



Whitepaper

Getting Lean with Your Practice: Five Tips for Improving Provider Productivity with an EHR

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Executive Summary

One of the major reasons that health care providers resist implementing an electronic health record (EHR) system is the belief that using it will slow them down, reducing the number of patients they can see and therefore reducing practice revenue. In fact, an EHR that is designed around an efficient workflow can enable providers to work faster and more efficiently. “Lean” methodologies, originally introduced by Toyota, have recently been used by health care providers such as Massachusetts General Hospital, ThedaCare, and Beth Israel Hospital (Boston) to streamline patient workflow. By understanding and measuring the workflow, health care providers can determine best practices, which will ultimately enable them to achieve the level of efficiency they desire.

In 2009, athenahealth undertook a lean mapping study of 25 providers at twelve diverse practices. This whitepaper leverages that study and best practices to provide the following five tips for establishing a clinical workflow that takes full advantage of the EHR and boosts productivity:

1. Start on time.
2. Work with cross-trained staff that can handle intake and documentation.
3. Document encounters as much as possible during and immediately after visits, but don’t document more than necessary or spend too much clinical time on complex documentation.
4. Close all patient encounters by the end of the day—this should involve just wrapping up documentation for more complex encounters.
5. Route documents appropriately and delegate responsibility for document handling effectively.

Having an EHR and vendor that can give you ongoing visibility and insight into efficiency and productivity is essential to improving performance. Your EHR system and vendor should be able to provide you with answers to the following questions:

1. Are your providers closing all patient encounters every day?
2. Are your providers maximizing staff use during intake?
3. How much time do your providers spend documenting each patient encounter?
4. How much time do your providers spend on documentation while a patient is in the office and how much after the patient has left?
5. Is your practice routing documents appropriately and delegating responsibility for document handling effectively?
6. How does your practice stack up against comparable practices across the country?

The answers to these questions will provide the basis for understanding your workflow and improving it.

Electronic Health Records: Friend or Foe?

The EHR has been touted as the key to the future of medicine—the basis for patient-centered care, improved outcomes, greater efficiency, and reduced costs. This is why EHR adoption and “meaningful use” are at the heart of the HITECH Act. However, in a recent survey of providers who have yet to adopt an EHR, more than 40% chose “Workflow Readjustment” as their primary concern about adoption while 30% chose “Downtime/Loss of Revenue.”¹ And most practices do report a 10–15% reduction in productivity over the first year after implementation.²

But it doesn’t have to be that way. After a brief initial drop in productivity over the first month, caused by adapting to a new system, practices should be able to restore and even increase productivity with an EHR. There are well-established workflow improvement techniques being used in conjunction with EHRs by a variety of practices to ensure this positive outcome. Look for an EHR vendor that has embraced workflow best practices and will work with you to analyze and adjust your workflow in ways that make sense for your practice and your patients.

A study of EHR adoption at Weill Cornell Physician Organization in New York, a large, multispecialty practice, concluded that success depended on matching the practice workflow to the EHR.³ “Those groups that don’t invest in trying to do some of that analysis up front before they install the system really have a lot of trouble, and they are doomed to some degree to failure or loss in productivity,” says Dr. Adam Cheriff, chief medical information officer at Weill Cornell.⁴ To ensure that productivity continues to increase, this *upfront* workflow analysis must be followed up with *ongoing* workflow analysis. And in order for this to happen, your EHR must have the ability to extract workflow data and compare that data month to month.

