



WHAT HAPPENS WHEN THE IT ISSUE ISN'T TECHNOLOGICAL AT ALL?

*A Conversation with
Edinger Medical Group*



MEDICUS IT

Edinger Medical Group is a privately owned primary care group providing quality care and compassionate, personalized service to its patients in Orange County, California. Founded as a small, two-doctor practice in 1961, the award-winning organization has grown into a thriving medical group with 14 providers and more than 85 support staff dedicated to comprehensive health care at its Fountain Valley and Huntington Beach locations.

Executive Director of Business and Patient Relations Lara McKenna joined Edinger in 1992, which means she has experienced both the positive and negative repercussions of healthcare information technology acceleration firsthand. McKenna sat down with Medicus IT Director of Sales Enablement & Marketing, Carla Niutta, for a conversation about her experiences with Edinger Medical Group and the circumstances that led them to choose mCare.

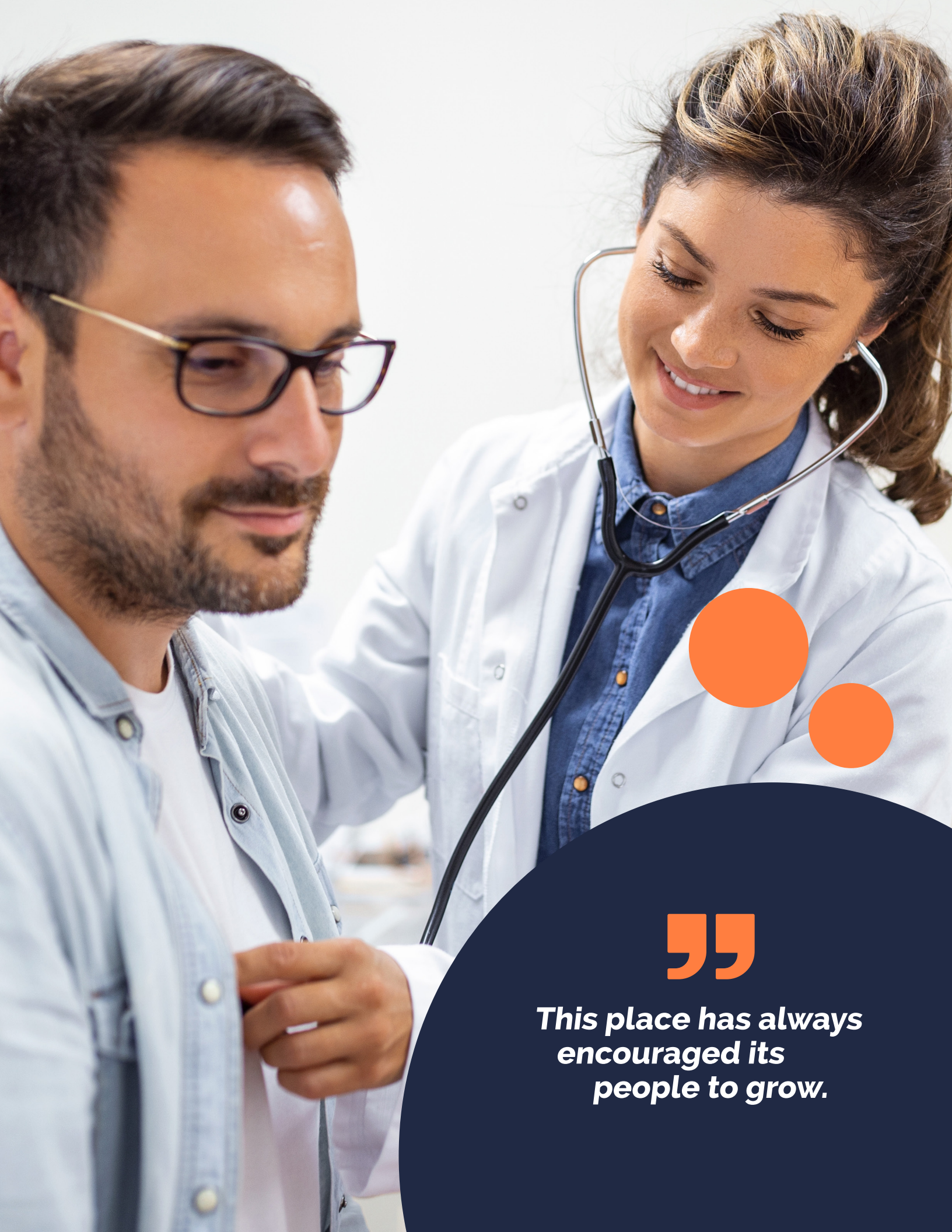
CARLA NIUTTA: LET'S START WITH A LITTLE HISTORY. LARA, YOU'VE BEEN WITH EDINGER MEDICAL GROUP FOR ABOUT HALF OF ITS EXISTENCE. TALK TO US ABOUT THOSE EARLY DAYS AND HOW YOU AND THE ORGANIZATION HAVE GROWN TOGETHER.

