

Multi-specialty Practice Faces PM Ordeal

What could possibly motivate a 22-doctor, 75-staff member, multi-specialty practice to change practice management (PM) systems twice in the first five months of 2007? Even with the attention given to electronic medical records (EMRs) these days, practices realize that the foundation for the business of medicine is a dependable PM system.

“Changing our new practice management system after two months of use was an absolute necessity,” said Janet Connors, Billing Supervisor at Belmont Medical Associates, Inc., in Cambridge, MA.

PROBLEMS ARISE QUICKLY – Billing had fallen six to eight weeks behind in posting charges with no hope of catching up. The experienced staff found the new practice management system to be slow, cumbersome, and complex. “Posting charges took three to four times longer than we were used to on our legacy PM,” related Janet. “We treat between 300 and 450 patients a day and sometimes there are 15 procedures on one claim!”

“It was getting very scary for us,” said Janet. During those first months of 2007, the impact on the practice’s income was “dramatic.”

The staff was astounded by the poor quality of the software’s overall reporting choices and the deficiencies were throughout the system right down to something as basic as having no place to put a patient note on the schedule. “It was a complicated system with layer upon layer and lots of clicking and canceling necessary to accomplish tasks,” said Faye Neiberg, one of the practice’s billers.

Something had to change. The highly promoted Massachusetts PM/EMR software developer had failed to satisfy the billing needs of one very large practice.

With a system that crashed often, with tasks taking two times as long as it had with their 20+ year old legacy PM, and support that was “horrible,” Belmont Medical Associates owners Stephen P. Ranere, M.D., and A. Donald Shushan, M.D., at the urging of their staff, decided to make a switch in February.

ANOTHER PM TO THE RESCUE – The practice terminated its relationship with the PM/EMR software vendor that a group had recommended. It then turned to GBA Health Network Systems of Warwick, RI, and GBA’s browser-based MEDfx PM product.

Belmont Medical Associates had worked with GBA for years prior to the move to the PM software that had been recommended by peers. The practice had outgrown GBA’s legacy product – PMS Gold.

“We called GBA,” explained Janet, “and the company’s CEO came right out to our offices and helped us make plans to get on MEDfx as quickly as possible.” A prompt data conversion and implementation to MEDfx was critical to the financial health of the practice.

Interviewed in front of a large window overlooking Boston on a sunny day a few months after going live with MEDfx, Janet and Faye still seem a little shell-shocked from the experience

of the poor performing PM/EMR discontinued after a few months.

But, on the bright side, Janet explained: “During our first week on MEDfx, we received Blue Shield payments in seven days. Today our payments are up to date.”

MEDfx training for Belmont Medical Associates was started in late March at the multi-storied office building where the practice occupies three floors. Three GBA Trainers worked on the practice’s separate floors and with various departmental employees as needed. Janet still feels free to contact one of those Trainers when she has a system question.

“MEDfx is very user-friendly. GBA support is very good and the company is very accommodating,” said Janet. “I would definitely recommend MEDfx,” she added.

Janet and Faye like that in MEDfx all the parts of the patient chart can be seen at one glance and that the multiple open sessions are kept track of on a left-hand view navigator bar for easy reference and access. Their other favorite features include reports presented as pdfs for review before printing; the ease of adding new insurances and codes; the ability for more than one user to access the same patient at the same time, and reports that are easier to read and can be saved to an electronic folder.

POSITIVE OUTCOME – Gail Langley, the practice’s Business Manager, sits in her office and reminisces back to 1984 when she was hired to be the office manager at what is today Belmont Medical Associates. Two weeks after she started, the PMS software arrived. It served the practice well for the past 23 years.

“I was scared,” Gail admits when her busy practice was switching PMs so quickly in the spring of 2007. However, the adoption of MEDfx was “painless – not that bad at all,” she recounts. “GBA fits the product to the client’s needs; does not demand that the client fit to the product. GBA listened to us and followed through with support.”

With numerous months of success using MEDfx, Belmont Medical Associates now feels that it has a PM that will last them well into the future as the practice grows in size and adopts other IT technology...including an EMR.

MEDfx has an integrated EMR solution. However, the company has taken an unusual stand on interoperability. GBA has developed interfaces to a number of leading EMR programs.

“What we have learned, along with many physician organizations across the country, is that one size does not fit all,” said Colin P. Barry, GBA President/ CEO. “Our work with Belmont Medical Associates is a back-to-basics story – the financial health of a medical practice is the launching pad for adopting emerging technologies such as EMR.” ●



From left: Janet Connors, Billing Supervisor; Gail Langley, Business Manager, and Faye Neiberg, Biller.