“Lean” methodologies and workflow improvement

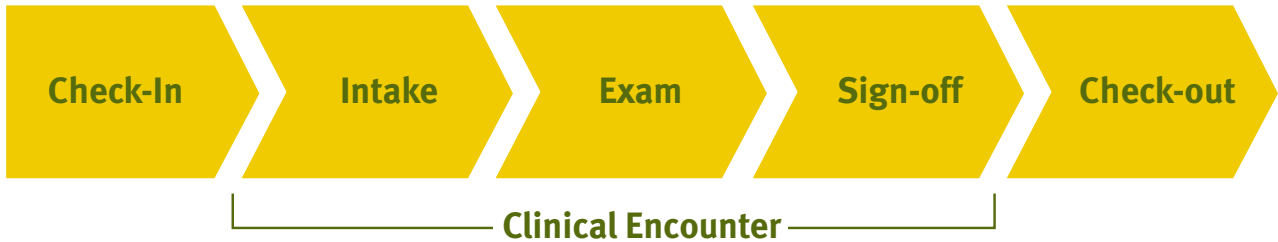
In order to improve workflow in conjunction with an EHR, “lean” methodologies (originally introduced by Toyota) have recently been employed by health care by providers such as Massachusetts General Hospital, Beth Israel Hospital in Boston, and ThedaCare. The basic idea behind lean methodologies is to understand the steps in a process and remove or re-engineer wasted steps while preserving and optimizing steps that add real value. Combined with general best practices for the clinical workflow, these methodologies can enable practices to see more patients and complete documentation by close of business, thereby increasing practice revenue.

So, what exactly slows down providers working with an EHR? Bear in mind that a patient visit is not a one-on-one encounter between the provider and patient. From arrival to check-out, a patient interacts not only with the provider but also with administrators, medical assistants, nurses, and technologists. In addition, various activities during these visits must be documented in the EHR. It’s a delicately coordinated series of hand-offs of information and people that can go poorly without the right tools and strategies to make it run smoothly. In 2009, athenahealth decided to find out where the slowdowns occur during this process.

Using lean methodologies, athenahealth researchers studied the workflows of 25 providers, their staffs, and 300+ patients at twelve diverse client practices across the country: two pediatric, two orthopedic, one OB/GYN, and seven primary care. The goal was to understand how patients flow through a provider’s office and gain better insight into what drives productivity and efficiency. The study was based on athenahealth’s proprietary five-stage division of the patient visit, delineated in Figure 1. These five stages represent where patients are in their visits. How efficiently patients are moved through these stages, and how fast the provider and staff document the visits, determines the level of efficiency. And these processes are codependent.

Improving the efficiency of your documentation provides the time to see more patients. Seeing more patients can be an impetus to document more efficiently.

Figure 1. The 5-Step Patient Visit



Using this unique five-stage model, athenahealth developed a “Value Stream Map,” an observation tool that provided consistency in data capture. Researchers gathered data over a six-month period, observing, timing, and recording patient, staff, and provider activity. They measured:

- Patient process times and wait times
- Triggers for patient flow
- Who handled each phase (noting if the right resources were available to complete tasks)
- First-time quality (Did the right thing happen the first time or was rework required?)

In addition to observing and timing activity directly, athenahealth researchers also had access to data from athenahealth’s cloud-based platform, athenaNet®. This platform gives athenahealth the unique ability to measure and monitor performance across its nationwide network of 27,000 providers. Researchers were able to enrich the data collected in the field with each practice’s weblog data and benchmark data from the entire network, pulled directly from athenaNet.

After analyzing significant amounts of data, athenahealth discovered distinct patterns of provider behavior that clearly separated highly efficient providers from less efficient ones.⁵ Figure 2 lists some the significant characteristics of high and low performing providers.

Figure 2. Characteristics of High- and Low-Efficiency Providers⁶

High Efficiency Providers	Low Efficiency Providers
▶ Keep busy and focused	▶ May appear fully utilized but not working to full capacity
▶ Solution oriented and disciplined with their work processes	▶ Likely to complain about being overworked
▶ See 4–5 patients per hour and spend ~5–10 minutes with patient	▶ See 2–3 patients per hour and spend ~10–15 minutes with patient
▶ Work with cross-trained, flexible support staff	▶ Staffed with only one person
▶ Patients may experience longer wait times	▶ Patients may experience shorter wait times
▶ Finish each day’s work in the office	▶ Bring work home at nights and on weekends

The athenahealth study yielded five practice work styles, whose names embody their level of efficiency: (1) Patient Processing Machine; (2) Truly Lean; (3) Steady but Opportunistic (4) Crazy Busy; and (5) Falling Behind and Frustrated. Those work styles, and the statistics that define them, are delineated in Figure 3. Since closing encounters on the same day was found to be best indicator of overall efficiency, one might think that physicians who documented their patient encounters 100% in real-time (the “Patient Processing Machines”) would turn out to be the most efficient. But, as the statistics in Figure 3 demonstrate, the research showed that this not the most productive model, that there is another profile (the “Lean Machine”) that is more efficient. This is because physicians with this profile did not allow documenting time to interfere with an efficient flow of patients (see Tip #3 below). We believe that the athenahealth study is the first to identify this physician work profile.

