e-MDs SOLUTION SERIES

AFFORDABLE, INTEGRATED, BEST-OF-BREED ELECTRONIC MEDICAL RECORD AND PRACTICE MANAGEMENT SOFTWARE

e-MDs
YOUR PRESCRIPTION FOR FINANCIAL HEALTH
e-MDs

Your Prescription for Financial Health

e-MDs’ legacy for developing clinical information systems runs deep. Founded and driven by physicians, we started in the early 1990’s developing practice management and banking software. In 1997 we began development of an Electronic Medical Record (EMR) system after realizing that none of the commercial products at the time met the need for a robust yet affordable system. Released in early 2000, e-MDs has since enjoyed one of the most rapid growths in the industry and now has over 1,000 offices nationwide using our products. In addition to the feedback we receive from this community of customers, e-MDs is unique in that we have our own clinic located on our campus. The direct feedback we receive from this clinic helps us understand the intricacies of managing the clinical and business aspects of a practice. This translates into the development of software that helps real world physicians.

Our sales growth is testament to our zealous focus on building the finest integrated EMR and practice management system, and offering it at a price any office can afford. With no external venture capital or funding, we are profitable, have access to an untapped line of credit at Bank of America, and enjoy the highest rating with both Dunn and Bradstreet and McDonald Financial Corporation. e-MDs goal is to become the sole software vendor for all of your medical practice needs.

“e-MDs is the first vendor I’ve discovered that really understands the economic aspects of practicing medicine. Our experience could not have been more positive.

In our first year, we increased reimbursement by $24.09 per visit and patient volume by 8.3%, while lowering overhead by over $100,000. We even survived an audit with a 100% compliance rating. Give these guys a call.”

Martin Basaldua, M.D.
Family Physician

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e-MDs SOLUTION SERIES
A New Generation of Software Delivers Higher Quality Patient Care and Excellent ROI

e-MDs’ line of products has undergone a radical transformation, and emerged as e-MDs Solution Series. Enormous strides have been made in features, function, performance, and utility, and specific modules are now available for practice specialties. Best of all, this metamorphosis has occurred without raising the price of the system, so even the smallest practice can afford to realize the economic benefits of office automation.

Each of e-MDs’ software modules – e-MDs Chart, Bill, Schedule, Tracking Board, DocMan, and TeleDoc – is a powerful application in its own right. However, when brought together into e-MDs Solution Series they form a seamless solution proven to increase physician income while delivering higher quality patient care, all the while maintaining a relationship with a single software vendor. As we will show, the integration within the Solution Series extends far beyond the sharing of simple patient demographics such as name, gender, and date of birth. Our vision is to empower physicians with an integrated solution to improve patient care, maintain economic independence, and rediscover the joy of practicing medicine.

"The greatest feature is the ease of use. The fact that all integrated components work so well together, the entire office staff can perform multiple tasks at the same time. This has improved our efficiency tremendously. My overhead is much lower from not requiring charts, chart racks or a dictation staff..."

Tim Duffin, M.D.
Urologist
The e-MDs workflow illustrates the advantage of having an integrated solution tied to a central database. The modules are available on an individual basis, so physicians can start with one and add others later to build a total solution. The modules feed information to each other, eliminating duplicate data entry. Duplicate records are a costly and serious problem in so-called “bridged systems”. In billing systems they impede collections and impact a practice’s financial viability. When extended to patient charts they run the risk of causing patient harm. Integration, therefore, is not really an option but a necessity.

**TaskMan.** e-MDs TaskMan is a messaging and tasking component tightly integrated with e-MDs Chart and e-MDs DocMan. The interface is similar to many e-mail programs, and allows you to send messages or assign tasks to users within the system. Messages can be initiated from within individual patient charts and from DocMan, sending messages and tasks with attached files.

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**1. BEFORE THE APPOINTMENT**

When a patient schedules an appointment, the staff enters his information into e-MDs Schedule and receives prompts from e-MDs Bill, such as past-due account information or visit authorization requirements. Customizable triage and disease specific management issues are also optionally available to the scheduler to convey to the patient. This flow is called Idealized Design of Clinical Office Practice (IDCOP), and greatly improves efficiency and patient flow through the clinic.

