

SOLSTICE GROUP

OB/GYN Group Practice Transformation Case Study

How a four-physician fee-for-service OB/GYN group moved from paper charts to an integrated clinical, compliance, and performance management model

OB/GYN GROUP TRANSFORMATION

Four-physician practice modernization and compliance buildout

4

Physicians
Group Practice

100%

Fee for Service
Non-participating

15 Year

Forensic Audit
Establish baseline

6 Guides

Compliance
OSHA, HIPAA, plus

Starting Point

- Paper charts
- Basic scheduling software
- No documented systems or protocols
- No integrated compliance framework
- No practice financials, baseline, goals

Delivered by Solstice Group

- EMR / PM software evaluation & selection support
- Project management for paper to digital conversion
- Practice wide workflow design and implementation
- Integration with laboratories and hospitals
- KPI platform design, goal setting

Executive Summary

The client was a four-physician OB/GYN group operating as a 100% fee-for-service, non-participating practice. At engagement, the group relied on paper charts, basic scheduling software, and informal staff habits. The physicians needed a structured operating model that could support modern documentation, regulatory discipline, and measurable management review.

Solstice Group led EMR and practice management platform review, directed the paper-to-electronic conversion, built formal compliance infrastructure, designed business and clinical workflows, coordinated laboratory and hospital integration, completed a fifteen-year forensic audit, and established KPI protocols with forward-looking goals.

The implementation and paper-to-electronic conversion required two and a half years. Solstice Group remained engaged after go-live and continues to advise the practice on compliance oversight, workflow integrity, monitoring, staff accountability, and operating performance. Total time engaged is eight years and ongoing.

Client Profile

- Four-physician OB/GYN group
- 100% fee-for-service payer model
- Non-participating practice structure
- Paper charts across the practice
- Basic scheduling software with limited management value
- No formal systems or written protocols at engagement

Starting Conditions

The physicians had built a clinically established practice, but the operating model had not kept pace with documentation standards, regulatory expectations, technology requirements, or management visibility. Clinical records remained paper-based. Scheduling software handled appointments, but did not support broader practice management, reporting, or accountability.

Business and clinical workflows lived in staff memory instead of documented operating standards. The practice also lacked formal compliance infrastructure. OSHA, HIPAA, iPLEDGE, CLIA, Department of

Labor, and data protection responsibilities required program design, implementation, training, monitoring, and documented accountability.

Leadership also needed a forensic audit to establish a reliable baseline. Without a historical baseline, the physicians had no complete view of long-term operating patterns, compliance exposure, workflow breakdowns, or future performance targets.

Area	At Engagement	Delivered Through Engagement
Charting	Paper records	Project-managed paper-to-digital conversion
Technology	Basic scheduling software	EMR and practice management platform review and implementation support
Compliance	No documented programs	OSHA, HIPAA, iPLEDGE, CLIA, DOL, and data protection programs
Workflow	Informal team habits	Business and clinical workflows documented, trained, and monitored
External coordination	Manual and fragmented	Laboratory and hospital coordination for testing and surgical booking
Management reporting	No baseline or KPI platform	Fifteen-year forensic audit and KPI protocols established

Table 1. Practice conditions at engagement and the operating results delivered through the engagement

Primary Problems Identified

- Paper charting limited access, consistency, and reporting
- The practice lacked a true EMR and practice management framework
- Regulatory and operational compliance programs required full development.
- Business and clinical teams worked without written systems or protocols
- Laboratory coordination and hospital booking required tighter process control.
- Leadership lacked a historical baseline for performance, compliance, and goal setting.

