



Information and Quality
HEALTHCARE



Vendor Basics

385B Highland Colony Parkway
Suite 504
Ridgeland, MS 39157
Tel: 601-957-1575
Fax: 601-956-1713
Wats: 1-800-844-0500

Questions	Response
Company Name and Web Site	
Contact Name and Phone Number	
Total FTE Employees and number of employees dedicated to client support	
Explain how your product handles disaster recovery/data protection required by HIPAA regulation 164.308 effective April 2005?"	
Explain how you handle data backup.	
Assuming a fire in the computer room and the entire server and hard drives are lost, explain how all of the data entered throughout the day can be recovered since the last back up. Basically, is there any risk of losing any data.	
If any of your products are hosted via a web/internet connection, please explain how you insure a 100% uptime given the potential problems with servers, data lines, and communications.	



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Questions	Response
Explain how physicians can access the application from their home, the hospital, and from an internet café overseas. What security and privacy concerns might there be with such access?	
Since hospitals and other internet capable sites do NOT allow software to be loaded on a local PC, explain how a physician would access data w/o loading any local software on a local desktop PC.	
Explain your wireless mobile capability.	
Explain security, audit trails and privacy capabilities.	

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Anderson, Mark R. AC Group's 2004 Annual Report: Computer Systems for the Physician's Office. AC Group, 2004



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Practice Management

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Practice Management	Comments/Responses
PM Product Name and Version	
Annual Revenues the last 2 years	
Total PM Clients and locations	
Total PM Clients and locations that match our size and specialty	
Recommended Operating System and Database	
Is there a Single database (all components share a single, unified database)? Explain.	
Integrated - do all components (PM, EMR, etc.) work together transparently, that is, the user does not have to do anything and does not see anything related to the internal workings?	
Is your PM otherwise interfaced with your EMR application? Explain how and what the user sees or has to do to make them work together, that is, "help" the information move from one component to another.	
Demonstrate how a new patient is entered into the system and how the data interacts with the EMR	



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Practice Management	Time	Click-O-Meter	Comments/Responses
Demonstrate scheduling a new patient and how the scheduler interfaces with the EMR application			
Demonstrate adding a new child with a different last name than the Guarantor. The child's insurance charges are covered under the step parent and the patient portion is covered by a different guarantor.			
Demonstrate how the front desk checks patient's insurance eligibility			
Demonstrate how the PM interfaces with document scanning capabilities for insurance cards and registration forms.			
Demonstrate how charges and "correct" coding are entered? Enter a minimum of 3 charges. Explain your rules engine.			
Explain the process for submitting electronic claims to various 3rd party payers.			
Demonstrate simple payment posting of 3rd party payments.			
Demonstrate payment posting where the 3rd party denied one of the charges and paid a lower amount for another charge. Explain your rules engine for denied claims and lower payment posting.			
Demonstrate posting of a patient payment.			
Demonstrate ease of secondary billing.			
Demonstrate overpayment of claim where a credit is due the patient.			

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Electronic Health Records

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EHR/EMR	Time	Click-O-Meter	Comments
EMR/EHR Product Name and Version			
Annual Revenues the last 2 years			
Total EMR/EHR Clients and locations			
Total EMR/EHR Clients and locations that match our size and specialty			
Recommended Operating System and Database			
Is there a Single database (all components share a single, unified database)? Explain.			
Integrated - do all components (PM, EMR, etc.) work together transparently, that is, the user does not have to do anything and does not see anything related to the internal workings?			
Is your EMR otherwise interfaced with your PM application? Explain how and what the user sees or has to do to make them work together, that is, "help" the information move from one component to another.			
Demonstrate how a new patient's registration information is transferred to the EMR/EHR.			
Demonstrate how insurance cards and registration information is scanned in and filed in a separate patient chart folder.			
Demonstrate how the front desk staff notifies the nurses that a patient is ready to be seen.			
Demonstrate how a nurse can enter vital signs and chief complaints into the EMR/EHR.			



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EHR/EMR	Time	Click-O-Meter	Comments
<p>Demonstrate how fast an entire visit could be entered by the physician. Include the creation of the note, ordering labs, prescribing 2 medications, recording the most appropriate E & M code, creating and printing a note, and then sending a letter to a referring physician. Speed counts here.</p>			
<p>Demonstrate various methods that the physician can use to interact with the patient's chart.</p>			
<p>Demonstrate the system's capability to maintain a patient's current problem list.</p>			
<p>Demonstrate multiple options for documentation of the clinical encounter. Include:</p> <ul style="list-style-type: none"> o Text typing or dictation o Retrieving prior visits (selected by provider, department, diagnosis, chronologically most recent) as the foundation for the new visit o Disease or symptom specific templates containing standardized text with "fill in the blanks," as well as "auto fill in the blanks" <p>Insertion of selected text blocks, anatomic diagrams, lists (problem, medication, allergies) results (lab flowcharts or graphs, x-ray, EKG tracings) into the encounter note formats above</p>			
<p>Demonstrate narrative creation capability using structured database entry with practice specific templates transformed into narrative text by automated addition of linking phrases and formatting. The result combines the best of a searchable database with clinical encounters that read like the physician dictated them.</p>			



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EHR/EMR	Time	Click-O-Meter	Comments
<p>Demonstrate Non-provider data entry. Note: Many template driven database entry systems rely on nurse or clinical practice assistant to enter chief complaint (CC), brief history of present illness (HPI), and review of systems (ROS) as a way to lessen the time burden on the clinical provider. These entries by another provider are then already entered into the provider's note before they even enter the room. One innovative system, that we expect other EMR vendors to adopt, is to offer full EMR function, allowing the patient to enter this (CC, HPI, ROS, etc.) information at a computer kiosk while in the waiting room.</p>			
<p>Demonstrate Viewing of progress notes and the clinical encounter as they are being built. Note: Some systems either offered split screen view or easily moved back and forth from template screens to clinical note. A few products kept you buried in multiple templates and pick lists with several steps involved to view the note this data entry was creating.</p>			
<p>Demonstrate your prescription writing capability including formulary compliance and drug-to-drug alerts.</p>			
<p>Demonstrate your capability of processing refills.</p>			
<p>Demonstrate speed of scanning of an old chart with 20 pages and file/index the pages into separate clinical folders as appropriate.</p>			
<p>Demonstrate the system's ability to view lab results from outside companies. Do you provide HL7 interfaces?</p>			
<p>If applicable, demonstrate the EMR/EHR capability of handling abnormal Lab results.</p>			
<p>Demonstrate your clinical rules engines.</p>			



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EHR/EMR	Time	Click-O-Meter	Comments
Explain sources of your clinical decision support and knowledge base systems.			
Demonstrate your E & M "correct" coding functionality. Explain how appropriate E & M codes are generated and how the product helps the physician code correctly.			
Demonstrate specific rules and alerts.			
Demonstrate lab and x-ray ordering capabilities including rules and auto-workflow			
Demonstrate workflow between physician and the nurse.			
Demonstrate how a physician would view records from their home and the hospital.			
Demonstrate the system's Preventive Health record capabilities.			
Demonstrate the system's capability of identifying patients that need to come back for an overdue procedure or test. Explain system's auto-workflow, for identifying and contacting the patient.			
Demonstrate the system's capability of recording "when" and "where" a prescribed medication is picked up by the patient. (23% of all medications are never picked up by the patient)			
Demonstrate how a patient would interact with their Personal Health Record (PHR).			
Demonstrate patient educational workflow.			
Explain source and updating capabilities for patient education materials			

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