Lara McKenna: I've been with Edinger Medical Group for more than half of the group's existence. I was hired as a medical assistant and took every opportunity that was presented to me to enhance my career. Back then, we were a small office offering internal medicine, OB/GYN, and pediatrics with two locations, Huntington Beach, and Fountain Valley. We were a trusted group making a name for ourselves in the community. Since then, I have worn many hats over my years at Edinger; they always found a way to help those who wanted more opportunities to learn and grow. This commitment remains true today – it's one of our core cultural values.

CN: THAT KIND OF LONGEVITY ISN'T COMMON IN THIS FIELD. WHAT HAS KEPT YOU SO ENGAGED?

LM: As I mentioned, Edinger has given me a lot of opportunities to keep learning and growing. But the main thing to understand is that I work for a group of physicians who are great humans, who have so much respect for the staff, and who encourage everyone to treat each other as a family. It's a sense of community that has stayed consistent through all these years that I've been here. When I was promoted to my current role, it brought together multiple areas – from marketing to IT.





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The understanding was that my job would be to improve our relationships with patients – which meant improving Edinger processes, which are also connected to relationships. So, I'm always asking, "How do we find partners that understand us, work with us, and are a fit for Edinger rather than find the cheapest, easiest, and most convenient?"

CN: THAT'S A TREMENDOUS LEVEL OF CULTURAL CONSISTENCY. HOW HAS THAT PLAYED INTO EDINGER'S GROWTH?

LM: Well, as a counterbalance to our culture, we've moved on from our founding "mom and pop" mentality – we operate like the big organization we are. That combination is a big part of our uniqueness. We're a big name with significant community loyalty, but a giant corporation or hospital system does not own us. We're still physician-owned. So, when we want to create new arrangements or change a process, we meet, we talk pros and cons, and then the next day – boom – we have a plan for what we're going to implement. Organizations with more significant bureaucracy don't have our ability to be this nimble and responsive.

CN: CAN YOU GIVE US AN EXAMPLE OF THAT NIMBLENESS?

LM: Sure. In 2018 or 2019, we recognized that our community was aging – and that an aging population would have significant, interrelated needs. So, we decided to make a giant pivot

toward managed care, focusing on value-based care before the concept was cool. And while it started as a focus for our senior population, we knew there was relevance in extending it to everyone. In an environment where so many practices were getting bought out and corporatized, we recognized that we had to figure out how to stay relevant, and that's how we stayed relevant by practicing with purpose. We didn't have to run it past multiple boards and hierarchies. We were able to shift into a new gear – and it serves us as well as it serves our patients.

CN: SO, HOW DID YOU FIRST REALIZE THAT EDINGER HAD AN IT ISSUE?

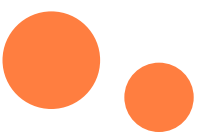
LM: To answer that question, we have to start with the fact that IT at Edinger was truly homegrown, starting back in the 2000s when we brought on someone who we hired away from an IT service company. But from the start, he understood that the technology had to work to serve our larger purpose. That's part of why we still use some of the applications he created for us. Anyway, when he was ready to exit, he brought on his successor so that he could just pick up and keep going. And then, when he was ready to leave, the same thing happened. Every new person was a little different – but take that cycle forward to the 2020s, and all of a sudden, the difference wasn't so little anymore. And we found ourselves with an IT leader who was far removed from our original tech who understood us so well.





