Moving Orthopedic Practices Into the 21st Century: Q&A With Merge Healthcare's Steven Tolle

Written by Laura Miller | June 26, 2012

Merge Healthcare is a publicly-traded, international company, headquartered in Chicago. The company is a leading provider of clinical systems and innovations that seek to transform healthcare, including Merge OrthoEMR™, which helps orthopedic practices meet meaningful use standards.

"We are imaging centric, so we focus on selling products and services related to imaging to different practices," says Steven Tolle, senior vice president of solutions management for Merge Healthcare. "We focus on managing the image and specialties that are imaging-dependent. What makes us unique in the orthopedics space is we can provide practices with an EHR, PACS, case planning tool and digital radiology equipment."

Today, the company has around 6,000 ambulatory clients, and around half of the orthopedic surgeons in the country are their clients. Here, Mr. Tolle discusses the uniqueness of the orthopedic space and how technology can bring orthopedic practices into the 21st century.

Question: What challenges are orthopedic practices facing in today's tough healthcare environment?

Steven Tolle: If I'm an orthopedic surgeon, my number one concern is reimbursement. Because of the stimulus and meaningful use requirements, orthopods are adopting electronic health record systems and seeing efficiency gains from that technology. They are now able to have mobile images so they can view them during surgery. Additionally, surgeons, like hand and shoulder surgeons, who go from office to office can have access to the same images from one location to another.

More surgeons are also using iPads or another mobile device to look at images. With the new iPad 3 for example, they can look at the images in the diagnostic work space. With a new platform we're working on, we could give them their diagnostic work station in their hands, which would be first-of-its-kind technology.

Q: How can this technology help surgeons improve the day-to-day efficiency of their practice?

ST: We have a case planning tool that helps surgeons work with representatives from any company to pick out the implant. The system makes the patient's image available to their representatives and the rep can tell them exactly what parts they need — small, medium or large — for the case. This saves time and money for the surgeon.

These are surgeons, not radiologists, and they need to book surgeries. The EHR must have a single sign on, single viewer and be intuitive for the surgeons so they can have an easy experience navigating it. Right now we are trying to simplify the interface because the training is comprehensive, but after we leave we want them to maintain it on their own. Efficiency is key for surgeons, and that's the overall goal for us across all projects.

Additionally, the program has to be quick. In the radiology world, whether we are working with orthopedists or radiologists, the amount of time it takes to get the picture on the screen can't be more than a few seconds. There are three things our technology needs: the ability to manage small and large practices, the right timing and a price practices are willing to pay. We want it to be affordable for the surgeons.

Q: Surgeon practices, especially small groups, are facing huge extra expenses to upgrade the technology and other aspects of their practice to meet government requirements. How do you manage keeping the technology affordable?

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Q: Surgeon practices, especially small groups, are facing huge extra expenses to upgrade the technology and other aspects of their practice to meet government requirements. How do you manage keeping the technology affordable?
ST: We're just getting ready to introduce per-study pricing for orthopedic surgeons. We would license the product traditionally or allow surgeons to sign up on a pay-as-you-go basis. We're lowering the bar so it can become more affordable. Traditionally, it was the smaller practices that were interested in pay-as-you-go pricing for per study or per doctor pricing; now we are seeing more larger physician groups spending money on big EHR systems, so they are out of capital and also looking for per case pricing. I think this is going to just get bigger over time.

Q: Through the evolution of developing products for surgeons, what have you found about their preferences?

ST: We can configure the experience exactly the way each individual surgeon wants it. Surgeons have a particular way they want images lined up, and we have to support what they want. We are taking what the specialists need on the front end — very reliable and scalable images — and adding to it the specialty aspects that make it valuable to the orthopedic surgeon. We can turn off the functions orthopedic surgeons don't need to see, such as three-dimensional imaging. Most orthopedic surgeons are not going to use it, so that function would just add cost and complexity.

Q: Do you have any big plans for the future?

ST: We are launching Merge Honeycomb™ Archive, adding the built-in business continuity archiving functionality. This will allow surgeons to go live on orthopedic PACS so they can send their images to the Cloud, which gives them their second copy. If something happens at the office and the PACS is destroyed, they can still see the images on the Cloud. We are excited to have that kind of reliability in our product.