

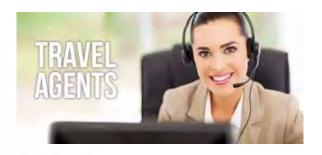


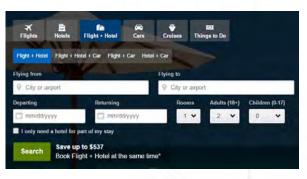
YOU CAN'T DO
TODAY'S JOB WITH
YESTERDAY'S
METHODS AND BE IN
BUSINESS TOMORROW.

## **Technology Advances In Travel**

Booking a Vacation in 1985

Booking a Vacation in 2015





#### **Technology Advances In Auto Sales**

Buying a Car in 1985

Buying a Car in 2015





# **Technology Advances In Private Practice**

Making an Appointment in 1985

Making an Appointment in 2015







- Human Anatomy
- Physics
- Physicians' Primary Role
- Physicians' Primary Interests

#### What Has Changed?

- Clinical and Surgical Procedures
- Diagnostic Imaging
- Medical Records
- Healthcare Regulations
- Meaningful Use
- Quality Reporting
- Patient Acquisition
- Patient Communication
- Competitive Market

#### What Does That Mean?

Diagnosis, Assessment & Plan

Documentation

Surgery

Appointment Scheduling

Patient Check In

Patient Check Out

Diagnostic Imaging

Casting

Lab Orders

**Imaging Orders** 

Benefit Verification

Pre-Certification

Surgery Scheduling

Credentialing

Insurance Contracting

**Surgery Coding** 

Revenue Cycle Management

Physical Therapy

**Patient Communication** 

**Hospital Communication** 

Referral Communication

Medical Records Requests

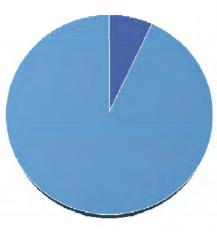
Staff Management

Financial Management

Marketing Management **Technology Management** 

Administration





Physician Activities Non-Physician Activities

# What Does That Have To Do With Technology?

- An Orthopedic Practice can not exist without a properly educated, trained and licensed Orthopedic Surgeon.
- An Orthopedic Practice can not persist without a properly educated, trained and equipped Staff to convert the Orthopedic Surgeon's training and abilities into a positive cash flow generating healthcare business.
- A positive cash flow generating healthcare business can not persist without Technology.

Figure 2. IT Spending as a percent of Revenue

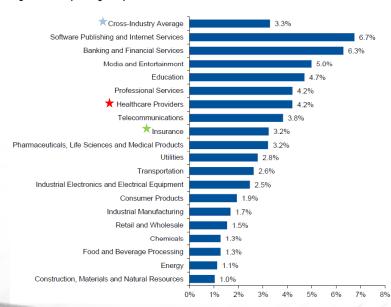


Figure 3. IT Spending per Employee

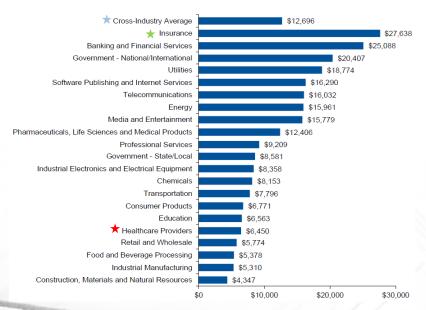


Figure 5. IT Operational vs Capital Spending

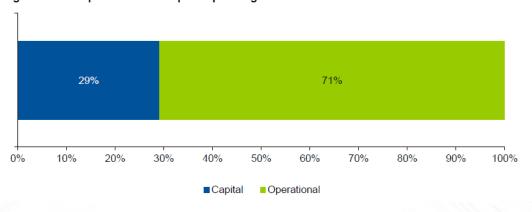
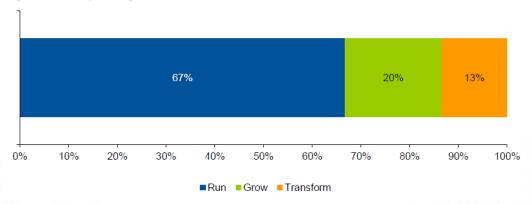


Figure 6. IT Spending to Run, Grow and Transform the Business



Total Operating
Cost as a
Percentage of
Total Medical
Revenue
Per FTE Physician

80% OB/GYN 75% Family Medicine 70% 65% Pediatrics Cardiology 60% 55% Orthopedic Surgery 50% 45% 0% 2011 2012 2013 2009



- More than 50% of American Physicians use EMR
- A recent AmericanEHR Partners survey indicates that 39% of physicians would not recommend their current EMR system
- Black Book Ranking's research indicates that 31% of physicians plan or would like to switch to a new EMR system