**4. CHECK OUT AND BILLING**

All orders, prescriptions, recommendations, educational handouts, and even a copy of the visit and health summary are waiting for the patient at the check out desk. With a single click, an invoice is generated with all the codes already entered. The claim is automatically placed in the insurance queue for electronic upload to payors. Payments can be posted electronically or manually, and statements printed in house or by a fulfillment service. The collections module keeps up with daily billing tasks. Finally, e-MDs TeleDoc automatically calls patients to remind them before their next appointment and logs the results into e-MDs Schedule, reducing costly no shows and increasing practice revenue.
charts, visit notes, and images. TaskMan is available throughout e-MDs Solution Series to allow access to messaging within the normal workflow of a clinic, rather than from a separate application.

**RuleManager.** e-MDs RuleManager is a Clinical Rules Engine that provides information about a patient’s status concerning preventive health, disease management, medication management, and immunizations. Rules are created based on the most recent evidenced-based clinical practice guidelines, not only improving patient care but also increasing clinic revenues. Rules can be run on demand or set up to run automatically on a daily, weekly, or monthly schedule. Results are displayed in e-MDs Chart and e-MDs Tracking Board, showing up as warnings about tests or procedures that are overdue or coming due in the near future. RuleManager comes supplied with a basic set of rules which can be easily modified to create custom rules.

**2. CHECK IN**
At the time of the visit, e-MDs Bill prompts staff to collect required co-pays and print a receipt. Prior to treatment, the patient fills out a FastForm, which is similar to the typical patient history intake form used in most offices. e-MDs patent pending FastForm is unique in that questions in lay terms are translated into medical terminology and transferred to the visit record, shifting much of the burden of history collection and data entry onto the patient and saving valuable staff time.

**3. TREATMENT**
e-MDs Tracking Board is the staging area for all patient flow and clinical activity in the clinic. Patient location, status, and wait times are tracked from check in through check out, providing a powerful tool to measure clinic productivity with activity based costing. The physician or nurse can view patient status, clinical reminders and provider workload at a glance, with direct access to patient charts and pending messages such as refill requests, lab results, or phone calls. Then, in real-time at the point of care, the healthcare team completes a comprehensive visit in e-MDs Chart. This includes the automatic capture of billable clinical diagnoses, tests, procedures, and a suggested E&M code based on the complexity and thoroughness of documentation. e-MDs DocMan consolidates all chart related documents and electronic media, eliminating inefficient paper systems. When new items are scanned or imported into DocMan, the ordering physician is notified via TaskMan with that chart or scanned item as an attachment.

**e-MDs Solution Series**

**Fully Scalable.** Scale to enterprise-wide, multi-specialty, multi-site locations with master person index. e-MDs’ Microsoft SQL Server database design was rated #1 by Microsoft compared to other vendors.

**Master Person Index.** Reduces the chances of duplicate records and saves staff time.

**Integrated Database.** Improves workflow by making more than just demographic information available in all modules. Reduces cost of managing inherent problems with bridged systems.

**User-friendly Windows Interface.** Intuitive navigation, natural workflow pattern, and multiple options for quick data entry.

**Enabled for Wireless and Tablet PCs.**
Physicians are facing increased pressures from every direction. Insurance companies and government regulations burden practices with increasing layers of paperwork while decreasing reimbursement. Higher patient expectations are resulting in increasing frustration, loss of control, higher overhead, and decreasing income. e-MDs Chart helps physicians meet these challenges.

**Intuitive, Customizable.** Allows swift and complete documentation at the point of care. Medication order entry reduces errors, resulting in better patient care. Integrated evidence-based guidelines assist the physician in providing optimal care for chronic diseases. This translates into better outcomes and higher patient satisfaction.

**Increased Profitability and Rapid ROI.** Chart increases profitability by decreasing documentation time, justifying higher coding levels, prompting for complete charge capture, eliminating transcription expense, reducing paper costs, and decreasing malpractice exposure. Practice profitability is not necessarily dependent on seeing more patients to make up for reduced reimbursement. The key is increasing the efficiency of your current operational workflow without compromising quality of care. The combination of higher reimbursement for cognitive services combined with saving two hours each day in visit and documentation time and decreased expenses, routinely result in revenue increases over $100,000 per doctor per year.

