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Gynecology

Kittery, ME

Gynecology Practice Finds WRS EMR is a Panacea

Dr. Lynda Wright was facing a dilemma in 2012: She was spending 45 minutes to one hour with nine to 11 patients every day, but she wasn't getting paid nearly what she deserved for all of the services she performs at her 12-year-old eponymous gynecology practice in Kittery, ME. Rather than curtail the quality time she spends with patients, Dr. Wright began looking for an integrated EMR and practice management software solution.

Billing Panacea

Pointing out that she previously used MEDISENSE for billing, Dr. Wright said, "MEDISENSE was pretty worthless in terms of getting anything changed or improving anything. I really had no idea what I was paying them for. I was able to consolidate several other systems into what WRS provides."

Crediting her Office Manager Stephanie for evaluating five or six EMRs before choosing WRS, Dr. Wright said, "I started using WRS Billing Module and Billing Services last spring and started using the EMR in October 2012. WRS Billing Module and Services are amazing. Meaningful Use has been wonderful. We just got our deposit last week. Having \$18,000 put into a very meager checking account was like manna from heaven. WRS supports that process so well. The help that WRS gave Stephanie with the list of 'here's what you need to meet MU' and their assurance that they were going to help us achieve MU in the first year, was a promise that was kept and kept well. I was very happy with the way they helped us to be sure that we were meeting the standards that we needed to meet."

Pointing out that Stephanie did the final offerings by the end of February, Dr. Wright said, “Stephanie had been checking every morning so we knew the minute MU hit. The check’s in the mail is not as good as here’s the money. She came to me and said, ‘Go look at the checking balance’ and there it was. They made the payment on March 28 so we got our full \$18,000. That’s been very, very wonderful. I really commend WRS for that. That’s really a bonus. We will absolutely apply for the second round of MU.”

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Getting Paid Super Fast

These days, it’s no secret that physicians’ reimbursements are declining. Getting paid promptly for services rendered is more important than ever. “WRS billing capability has been amazing. With our previous system, it seemed like it was pieced together and with the software they gave us their story was there really wasn’t a way to upgrade it. We’d have to buy a whole new software package. It was often four to six weeks between making the claim and getting money back and now we get a lot of payments within eight days of submitting the claim. It’s amazing. It’s just unbelievably fast,” she said.

Dr. Wright also noted, “With WRS billing system, we have Medicare direct deposit. This is wonderful because we used to have a pile of checks come in on Monday. Apparently, most insurances would cut the checks on Thursday, mail them on Friday and we’d get them on Monday. The rest of the week there was no additional money coming in. I like some (payments) to trickle in throughout the week. It’s more reassuring to me. We’ve applied for the direct deposit capability with BlueCross BlueShield. Instead of having to wait for a check to be cut, which takes longer, they just put it right into our account.”

Code Green

Under coding for services rendered can result in a physician seeing less green in their wallets, while over coding can raise a red flag to auditors. “We have very few rejected claims. We are more likely to be using correct codes and using all the codes that we can use for a visit because of the prompts that are in WRS. It certainly makes it easier for me as a physician to create a

super bill when I have those additional prompts and can find specific ICD-9 codes to go with the condition rather than look through the book or try to find it online. That's really helped," said Dr. Wright.

“With WRS, having the ability to cross check that my level of service makes sense has allowed me to comfortably code for the time I’m spending, rather than under code...I get everything that’s available to me because WRS helps me to feel comfortable that I haven’t over coded.”

Dr. Wright continued, “I’m certain my Medicare reimbursement has gone up. When we see a Medicare patient there’s a level of service charge and because I’ve always been concerned that I’m not over coding, I am aware now that I had been chronically under coding for Medicare visits. With WRS, having the ability to cross check that my level of service makes sense has allowed me to comfortably code for the time I’m spending, rather than under code. I spend usually at least a half hour, if not 45 minutes with a yearly type visit and I do a lot of menopause consultations, which are one hour encounters and I cover a lot of preventive territory with patients. WRS is not telling us how to do the visit and they are not saying we guarantee what the visit is, but if you’ve over coded it certainly pops up that you don’t have enough documentation to qualify for that code. This allows you to either add the documentation you haven’t bothered to put in that meets the coding or to reconsider your code.”

