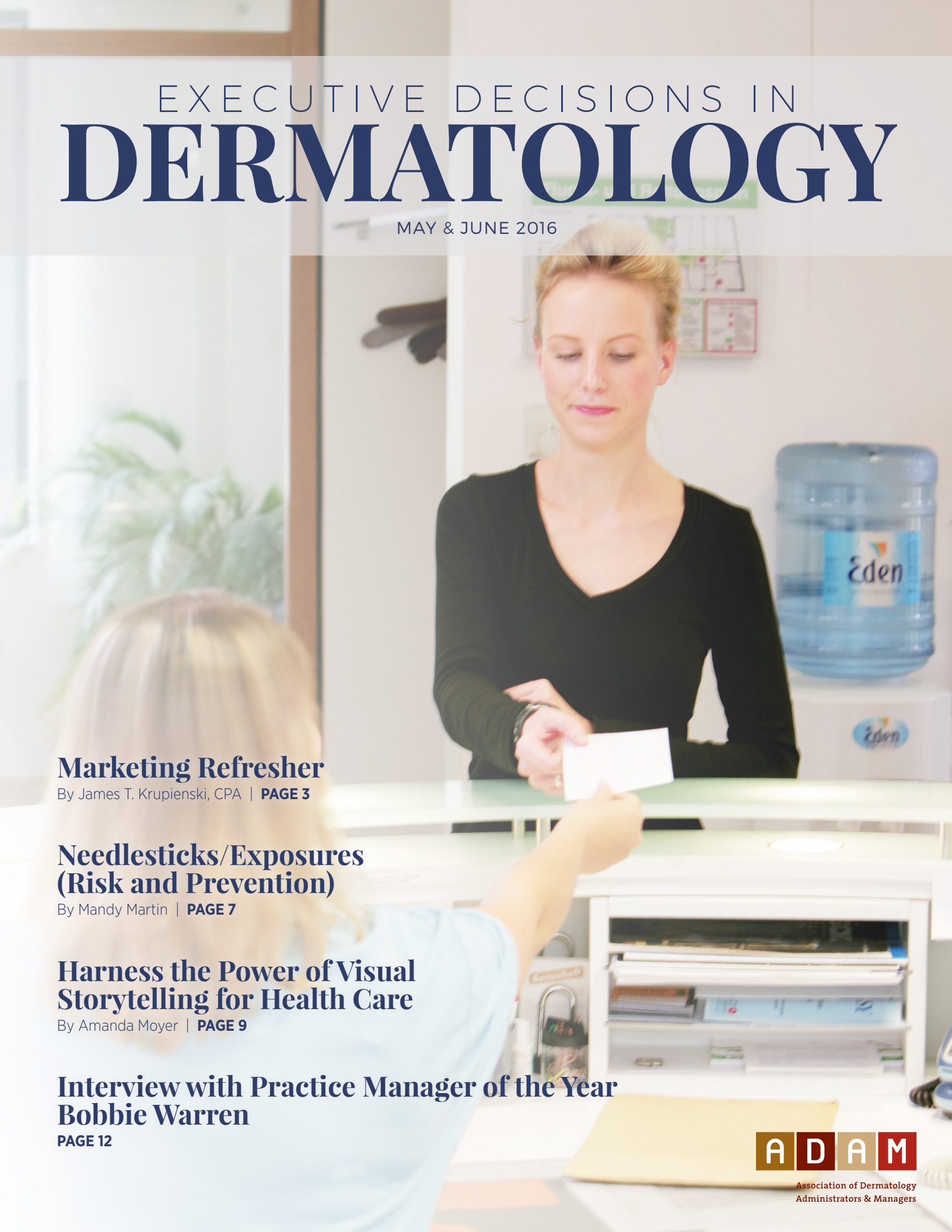
EXECUTIVE DECISIONS IN

DERMATOLOGY

MAY & JUNE 2016



ADAM
Association of Dermatology Administrators & Managers

EXECUTIVE DECISIONS IN
DERMATOLOGY
MAY & JUNE 2016

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Executive Decisions in Dermatology is a bimonthly publication of the **Association of Dermatology Administrators & Managers (ADAM).** ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 650 members (and growing daily!) include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM or for more information, please visit our Website at ***ada-m.org****, call* ***866.480.3573****, email* ***ADAMinfo@shcare.net****, fax* ***800.671.3763*** *or write Association of Dermatology Administrators & Managers,* ***1120 G Street, NW, Suite 1000, Washington, DC 20005.***