**Improves Patient Care.** Integrated health maintenance and disease management rules alert physicians about outstanding tests and procedures. Built in clinical hints suggest best practices. Prescriptions are checked for drug-drug, drug-interaction, cross-sensitivity reactions and contra-indications, and easily let physicians find alternative drugs in the same class.

**Streamlines or Eliminates Paper Processes.** Chart streamlines awkward paper processes and eliminates duplicate data entry. Messages, alerts, and reminders are automatically added to a patient's chart. Referral letters mail merge patient demographic details, as well as parts of the note. Chart follows an intuitive SOAP format and places all pertinent information on one screen, displaying the current progress note alongside the patient's health summary. FastForm technology cuts documentation time in half and allows physicians to have patient-entered documentation stored in a structured data record. Customizable templates, preloaded with routine answers, allow one-click documentation. Templates within templates allow for rapid documentation of multiple complex problems. The script writer includes shortcuts that allow frequently used prescriptions to be written or refilled with just a click or two.

**Integrated, Customizable Knowledge Bases and Reference Material.** Chart includes complete ICD-9, CPT, and HCPCS databases. Derived from authoritative texts and NIH guidelines, our clinical consults offer the latest diagnostic and treatment guidelines for over 1,500 diseases. Evidence-based guidelines and disease management ticklers help ensure superior patient care and outcomes. The extensive drug database of nearly 35,000 medications, vitamins, and nutraceuticals lists available forms and strengths and offers full prescribing consults. Enhanced patient knowledge is reinforced with physician editable English and Spanish patient education handouts, covering nearly 1,500 conditions and medications. High-resolution anatomical art can now be added to procedure reports, referral letters, or the medical record. Specialists can send professional looking consult letters to their referring colleagues.
Automated E&M Coder. Calculates optimal codes, resulting in justifiable higher practice income.

Automated ICD, CPT and HCPCS Codes. Speeds visit completion and maximizes charge capture.

Complete Coding Database. Includes all ICD-9, CPT, and HCPCS codes, plus the ability to add custom alternate descriptions or abbreviations.

Lab Results Integration. Electronic results reporting with side-by-side history of results.

Rules Engine. Tracks overdue preventive care, drug and disease management items, and immunizations.

ScriptWriter. Database of nearly 35,000 drugs with informative consults. Decrease errors with one-click prescription writing of commonly used medications, simultaneous refilling of multiple prescriptions, and integrated drug-drug interactions and allergy alerts.

Specialty Specific Short Lists of Codes and Documents. Addresses the unique requirements of diverse specialties.

Growth Charts and Pediatric Specific Templates.

Immunization Module. Retains and reuses lot numbers and expiration dates, easing reporting and saving staff time.

Automated Transference of Coding from Chart to Bill. Eliminates entry errors or lost paper super bills.

Customizable, Point-and-click Templates. Quickly capture and save structured data, and generate grammatically correct sentence structure.

Template Import/Export. Allows the user community to share templates.

Messaging/Tasking. Tasks can be assigned to particular individuals, tracked and marked off when completed. Progress notes, specific documents or entire chart may be attached.

Editable Medical Art. High quality color images to be used in consult letters, procedure reports, as part of the note or for patient education.


Customizable Patient Education Handouts. Nearly 1,500 condition and medication documents available in English and Spanish.

Mail Merge Referral and Consultation Letters. Improve communication between referring physicians.

One-stop Review of Entire Chart. Includes progress notes, labs, diagnoses, phone messages, and medications.

Legal Protection of Note Closure. Permanent, uneditable, date/time stamped, and requires a password.

Fast Forms. Medical questionnaires in lay terms, given to patients to fill out in the waiting room. Scanned responses are translated into medical terminology and automatically dropped into the note.
Today’s complex medical billing environment requires a practice management system that is fast, functional, and adaptable to fit your office workflow. Basic tasks should be easy and intuitive, but the system should still deliver comprehensive tools that simplify claims follow up, data analysis, and other practice management tasks. e-MDs Bill practice management system helps in all aspects of the medical billing cycle.

**Simplifies Check In.** When patients arrive at the practice, co-payments are collected and receipts printed. Demographics are easily updated, and insurance cards are scanned into the system for quick reference. Custom super bills with patient financial information and custom alerts can be printed for practices that still rely on these.