Figure 3. Statistics on 5 Practice Work Styles⁷

Physician Work Style	Avg. MD Face Time (stdv)	Avg. Patient Wait Time (stdv)	Avg. Visit Duration (stdv)	Avg. Patient Throughput (stdv)
Patient Processing Machine (n=5 MDs, 89 encounters)	6.6 (4.7)	53.7 (23.8)	72.6 (25.9)	5.0 (0.6)
Truly Lean (n=4 MDs, 49 encounters)	7.2 (3.9)	15.5 (8.0)	32.2 (12.1)	4.1 (0.7)
Steady but Opportunistic (n=8 MDs, 75 encounters)	12.7 (5.7)	21.2 (15.4)	46.7 (17.4)	2.7 (0.6)
Crazy Busy (n=3 MDs, 63 encounters)	7.0 (4.1)	39.1 (18.6)	61.5 (22.6)	6.3 (0.3)
Falling Behind and Frustrated (n=5 MDs, 42 encounters)	14.1 (7.0)	30.2 (18.5)	59.5 (23.5)	2.4 (0.4)

athenahealth found that these work styles remained relatively consistent over the six months of observation. It also found that there are significant financial implications when using these styles. For example, Figure 4 provides a comparison of two them, “Truly Lean” and “Falling Behind and Frustrated.”

Figure 4. Financial Implications of Different Work Styles⁸



Based on a CY 2009 Conversion Factor of \$36.0666 per RVU (Relative Value Unit)

Is it possible for your practice to achieve a Truly Lean patient visit process? athenahealth believes it is. Drawing on this study, and on a significant amount of experience advising its client practices on workflow, athenahealth offers the following five tips for establishing a clinical workflow that takes full advantage of your EHR and boosts productivity:

1. Start on time.
2. Work with cross-trained staff that can handle intake and documentation.

3. Document encounters as much as possible during and immediately after visits, but don't document more than necessary or spend too much time clinical time on complex documentation.
4. Close all patient encounters by the end of the day—this should involve just wrapping up documentation for more complex encounters.
5. Route documents appropriately and delegate responsibility for document handling effectively.

Tip #1: Start on time.

Consider the idea that, if a provider can cut just 30 seconds from each patient encounter, it enables that provider to see an additional patient every day! The second column in Figure 3 shows the implications of this kind of time management for patient wait time, as the statistics in Figure 4 show the revenue implications of greater efficiency. Naturally, some patients require more time, but they can be balanced with those who require less time, and athenahealth statistics bear out the fact that this average is achievable in a well-run office. But all of this is for naught if a provider starts late. In fact, not only should providers start on time, but they should have two patients “front-loaded” to get the day off to a running start. You should also give patients an arrival time ten minutes before the first appointment, so they're ready to go when the provider is.

Network-based software and services boost productivity

Wright State Family Practice* is a 23-office, 150-physician, multi-specialty practice affiliated with Wright State University Boonshoft School of Medicine. It has been doing a department-by-department implementation of athenaClinicals® network-based software and services since 2008. “The staff loves it because they don't have to chase down charts; they can be more productive, getting more done in less time,” says Jocelyn Piccone, chief operating officer. “This frees up staff to help physicians with documentation, which gives physicians more time to focus on patients—and their joint effort also means that more encounters are closed on the same day (70% and continuing to improve) and billed more quickly. “The system reports also enable our CEO to easily see which doctors in each office are closing the same day and which aren't,” says Piccone. “This enables management to work with doctors to improve their same-day closure rates.” Many physicians fear that an EHR will slow them down, but Wright State boosted the productivity of the departments that were using the system by 8% over the first six months!**

Two additional advantages of Wright State's networked software and services are accessibility and documentation handling. “Having access to the system outside the office has really added a lot of flexibility to my workday and a lot of flexibility to life as a whole,” says David Little, MD. “And at the beginning of each day I turn on the computer and I'm able to see anything that has happened during the night, whether it be lab results that have come in or x-ray reports that have come in. I'll have that at my fingertips first thing in the morning.”

