Q&A

with Lung and Sleep Specialists & Medical Specialists of Madison County

It's no secret that, when it comes to HME orders, one of the biggest pain points is documentation.

This is due to complex and changing order requirements that vary by equipment type and insurance payer. Today, we're going to take a look at how paperwork impacts physicians and those in healthcare settings and ways some are embracing e-prescription technology to address those challenges.

Courtney Thomas, *Brightree*: I'm here with Pete Bright, from Medical Specialists of Madison County, and Brandy Gibson from Lung and Sleep Specialists, to share what types of solutions they've implemented into their practices.

First and foremost, thank you both for being here. I'd like to start by asking that you introduce yourself and tell us a little bit about your business and your role. Brandy, why don't we kick things off with you. Can you tell us a little bit about your experience in handling HME orders?

Brandy Gibson, *Lung and Sleep Specialists*: Sure, I'm Brady Gibson, and I've worked with Dr. Draugh in our Lung and Sleep Specialists' office for about ten years. We love using GoScripts because there's a paper trail, so to speak, for our DME orders. We see both sleep apnea patients and pulmonary patients, so we use GoScripts for nearly every patient that comes in. It's just a cleaner, more time-efficient way of processing our orders, CMNs, and communications. We really jumped on board when it was offered to us. No regrets.

Pete Bright, *Medical Specialists of Madison County*: And I'm Pete Bright. I work for Medical Specialists of Madison County. I've been the Clinical Coordinator here for about 15 years and we got into GoScripts, then Jaysec, about 13 years ago.

Courtney: So wow, a lot of experience between the both of you guys. Can you guys tell me a little bit about why you decided to look for an e-prescribe solution? Were there any specific challenges that triggered that need to seek a solution like GoScripts?

Pete: When I came into this, we were managing our oxygen paperwork, going back from when the office opened in 1983, on paper. We were about six months behind, which you could get away with 15 years ago. So, when I took over managing that from the RN who was leaving the practice, I set about right away to find some way to do it more efficiently and more accurately.

Courtney: Brandy, what about for you? Were there any specific challenges you guys were having with paperwork?

Brandy: We also used Jaysec back 13, 14 years ago. Back then, we didn't have many local DMEs on board with it - only a couple. And so, we were finding that it was just very time consuming, trying to figure out who needs to go into Jaysec versus not. So, it was not successful in our first practice because of that. But when we changed locations, we knew that it had changed to GoScripts – and the majority of the DMEs around here are on board with it. If they're not, we highly encourage them to be so that we can continue to do business with them. And as Pete said, it just makes it so much more efficient. It's a little bit time consuming, getting information in there for the first time, but after that, it's a no brainer. It's super easy to navigate.

Courtney: It sounds like you both were early adopters of e-prescribe and continue to use it today to address some of those challenges around fax and paper-based processes. You mentioned that it didn't really work the first time around; what was different with GoScripts? How did you implement the change and get your DME partners to buy into e-prescribe with you?

Brandy: Our doctor who handles the largest DMEs that we have told them that they would have to use it and get on board with it, or we would be sending our orders to someone else. And that's so that we have the accountability. In our area, the popular saying is, "We didn't get the order." In GoScripts, there's the accountability and the means to send messages back and forth, so that you can stay on top of what the patient needs. And if a patient says, "Well, they said they didn't get the order." We can very easily see that they did.

So, it was successful the second time around because we made it a goal for every patient to go into GoScripts so that we could timely get orders out and receive CMNs. And we actually are caught up to the day. Every day that I'm in here, we sign CMNs; we process paperwork. It's our goal to be caught up daily.

Courtney: That's wonderful. Pete, how did it go for your practice? Was it just an overnight thing? Or did you have any pushback from your providers or other office staff when you went about implementing the e-prescribe solution?

Pete: We didn't have a lot of pushback at all, because again, at the time there weren't very many providers available: two national companies and one local company. One of the national companies was already on board, and the other one pretty quickly agreed to be on board because they wanted the referrals. We're four pulmonologists in a not-very-large town. So basically, the oxygen referrals came from here.

And we were lucky that the hospital-owned, independent DME was also willing to get on board fairly quickly. As new vendors came by, that was just the part of the deal: if we're going to use somebody regularly, they need to be on board with the system.

Courtney: Thank you both. That's very interesting and valuable feedback there. One of the things that I hear a lot, both in the field or talking to fellow physician practices and health systems, is the fear of change around adopting a new process. Can you guys tell us a little bit about that experience for yourself? Was it difficult to make the switch to e-prescribe?

Brandy: I'll start. We are a paperless office here, so we hardly print anything. If a DME is not set up with GoScripts, they have to mail in their orders and CMNs to us or hand-deliver them. So that's an incentive to push them, if they're going to have more patients with us, to get on board with GoScripts. And it's a win-win for both of us. You're getting your signature for your CMN much faster; you can upload office notes and hospital notes faster. So it's a win, win. They're getting their money quicker and their CMNs signed, and we're getting them off our back for the information, and taking care of the patient faster.

Courtney: Did you find that GoScripts was a difficult system to learn or a program to get started with?

Brandy: No, not at all.

Courtney: Wonderful. Pete, what was your experience in that regard?

Pete: So we're also EMR-only now, except for one of our providers, who's still transitioning. But we were an all-paper practice when we started. That was another advantage of the GoScripts system. If somebody called in and they said, "Do you know what somebody's CPAP settings are? Do you know whether or not they're on continuous oxygen or nocturnal?" Rather than running around and looking for a paper chart, I could look in and GoScripts and see. And even with that, it was a relatively painless transition. As we switched to an EMR-based system, it's a lot easier still: being able to copy and paste office notes to supporting documentation and then do things electronically.

Courtney: Right. You get that visibility to your orders and patients, unlike paper. Are there any specific benefits you've seen with adopting ePrescribe? Has it impacted your office and providers in any certain way where you've seen a noticeable difference since making the transition from paper to electronic documents and orders?

Pete: It really does three things for us. One, as Brandy mentioned, it speeds turnaround time. We're caught up, too. I don't go home unless the oxygen and C-PAP paperwork's caught up and that just isn't possible if you need signatures on things from doctors who might or might not be in the building. It improves turnaround time for the vendors also, and that improves our relationships with them. And it improves accuracy because I'm absolutely not going to perfectly transcribe numbers, copying them from one piece of paper to another, if I have to do that dozens of times a week.

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