



CARDIOLOGY GROUP MAKES TRANSITION FROM GENERIC TO SPECIALTY-BASED EMR

Practice discovers EMR that thinks like a cardiologist, improving quality of care and productivity

PRACTICE

**South Florida
Cardiology Associates**

Specialty
Cardiology

Product
gCardio™

Location
Pembroke Pines, FL

Employees

- 18 Physicians & Internists
- 160 Employees

RESULTS

- Return on investment in 12-18 months
- Increased revenue
- Eliminated transcription costs, nearly \$10,000-12,000/physician per year (\$60,000/year for those who dictate)
- Improved E&M revenues
- Increased overall staff productivity and interoffice message communication
- Eliminated paper charts and improved quality and legibility

gMed™ was founded in 1997 to replace the paper chart with a better electronic alternative, one specialty at a time. gCardio™ is a complete system designed to fully automate clinical documentation and procedure reporting needs.

South Florida Cardiology Associates (SFC), comprised of 18 cardiologists and internists, utilizes industry leading equipment, procedures and testing – relying on it's staff to truly make the difference. After using a generic EMR for 10 years, it was clear the lack of integration and inability to become completely paperless was limiting the physicians from providing 100 percent patient care.

Initially, the system performed as expected, but eventually costs increased and reimbursement decreased because the solution did not allow for proper documentation, necessitating a change. Notes were being documented, but cardiology-specific tests and procedures were still conducted using paper forms – limiting the ability to increase efficiency and limit costs. Equally as important, patients were costing the practice \$4 for each chart pull. To combat the rising costs and decreased savings, SFC developed a team of six to explore the benefits of specialty-based EMRs.

A comprehensive review was done over a six to eight month period to understand the benefits of a specialty-based EMR over generic solutions. The search examined all EMR providers with cardiology-specific solutions. After conducting numerous trials and demonstrations, SFC realized that many of the alternatives were expensive for the solutions provided and did not fully integrate into the practice. The search led to gMed, a specialty-based provider of cardiology EMR solutions.

“Right from the get go, we knew gMed understood how important it is to have a completely integrated solution,” said Dr. Perry Krichmar, M.D. of South Florida Cardiology Associates. “Many specialty-based solutions are efficient at scheduling or billing, but none incorporate a complete package. gMed worked with me to further develop software that is user-friendly for cardiologists, incorporates procedures, scheduling and billing, and most importantly, hones into what is important for patients.”

gMed worked with SFC to develop a solution that matched their practice. Unlike their previous EMR, gCardio allowed them to go completely paperless for the first time – all procedures such as echocardiograms, CT and nuclear stress tests could be filed electronically. There were no snags with implementation. gMed outlined a training strategy with SFC, and the practice was running efficiently within 2-3 days – even ahead of gMed's expectations.

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Continued from page 1

"The changes in the scanning process allowed for review and filing of reports with a single button," Krichmar said. "Working with nurses to do so usually took 1-2 hours, which is now cut to 10 minutes."

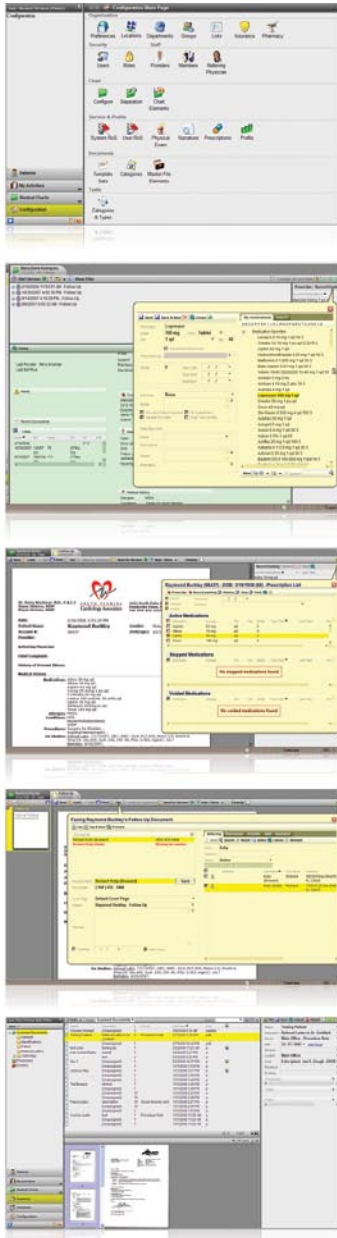
Another time and money saver for practices is the HIPAA-compliant patient portal that allows for online scheduling, automated billing, appointment verification, prescription information and test results without the need for staff support.

"For the first time, we are completely paperless," Krichmar said. "Utilizing a completely integrated system allows us to spend more quality time with each patient, see more patients each day and document more thoroughly; saving time and money over similar practices."

Before implementing gCardio, SFC worked between paper and electronic charts, which never allowed the practice to increase revenue, lower costs or maximize staff productivity. The solution has been implemented at two of the practices, with plans to integrate across all 15.

"After working with the system over the past six months, this was a no-brainer," Krichmar said. "From our evaluations, the system should pay for itself in twelve to eighteen months, if not less. Unlike the previous generic EMR, this is a long-term solution to continually improve practice management and patient care."

gCardio allows SFC to continually deliver on their promise of letting the practice's industry leading physicians make the difference – with the help of an EMR to keep the focus on patient care.



Dr. Perry Krichmar, M.D., F.A.C.C.
Diane Sklarov, ARNP
Bryan Hennes, ARNP

South Florida Cardiology Associates
1601 North Palm Avenue, Suite 109
Pembroke Pines, FL 33026
Tel: 954-432-1511 Fax: 954-432-5195

Date: 2/13/2008 11:24:27 AM
Patient Name: Randall Timothy
Account #: 0000119777
Provider: Perry Krichmar, MD
Referring Physician: RichardKoby (Broward), MD
18219 Pines Blvd Pembroke Pines
(305) 821-6600 (phone)
(954) 435-5444 (fax)

Chief Complaint: Shortness of Breath

History of Present Illness: The patient states having experienced chest pain and shortness of breath. The patient denies any palpitations, syncope or pre-syncope, swelling of the feet or ankles, claudication, orthopnea or paroxysmal nocturnal dyspnea.

Medical History:

Medications: Benicar/HCT 40/25mg 1 tab po qd
Vitamin 10/20mg 1 po od

Allergies: NCCA

Conditions: Hyperlipidemia
Hypertension

Procedures: Denies any significant part surgical history.

Dx Studies: 24 Hr Blood Pressure Monitor, 10/31/2005, Average 106/61
Echocardiogram, 10/11/2007
EKG, 10/9/2007
Misc Lab, 10/16/2007, HGBA1C 2hr GTT FBS 105 1 hr 143, 2hr 114

Present Illness

chest pain
chest pain and SOB
palpitation
syncope
presyncope
shortness of breath
pedal edema
claudication
orthopnea
paroxysmal nocturnal dyspnea
blood pressure check w/ Mad General
New Present Illness
New 2

History

HPI

10/18/2007 2:50:01 PM
The patient denies any chest pain or pressure, palpitations, syncope, or pre-syncope, shortness of breath, swelling of the feet or ankles, claudication, orthopnea or paroxysmal nocturnal dyspnea.

Assessment

- Hypertension
- No evidence of ischemia
- Hyperlipidemia

