

## UMass Memorial Health Care Improves Physician Workflow and Demonstrates Significant ROI with Electronic Documentation and Charge Capture Solution from Salar, Inc.

### AT A GLANCE

#### **Background:**

##### UMass Memorial Health Care

- 1,111 bed facility in Central Mass
- Employs ~1,600 physicians and treats more than 58,700 inpatients per year

#### **Implementation:**

- Hospital Medicine Department implemented TeamNotes™ and TAP™, Salar's electronic clinical documentation solution tied to charge capture billing, to enable physicians, residents, nurse practitioners and medical students to record and bill all patient notes electronically
- Launch dates: July-August 2009
- TeamNotes and TAP launched successfully in less than 2 days at each of the 4 campuses
- Salar worked closely with hospital physicians and IT to customize the solution to their specific needs

#### **Results:**

- Hospital Medicine generating ~6,100 patient notes per month
- Over 230 clinician users
- Physicians find solution fast and easy to use – saving them time overall
- Community physicians receive all H&Ps and Discharge Summaries electronically same day
- UMass planning future rollouts of TeamNotes and TAP in other departments

### *Conversations with Dr. Jasen Gundersen – Part I of a Series*



**Jasen W. Gundersen, MD, MBA, FHM**  
Inpatient Clinical Services Chief  
Division Chief, Hospital Medicine  
UMass Memorial Medical Center  
[jasen.gundersen@umassmemorial.org](mailto:jasen.gundersen@umassmemorial.org)

*UMass Memorial Health Care is the largest health care system in Central Massachusetts and the clinical partner of the University of Massachusetts Medical School. The non-profit system encompasses a complete health care continuum, with a multi-campus academic medical center, member and affiliated community hospitals, community-based physician practices, ambulatory clinics, home health agencies, hospice programs, and rehabilitation and behavioral health services.*

**June, 2009** - UMass Memorial Medical Center is rolling out Salar's full suite of clinical documentation and charge capture products across its four campuses to initially support Hospital Medicine. We spoke with Dr. Gundersen about why UMass selected Salar and his expectations for the roll out.

#### **What drove you to seek clinical documentation and charge capture solutions?**

Initially, we were looking to correct a billing problem. We had a paper driven process which was not accurate, not consistent, and could not be reconciled, so we were looking at e-billing systems.

#### **Why did you select Salar?**

Salar's charge capture solutions rose to the front of the pack because of the integration with the progress note. The merging of documentation with billing speeds things along. TeamNotes was the best option because we can design and customize our notes to meet the clinical needs of our institution. It produces a neat, clean organized note that's available electronically, but also can be outputted for other staff in hardcopy. Not many systems can bridge the gap between a hospital's electronic and paper worlds.

### **What positive changes are you expecting to see with Salar's solutions?**

To begin with – a clean, legible, detailed note with a clear physician signature. I expect better DRG coding and better revenue from both the professional fee and the hospital billing side. Certainly, we'll see a dramatic reduction in dictation costs, especially given the large size of our hospitalist service. Faster, better day-to-day operations, more effective management of care across our four campuses with a load balance dashboard, meeting the Joint Commission's requirements for signout, and better communication with our referring physicians. We'll be sending referring physicians a neat clean H&P and discharge summary immediately at patient discharge. I'm most excited that Salar has solved one of our biggest conundrums at UMass to date – accurately matching the meds from our Meditech system onto the discharge summary!

### **What are your biggest concerns about implementing Salar's solutions?**

I really don't have any. Salar's speed and responsiveness has already impressed people here. I guess the only one – which is the same everywhere – the people part. Implementing in a large service and getting everyone to buy-in and acclimate to change.

## ***Conversations with Dr. Jasen Gundersen – Part Two, Post-Implementation***

**January, 2010** – UMass's Hospital Medicine Department went live with TeamNotes and TAP across all four UMass campuses in the summer of 2009. UMass analyzed the initial impact of the Salar system over the months of August-November of 2009. The results from these first four months already demonstrated a significant increase in revenues and a decrease to expenses for the Department.

### **How would you describe the implementation process?**

The implementation process was very smooth. Each service went live in two days – one day of training and the next day everyone was using the system. We have 100% adoption of TeamNotes for all clinical documentation – H&P's, daily notes, consult notes and discharge summaries – and complete elimination of dictation and transcription costs. We've had no unplanned downtime or performance issues since go-live.

### **How easily did physicians adopt TeamNotes?**

The physicians will tell you it saves them time overall. Before Salar, we were doing a number of manual, paper-based steps to complete notes and billing. Now it's all online in one step, and we can access everything from home. The docs were initially concerned about typing, but they adjusted after about a week. Progress notes are extremely fast because most repetitive information carries forwarded day to day. For H&Ps, Dragon's speech recognition software has worked well with TeamNotes.

Our residents adopt Salar's system immediately, without training, because it makes their lives a lot easier. The real-time collaboration on notes gives attendings more complete information to review. Initially, we did not roll out to medical students, but the enthusiasm to learn e-documentation was overwhelming. So, Salar set-up student notes for educational purposes only.

### **What is the financial impact so far?**

We initially suspected that our missed billing volumes were high. Because TeamNotes provides 100% accountability between services documented and services billed, missed billing goes away. We've calculated an increase in profee charges to discharges of 12-17%, or an annual increase in revenue of \$535,000 across 3 of our 4 hospitals. We eliminated transcription costs, which were approximately \$167,000 per year. We also cut our billing lag days by 4-5 days. But, the biggest impact has been on the facility side. Better, more legible and compliant documentation upfront, for

example disallowing prohibited abbreviations to enter the record, has supported more accurate severity adjusted DRG assignment. Subsequently, our case mix index increased by 0.1 which we've calculated equates to over \$3M per year.

**What else do you like about Salar's system?**

Integration of the sign-out process within Salar has strengthened our patient safety and reporting initiatives. The sign-out assures all parties are aware of PMH, current problems, current labs, code status and to-do's.

Enhancing communication with our community physicians is another big win. We send a neat, clean H&P and discharge summary immediately at patient discharge to the referring physician. Often, I hear how happy they are to receive this information in a timely manner. TeamNotes has provided more benefits than we initially expected.

**What does the future hold?**

I would like to see Salar implemented across more departments, and plans for this expansion are currently in the works. Our department's notes can easily be adjusted for other medical services with minimal effort and training. Each medical division can be enabled with a few hours of training and IS support to create profiles. It will allow UMass to satisfy meaningful use 2013 criteria for clinical documentation and the exchange of health summaries for continuity of care.

Currently, we do not have a way to assure medications are properly reconciled on transfer. We are developing a transfer medication order form in TeamNotes using the current pharmacy information to assure current medications are properly imported and reconciled. It will produce a perfectly legible, dated, timed, reconciled document free of prohibited abbreviations which will meet the Joint Commission's NPSG standard.

Our department is also rolling out Salar's TeamQuery for medical records coders to review notes and query physicians for documentation clarification in real-time from within the system, eliminating sticky "love" notes in the chart. We may also begin using TeamNotes to facilitate PQRI data collection.