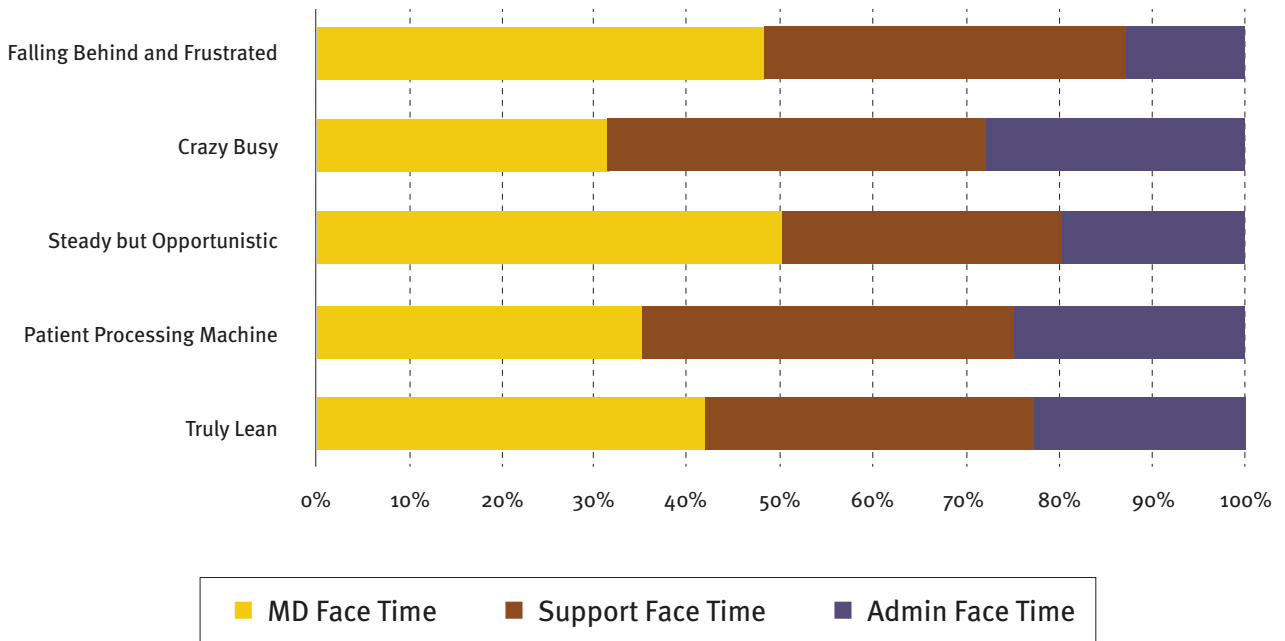
The result of all this is a practice that is more productive and more profitable. “athenahealth has made it a lot easier to run our practice,” says Piccone.

*Wright State Family Practice participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.

**Doctors on athenaClinicals®, see a 3.4% average increase in patient visits. This average is based on a comparison of the average change in patient visits for clients without athenaClinicals with that for clients that had their six-month anniversary on athenaClinicals during the year ended November 30, 2009.

The athenahealth study also found that Truly Lean providers didn't necessarily provide all the face time with patients. Figure 5 shows, for each work style, how much face time providers, support staff, and administrative staff spent with patients.

Figure 5. Distribution of Face-Time with Patients



Of course, if a provider starts the day late, any advantage that would have been gained by cutting 30 seconds off each patient visit, taking advantage of support staff, or doing anything else to make patient encounters more efficient, is lost. In fact, the ideal set up is to have two patients stacked in the first slot at the outset of the day, in order to build momentum immediately for a provider.

Tip #2: Work with cross-trained staff that can handle intake and documentation.

athenahealth researchers found that providers who had stronger, more flexible relationships with their support staff experienced smoother patient flow, less chaos, and fewer frustrations. (Staff are any EHR users who are not MDs, DOs, NPs, or PAs. Residents would be considered providers, even if they are documenting intake for the rendering provider.) Providers' workflow preferences need to be communicated upfront and clarified often. This is especially important when you have—and you should have—cross-trained staff capable of filling in for different providers at different times on a variety of tasks. Providers need to be flexible, too—meaning willing to work with whichever staff member is available at any given time, rather than always relying on a certain one. It is also important to have more than one staff support person available right from start of the day, in order to help providers stay on time—especially when the schedule is full. In the athenahealth study, Truly Lean providers made use of two staff resources starting in the first hour and throughout the day.