**Improves Charge Capture.** The rapid mouse or keyboard supported charge entry system eliminates checkout logjams. When the visit is completed in Chart a claim can be created with a single click. Users can also enter codes manually using shortcut panels and templates. Our widely used, award-winning ICD-9 Search includes tens of thousands of alternative descriptions, saving costly staff time and the expense of coding books to find obscure codes. Office and contracted rates from user defined fee schedules are automatically linked to procedures, and prepayments are applied against the charges.

**Automates Your Billing Process.** Primary and secondary claims queue automatically for electronic or paper processing. Edits warn users if there are errors to be corrected before claims submission, reducing the time and cost of refiling claims, and lowering the number of days in accounts receivable. A complete history of filing is maintained on every claim. Patient statements can be viewed on screen when dealing with patients, and print on inexpensive plain paper or can be electronically fulfilled, and the system accommodates unified/family billing. Custom comments reduce callbacks by explaining charges to patients.

**Speeds Payment Posting.** Both manual and electronic remittance are supported for payment posting. EOBs are tracked to reduce keystrokes and maintain accuracy. Automatic alerts warn staff when payments don’t match contracted rates. Adjustment codes are tracked so management can analyze payor reimbursements. Users can refile line items if there is an unfair denial.

**Streamlines Collections.** A powerful on screen collections module with numerous filtering options lets managers create custom work lists. Staff can access any part of the account and charges from one window and work their lists in a rapid, serial order. They can print mail merge letters and statements, enter billing notes on the invoice, update the patient account or requeue an electronic claim.

**Tracks Referrals and Managed Care Authorizations.** Unlimited inbound and outbound referrals and authorizations with notifications to schedulers and billers when referral thresholds have been crossed, or unauthorized charges are entered.

**Improves Security and Reporting.** Granular security gives administrators the flexibility to create role-based functional groups while maintaining security and audit trails. A wide array of flexible reports, including charge and payment tracking, utilization, profitability, and adjustment analysis, are part of the system while the industry-standard SQL database permits customization using many third party tools such as Excel.
### Real Time Alerts and Fee Schedule Updating
Improves identification and management of denied services or E&M down-codes by insurance carriers.

### Automated Charge Entry from Chart
Saves keystrokes and time.

### Templates and Coding Panels
Allow for rapid, accurate, and complete capture of common ICD-9 and CPT charge sets.

### Code Linking
Improves charge capture and supplies tracking by warning users to bill for commonly forgotten items.

### ICD-9 Search
Quickly code unusual or abbreviated physician descriptions of diagnoses, saving 20 to 30 minutes each day looking up codes.

### Powerful Guarantor Cross-billing Capability
Eliminates the need to duplicate patient accounts for workers comp and similar situations.

### Custom Super Bills
Daily audit reports and reconciliations eliminate the need for expensive, preprinted, error prone forms.

### Automatic Secondary and Tertiary Insurance Billing

### Patient-friendly, Plain Paper Single or Family Statement Printing
Saves costs, reduces call backs.

### Paperless Collections Module
Centralizes all billing tasks in one seamless window for rapid processing.

### In Depth Reporting
With multiple user filters, custom reports can be created with industry standard tools such as Crystal Reports or Excel.

### Mail Merge Notice Processor
Creates collections letters, birthday lists, health maintenance reminders, recall notices, and more.

### Referral Management System
Creates a complete history of referrals for a patient and generates automatic scheduling and billing warnings when referrals have expired.

### Flexible Keyboard and Mouse Data Entry
Maximizes speed and productivity of staff.

### Master Person Index
Increase speed and eliminate the risk of duplicate records through duplication checking and automatic data entry.

### Insurance Card Images and Photographs
Stored in patient file for rapid reference.

### Electronic and Paper Claims

### Electronic Remittance Advice and Manual Payment Posting
Includes notification of payment discrepancies.

### Adjustment Reason Code Analysis
Identify poor payors and generate work lists for later follow up.

### Recall Reporting
User defined recall types allow for patient follow up.

### User-defined Role-based Security Access with User Audit Trails
Cost control, legal requirements, and increasing pressures on staff and physician time are changing the way practices manage their schedules. A paper schedule is no longer sufficient to manage this vital role. e-MDs Schedule will grow with your practice, a growth that it can spur. Scalable to any enterprise, it offers seamless integration with other e-MDs components such as billing, EMR and document management.

