



# Rural Health Clinic KPO Case Study: Transitioning From Two Independent Software with Integrated EHR & PMS Solution

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## Client Introduction

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**Provider: Nagaratna Reddy, M.D.**

Clinic Spotlight: Reddy Family Medical Clinic, a Rural Health Clinic located in Louisiana operates clinics in Donaldsonville, White Castle, Pierre Part, Plaquemine and Napoleonville. Registered under Rural Health Clinic (RHC) program, intends to increase access to primary care services for Medicaid and Medicare patients in rural communities.

Clinic Services: The Reddy Family Medical Clinic offers compassionate care for all ages (Infants, Children, Adolescence and Adults). The clinic provides patients with quality medical care for common ailments such as Preventative family care, Routine physical examinations and Health screening tests. Immunizations including free immunizations for qualifying children. Office surgical procedures such as skin biopsies, excisions, wart removal, endometrial biopsy, and joint injections. Their medical staff includes a full-time physician and four full-time qualified physicians (NPs).

## The Challenges

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The practice has an average flow of 35-40 patients per day at different locations, making the staff and physicians struggle to keep themselves at mark and above water. The maintenance of two separate systems was not meeting the practice needs and threatened the optimum practice workflow.

The practice had a difficult time maintaining schedules of patients. Patients would show up at the practice for their appointments, however, would not be able to see them for one reason or another. HL7 interface did resolve the issue at certain level but did not give 100% guarantee of automatization.

Outdated system or timely updates at either end hampered practice profitability. It was more disappointing than spending time providing patient care and later realizing that you are not getting paid, since you did not update the patient demographics, you did not code properly, etc. "Every day there was something," and added to frustration.

### People Management vs. Patient Management

Staff management is not an easy task according to Dr. Reddy. She found that managing staff actually compounded the problems while managing two separate systems. It is where you finally land up managing people instead of your patients.

The focus that should have been towards patient care is diverted to train the staff, who hardly stayed for short period. Additionally, most of the billing task were done manually except for claims submission which was carried out electronically.

Monies collected upfront from patient through credit card required 2 step process, swipe the card on POS terminal device and later add the entry manually in the billing system, download the EOB's from various insurance websites and post them manually into the system leaving more chances of error. It is very hard to keep checks and balances on people.

Additionally, access to financial reports was cumbersome. You have to keep both the software's open simultaneously, which reduces performance of the system. Sometimes it also created clashes while operating both the application because of the nature of their own software pre-requisites.

## Building on hopes

Evidently it turned out that practice was simply running on hopes that staff is taking care. However, the truth was too far from realistic evidences.

## iPatientCare Solution Partner

Dr. Nagaratna Reddy was committed to switch on a complete integrated solution as struggling to keep with daily operations. She was completely happy with iPatientCare EHR software, just wanted to ensure that the iPatientCare billing system was adequate and able to satisfy all the requirements to efficiently bill RHC claims before adopting the solution.

Reddy Family Medical Clinic finally adopted the integrated solution in 2014 to address their single access EHR and Practice Management needs.

iPatientCare overall gave integrated EHR & PMS solution which was beneficial for physicians, visiting doctors, management professionals, etc. It made their practice streamlined and more focused towards patient care.



**“iPatientCare is robust and flexible, which has allowed the practice to take the advantage of platform and customize it to suit their needs.”**

## Outcome

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It was incredible to see the practice performance boosting up rapidly in less than two years. Employee efficiency boosted to over 90%, and the staffing costs got reduce largely.

Patient scheduling problem and maintaining status quo got eliminated which resulted in increased revenue generation at time-of-service. With a systematic approach practice has been able to intake more patients and recorded an impressive 500+ new patients annually. It has also shown impressive record of accomplishment by reducing the number of “No Shows” and “Cancellation” appointments by 25% annually.

Moreover, ICD10 transition nightmare as thought by Dr. Reddy went in such a smooth way that she did not had to memorize any of the ICD10 codes. We were far ahead in terms of technology transition and testing with various direct or indirect affiliated partners.

iPatientCare mapping tool just made the life easy by updating the relevant codes under patient chart and maintaining historical information. ICD10 tool provided the ability to filter out codes with definition of exclusion and inclusion of codes selected as part of automatization.

Real-time eligibility verification has turned out to be miracle for practice, as it provided the Health Benefit Coverage information of patient prior to appointments. The automated process has helped the practice a lot in cutting down the time spent behind calling the insurance and confirming the medical coverage.

iPatientCare has allowed the practice to complete billing and claims submission with just a few clicks, rather wasting time on when the interface would transfer the files. Billing professionals have the ability to access the visit summary without moving out of the billing module that is inter linked with the claims. Looking at the patient visit summary billers can capture the vital points and make the corrections on claim before doing the electronic submission.

Undoubted Business Intelligence of the system has shown 99.37% of claims passing through at the first level, which in turn reflects increase in overall revenue of the practice in timely manner.

## Transcendent

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It requires great understanding and effort to combine a practice management system with an EHR. No single company can offer excellence in each of this diverse and constantly evolving field. This is where iPatientCare takes pride in domain competency and rapidly adapting to the best technology tools available in the market. It has been a pioneer in bringing mobile healthcare solutions on a Palm Pilot and Pocket PC when there were no serious applications available for physicians.

Adopting an integrated solution eliminates the cost of replacing a host of legacy systems, while integration might turn out to be costly in terms of transition, but could streamline workflow to the extent that efficiency results in increased revenue. Integrated EHR & PMS solutions can give practices enhanced functionality without the upheaval under the guidance of subject experts.

## About iPatientCare

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*iPatientCare, Inc. is a privately held medical informatics company based at Woodbridge, New Jersey. The company's unified product suite includes Electronic Health/Medical Record and integrated Practice Management/Billing System, Patient Portal/PHR, Health Information Exchange (HIE), and Mobile Point-of-Care Solutions for both Ambulatory and Acute/Sub-acute market segments. iPatientCare has been recognized as a preferred MU partner by numerous Regional Extension Centers (REC), hospitals/health systems, and professional academies.*

*iPatientCare is also an approved MIPS 2017 Qualified Registry*

*iPatientCare EHR 2014 (2.0) has received 2014 Edition Ambulatory Complete EHR certification by ICSA Labs, an Office of the National Coordinator-Authorized Certification Body (ONC-ACB), in accordance with the applicable eligible professional certification criteria adopted by the Secretary of Health and Human Services (HHS).*

*Full certification details can be found at [ONC Certified Health IT Product List](#).*

*The ONC 2014 Edition criteria support both Stage 1 and 2 Meaningful Use measures required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA).*

*Visit <http://www.iPatientCare.com> for more information.*