



HITCM-PP
Health Information Technology Certified
for Physician Practice

**Save \$192.50
when you test
at conference**

**HIT for
Physician
Practice
Managers**
by PAHCOM

(<http://ads.addesktop.com/ads/ad17269t->

map.cgi/SZ=728X90A/VTS=7kZL9_hZOf/KW=KEYWORD/V=3.0R/BRC=5258/BCPG215785.349381.559477/)



mHealthSummit
DEC. 8-11, 2013 • Washington, DC Area
REGISTER NOW

Medical Practice Insider

BUSINESS & TECHNOLOGY INTELLIGENCE FOR PHYSICIAN PRACTICES

PAHCOM member interview with Sue Zumwalt, CMM, of Pediatric Associates of Stockton

February 29, 2012 | [Frank Irving](#) - Editor



Sue Zumwalt, CMM, practice administrator at Pediatric Associates of Stockton (Calif.), handles just about everything related to the operation of the four-physician, four-NP, 16-staffperson practice. Her responsibilities encompass accounts payable, accounts receivable, scheduling, human resources, purchasing (with the exception of immunizations) and, of course, information technology.

Zumwalt recently spoke to PhysBizTech about her success in running a tech-savvy practice. The transcript of that conversation follows.

PBT: Has the practice been in the same location

since you started there?

SZ: Basically. Eight years ago we built a new building, just across the parking lot. Prior to that, we had an office just across the parking lot.

PBT: I assume the new building became necessary to handle practice growth. When you built the new facility, did you incorporate upgrades to accommodate the technology you were using?

SZ: Absolutely. When we were in the process of building, I wanted to make sure I had enough wiring for future capabilities. So I ran between 275 and 300 cables from my computer room out into the building. Each cable can be split five ways, so that is over 1,000 cable connections. We planned ahead so that when the time came, we wouldn't have to worry about running cables...they would already be there. It's much easier to run cables with no walls than after the walls are up. Almost 9 years later, we still have all the cable connections we need, and we have additional room to grow if need be.

PBT: Can you share examples of how technology has helped you improve operations and patient care?

SZ: One way right off the bat that's easy to see: I used to have three providers and a staff of five; now I have 8 providers and a staff of 16. So the number of staff per provider has dropped. I attribute that mainly to the use of technology.

We are totally computerized from the time the patient looks us up on the Internet, to when they walk through the door, to when the claim gets paid. When the patient walks through

the door, we hand them a computer tablet and that's how they register on Phreesia. It's a fully electronic registration system, starting with a check of their eligibility. And when it comes time for them to pay their co-pay, they can swipe their credit or debit card right on the computer tablet.

When the patient goes into the exam room with the medical assistant, all of their information shows up on their computerized history. The medical assistant then enters information about today's visit...the reason for the visit, what medications they are taking, who's accompanying them, etc.

The doctor does his/her exam, and that information is entered into the computer. If the patient needs a prescription, the doctor can select a function to fax that information to the patient's pharmacy of record. Or, if the patient wants to pick up the prescription next door in the pharmacy that's located in our building, then the doctor can select the print function to send the information directly to the pharmacy, which is linked to our system. Printing is much faster than faxing.

In the latter scenario, the patient doesn't have to make another stop at the pharmacy; he or she can just walk down the hall and pick it up, and it's a done deal.

PBT: That's a nice convenience.

SZ: Right.

PBT: And what if the patient needs a lab test?

SZ: Most insurance coverage directs tests to one lab here in town, Healthcare Clinical Lab, and we have a link with them. By the time the patient walks down the hallway, the lab has that information as well.

Then it goes to billing, which is all done electronically. Because we're getting great information in the front door -- all the eligibility -- as of the end of last month, I have a 16-day AR. That's almost too quick.

The average AR cycle for a practice this size would be probably 30 to 45 days. We collect money coming in through the front door -- not only co-pays, but also any outstanding balances -- and that makes the office work so much more efficiently. It's all through technology. And it takes fewer people. For eight providers, I only have three billers and they do a wonderful job with the help of technology.