ADAM
Association of Dermatology Administrators & Managers

2016
ADAM OFFICERS AND BOARD OF DIRECTORS

President's *Message*

I look around my office and see the sometimes tidy stacks of work awaiting my attention. There are resumes to review, compliance documents to update, requests for time off, insurance updates, a new marketing plan to finalize, floor plans for a renovation, lease proposals for a new location, credentialing follow-ups, information on MACRA, purchase orders, website update materials, and a huge stack of "things I must read but don't have time to right now." That's the right side of the desk - on the left are my notebook and notes from the ADAM Board's recent planning meeting.

The Board met recently to develop an Action Plan tying together several years of strategic planning. We have many goals and have been taking steps to reach them; membership being the main focus. We are hoping to grow the size of the organization and the depth of the resources available to our members.

You already know about our first benchmarking survey. Benchmarking Committee co-chairs Tony Davis and George Smaistrla are already making plans for the second survey - reviewing the process and finding areas of improvement.

Our Annual Meeting chairs, Janice Smith and Bill Kenney, are reviewing comments and suggestions from the 2016 Annual Meeting. Next year will be our 25th Anniversary! How do we celebrate the anniversary? How can we make the meeting better? What worked? What didn't? Will there be a theme?

Webinar planning is on Education Committee co-chairs Jill Sheon and Wendy Stoehr's minds. Additionally, they hope to work with Committee members to update the Member Resource Library on the website and help with Annual Meeting topics. On their long-term goals list is the development of a dermatology practice management certification program.

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Angela Short is pulling together preliminary information to develop a billing certification. Her task force will explore what the course will look like, how to develop it, and the certification process.

Membership co-chairs Virginia King-Barker and Elizabeth Edwards have identified an ambitious task in developing and maintaining membership within ADAM. It is our goal to add 200 members to the organization within the next twelve months. Along with their committee, Elizabeth and Virginia will develop a team of experts in a variety of areas of interest. These individuals will act as a resource for those of us needing guidance on issues ranging from Human Resources to PQRS to technology needs to moral support. (Interested? Send them an e-mail!)

The Mentoring Committee led by Jeff Stewart will work hard to welcome new members at the Annual Meeting and partner them with another ADAM member. It's one of the things I've always liked best; being able to come to a meeting by myself and yet not be alone.

Shannon Page and the Communications Committee are working to make this newsletter more meaningful to the users.

Ambitious? You bet! But as Simon Sinek, author of "Start with Why" and "Leaders Eat Last" says: *"Working hard for something we don't care about is called stress; working hard for something we love is passion."*

You can help: Got an idea? E-mail or call Patricia or Diane at Headquarters. They'll route it to the appropriate person. Or e-mail me directly at gabibrockelsby@yahoo.com.

Warmest Regards,

Gabi Brockelsby
ADAM President

2016 ADAM BOARD OF DIRECTORS

Top row, left to right (Shannon Page, Wendy Stoehr, Jill Sheon, Gabi Brockelsby, Virginia King-Barker, Jeff Stewart, Tony Davis.)

Bottom row, left to right (Bill Kenney, George Smaistrla, Janice Smith, Elizabeth Edwards.)

Marketing Refresher

*By **James T. Krupienski, CPA***
Accountant

For years, physicians have been able to enjoy the fruits of their labors. If there is one thing that the current economy has taught us, it is that there is now less fruit to harvest. As a result, no practice can afford holes in their schedules or in the schedules of their employed physicians and non-physician providers.

To prevent this from happening, it is more critical than ever to ensure you are properly marketing your practice. 'Properly' cannot be emphasized enough. Times are changing and patients are determining which physicians to see using a variety of media sources. This article will help you properly develop the structure of an effective marketing plan, provide details on some of the more common marketing methods that have worked and identify some of the key mistakes made in unsuccessful plans.

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OUTLINE YOUR APPROACH >>>

The first step in defining your marketing plan should be to **identify your personal brand**. How you view your practice and how you want others to view it need to mirror each other. If not, there will be a disconnect and your plan will not work. Ultimately, this should become the driving force behind each of the different techniques that you employ. Staying focused and consistent is the key to an effective and successful marketing plan.

