

Implementation of Electronic Records in a Medical Practice Setting

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EXECUTIVE SUMMARY

Seneca Medical Center is a primary care practice that implemented an electronic medical record system in 2005. Since implementation, the practice has added different practice locations and its own lab. The implementation was smooth because the practice leadership had a positive message about the change and reasons for it. Physical space for housing charts of a growing practice, the drive toward quality, safety, efficiency, and future growth were factors that led to the transition to an electronic medical record system. Choosing a quality vendor, understanding the concerns and components involved, and excitement about change create an environment for a successful implementation.

ORGANIZATIONAL BACKGROUND

Seneca Medical Center, LLC, is a privately owned for-profit family practice with three locations in Northwest Pennsylvania. Seneca was founded in 1987 by the senior partner and medical director. The practice began as a startup physician's office with a few ancillary staff members. A partner joined the practice in 2000. Today, 25 years after its inception, the practice employs six physicians, four nurse practitioners, two physician assistants, and 44 other additional employees. Much

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of this growth occurred since 2000. At present, the number of active patients the practice cares for is over 20,000. The setting is fairly rural. The patient draw is from many counties in the western region of Pennsylvania.

Quality family medicine has continued to be the key focus since 1987; however, the practice has become diversified in the menu of services provided. Family medicine is the specialty at all three locations. Occupational medicine is offered at the main location. Physicians rotate through providing care at the local hospital and traveling to four nearby long-term care facilities. The physicians and nurse practitioners rotate through seven county prisons and two residential treatment facilities for at-risk youth. The physician assistants are based primarily in the hospital setting. The three groups, physicians, nurse practitioners, and physician assistants, are frequently referred to collectively as providers.

Today, the administrative team is made up of three individuals: the two partners and the practice administrator. The practice has grown to expect annual revenues of more than five million. In 2009, a second location was added. The practice opened its own Clinical Laboratory Improvement Amendments (CLIA) moderate complexity lab at the main location in 2011. The practice was able to perform some testing such as urine pregnancy tests, blood glucose monitoring, and coagulation testing for patients taking anti-coagulants prior to the opening of the lab. The CLIA moderate complexity lab now gives the practice the ability to perform a wide array of lab testing where the staff collects the specimens, analyzes, and reports the results in house. In 2012, a third office location was added. Growth and expansion is an easier process with the implementation of an electronic medical record. Not only can patients easily move between offices, but many test results can be uploaded into the patient's chart quickly and without creating paper.

Quality has been the driving force behind the growth and change that has occurred through the years. The vision of the practice has been one of providing high-quality health care and creating extraordinary experiences for patients, staff, the community, and payers. Staff members recognize that providing care to an individual is an honor. Patients and their families are treated with respect, dignity, and understanding no matter the circumstance. The practice has never turned a patient away based on the inability to pay or his or her particular insurance coverage. Therefore, the local emergency department and hospital view Seneca Medical Center as the go to practice in the area when patients need a health care provider.

The practice has continued to grow in patient numbers each year. The addition of a partner in 2000 created the problem, really a constructive challenge, of finding room to house patient charts in a way that was easily accessible for providing care. The current building was erected in 1997 and the space set aside for maintaining

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