



## Case Study

## Marshall Urology & Continence Center

### PROBLEM

A rural urology practice faced:

- A shortage of space to store its patient records
- The cumbersome task of shuttling paper charts between two offices
- A PM vendor whose customer service was declining
- High-priced technology enhancements to an existing system

### PURCHASE FACTORS

The practice noted:

- Affordability
- Responsive customer service
- Built as an integrated EHR/PM system

### RESULTS

Since implementing Aprima's solution in 2007, Marshall has:

- Saved approximately 60% in paper supply costs
- Reduced transcription costs by 16% because the practice's transcriptionist can easily merge completed dictated texts into Aprima while completing customized letters

The Marshall Urology & Continence Center serves the residents of Northeast Alabama and the Tennessee Valley. Because the center is located between two large Alabama cities, Birmingham and Huntsville, this one-physician specialty practice faces some stiff competition in providing urology services. It works hard at patient recruitment, retention and referral, as well as generating referrals from primary care physicians.

"Our goal is to provide as much care as we can to the local community residents, because they tend to be older and may have problems traveling some 50 to 75 miles to Huntsville or Birmingham," says Melanie Wiggs, practice manager at Marshall.

### SEARCHING FOR AN INTEGRATED, CUSTOMIZABLE EHR/PM SOLUTION

Since opening, the practice had used a practice management (PM) system for billing, scheduling and electronic claims processing. While the system was easy to use, it had a few problems:

- It was difficult to manipulate.
- There was no customization available.
- It was a challenge to add different inputs or make changes to produce different reports.

Marshall had yet to invest in an electronic health record (EHR) system and still depended heavily on paper charts. The practice began to realize that it was quickly running out of storage space for patient records. With a main and satellite office, one staff member was responsible for stuffing charts in a suitcase and shuttling them between offices. "The more times you see patients, the thicker and heavier the files become," says Wiggs. "There was always the risk of loss or damage to those records."

Marshall's long-time PM vendor offered an EHR solution, but the high price was an issue. The practice also became concerned about that vendor's stability and service. The company had been purchased many times, and Marshall saw negative effects including declining customer support. "Hardware and software maintenance was basically nonexistent, and any improvement or enhancement in technology came at a very high price," says Wiggs.

"Our practice had been looking at EHR systems for more than five years," says Wiggs. She notes that it was essential that the practice's staff not be burdened by having to move in and out of systems. "Aprima was the only system to address the issue of not having two separate modules, one for PM and one for EHRs; it was truly integrated," says Wiggs. "Of course, the practice also was concerned with up-front and ongoing implementation costs. Unlike some vendors, Aprima presented a system that a rural practice with two offices could afford."

***"Aprima was the first company we found that offered a system that truly integrated the EHR with PM."***

Melanie Wiggs  
Practice Manager  
Marshall Urology &  
Continence Center

## Practice Profile

### MARSHALL UROLOGY & CONTINENCE CENTER

Located in a rural area of northern Alabama, Marshall Urology & Continence Center has been in operation since 1997. In that time, the practice has grown exponentially, treating patients at a main office in Boaz and a satellite office in Guntersville. Marshall's staff of eight includes Dr. Gregory E. Carter, a board-certified adult and pediatric urologist, one practice manager, four full-time employees and three part-time employees.

The practice serves an average of 100 patients a week, 67% of whom are adult males on Medicare. Most procedures performed are minor. All procedures are done at the office and under local anesthetic.

Dr. Carter focuses on providing accurate diagnosis, effective treatment and compassionate care to those who suffer with urologic health problems. Among other technologies, Dr. Carter is trained in the Holmium laser procedure (HoLAP), the Mini-ARC, and the Perigee cystocel repair.

### SAVINGS

Annual paper supplies reduced.



In addition, urologist Dr. Gregory E. Carter, who heads the practice, had specific requirements for the EHR system including:

- Easy navigation
- No “cookie cutter” templates

He wanted an approach that could be customized to his documentation style. Wiggs recalls, “While some practices might find customization of features and functions difficult or time-consuming, a capable vendor will be able to guide you through the process.”

In selecting a new vendor, Wiggs involved the practice staff in the evaluation. “These are the people who understand how systems fail and what it will take to make systems work,” she adds.

### A SUCCESSFUL IMPLEMENTATION BACKED BY SUPERIOR SUPPORT

An EHR/PM implementation has inherent challenges. But Aprima and Marshall worked closely together through the process. Early in 2007, the staff spent several weeks mastering the PM solution. Then it moved to implement the EHR solution.

“At first, the staff wondered how they would convert even a small number of patients to EHRs,” says Wiggs. In a few short weeks, staff members were asking, “What can we do to transition all our patients?” By January 2008, the practice, while also making the decision not to create any new paper-based patient charts, began the process of transitioning up to five patients per day from paper charts to EHRs.

### PATIENTS WIN

Wiggs says Aprima has delivered across-the-board quality. During the selection process, the practice discovered that while some systems offered PM quality, others delivered quality in EHRs. Aprima, however, offered the best scenario: providing quality solutions in both PM and EHRs.

With Aprima's lab integration, a staff member who once worked exclusively with paper charts now is busy scanning lab results and records into the EHR system. Aprima's bi-directional lab interface is capable of transmitting requisitions and receiving lab test results directly through the Aprima system to labs. This means staff members can be trained in other areas, such as insurance verification.

And, after years of transporting records between practice locations, Marshall now can see patients at either location without the risk of losing or damaging records or adding staff time. Dr. Carter, who previously waited to access a paper chart, can now access Aprima's system through a secure Internet connection at any time to check on a patient's tests, procedures or medications. “The result is more accurate treatment for patients,” says Wiggs.



### APRIMA IS VISION

*Aprima's EHR/PM is built on a single database, which means users can move around in the system without having to take time to close one database and open another. This innovative design eliminates unnecessary complexity.*