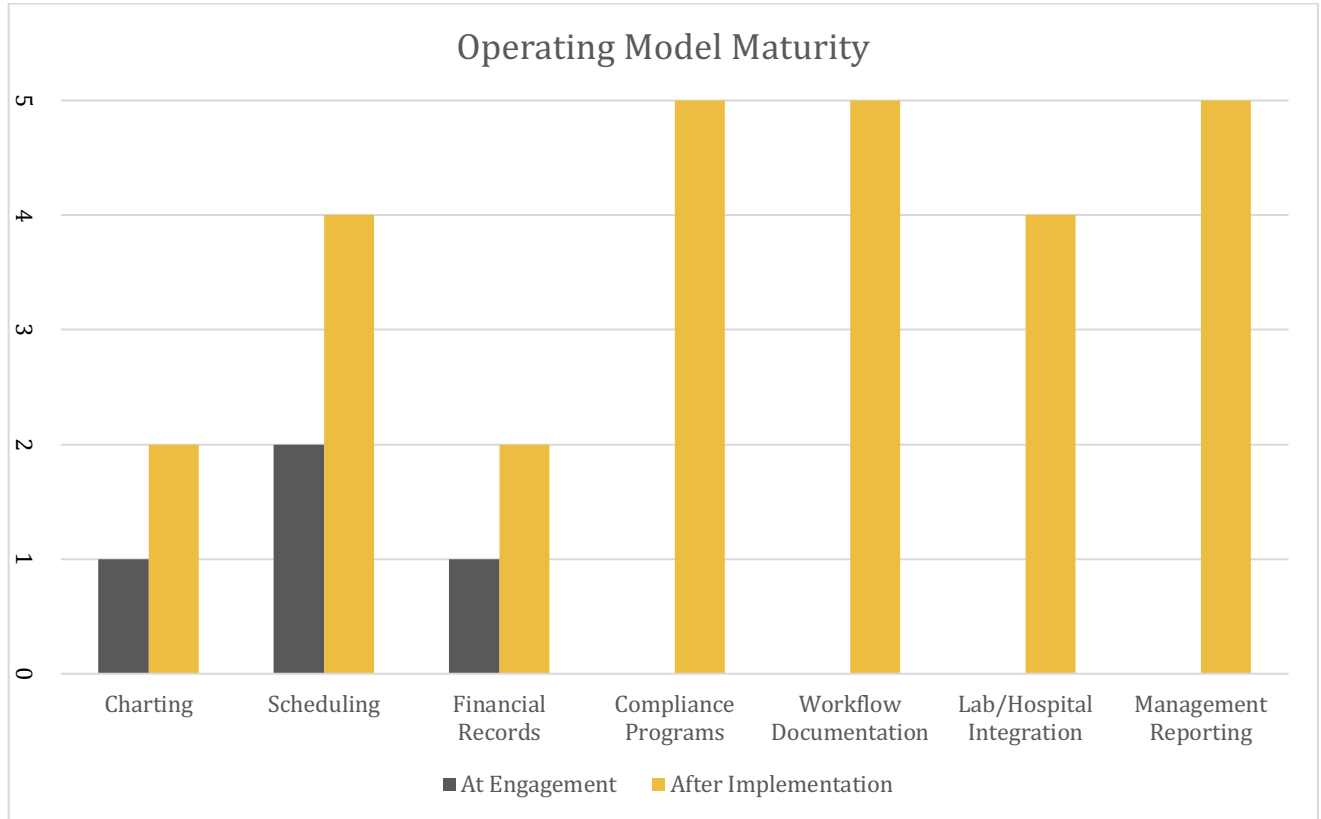


Figure 1. Operating model maturity across six management areas. Scale reflects documented operating status from engagement through implementation.

Scope of Engagement

Solstice Group managed the transformation across compliance, technology, workflow design, operations, and performance management.

- Developed and implemented OSHA, HIPAA, iPLEDGE, CLIA, Department of Labor, and data protection programs
- Created ongoing monitoring, training, and accountability structures for each compliance area
- Assisted in EMR and practice management platform selection reviews and evaluation
- Served as project manager for the full paper-to-electronic conversion
- Designed and implemented workflows for both business and clinical teams
- Coordinated interfaces and operational processes with laboratories and affiliated hospitals
- Standardized surgical booking coordination and supporting communication flows
- Completed a forensic audit fifteen years prior through the current state of the practice
- Built KPI platform protocols and established a future performance framework