No Fear of Audits

Being audited can be a harrowing experience. “Because of the way I practice it was just a matter of being afraid to really ask for what I deserved from Medicare, especially because of the fear of being audited. Now I don’t have that fear of being audited because I can double check that I’ve met the standards through my documentation for coding in 99215 level of service for most of my visits. Before WRS I was coding mostly 99214 and sometimes 99213 for visits that clearly qualified for a 99215 and the reimbursement is at least \$25 or \$35 dollars more for each one of those (99215) visits. If I do ten of those visits a week that more than pays for WRS,” said Dr. Wright, adding, “At least I get everything that’s available to me because WRS helps me to be comfortable that I haven’t over coded.”

Making Connections

Dr. Wright is connecting electronically with her patients, thanks to WRS Patient Portal. “A lot of patients really appreciate being able to contact us through the system. Many patients have expressed that they like getting the email confirmation for visits; they like access to send us messages through WRS Patient Portal rather than through regular email. They can message me or call me at any time. Stephanie enters when they should be seen next, and it pops up if they have not scheduled that appointment. The practice runs more smoothly electronically. We have better ways to do those checks and balances so that piece is not as time consuming as going through stacks of charts on the rack,” Dr. Wright stated.

“E-prescribing is great. I love it...It really does save time and is quicker than doing it by hand. It’s surely more convenient for the patient. Legibility of the prescription also helps pharmacists.”

Quick Scripts

Paper scripts are so last century. What’s taking their place? “E-prescribing is great. I love it. That’s another positive, not to have to spend the time writing out a script, not to have to send a patient out with a script that she is going to then have to hand a pharmacist and wait 30 minutes to a half hour to get her Rx. It really does save time and is quicker than doing it by hand. It’s surely more convenient for the patient. Legibility of the prescription also helps pharmacists,” said Dr. Wright.

Quality Review

Physicians may have every intention of reviewing patients’ health records, but at the end of the day they may overlook this laborious task. “I’ve had some of my patients with me for 25 years; sometimes you start to shortcut with those patients and assume you know everything about them because you’ve known them for so long. It should be the physician’s responsibility. People ask me, ‘Why are you doing this historical data entry, why not have someone else in the office do it?’ It is the medical part of the record and it is really important that it be a true representation of their medical history,” said Dr. Wright.

Dr. Wright went on to explain that having WRS EMR has been a wonderful opportunity to review everyone's record. "In the year it will take me to have seen everyone and get them entered into the EMR I will have done quality review on everyone's chart, so their entire paper record will have been reviewed. I will have pulled out the pertinent aspects of it to get it into the electronic record. I won't have to look through pages of written documentation to find some of the pieces of information that I want because I will have taken that extra time once, to go through the record completely and mine out everything that I might not have gotten on the problem list or that I might not have remembered from their distinct social history. That has been wonderful because as much as most of us intend to do quality review of our charts, it's at the end of the list at the end of the day," she said.

Emphasizing that quality review is something that all physicians should aspire to, Dr. Wright said, "WRS EMR is something that forces it to happen. I have a total of over 1,000 patients. It's been a great opportunity to get the record clarified and make sure every piece of important information is in the permanent record."

Dr. Wright gave the example of how important it is to do quality review when it comes to a menopausal patient. "It's been an opportunity to go back to the written record, and for the present history on each patient I'm creating a synopsis of where they've been. I'll go through and say this is a 67-year-old female who is 17 years post menopausal, she started with hormone therapy initially, stopped it in 2000 or continued, has had these experiences with it, this has been a positive, this has been a negative. That first piece of their electronic record contains that synopsis, so going forward I have that in the electronic record and I can always refer back to the first HPI to review where they were when we jumped into EMR. It's great and it's incredibly time consuming, but it's something we all should be doing," said Dr. Wright.

