

Balancing Economics & Quality Care

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In August, a little more than two years after its launch, McKesson Specialty Care Solutions* announced implementation of its 500th Lynx Mobile system. With 2,000 physicians using the system nationwide processing over 265,000 transactions for approximately 32,000 patients each week, *HONI* asked some geographically diverse current system users to provide an honest appraisal of their experience. (Note: clinic names were withheld for privacy.) Here is what they had to say:

HONI: Describe what you were doing prior to acquisition and implementation of Lynx Mobile.

Reading, Penn.: We began using a Lynx Pyxis machine in 1996. Prior to implementing Lynx Mobile, we used a lot of paper and hours of RN time to order, track, and verify inventory and charge capture. Billing personnel also verified charges by comparing our "Routing slip" vs. the Pyxis machine tickets.

Omaha, Neb.: Our practice used the Lynx or Pyxis station for charge capture and inventory management prior to Lynx Mobile. This system was interfaced to our practice management system. We used minimal reporting from the system.

Chicago, Ill.: Prior to using Lynx Mobile, we were using the Lynx system. Most of our charge capture and inventory was done by hand using several different reports.

HONI: What led you to seek a technological change to improve your old system?

Reading: We had traffic congestion in and around the pharmacy. We had an over-reliance on paper, and several areas where we experienced productivity hits.

Omaha: We had to create "work arounds" to capture some of the information we needed to interface to billing. The nurses had to enter the patient-specific protocol information at each treatment rather than using prior treatment history.

Chicago: We decided to change when we realized how labor intensive the previous procedures were.

HONI: How did you assess, compare, and evaluate alternatives before deciding to implement Lynx Mobile?

Reading: We spoke with and visited practices with similar challenges, and met with some who were using it. We saw demonstrations at conferences, test drove the system at OTN's office, and a representative reviewed the system with us in our practice.

Omaha: We compared the Lynx Mobile system to other options through online demonstrations. Nursing and billing staff evaluated the systems for ease of use and report information value and interface capabilities.

Chicago: We have used OTN technology for years and felt confident that it would be a superior product.

HONI: Describe the in-service training and implementation process.

Reading: For two days, two trainers helped nursing staff with order entry from their computers while a third trainer helped with dispensing and training the pharmacy staff on other functions of Lynx. The third morning, they monitored then left after testing key individuals. We underestimated training time for billing personnel and recommend follow-up training.

Omaha: Having the nurses "play" with the system to familiarize them prior to installation made for a much easier transition. Nurses completed assigned tasks to assure familiarity navigating the system. The week of installation, trainers at each location made the implementation process easy, working with each nurse, and conducting a training session for billers. We had little nursing staff resistance. Billing had some reluctance due to issues with our practice management software. The flexibility to group items that the billers want to interface into a sequence they prefer won them over.

Chicago: The smaller cabinet concerned the nurses, and we anticipated a major upset to our current flow and routine. But after a day of training, all were using the machine to pull drugs for the next day. The "think like the machine" advice from the trainer made it fairly simple, and it could be done at any terminal.

HONI: Has Lynx Mobile met or exceeded your goals?

Reading: It allowed for precise inventory control; RNs work at their treatment stations, patient flow improved, and productivity improved. By continuing to adapt to the practice's needs it exceeded our goals. We can keep a small amount of drugs on hand allowing for quicker inventory turn over.

Omaha: Our time study showed a reduction in nursing time. A third party audit confirmed it exceeded our goals by tracking and billing patient-specific waste and in inventory management in a multiple-site practice.

Chicago: Now nurses enter all their charges at the terminal eliminating the need to mark a "superbill." The charge entry report clearly shows what drugs and services were provided allowing faster claims and increasing cash flow. Nurses document wastage at time of removal. The machine allows storing certain supplies, and when removed, the machine automatically reorders them for us. Inventory control is by far the biggest advantage as we maintain a 2-3 day supply—impossible without this system. **H**

*Lynx Mobile was launched in July 2006 by Oncology Therapeutics Network (OTN). In October 2008, OTN was acquired by McKesson and is now part of McKesson Specialty Care Solutions.