One important task that staff can assume is inputting some patient documentation. According to the statistics athenahealth has collected from its nationwide network of practices, providers currently perform 70% of the

documentation within practices. Handing off some of this responsibility would enable providers to spend more time with patients and still have documentation completed by close of business.

A simpler, more efficient workflow that aligns the right tasks with the right stages (such as athenahealth's five-stage process shown in Figure 1) helps ensure more efficient handoffs of tasks among administrative staff, clinical support staff, and providers. And constant visibility into patient status, location, and stage of visit—which ought to be available via your EHR—can also make it easier to stay ahead of the game and hand off tasks more efficiently.

Finally, it is most effective to have an explicit sign-off stage that can be completed by provider to ensure 100% online order capture and to support P4P data collection and reporting—both important contributors to practice revenue generation.

Tip #3: Document encounters as much as possible during and immediately after visits, but don't document more than necessary or spend too much time clinical time on documentation.

Completing patient documentation is an important component of running a successful practice. As Figure 6 shows, the athenahealth study revealed that the same-day encounter close rate is the single most revealing metric about the success of patient workflow processes.

Figure 6. Patient Wait Time Implications of Different Work Styles¹⁰

Physician Work Style	Complete before Patient Departure	Complete by Day End	Q308 Avg.*	Patient Wait Time
Patient Processing Machine	94%	100%	91%	47.3 (20.5)
	71%*	100%	99%	70.8 (28.1)
	81%	100%	99%	47.4 (18)
	86%*	100%	99%	54.2 (15.8)
Truly Lean	67%	100%	99%	11.7 (5.8)
	69%	100%	97%	14.5 (6.9)
	70%	100%	99%	17.5 (9.1)
	73%	100%	99%	17.3 (9.0)
Falling Behind and Frustrated	38%	75%	15%	23.9 (8.8)
	0%	0%	27%	32.5 (14.9)
	0%	0%	31%	22.1 (20.3)
	45%	45%	58%	30.8 (17.0)
	30%	30%	36%	41.1 (20.9)

There are important benefits to completing documentation by close of business, but some providers are overly zealous about completing it in real-time—something that an EHR makes much easier to do. However, as Figure 6 shows, complex documentation may take more time to complete than is good for your patient flow. Notice that the patients of Patient Processing Machine providers have wait times at least four times longer than the patients of Truly Lean providers! Truly Lean providers will put off finishing documentation in real-time when necessary, and hand off more of the documentation to staff, in order to reduce patient wait times.

Knowing which data fields you need fill in your EHR will also increase efficiency. Just because there are a lot of fields, you don't need to fill in every one of them. Don't get bogged down by information overload. You should also look for an EHR that automatically provides P4P or quality rules, so that, as you document patient encounters, you know you're capturing the data that will ensure that additional revenue.

Finally, when you do get behind with patients, it may be more efficient to temporarily switch to paper documentation during the exam (though staff should still document intake and orders electronically).

Tip #4: Close all patient encounters by the end of the day—this should involve just wrapping up documentation for more complex encounters.

As we just discussed, providers shouldn't try to complete complex documentation that consumes a lot of time while trying to see patients. They should, however, try to close all encounters by the end of the business day. This requires completing as much documentation as they can during the day without holding up the flow of patients, leaving themselves just the wrap-up of complex documentation at day's end. Not only does closing encounters clear the decks for patients coming the following day, but it also moves the encounter into the administrative phase, where it can be billed. The sooner encounters are closed, the sooner billing can be done, and the sooner the practice will get paid. It's that simple. And, as mentioned previously, the providers' ability to close encounters on the same day is the leading indicator of the overall efficiency of a practice's patient workflow.

