription processing time/day reduced from 705 mins to zero
Reduce costs of chart storage and archiving – “Soft Benefit”	IF office goes paperless and chart room eliminated	\$1k/yr per physician	Pediatrics @ the Basin (’04) – 2 MDs (1FTE), 1 site, 4200 visits/yr <ul style="list-style-type: none"> As a result of paper charts no longer being pulled in the office, \$4 per chart request saved, totaling approximately \$16,800 per year Not having to conduct written data entry saved another \$1,400/yr while eliminating transcriptions added \$10,000 to the bottom line \$5,000 annually by eliminating storage costs
Capture lost charges- “Hard Benefit”	IF charges are now being lost	1%-5% revenue gain	Roswell Pediatrics (’03) – 9 MDs, 3 sites, 82,000 visits/yr <ul style="list-style-type: none"> Before go-live, 18.3% of procedures performed escaped documentation, therefore not billable 1-year post implementation, billing for procedures (e.g. venipuncture), increased from 353 to 8,324, the number of handling fees jumped from 968 to 1,734 and medical management charges jumped from one to 34