**Customizable Schedules.** Long waits and frustrated patients are a thing of the past. Schedule optimizes patient booking density and load balancing by giving users the ability to create custom schedules. These permit different schedules on different days, allow for different durations depending on the visit reason, and are easily changed on the fly. Correlating visit types and unique patient requirements help the schedule dynamically adjust to the changing environment of a busy physician’s day. Visit reasons can be specialty-specific to cater for different styles. Users can also customize their screen to show multiple resources for a day, week or even a month.

**Simplified Daily Scheduling Tasks.** Staff have rapid, simultaneous access to constantly changing schedules. Scheduling for providers, equipment and services at multiple locations is as easy as point-and-click. Automated warnings and messages ensure attention is paid to billing issues and other special situations. Rescheduling and follow up visit copy functions are fast and easy. Customizable searches find available slots, and show patient appointment histories. No-shows and cancellations are tracked, with automated prompts to fill cancelled slots from wait lists. An on-screen confirmation tool helps staff rapidly deal with this necessary but time-consuming process, while the optional TeleDoc system can automate this task with results instantly seen in the main schedule.

**Better Practice Flow.** Mini triage notes prompt the scheduler to ask important questions or give patients instructions, educating the scheduler to steer selected patients to other remedies before tying up valuable slots. For example, a patient may initially be directed to a laboratory to have labs drawn prior to the visit so that the results are available to the physician. Known as IDCOP (Idealized Design of Clinical Office Practice), this is an enormous productivity tool that eliminates the time and cost of tracking ordered labs, reviewing the results, making a disposition on the results, tracking down the patient to inform them of the results, and changing the treatment or follow-up. At check-in, demographics can be verified and updated on-screen. The system also notifies staff if copayments are due.

**Improved Data Analysis and Time Management.** Reporting capabilities include no show and cancellation tracking, appointment histories, user productivity, reminders, wait lists and more. Schedule tracks the time it takes for patients to move through the clinic. Reports allow management to analyze these statistics to identify areas needing improvement so that you can maximize the use of reimbursable resources and improve patient satisfaction.

**Better Compliance and Security.** User defined, role-based security groups control access to different functions. Different view options ensure protected information is more secure while audit trails track all accesses to patient information and appointments.
**User Defined Views.** Ability to see services, equipment, or providers with day, week, and month views, and ability to see resources side by side.

**HIPAA Security Features.** Prevent unauthorized views of patient information.

**First Available Appointment Searches.** Search by resource, date, specialty, appointment type.

**Multi-location, Resource, Enterprise Capable.**

**User Defined Blocking and Unblocking.** Schedules by time and date range.

**Group Scheduling Supported.**

**User Defined Color Coded Appointment Types.** Guides the scheduler to follow the provider’s template for visit types by date or time period.

**Color Coded Patient Types.** Alerts staff to VIPs, family of staff, disabled, delinquent accounts.

**Rapid Navigation Tools and Summary Screens.** Allows for faster scheduling and searching.

**Customizable Time Grid Management.** Allows resources to have different schedules for different days and gives the ability to change schedules at a moments notice.

**Wave Scheduling.** Graphic appointment time views give users the ability to optimize patient density by visit type.

**Simple Rescheduling and Rapid Copying for Follow Up Visits.**

**Patient Photos.** Reduces mistakes at check-in.

**Appointment Density Analysis Tools.**

**Overbooking.** Allows easy entry of walk in patients.

**No Show and Cancellation Tracking.**

**Conflict Checking.** Ensures staff do not schedule the same slots.

**Wait Lists.** ‘First available’ or ‘specific doctor’ request automatically fills cancelled slots to ensure a full schedule.

**Appointment Time Tracking.** Based on check in, treatment, and check out time, reflects activity based costing, a powerful management tool to help manage bottlenecks and inefficiencies due to staffing issues or visit types.

**User-defined Role-based Security Access.** Includes audit trails and productivity analysis.

**On Screen Appointment Confirmation Tool.** Automated with e-MDs TeleDoc.

**Specialty Specific Visit Reasons.** Allow schedulers to rapidly select the reason for the visit from a list of common diagnoses or procedures linked to a specialty.