Productivity feedback and tools make a solo practice hum

Lizabeth Riley, MD,* left a large medical center in Houston, Texas, to found a private family medicine practice—a practice that now includes a physician's assistant and four staff members and handles 500 patient visits per month. As the sole physician as well as the manager of the practice, Dr. Riley needs a system that helps her be as efficient a clinician as possible. athenahealth's network-based system does that for her.

"When I started using athenaClinicals," she says, "the data the system provided immediately opened my eyes to the fact that I was only giving my staff 1% of charting duties! Once I saw that, I knew things had to change. My staff now does 40%–60% of my charting for me."

Dr. Riley also appreciates being able to use modifiable templates for some of her notes. "For standard illnesses, such as upper respiratory conditions, a lot of what I write is repetitious. With more complicated conditions, I dictate my notes using software that converts it to text."

Being able to document in the examination room allows her to spend more time with each patient. "If you position your computer so you're facing your patients and include them in the process, they enjoy it that you're not dashing in and then dashing out in order to get your documentation done before the next patient." The system has made it easier for Dr. Riley to get her documentation done "at about the same time the patient is done checking out at the desk." This means she usually completes her documentation as the last patient of the day is walking out the door. "It's a bad day if I have 30-45 minutes of documentation left to do at the end of office hours," she says.

*Lizabeth Riley, MD participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.

Tip #5: Route documents appropriately and delegate responsibility for document handling effectively.

Handling charts, faxes, lab work requests and results, and so on is time-consuming in a busy office. Providers should hand off to staff as much of the responsibility for handling routing documents as possible. Providers will always need to review and handle certain types of documents, of course, but staff should be able to handle administrative forms and routine negative test results without the physician involvement. As noted previously, Truly Lean providers rely on flexible, cross-trained staff to relieve them of tasks such as this.

But the practice staff is busy, too, and routing documents in a timely and accurate manner is a demanding process. This is an area where the right EHR vendor can make a tremendous difference. Not only can the EHR system ease the burden of preparing and sending documents, but some EHR vendors provide document handling services that, in effect, relieve both providers *and* staff of the burden of opening and sorting mail, receiving faxes and lab work results, and routing all this documentation to the right place. Without the onerous burden of routing paperwork, providers and staff can concentrate on boosting patient throughput and efficiency, and thereby increase both revenue and patient satisfaction.

You Can't Improve What You Can't Measure

Improving all of these areas of your practice workflow is highly desirable, but the fact is, you can't improve what you can't see or measure. Having an EHR and EHR vendor that can give you ongoing visibility and insight into your practice's efficiency and productivity is essential to performance improvement. Here are six questions about your patient workflow for which your EHR and vendor ought to be able to provide answers and metrics on an ongoing basis:

1. Are my providers closing all patient encounters every day?
2. Are my providers maximizing staff use during intake?
3. How much time do my providers spend documenting each patient encounter?
4. How much time do my providers spend on documentation while a patient is in the office and how much after the patient has left?
5. Is my practice routing documents efficiently and delegating responsibility for document handling appropriately?
6. How does my practice stack up against comparable practices across the country?

The metrics that answer these questions enable your practice to see who is struggling and who is maintaining a highly productive workflow. With that information in hand, you can start to use the productive workflow as a model in your practice.

1. Are your providers closing all patient encounters every day?

athenahealth's research and historical data show that this metric is the most important of all. It is the single best indicator of the efficiency of a practice. It simply measures the percentage of encounters that are closed the same day they occur. When you track this metric, you can see the connections between closing encounters the same day and how quickly your practice can submit and get paid for claims. In addition, when providers

document patient encounters on the same day of the visit, they can capture salient clinical information before they lose track of it. This metric should be compared to a national benchmark and your own practice guideline.

2. Are your providers maximizing staff use during intake?

This metric shows the percentage of documentation in the intake stage that is being done by non-provider staff. Since research has shown that productive providers make great use of clinical staff, one way to see how your providers are doing is to look at how much of their intake is being done by staff. To impatient providers who find themselves cooling their heels between patient exams from time to time, it may seem efficient to pitch in, collecting their own patients from the waiting room and doing intake themselves. But the amount of time they spend doing and documenting less familiar work often outstrips the amount of time they might be waiting! It is better by far to get to the root of the productivity problem: Do clinical staff need targeted training? Are staff members clearly signaling which patient is ready for exam? This allows providers to focus on the parts of the visit *only they* can do. This metric should be compared to a both a national benchmark and your own practice guideline, which will be determined using stats provided by you EHR and vendor.