Dr. Wright added, "Even with my patients who tend not to be very complex, because I pay so much attention to prevention they are pretty healthy people. But, even in a mostly healthy population, there's a lot to document and with a patient who has multiple issues, to have an opportunity to look at them and pull them together and make sure that what you think you are doing with a complex patient makes sense medically is invaluable."

The Doctor is Prepared to See You Now

Dr. Wright explained that the Continuity of Care record helps her to be better prepared to see patients. "To be able to click on that and have their entire record that you can review before you see them is really helpful. You can go in sounding like you do know who they are and care instead of not having a clue as to what has happened with them in the last year or five years.

It's a pretty quick thing because every visit is there. You can bring up every record when you are creating the days' record for them. There is the ability to look back easily at all of the HPI documentation from past visits. In the Continuity of Care record all of the visits are there, so you can just scroll down and expand any visit that you want to expand and see it quickly," she stated.

“When I do the math and look at what I was paying for my previous software with really no support to speak of, all of the different pieces that WRS is now able to provide with one stop shopping are less expensive than what I was paying for multiple providers for electronic billing and credit card services.”

Extra Value

Looking ahead, Dr. Wright plans to embrace additional WRS capabilities to make her practice run more efficiently. “I had a three year contact with Bank of America to provide my credit card billing apparatus. That runs out this summer so I will be able to do that through WRS as well. When I do the math and look at what I was paying for my previous software with really no support to speak of, all of the different pieces that WRS is now able to provide with one stop shopping, are less expensive than what I was paying for multiple providers, for electronic billing and credit card servicing. With WRS it's going to be less expensive and totally coordinated so it really makes sense to have everything in one system. That will also make it easier to track in terms of accounting and there will be less room for error,” said Dr. Wright.

Relax and Stay Awhile

Most patients are eager to get on to their next activity after seeing a physician, but that is not the case at Dr. Wright's office. “Patients generally ask if they can stay longer after their visit. They say it's just so comfortable and peaceful here and ask, ‘Can I just sit in the waiting room for a while?’ I have gentle music that I select coming through the speakers. It's not a radio station. Its CDs I've chosen that are instrumental, so there are no words that may be negative triggers. It's not too upbeat, because if they are talking about being sexually abused they don't want to hear an upbeat song in the background. I have magazines that are specific to women and that women would like to look at, such as Cooking Light, Victoria, Country Living, Scientific American, National Geographic and Down East. The magazines are friendly and current,” said Dr. Wright.

In Dr. Wright's waiting room patients also find easy chairs and vintage pieces from yard sales and flea markets. "When they come in to talk with me before their exam we sit in easy chairs face to face and talk for a while. The furniture is from yard sales, the vases and pictures on the walls and either art I've done or my partner has done or art that I bought is on the walls. I feel that's really important for people to be able to come in and gather their thoughts and be relaxed so they can actually think about what they wanted to tell me. We try to make sure they don't feel rushed. They don't feel like they have 15 minutes and their time is up," she said.

Emphasizing that she is frequently the first person they've told about a sexual abuse issue or an issue that is going on in their relationship, Dr. Wright said, "and they'll never be cut off in the middle of that because it is time for the next patient. I sometimes end up keeping people waiting, but when I apologize for it the response is usually, 'You were there when I needed to talk to you and I know that's what you're doing and I'm happy to let that happen.'"

The Right Move

So now that it's 12 years since she moved out of the group practice where she was a senior partner, it's obvious that Dr. Wright is happy about her decision to go solo. "I love being able to establish the environment that I want. I don't have to consult with other people about how are we going to arrange things, what music is going to be playing, how we are going to approach our patients, how we are going to document what we do. It's easier not having to have group consensus for something as personal and as specific as how you want to care for your patients and report how you are caring for them. I have a nurse and an office manager and there are no politics. When we come in we smile at each other and have another friendly day. I have a profession that I'm proud of."

And how does she feel about her decision to implement WRS? "I am absolutely happy that I switched to WRS," concluded Dr. Wright.