**Medicus enabled us to
become proactive –
to develop a plan for getting
from where we were
to where we need to be.**





Don't get me wrong – this tech was incredibly smart. I mean, like the kind of smart that made us wonder how he did what he did. But that was part of the problem. He was speaking an IT language, and I was speaking a language of culture – and we might as well have been from two different planets. And no matter what I did to seek out ways to bridge the communication gap, that connection was not happening. So, one day, I sat down with our president, Dr. Arnold, and I asked the hard question: If something happened to our IT team today, would you know what to do? Would you know any passwords? And really, what I was asking was whether we had anyone besides that one IT team who knew where the keys to the castle were. It was one of those things that we never worried about before. We were worrying then. We knew we had a problem to solve.

CN: HOW DID YOU DO IT?

LM: The good thing about my longevity with Edinger is that I know a lot of people. I called a colleague who had supported our initial forays into IT back in the 2000s. And he said, "I know somebody who might be able to help you. If they're not a fit, we'll figure out Plan B," And he introduced me to [Medicus IT Executive Vice President of Business Development] Nelson Gomes.



CN: I GUESS THE INTRODUCTION WENT WELL. WHAT MADE IT CLEAR THAT YOU WOULDN'T NEED A "PLAN B?"

LM: My first meeting with Nelson was eye-opening in a way I never expected. As I laid out our circumstances and concerns, he looked at me and said, "So, nobody has access to your system except for him." And that was the first time that the critical nature of the problem crystallized. Suddenly, we're talking about all kinds of exposure scenarios that I had never considered. But we also talked about how Medicus could partner with our IT team. And the panic subsided as I realized that our IT team should be focusing on growth, while the Medicus team would manage the heavy lifting – running system all-night upgrades and things like that. And, of course, Medicus would ensure that we no longer had a single point of failure if anything unfortunate happened.

We set up a meeting with our IT team, and for the first time, I was excited about how this would go. It seemed like our IT team was on board, too – until I made the mistake of checking my email at 10 o'clock at night to find his letter of resignation.

Now, you can imagine where my brain went. Here we had someone very smart, who maybe felt threatened, who didn't want the assistance we were bringing to him. What could go wrong? Only everything. But Medicus came in and put things in place to help us through – including confidentiality agreements and a contract to keep our IT team here for the basic knowledge transfer.



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**CN: SO, UNLIKE MANY
ORGANIZATIONS, YOURS HAD
LESS OF AN ACTUAL TECHNOLOGY
ISSUE AND MORE OF A HUMAN
CONTINUITY SITUATION.**

LM: Exactly. I mean, to be fair, our IT team at the time was brilliant. Technology-wise, he had elevated us to a level we hadn't even attempted before. But how great is that when that same person abandons ship? It's like he'd given us the keys to a new Rolls Royce, but we didn't know how to drive it. Fortunately, the Medicus team did.

Nelson assembled a team, and it was practically as if they'd always been there for us. [Medicus Chief Technology Officer] Steve Losefsky even managed the knowledge transfer personally. The Medicus IT team told us, "We've been in this position before. We know what to do. We're going to make it calmer and easier for everyone." And they were right. The knowledge transfer was a little rocky. But Medicus stayed with it.

They kept us informed. They kept us updated. They listened. The whole experience demonstrated how the culture at Medicus aligned so well with the culture of Edinger.

Now, we have a Medicus IT person on site – and it's as if he's already an Edinger employee. He's learning how we operate, our priorities, vision, and mission. And he's getting it. He's already interacting with our teams like he's one of us. And that's providing the kind of reassurance we need to keep our momentum going and continue to move forward with confidence.

**For more information
please visit us at
[MedicusIT.com](https://www.MedicusIT.com)**