**Customizable Triage Hints.** Prompts scheduler with appropriate questions.

**Integration with Other Modules.** Common demographics shared among modules, referral warnings, feeding e-MDs Tracking Board, and appointment reminders automatically called via e-MDs TeleDoc.
features

Views for Individual Provider or Entire Clinic.

Triage Status of Patient. Prompts staff to deal with emergency and urgent visits first.

Tracks Patients. Identifies patients in waiting room, exam rooms, and checked out.

Tracks Waiting Times. Shows when patient arrived, time in waiting and exam rooms, and total time in clinic.

Tracks Treatment Times. Shows expected appointment duration and treatment time elapsed.

Order Status. Shows new orders by doctor, orders being processed by staff, and orders with results back.

Exam Room Status. Empty vs. full or dirty rooms.

Rules Engine Results. See overdue preventive care, disease management or immunization rules.

Unsigned Visit Notes. Displays patients checked out for a given day, color coding of notes still unsigned.

Monthly Overview of Schedule. Color coding identifies scheduling density, and e-MDs Schedule can be accessed directly.

Activity Based Costing. Fine tune large networks to optimize operational efficiency with visit time and resources linked by facility and diagnosis.

Notification of Tasks and Messages.

One-Click Access to TaskMan.

e-MDs TRACKING BOARD

Clinician Desktop for Improving Enterprise Workflow

e-MDs Tracking Board is a workflow tool that consolidates information from many sources. From a single screen, physicians can view messages in their inbox, follow patient flow through the clinic, sign off chart notes, and see their monthly schedule density at a glance. The other clinical applications can then be launched directly from Tracking Board.

This module provides views of either an individual provider’s or entire clinic’s workload. This includes tracking of a patient’s status and progress during a visit, from check-in at the front desk to treatment and discharge. Patient tracking information can be easily viewed on any computer connected to the network. Additional visual indicators show how long patients wait to be seen and how long treatment times are. A practice administrator can perform activity based costing to identify inefficiencies in staffing and workflow, translating into more efficient patient flow and higher profits. This invaluable management tool allows the organization to maximize productivity throughout the organization.

Patient outcomes are improved through the use of the Rules Engine by providing visual alerts about overdue or needed preventive care items, disease management issues or immunizations.

Ancillary staff can view room status information such as whether a room is empty, in use or in need of cleaning. In addition, visual indicators for each patient show status of orders: new orders by provider, orders being processed by staff, those pending results and those with results back. Nurse managers can use these to improve practice throughput and efficiency.

A summary view of the number of active items in the messaging component provides a straightforward way to check messages and tasks on the fly. With one click users can access and deal with incoming messages from other staff. Urgent and Stat messages are identified separately from normal priority messages decreasing unneeded interruptions.

A monthly overview of the provider’s schedule is visible on the main screen at all times. Color coding identifies overall appointment density and, on a daily basis, an hourly breakdown of appointment density. The full features of e-MDs Schedule can be accessed directly from Tracking Board with a simple click.
Electronic document management is the key to eliminating paper in a busy medical office. e-MDs DocMan allows you to rapidly scan in old charts, then categorize them using our FastFile technology.

DocMan supports all document formats, and allows you to capture anything related to the patient chart – lab results, color images, referral letters and other correspondence, video with sound, and images of insurance cards for reference purposes. You can even host and view files from third party vendor applications and devices. A generic forms folder allows you to store custom forms such as Advanced Beneficiary Notices (ABN) and patient information forms for rapid access anywhere in your network.

Specialties and patient folders are completely customizable, and the interface was designed to be as simple and intuitive as e-MDs' other clinical products. As your needs grow, other competitive products offer limited means of migration to more powerful capabilities, but because DocMan is integrated with all e-MDs modules, you are not limited to a single solution vendor.

DocMan can be deployed in multiple configurations from direct attached storage to Fibre Channel SAN (storage area network) with remote scanning and scheduled batch downloads of images. DVD RAM jukeboxes can store the medical records departments of hundreds of hospitals for less than one penny per record. Although DocMan deployments encompass multiple states, facilities, and users simultaneously accessing data, DocMan is affordably priced for even the smallest medical office. Instead of calling medical records to deliver a chart to the floor, a provider can easily retrieve the scanned and categorized record of a patient. This familiar and easy to use interface can be combined with charting for even more robust capabilities such as medication order entry, lab ordering and notification, summarized health history, and evidence-based guideline templates.