Implementation Roadmap

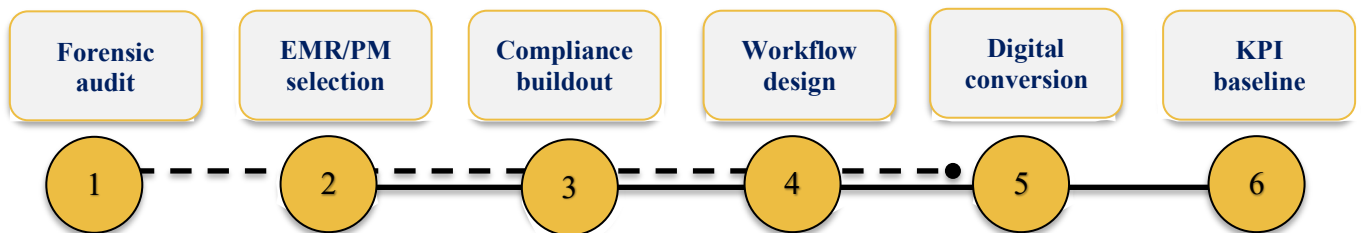


Figure 2. High-level implementation roadmap used to move the practice from fragmented operations to a managed operating model.

Compliance Program Buildout

The practice required more than policy binders. The compliance work needed to function in daily clinical and administrative operations. Solstice Group built each program with written procedures, forms, logs, assigned ownership, review routines, training standards, and corrective action expectations.

Each compliance area was translated into daily work. The objective was to reduce exposure, improve consistency, and give the physicians and managers a working control structure. The program design connected clinical activity, front-office processes, personnel records, digital access, laboratory functions, and physician oversight.

OSHA implementation addressed bloodborne pathogen controls, exposure response, hazard communication, safety data sheet management, eyewash and emergency readiness, waste handling, annual training, inspection preparation, and documentation discipline. HIPAA implementation covered privacy, security, release controls, role-based access, workstation practices, vendor oversight, breach response, notice requirements, and monitoring after digital conversion.

iPLEDGE controls were embedded into prescribing and documentation workflows so enrollment, counseling, consent, timing requirements, and follow-up responsibilities matched physician workflow and staff handoffs. CLIA oversight addressed testing process control, quality records, proficiency responsibilities, documentation discipline, and staff accountability tied to laboratory functions.

Department of Labor and data protection work extended beyond paperwork. Solstice Group aligned personnel records, required postings, wage and hour documentation, training records, device handling expectations, and access controls with the practice's new electronic model. Ongoing monitoring turned compliance into a standing management function instead of a one-time project.

Compliance Area	Buildout Focus	Operational Effect
OSHA	Training, logs, exposure control, inspection readiness	Safer clinical environment and documented accountability
HIPAA	Privacy, security, access, releases, breach response	Protected health information controls tied to daily workflow
iPLEDGE	Prescribing, counseling, consent, timing controls	Lower prescribing risk and stronger documentation discipline
CLIA	Testing procedures, records, quality controls	More reliable laboratory compliance and audit readiness
Department of Labor	Personnel records, postings, wage and hour controls	Stronger employment compliance and record integrity
Data Protection	Access standards, devices, digital records handling	Safer digital conversion and lower information risk

Table 2. Compliance framework developed and moved into active monitoring.

Technology and Digital Conversion

The group needed a platform decision before workflow redesign could hold. Solstice Group supported the review and evaluation of EMR and practice management options, then managed the transition from paper records to a digital operating model.

The project work covered chart conversion planning, implementation sequencing, training preparation, operational decision-making, historical record handling, and coordination across departments. The goal was to avoid a software purchase without durable workflow behind it.

The full paper-to-electronic conversion required two and a half years. Solstice Group remained active through planning, implementation, troubleshooting, refinement, and long-tail adoption after go-live.

Workflow Redesign

The practice did not need software alone. The practice needed operating discipline. Solstice Group designed workflows across the full patient and revenue cycle so daily actions aligned with physician standards, documentation requirements, compliance obligations, and management goals.

Workflow design covered appointment request, registration, intake, chart preparation, clinical rooming, physician documentation, order entry, laboratory coordination, surgery scheduling, charge capture, follow-up, records requests, and payment flow. Each handoff was assigned to a role, timed, documented, and built for repeatability.

The redesign reduced dependence on staff memory. Front desk staff, nursing, physicians, surgical coordinators, and business office personnel worked from defined procedures with decision points, required documentation, and exception handling. This improved continuity across routine visits, high-risk encounters, testing follow-up, surgery-related communication, and administrative closeout.