3. How much time do your providers spend documenting each patient encounter?

This metric shows the average amount of time each provider spends documenting encounters. It is important for providers to document sufficiently, but also important that they not document exhaustively, thereby getting behind on their patients. This stat enables verbose providers to see how much more extensively they are documenting encounters than their colleagues with similar patient panels, which often leads them to realize that they may simply be writing too much. With a good EHR, documentation of routine visits can be started from templates and other reusable items. This can significantly speed up the documentation process, because it is much faster to edit an existing document than to start from scratch.

4. How much time do your providers spend on documentation while a patient is in the office and how much after the patient has left?

This metric shows the percentage of time each provider spends on documentation during patient encounters compared with the amount of time spent documenting after the patient has checked out.

It provides insight into how much work is left over for each provider after he or she finishes with the patient. A Truly Lean provider will have a low percentage of work post-visit, but won't doggedly complete 100% of it during the visit. Those who currently document 100% in-visit should, when other patients are waiting, leave complex items until later, while continuing to work on routine and straightforward items in-visit. Those with a high proportion of post-visit documentation may want to investigate whether they can push some documentation to their staff, or whether there are efficiencies in their EHR that would make documenting go more quickly.

Some providers use dictation and a transcription service to document their encounters. These providers will naturally have a preponderance of time spent post-visit, since the interaction with the EHR can't happen until the file is back from the transcriptionist. However, your EHR ought to enable you to compare one provider who is using transcription with another who is doing the same. For some providers, transcription is a great way to become more productive, but comparative totals will enable your practice to determine if this is true for all of your transcription users.

5. Is your practice delegating responsibility for document handling effectively and routing documents appropriately?

Accurate document routing is not measurable, except anecdotally, but inaccurate routing can waste time and cause confusion. This is an area where your EHR and vendor can make a significant difference. An effective EHR system should make document routing quicker and more accurate—and handle some of it automatically—and some vendors offer document handling services that take the burden of receiving and routing paperwork entirely off your hands.

6. How does your practice stack up against comparable practices across the country?

Your medical practice doesn't exist in vacuum. There are thousands of similar practices all over the country. Look for an EHR and vendor that enable you to compare your practice's productivity metrics with a network of other, similar practices. This provides benchmarks against which to compare your practice's performance. It helps you to see more clearly what you're doing effectively and ineffectively in the area of provider productivity. In addition, as the demands of running a medical practice change due to government and insurance industry demands, you'll see those changes reflected in the performance of your peers, as well as in the performance of your own practice, putting them in perspective.

Knowledge is power. With the benefit of these key workflow metrics, you will be able to use staff more effectively and identify providers who are having a harder time taking advantage of your EHR and of staff assistance. You will also be able to identify providers with a similar patient panel who are more productive. Then you can consider the differences between their two approaches and help less productive providers model their workflow on their more productive colleagues. This will enable your practice to use your EHR effectively and to make the kind of process changes that translate into higher revenue and greater patient satisfaction.

athenahealth: A better way to greater productivity

There is a better way to make your practice more productive. athenahealth's cloud-based system has statistics from thousands of practices on a single platform. This enables us to track and benchmark provider performance across the network, and shows you where your practice can improve performance. Our proprietary five-stage workflow divides the patient visit into discrete, measurable activities with clear handoffs, which makes it easy to see where process improvements can be made. athenahealth provides its clients with customized clinical provider performance reviews that track, benchmark, and coach your providers against all the key metrics outlined in this whitepaper. The result? athenahealth clients experience an average of 3.4% increase in patient throughput within three months of EHR installation¹¹, compared to an industry average of 10-15% decline in productivity after EHR installation.¹²

❖❖❖ **To learn more about athenahealth's applications and services, visit athenahealth.com or call 866.817.5738.**

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About athenahealth At athenahealth we offer the leading cloud-based practice management, EHR, and patient communication services that help medical groups get more money and more control of patient care. To learn how our services can help your organization, contact us at **866.817.5738** or **athenahealth.com**.