The phenomenal growth of clinical research at Emory over the past several years has brought with it a critical need to develop improved systems for billing accuracy and compliance with complex regulatory requirements.

A process improvement project started in 2004 by Ronnie Jowers, CFO of the Woodruff Health Sciences Center, with the support of Dean Thomas Lawley, has brought Emory University clinical research professionals and Emory Healthcare billing managers together to develop solutions that should greatly improve both the ease and accuracy of billing for clinical trials.

Phase 1 of the Emory Research Management System (ERMS) is set for rollout at the pilot site, Winship Cancer Institute, on Monday, March 22, with other departments joining over the next year. ERMS is a web-based tool designed by the Office for Clinical Research (OCR), Research Administration IT Team to assist Emory University and Emory Healthcare with their joint Research Billing Compliance Program.

“Our current research billing process is effective but enormously burdensome for our research coordinators,” says Robin Ginn, OCR executive director. We have been working diligently to improve the process so our coordinators can spend their time doing what they do best – providing quality care to our great patients and research participants.

“ERMS will significantly improve the effectiveness and efficiency of our research billing program,” notes Ginn. “We want to thank the research coordinators as they have been instrumental in designing and testing the new ERMS system. It is exciting to see what great minds can do to transform research…together.

ERMS pre-populates billing forms with the items and services from the SiteMinder budget, as well as the demographic information from the ERMS subject module. This helps inform Emory Healthcare billing departments about which hospital or clinic visit items and services are study-related and grant-billable.

The ERMS ‘smart’ program supports billing compliance by providing a financial safety net that reduces the possibility of errors and increases the capture of possible grant-billable charges. It is designed to reduce effort and inefficiencies for research coordinators and is more intuitive and convenient to use, thus contributing to timely submission of required billing forms.

“ERMS is the culmination of two years of design, development, testing, and training,” says Carol Means, senior clinical research finance manager. “All parties are winners here – the research participant, the clinical research coordinator, and the health sciences center.”