# Webinar 5: Effectively Leveraging Technology

*June 2012* 



Prepared by: WebChartMD Johnson City TN

#### **Premise for Today's Discussion**

PAIN POINT: MTSOs will have larger client bases generating smaller volumes per client. Instead of 25 accounts billing at \$2,500 per month, an MTSO in the future may have 250 accounts billing at \$250 per month.

ACTION POINT: More deliberate, targeted sales approach that is focused on capturing volumes left by MTSOs exiting the market. Development and solicitation of prospect list more critical than ever.

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## **Premise for Today's Discussion**

Monthly Billing	\$100,000
Current customer mix	
Dictators	308
Avg. Monthly billing	\$324
Templates	1,538
With 75% volume reduction	
Dictators	1,235
Avg. Monthly billing	\$81
Templates	6,173

## **Effectively Leveraging Technology**

**Premise:** your platform plays a key role in the successful transformation of your company's customer mix.

#### What we'll cover:

- 1. Using a platform to easily manage a large number of clients.
- 2. New Microsoft technology allows for ultra-fast file management of large volumes of dictators.
- 3. Making pools and template management easy.

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- Account management monitoring the work across an increased number of accounts.
- Helpdesk management how do you service such a large volume of accounts?

#### **Sales Assistance**

- Sales activity drives toward the demo
- Marketing materials
- Prospect lists
- Demo assistance

#### **Dictator Management**

• Using Silverlight to manage dictator activity.

## **File Routing Management**

• Using pools to maximize my labor resources.

#### **Template Management**

• Organizing and managing a large number of templates.

#### **Account Management**

• Monitoring the work across an increased number of accounts.

### **Helpdesk Management**

- How do you service such a large volume of accounts?
   Your platform partner should provide you with:
  - Immediate demos for prospects
  - Same or next day client installs and trainings
  - Same or next day MT installs and trainings
  - No-cost on-going MTSO helpdesk support
  - No-cost on-going client helpdesk support

## **New Technologies**

- Billing / coding functionality
- "EHR Scribe" functionality

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Search       Subjective:         The patient presents today. A 43-year-old African-American female complaining of a painful area on her right foot and big toe. She has history of ingrown nail. She bried to trim it out herself and it is still s         She gets a pulling sensation when she walks. She had a previous ingrown nail removed in 2006. She has a history of COPD, lupus and rheumatoid arthritis. She does smoke cigarettes. She describes the p as low on the left big toe on onset and on the right foot as sudden in onset. Denies any history of trauma. Feels better in sport shoes. Feel worse barefoot and sandals. Negative surgery on the lower extremity Allergic to penicillin and sulfa. No occupational concerns.         Objective:       Dermatologic evaluation: Ingrown L1 nail plate with pain on palpatic Skin texture dry. No ulceration is noted. Skin color within normal lim Skin temperature cool. Hair growth absent. Dorsalis pedis and poster tib 1/4 bilateral. Babinski absent. Negative clonus. Sharp/dull sensati decreased.         X-rays:       X-ray:         X-ray:       X-ray. AP and lateral, right foot taken. Showing prominent first metatarsal head dorsally. Showing some medial deviation of toes twithrough five.         Assessment:       1. Foot pain.         2. Onychocryptosis.       3. Onychomycosis.	a bre. d ain s f. Documentation: Code Catalogue text	80
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3. Onychomycosis. Plan: The patient is given a shot of 1% lidocaine plain L1 nail plate avulsion performed. Discussed inserts with the patient. Dressing applied. The patient instructed on care and patient will return to clinic on Thursday for reevaluation.	*			
Analysis finished	Save	Cancel		
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Thank you for joining us today. Please plan on attending another upcoming webinar!

Webinar 6: Back-end speech recognition Monday, June 11, 11:00 am EDT and Wednesday, June 13, 4:00 pm EDT

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