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## COMPUTER SYSTEMS FOR PHYSICIANS

### Mica Information Systems Newsletter

[Message from our President](#)

[Guest Column](#)

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Featured Article

Issue: # 2

Jan/2012



**SuiteOMed™**  
Beyond EMR

Dear Lisa,

Hope your New Year is not only off to a great start, but continues that way! Things are getting busy here and we anticipate another year of growth. As always we thank you for your continued support and loyalty. Please let us know when ever we may of assistance and remember that we are only a phone call away.

Sincerely,  
Charles

#### A Message from our President

If you plan to continue to the practice of medicine in the United States, you will eventually have to implement a functional EHR system. Not because of the impending CMS penalties to be imposed in 2015 for not

having and using an EHR and not to receive stimulus money that may or may not continue to be provided, but because the way healthcare is delivered in America is changing. We all know that the way medicine is practiced in this country is changing; change is the only thing that stays the same.

Because of the number of medical practices that have successfully implemented an EHR, the way information is transferred between providers, patients, insurance companies, labs, pharmacies, and others is going to be handled electronically. The referrals you get now from other providers may eventually dry up because it will just be too cumbersome to easily communicate patient information with your practice and amazingly simple to do so electronically with others.

The single largest issue I have heard from practices and consultants who don't advocate moving to EHR is that it will impact the provider's productivity. This is true, but is a very short-term issue. The length of the issue is entirely in your hands. The initial work and commitment of you and your staff during the learning curve will greatly impact this time frame; as well as the support, knowledge and availability of your vendor.

The speed and convenience of e-prescriptions, ability to electronically review labs and communicate the results with staff and patients, the convenience of having patients pre-register and complete intake forms online, obtaining immediate electronic verification of insurance benefits, electronic faxing, document management, all greatly outweigh any short term productivity concerns. Just imagine never again having to look at stacks of charts, not able to find the one you need! Almost without exception, the docs who have shifted to an EHR would never go back. With EHR, you can securely access your schedule and charts from the hospital, nursing home, your house, or almost anywhere with a 3G card and a laptop. EHR is a game changer for medical practices, like cell phones and the internet, whether you are eligible for stimulus money or not. If you are an eligible provider, the \$44,000 or \$64,000 per provider you can get from the government is just another reason to make the change. If you aren't eligible, you will still get the benefits and efficiencies of the EHR, while protecting your referral base and creating more time for additional patients or just for yourself.

At MICA, we have spent over ten years selling and installing EHR systems; the last two of those with our CCHIT 2011 and ONC-certified EHR system, Suitedmed. The difference between our approach and those of other companies is that we actually take you by the hand and walk you through every step of the process, from installation, training, customization, to go-live, and follow up training and support after you are LIVE. We want you to be happy with your system and go beyond the call of duty to do everything we can to help you through the process. We do not want to see a practice buy a product and have it sit on the shelf in the manager's office. Our clients achieve meaningful use in a timely manner and take advantage of the available stimulus funds. Please contact our office if you would like for one of us to stop by and show you how an EHR can help solve some of the problems you have with your practice.

Sincerely,  
Jim Price

With the advent of the American Recovery and Reinvestment Act (ARRA) the fragmented and slow-growing market for Electronic Health Record (EHR) software exploded with the promise of federal dollars to pay eligible providers for buying and using (in a meaningful way) a certified FHR system. The current Medicare or Medicaid programs

compensate practices for the time and effort to come into the 21st century of healthcare delivery. Is this the primary reason for a practice to consider the change to an EHR? What else does it mean to your practice and is it worth the time and energy to consider it?

Sincerely,  
Jim Price  
President

## **Guest Column Visit Lisa's Website**

**EMR Implementation - 3 Ways to Ease the Pain**  
Lisa P. Shock, MHS, PA-C

President/CEO Utilization Solutions in Healthcare, Inc.

As a clinician, I have used more than 5 Electronic Medical Record (EMR) systems in my career. I have experienced a full on practice implementation as well as a transition from one system to another, all while continuing to service patients and provide direct care. Maintaining patient flow, ensuring accurate and documentation and arranging care coordination is a challenge when you are navigating software that is not always intuitive.

Tip #1 - When implementing an EMR it is absolutely critical to get all members of the team involved. Redesigning processes like prescription refills, lab requisitions and x-ray requests are distinctly different within a software framework as opposed to a paper order. Coordination of smooth messaging from one provider to a nurse or from a front desk staffer to a provider must be well orchestrated and efficient.

Tip #2 - While the EMR transition is occurring, engaging temporary help can be a revenue saving benefit. Practices cite decreases in patient flow and therefore decreased overall revenue as a primary deterrent to EMR implementation. When faced with fixed overhead costs, fear of lost revenue (from decreased patient volume) during transition is a reality.

Tip #3 - One of the deadly sins of EMR implementation is failure to fully participate in training. This occurs for many reasons but is also an expenditure for the practice when purchasing an EMR system. Often practices will have providers with differing levels of "emr literacy" and as the providers are the key revenue drivers, adequate training is key.

As your practice deals with issues like attestation for meaningful use revenue in 2012, consider these tactics to make your transition easier on your team as well as your practice revenue stream.

Lisa P. Shock, MHS, PA-C, is a seasoned PA who has used EMRs since her student days at the Duke PA program in the late 90s. She enjoys part time clinical primary care practice and is the President and CEO of Utilization Solutions in Healthcare - a specialty consultant company for physician practices and hospitals, offering a wide range of services to help implement and improve upon the utilization of PAs in the health care system

She is familiar with the SuiteMed system offered by MICA and loves the ease of navigation as well as its easy customization options. Contact her with questions at [lisa@pushpa.biz](mailto:lisa@pushpa.biz)

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We welcome suggestions for topics, questions for articles in our newsletter or if you would like to submit an article as a guest columnist, just let us know. We would love to hear from you.

**Sincerely,**  
Scott Yingling

## **Free Webcam!!**

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