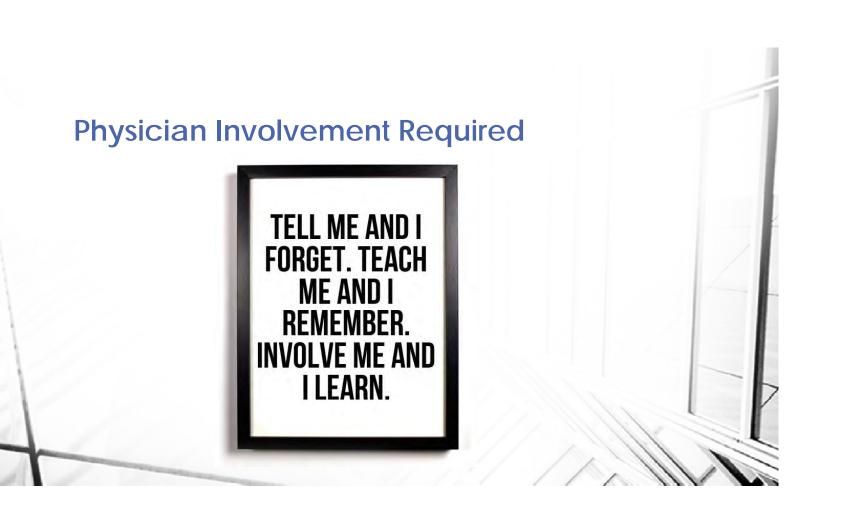
- Installation is an operations project, not a technology project
- Systems not configured and implemented properly
- Physician leadership lacking during and after implementation
  - Absent structure for decision making and instituting best practices
  - Process transformation not emphasized
  - Effective work flows not established
- Business Process Change = Surgery

### **Optimize Or Replace?**

- Optimization
  - Identify areas of system underutilization (technical, work flow, leadership, etc.)
  - Completed with noticeable improvements within a year
- Replacement
  - Replacement will take a year or longer
  - Replacement without realistic expectations and physician involvement sets the stage for another replacement

# **Optimization Solutions**

Example
<ul> <li>Turn on automation processes to improve efficiency.</li> <li>Upgrade to the newest system version.</li> </ul>
<ul> <li>Install hospital and laboratory system interfaces.</li> <li>Give providers more agile devices.</li> </ul>
<ul> <li>Adopt more sophisticated search features for diagnosis and procedure codes.</li> <li>Utilize voice recognition technology for documentation and system navigation.</li> </ul>
Example
<ul> <li>Assign scribes to high-volume specialty physicians.</li> <li>Utilize RNs or LVNs to perform comprehensive intakes for complex patients.</li> </ul>
<ul> <li>Reassign tasks based on skill sets.</li> <li>Streamline complex processes.</li> <li>Centralize key tasks with dedicated staff.</li> </ul>
<ul> <li>Emphasize specific work flows in small group review sessions.</li> <li>Record training sessions and make them available for review online.</li> <li>Institute competency testing.</li> </ul>



#### **Patient Acquisition**

- Active Marketing
  - Search Engine Optimization
  - Social Media
  - Online Advertisement
  - Physician Ranking Sites
    - Online Reputation Management
- Referral Network



#### **Patient Communication**

- Patients want to find you online
- "Patients expect to see flexibility, convenience and technologies that deliver personalized experiences that meet their needs and emphasize well-being."
- Patients want online tools
  - Online Access
  - Online Appointments
  - Online Forms
  - Messaging Capability

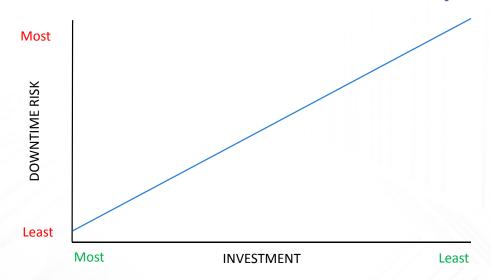


- Faxing Solutions
  - Most Common
  - Costly and Antiquated
  - Labor Intensive
- Secure Email Solutions
  - Cost Viability
  - Integration Capability
  - Risk Reduction

# Disaster Recover Vs. Business Continuity

- Disaster Recovery is the ability of an organization to recover from the loss of data and/or access to a critical system.
  - Backups, Backups, Backups
  - Recovery Planning
- Business Continuity is the ability of an organization to minimize operational impact due to the loss of data and/or a critical system.
  - Redundancy
  - Business Continuity Planning

## The Investment Risk Relationship





- Accountable Care Organizations
- Commercial Organizations
- Outcome Based Reimbursement
- Evolving Hospital System, Private Practice Relationships
- "The Patient at the Center"



- Treat Information Technology as an efficiency driver instead of a cost center
- Make the right changes for the right reasons
- Involve Physicians and keep them accountable
- Use technology to adopt to market demands
- Make investments that meet the demands of the Patients
- Invest in Uptime



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