The workflow buildout also respected physician-specific preferences without losing practice-wide standardization. The result was an operating model that supported provider autonomy where clinically appropriate and standard operating discipline where the business required consistency.

- Scheduling workflows and template use
- Patient intake, eligibility, and chart preparation
- Clinical documentation flow and physician handoffs
- Laboratory ordering, tracking, and result coordination
- Surgical booking coordination with affiliated hospitals
- Charge capture, coding support, and billing handoffs
- Records management and release workflows
- Policy-driven compliance tasks and review routines

Laboratory and Hospital Integration

The practice depended on outside laboratories and affiliated hospitals for testing, communication, and surgical booking. Solstice Group coordinated those integration points so external coordination became a defined operating process instead of a repeated manual workaround.

This work reduced breakdowns between the office, laboratory partners, and hospital scheduling teams. It also gave the physicians a cleaner path for cases requiring testing, documentation exchange, scheduling coordination, and surgical booking.

Forensic Audit and KPI Baseline

Leadership needed a factual baseline before future goals could carry weight. Solstice Group completed a forensic audit backdated fifteen years to the present. The review established a full practice assessment across business performance, workflow condition, compliance exposure, documentation gaps, and management readiness.

The forensic audit was not limited to a high-level review. Solstice Group reconstructed historical practice activity to identify financial patterns, operating inconsistencies, record integrity issues, payer and patient payment trends, scheduling variance, staffing structure, and structural barriers to growth. This gave the physician owners a more reliable basis for strategic decisions.

The review established a reference point for provider productivity, scheduling patterns, charge and collection processes, laboratory and hospital coordination, staffing burden, and administrative leakage. Historic variance mattered because the practice had operated for years without a documented baseline or a reliable management dashboard.

From that audit, Solstice Group developed KPI protocols tied to physician review and management oversight. The group gained a framework for future goals in collections, scheduling efficiency, workflow compliance, documentation quality, surgical coordination, and broader operating performance.

Audit Dimension	Purpose
Historical business review	Establish a factual baseline across fifteen years
Compliance exposure review	Identify gaps, drift, and control weaknesses
Workflow condition review	Measure where staff habit replaced process
Documentation and record review	Assess integrity, completeness, and management visibility
KPI development	Translate findings into recurring performance review

Table 3. Forensic audit and KPI baseline structure.

Operational Results

The engagement changed the practice in six material ways over a two-and-a-half-year implementation period, followed by sustained advisory oversight.

Paper charting moved into a managed electronic operating environment. The group gained formal compliance programs across six major areas. Business and clinical workflows moved from informal habits to written operating standards. Laboratory and hospital coordination became structured and repeatable. Leadership gained a fifteen-year baseline for assessment and planning. The practice established KPI protocols, future operating goals, and an ongoing management review structure.

Why This Engagement Mattered

This engagement addressed the issues many physician groups postpone for too long. The practice was clinically established, but the management model had not been built to support regulatory compliance, digital documentation, cross-functional workflow control, or disciplined performance review.

Solstice Group closed that gap by combining compliance implementation, workflow design, platform selection support, digital conversion management, forensic review, KPI development, and sustained advisory oversight in one operating plan.

Key Takeaways for Similar Physician Groups

- Paper charting delays management visibility and raises operational risk.
- Software selection without workflow design creates expensive confusion.
- Compliance programs need ownership, monitoring, and training to work.
- Laboratory and hospital coordination should follow written process, not staff memory.
- A forensic baseline gives leadership a factual starting point for future goals.
- KPI platforms work when the underlying workflows are defined first.

Case Study Summary

The four-doctor OB/GYN group began with paper charts, limited technology, no formal systems, and no integrated compliance structure. Solstice Group led the transition to a documented, monitored, and electronically managed operating model. The work included compliance program development, technology evaluation, project management for a two-and-a-half-year paper-to-electronic conversion, workflow implementation, laboratory and hospital integration, a fifteen-year forensic audit, KPI platform design, and continuing advisory support across eight years and counting.

The result was a stronger foundation for compliance, accountability, operational consistency, physician oversight, and future performance management.