DocMan technology is derived from e-MDs' banking solutions partner, Applied Micro Technology, Inc. With over fifteen years of deployment at some of the largest banks in the U.S., our document management technology has been proven secure and bullet proof. Our physicians and nurses have extended this design specifically for the medical industry. DocMan is HIPAA compliant with current patient privacy requirements.

There really is no time better than the present to see how DocMan can make your life easier, while improving medical care at the same time. DocMan pays for itself within weeks with increased productivity, efficiency, and time savings.
e-MDs TELEDOC

Telephone Automation for Generating Higher Practice Revenue

e-MDs TeleDoc increases practice revenue by saving time through improved processes and telephone automation. Powered by IVRQuest™, TeleDoc automatically calls your patients to confirm upcoming appointments, and logs the results into Schedule.

TeleDoc is a complete hardware and software solution, and can be purchased as a stand-alone product or as an addition to e-MDs’ electronic medical record and practice management suite. In keeping with e-MDs’ philosophy of total integration, as opposed to inefficient interfacing, TeleDoc is fully integrated with e-MDs Schedule.

Unlike third party telephony companies which suffer from users having to export appointments and then manually enter results back into their schedules, TeleDoc requires no user intervention to make calls. They are based on appointments and patient demographics and can be scheduled to call after hours or on weekends, assuring a higher contact rate than could be achieved by a staff person. Answering machines are recognized, so the office has the option of leaving a non-privacy sensitive message or not leaving a message. Results are written directly back into Schedule. Icons on the main scheduler show the confirmation status and an on-screen work list allows designated personnel to review results by response. The on screen list allows the user to call patients who requested a reschedule, or manually confirm those patients who were not reached by TeleDoc.

TeleDoc has the ability to track different types of responses, including patient rescheduling requests. The system will call up to three different numbers for the patient in an effort to reach a live person. If you have patients with hard to pronounce names, you can even enter a phonetic spelling.

Appointment confirmations and ‘no shows’ are notoriously difficult to manage in a busy medical office. Staff frequently get behind and appointment confirmations suffer. Preventing just one no show is worth $75 per day or $15,000 to the practice per doctor per year. Removing one hour per day of manually confirming appointments saves approximately $1,500 per year in staff salary. With TeleDoc’s low setup cost and pricing structure, a practice can expect to recoup their investment in just a few months.

The capabilities of the basic TeleDoc system are suitable for both large and small clinics, and can grow as your office grows. The server supplied has the ability to make up to four concurrent calls, but if you feel you need more lines than this we offer quotes for call centers of up to 256 concurrent calls.

ROI ANALYSIS

e-MDs TeleDoc yields an immediate return on your investment. This can be measured in the savings on staff workloads, since there is no time wasted in manual duplication of effort, and the hard return on a reduced no show rate. Consider the following example (fill in the numbers from your clinic to calculate the exact return for yourself).

Don’t forget, this is simply for one physician. If there is more than one physician, your ROI will increase because the initial TeleDoc purchase cost will be shared.

Annual Practice Statistics

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total days worked in year month period</td>
<td>216</td>
</tr>
<tr>
<td>Average appointments/physician/day</td>
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<tr>
<td>Total appointments</td>
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<td>Average no shows/physician/day</td>
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<td>Total no shows</td>
<td>216</td>
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<tr>
<td>Average revenue/visit</td>
<td>$100</td>
</tr>
<tr>
<td>Total cost of no shows</td>
<td>$21,600</td>
</tr>
</tbody>
</table>

ROI for First Year

TeleDoc Appointment Reminders purchase price (includes server) $3,995

No show reduction rate required for full ROI $(3,995 / $21,600) 18.5%

Return on assumed 50% no show reduction $(21,600 x .50) $10,800

Total ROI for First Year $(10,800 - $3,995) $6,805

ROI for Each Subsequent Year

Annual TeleDoc 16.5% maintenance fee $(3,995 x .165) $660

Return on assumed 50% no show reduction $(21,600 x .50) $10,800

Total ROI for Each Subsequent Year $(10,800 - $660) $10,140

Two Year ROI per Physician

ROI for First Year $6,805

ROI for Second Year $10,140

Two Year ROI $16,945