PBT: How else have you been able to improve operations?

SZ: Well, we're not killing trees. I've been able to save about \$500 a month in printing costs due to reduced paper usage. That's significant. And we've started asking all of our resources that we deal with -- labs, pharmacies, specialists -- to fax us information rather than sending it through snail mail. Information comes in through my fax server and is captured in a digital format, and then we just drop it directly into our EHR.

It makes a world of difference in organizing and making sure that the doctors get the information in a much more timely fashion than when it came in through snail mail. In those days, somebody had to open the mail and date-stamp it, put it where somebody could pull a chart. And then the chart had to go back to the doctor so he/she could review the item. There were days when doctors would literally sit down on the floor in the back office with buckets of charts to sign off.

PBT: What about elements that are specific to pediatric practice?

SZ: We're able to readily identify children who need immunizations. We're making sure they're getting those immunizations on time and getting their physicals so we can do their labwork. Preventive care is huge in pediatrics.

We're seeing more and more kids with high blood pressure and high cholesterol, so these well visits are more important than they've ever been. Because of the American lifestyle, we have to monitor kids much more closely than we used to. Even children who are not

overweight are coming back with high blood pressure and cholesterol because of their diet and lack of exercise.

So the electronic world is helping us track and identify those people. We're able to put them on a list so that they get auto-dialed..."This is Pediatric Associates of Stockton, and we noticed that Johnny hasn't been in for a physical since June 2010. It's time for him to come in. Please contact the office to schedule an appointment today."

PBT: Is your practice part of a patient-centered medical home or similar care model?

SZ: A medical home is nothing but new verbiage for a PCP, a primary care physician. In Northern California we have two very strong IPAs that will soon, I am sure, become ACOs. The first is Hill Physicians Medical Group. It encompasses eight counties in Northern California. They were formed to keep independent practices like ours up and running, and keep us competitive. Hill contracts with big players -- Blue Cross HMO, Healthnet HMO, Aetna HMO, Blue Shield HMO -- so they can negotiate much better rates on our behalf.

Hill is capitated with those plans, but they pay us fee-for-service. But what's more important, they have pay-for-performance programs. Those programs are huge in family practice, internal medicine and pediatrics because they really focus on well care...making sure babies get in here for their well visits and immunizations and things of that nature. They also help us identify patients who need those services.

We do a good job of making sure patients get lab tests done if they're diabetic. Or if it's a teenager on birth control, we get her tested for chlamydia. And we get pay-for-performance money for that. The IPA rewards us for providing good care and for being good physicians.

We have a second IPA here locally, the Health Plan of San Joaquin, that handles county employees and managed care Medi-Cal (Medicaid) for our county. They also handle Healthy Families, which is subsidized medical insurance for children whose parents don't qualify for Medi-Cal. They pay us capitation for the Medi-Cal and Healthy Family lives. We get free vaccines for immunizations from the Vaccines for Children's Program for the Medi-Cal lives and they pay us a carve-out for the administration of that. And on top of that, they have a pay-for-performance program that rewards us for making sure their subscribers are getting great medical care.

They also provide us with lists of people who need to come in for their vaccines.

If the Health Fund has not received a claim for a new patient within 90 days of their effective day with the Health Plan, they will let us know. They'll ask, Have you seen this person? They will provide an address so we can drop a postcard that says, It's time to get you scheduled. Or maybe it's a patient of ours who has lost insurance, and now has Medi-Cal, and we did just see them, but it was prior to their effective date and we can let Health Plan know so we are not repeating care. It saves the Health Plan, the state, and essentially the taxpayer money that way.

It's really making a huge impact on the quality of care.

PBT: When you are evaluating new technology, do you consult with the doctors or owners of the practice?

SZ: Usually I will find something through my network first, before I present it to them.

