



Health Information Technology

Practice Management Services

## Christopher Ogunro, MD

- Houston, Texas
- Three-physician practice
- *Specialty:* Internal medicine

### Case Study: *Using Technology From Day One*

The most straightforward path for introducing an EMR is to have the system up and running the day that a practice initially opens its doors. When Houston internist Christopher Ogunro, MD, decided to establish an urgent care clinic, initially in partnership with two other physicians, he was able to make decisions rapidly and unfettered by an established practice culture. He did not have to concern himself with the complexities of managing change, redesigning workflows, or convincing staff to buy in to the necessity of converting from paper to EMR. And he was able to make his way through the process of system selection, installation, training, and going live without the use of a consultant.

From the beginning, Dr. Ogunro focused on systems that allowed easy creation of notes and generation of claims. He became accustomed to the use of template-based documentation during the 12 years he spent working as a hospital emergency room physician. He only included in his search integrated products with both clinical and business functions in a single package.

He began his search by reading articles and looking at published ratings of HIT systems. He found four or five names that came up repeatedly in his reading and in his discussions with other physicians. He then went to the Internet sites of the developer and worked with the Web demonstrations of all of them until he had narrowed his selection to one. He made three site visits to practices using that system, asking questions based on his Web demonstration experience. Only then did he speak with the vendor.

Staff and physician training took place three weeks before the practice opened. A trainer spent a week working with the practice, and afterwards, staff and physicians practiced using test cases. “The real training began when we started to see patients,” he said. After the practice opened, patient flow was, as expected, initially low, which allowed time for staff to develop facility with the software. “On our first day,” he says, “we had only one patient.” But as patient volume grew, the practice accumulated questions and worked through the vendor for answers.

The acquisition was financed through a bank loan. The EMR cost \$10,000 for the first physician, \$5,000 for each additional full-time physician, and \$2,500 for each part-time physician. Technical support costs \$600 per provider per year, and maintenance of the system and upgrades cost 18 percent of the initial licensing fee per year. Training costs are additional.

Dr. Ogunro uses a tablet PC for data entry while his two partners use flat screens with keyboards. And the system can be set up for remote access. Beyond the initial goals of simple note creation and claims filing, he sees a number of day-to-day practice benefits that derive from the electronic office: no lost charts, ease of handling prescriptions and prescription refills, and elimination of legibility issues in prescriptions and medical records.

He sees the practice’s next HIT challenge as the evolution of data needs that will occur as he and his partners develop contracts with third-party payers.