

# Customer PROFILE

## Specialty — Gastrointestinal *Gastroenterology Consultants of South Jersey, P.C.*

“Implementing an EMR is a learning process, you learn to take a history in medical school and you develop that over the years and all of a sudden the paradigm shifts”, says Maurice D. Leonard, M.D. He is one of three founding partners of Gastroenterology Consultants of South Jersey, P.C. founded in 1990 and now a seven-physician Gastroenterology Consulting Practice in Lumberton, NJ. They have two facilities, the main office and the Burlington County Endoscopy Center, as well as a remote out-sourced billing office.

The practice did in-house billing until 2003 when they out-sourced their billing and collections to Farnsworth & Semptimpfelter. At that time they had 4 physicians and felt that their current billing software and internal billing was not as efficient as they wanted. Farnsworth & Semptimpfelter replaced their old UNIX system with new STI ChartMaker® Practice Manager and Scheduling within an Internet based software ASP environment. This helped to improve billing and collections while stabilizing their costs as the practice grew to seven doctors. The practice now has over 25 employees.

As the practice grew the practice formed an excellent relationship with Farnsworth & Semptimpfelter. Together they decided to move away from the ASP model with the remote file server and decided to move the server into the main physician location for better security and control. The in-house server also provided faster access time and eliminated Internet caused delays. All three locations as well as all physicians still access information via the Internet, but they prefer the added security of maintaining their patient’s personal information on an in-house file server under their own control.

The current technology includes, two file servers with both on-site and redundant off-site back up for security, over 40 concurrent workstations both locally and in the remote office, and three high-speed scanners. To further reduce clerical costs, they installed the PAM2000® Patient Appointment Messaging System for automatic patient appointment reminders and also use the



Burlington County Endoscopy Center Scheduling

software for patient recall purposes, a critical function in a GI practice. PAM2000® interfaces with the STI Scheduler and recall system to automatically pass patient appointment and recall information into the automatic call dialing system. They use STI hardware support to maintain their two servers and are very happy with both the reliability of the servers and STI technology support.

Initially all consultation reports and letters were created in-house. As the practice grew the transcription cost was later outsourced and became a significant expense of about \$100,000 a year.



In 2007, with further expansion in mind and an Endoscopy Center in partnership with Physicians Endoscopy to be added in 2008, the practice decided that, according to Dr. Leonard, “an Electronic Medical Record (EMR) System was inevitable and necessary” as well as the next logical step to facilitate growth, improve the delivery of medical care, increase efficiency, and reduce costs.

Dr. Leonard and his partner Dr. Lee deLacy were put in charge of the selection committee and the year-long search for an EMR was begun.

In December of 2007 they selected the ChartMaker Clinical EMR for several reasons. Most notable being the fact that, as a unified software suite it automatically passes billing information from the EMR into STI’s Practice Manager® system, plus the ability to use a combination of templates and voice recognition within the EMR and an interface between STI and the ProVation MD® GI Procedural Documentation software.

In-house training on the EMR began in January of 2008 with two physician super users, Dr. Leonard and Dr. deLacy. Dr. Leonard states, “we spent about three months preparing for the EMR, building templates, and working with the staff to prepare them for the EMR. If you are going to do this implementation correctly you need several components: strong physician and staff buy-in, an organized office manager to keep everything on track, IT support, and excellent training from your vendor. Plus, our office manager, Nancy Minich, has been an excellent resource throughout this process..”



Maurice D. Leonard, M.D.

“Although ChartMaker is very flexible, it took us about three months to get our workflow together to be able to properly use the system”, claims Dr. Leonard. “The other doctors could then catch up pretty quickly because the templates were developed and tested by the two super-users. Each subsequent user comes on a little quicker. It will probably take about 12 to 15 months to make the transition from a manual system to a paperless EMR. Implementing an EMR is a learning process, you learn to take a history in medical school and you develop that over the years

## ChartMaker® Electronic Medical Records in Gastroenterology Consultants of South Jersey, P.C.

and all of a sudden the paradigm shifts. Before you install the EMR you think you are going to use it the same way as you currently practice, and that is never true. Even the way you thought you were going to do it is not the way you end up using the EMR. If you think you are going to implement an EMR quickly you are going to run behind and cause a lot of stress. It takes time to come back up to full speed. Initially I lost productivity, but now I can run as fast as I did before”.

“I use a combination of templates and voice recognition that works extremely well. If someone comes in for a routine colon cancer screening a template is fine. However usually I like to use voice recognition with ChartMaker to dictate the H&P and recommendations/impression. Everyone in the practice uses the product a little differently; but most of the doctors use a combination of voice and templates. Dr. deLacy for example, likes to use the templates more than the voice. One of the biggest



ChartMaker® Entry Point Document Scanning Screen

benefits is that we fax the completed report to the referring physician right after the examination and it really looks better than it did before. I tell a patient that your report will be at your referring doctor’s office before you leave, and the referring physicians really appreciate that. When you look at your return on investment, you can definitely see your costs coming down.”

“We switched from another Endoscopy software to the ProVation® GI Endoscopy software so that it would be integrated with the STI ChartMaker® Scheduler and billing system. We use Fuji scopes and the program is great. It was a seamless integration. ProVation® told us that it would take a week to train us and we learned the program in an hour. As we used it, we learned that we could use macros to become more efficient and we can integrate our images directly into the finished report. We also use the ProVation® nursing module for pathology reports. Charge information is sent directly into the STI billing system to Farnsworth & Semptimphelter for billing and collection.”

“We use the ChartMaker messaging system within the office and that function has worked out really well especially with multiple locations. Laboratory results automatically flow into the chart from LabCorp® and Quest®. The doctors can view that information from anywhere. Once we review a laboratory result we can add comments and send the results with a message to the appropriate staff member.”

Dr. Leonard concludes with, “this is something that we are happy with and that we wanted to do. It improves the quality of care. One of the biggest benefits is that with seven physicians, if you are in the hospital or at home on call during the weekend or at night, and if someone calls having a problem, all of our physicians have remote access via a secure server to the patient’s chart

over the Internet. We can pull up the ChartMaker EMR from home and read what happened to that patient and intelligently handle the problem. More importantly, we can send a ChartMaker message to the appropriate physician and document that you spoke to the patient and tell them what you did.”



Craig Farnsworth, Maurice D. Leonard, M.D., Robert Semptimphelter

*Maurice D. Leonard, M.D. is one of the founding partners of Gastroenterology Consultants of South Jersey, P.C. a seven-physician practice located in Lumberton, New Jersey. Dr. Leonard is a graduate of Yale University, Albert Einstein College of Medicine, and New York Hospital - Cornell.*

*Farnsworth & Semptimphelter founded in 2002 is a physician billing service in Lumberton, NJ. Craig Farnsworth and Robert Semptimphelter have over 20 years of healthcare financial experience. Their philosophy is that all of their 40 physicians should have Internet access to their billing information via an ASP or Client/Server Internet based system using the STI ChartMaker Suite of medical software. They believe that the proper use of technology, outsourced billing labor, and their knowledge will help their clients become more efficient in both technology and on a financial basis.*

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