One way to get good information about products, software, and the like is through my membership in PAHCOM, the Professional Association of Health Care Office Management. The PAHCOM listserv is kind of like an online chat room. As a member of PAHCOM, you get access to that listserv at no charge. You can go online and ask a question, and within an hour or two, you'll probably have 20 answers or 20 ideas or suggestions. It's been huge when it comes to technology. There's a tremendous amount of information-sharing within PAHCOM and especially on the listserv.

With all the EHRs out there, you'll see conversations flowing on the listserv on a daily basis..."I'm looking at XYZ Company and they're coming tomorrow for a demo. What can you tell me about them? What do you like? What do you not like? "

It's a technological advancement that you can use as a manager to really gain an edge in today's market. We need to do everything we can to make our money go as far as we can. And having access to that type of information makes our job easier so we can make the right choices for our practices.

PBT: Any other areas where technology is making a difference?

SZ: We also have a patient portal called Relay Health, and it's provided to us at no cost through Hill Physicians. But any of our patients can go onto it. We have about 4,500 patients online. They can request appointments, prescription refills or their Schedule II drugs, and they can ask medical questions or get copies of anything in their medical chart. They have access 24/7. We monitor it 7 days a week.

If you are a parent with a sick kid on a Sunday at noon, the last thing you want to worry about is making sure you get up and call the doctor at 8:00 a.m. on Monday. The parent can go online, request an appointment, and know very quickly that the appointment has been scheduled for first thing Monday morning when the office opens. It's a great relief for any parent with a sick child.

Again, it's due to technology. And it works particularly well in pediatrics because the parents are typically young. It really makes a difference.

PBT: It sounds like you are committed to the use of technology.

I have a real passion for offices taking the technology step. It can do so much on all levels.

PBT: Thank you for sharing your story, Sue.

This interview was arranged through PAHCOM. Click [here \(http://www.pahcom.com/\)](http://www.pahcom.com/) for more information about PAHCOM membership.



Frank Irving
Editor of [Medical Practice Insider](#)
@Frank_M_Irving

Comments ★ 0
[http://www.twitter.c](#)



Best ▾ Community Share  

No one has commented yet.

 [Subscribe](#)  [Add Disqus to your site](#)

DISQUS



HITCM-PP
Health Information Technology Certified
for Physician Practice

Save \$192.50 when you test at conference

HIT for Physician Practice Managers
by PAHCOM

[\(http://ads.addesktop.com/ads/ad17269t-map.cgi/SZ=728X90A/VTS=7kZL9.hZOf/KW=KEYWORD/V=3.0R/BRC=5258/BCPG215785.349381.559477/\)](http://ads.addesktop.com/ads/ad17269t-map.cgi/SZ=728X90A/VTS=7kZL9.hZOf/KW=KEYWORD/V=3.0R/BRC=5258/BCPG215785.349381.559477/)



HealthSummit
DEC. 8-11, 2013 • Washington, DC Area
[REGISTER NOW](#)

[\(http://ads.addesktop.com/ads/ad17269t-map.cgi/SZ=242X90B/VTS=7kZLA.TF2g/KW=KEYWORD/V=3.0R/BRC=75402/BCPG220718.358148.564660/\)](http://ads.addesktop.com/ads/ad17269t-map.cgi/SZ=242X90B/VTS=7kZLA.TF2g/KW=KEYWORD/V=3.0R/BRC=75402/BCPG220718.358148.564660/)

© 2013 MedTech Media *Medical Practice Insider* is a publication of MedTech Media, a division of HIMSS Media.

[Newsletter Subscription \(http://eforms.kmpsgroup.com/jointforms/Forms/Subscription.aspx?pubcode=PBIZ&step=form\)](http://eforms.kmpsgroup.com/jointforms/Forms/Subscription.aspx?pubcode=PBIZ&step=form) [Advertise](#) [About Us](#) [Privacy Policy](#)