After your brand has been established, you must then **make a determination of how your practice is currently viewed within the community and review recent trends in your patient volume**. If patient volume has been on the decline, your approach may need to be more aggressive, or completely altered, in contrast to 'fine tuning' if your practice has been relatively successful.

Third, it is critical that you **perform a detailed analysis of your target community or patient base**. By doing so you will be able to better judge what publications they may be reading, who may be referring patients to your office or why your current plan is not reaching your intended audience.

Next, it is critical to **understand who your competition is and what they are doing well**. This not only includes what they are doing well from a practice standpoint, but what they are doing successfully from an advertising standpoint. Performing such a review may help provide an informal blueprint as to how you may want to proceed. It is also critical that your marketing plan not only promotes your practice, but serves to help to set you apart from others in your field. This might include focusing on a particular specialty or cutting-edge treatment that others are not yet performing.

Finally, you will need to **determine how much you are willing to spend**. A general rule of thumb is 1% of total revenues. By having a budget, it forces you to sit down and perform a detailed review of the methods that you would like to employ and confirm that you are spending money in the right places. Too many practices have not considered this aspect of their plan and are surprised at the end of the year to see how much they have spent on advertising and how little it may have returned.

After each of the above components has been analyzed, there is one more piece to consider before implementation - **Will you use a consultant?** There are many proven marketing techniques that work, and many more that do not. Given the amount of time involved in seeing patients and running the day-to-day aspects of your practice, this may be one area to consider bringing in the 'experts'. Considering the possible benefits of a successful marketing plan, ensuring that your money is invested wisely is very important. Bringing in a consultant to assist with your marketing plan may give you the biggest bang for your dollar.

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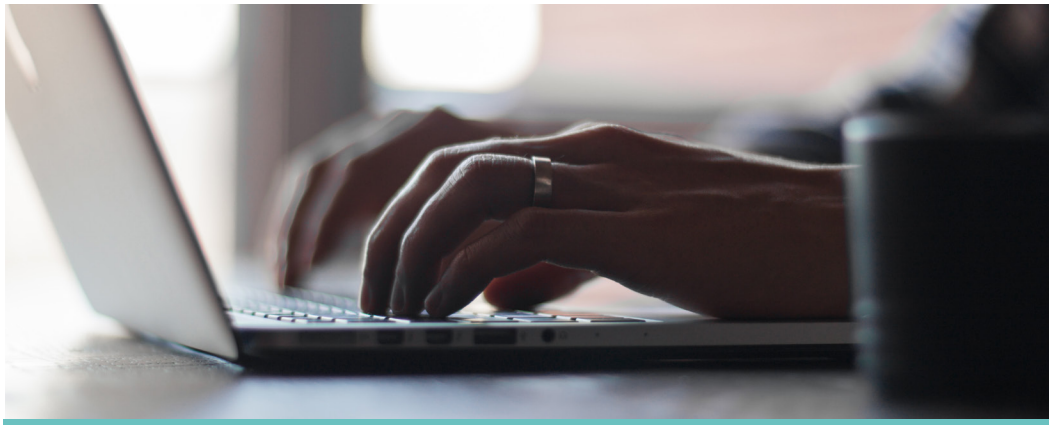
PROVEN METHODS >>>

Having your own web site is a standard for most practices these days. Most generations now use the internet as their primary source of information. Accordingly, how much you invest in a web site should be based upon the target demographic, including referral sources that your practice serves. When creating the web site, there are a few items that must be considered, regardless of how sophisticated it becomes. First and foremost, the site must be user-friendly. Second, the site should be updated regularly, which not only helps to remove stale data, but shows that you are taking an interest in the message you are conveying. Finally, it is important to understand that internet searches will be a driver of traffic to your site. Therefore, the more information that you provide regarding specific procedures that you perform, symptoms that patients should be monitoring and medications that are available, the more traffic you should experience.



“The more information that you provide regarding specific procedures that you perform, symptoms that patients should be monitoring and medications that are available, the more traffic you should experience.”

To reach a broad demographic, many practices are now utilizing television, newspaper and radio advertising. The most significant benefit to this type of advertising is the exposure that it provides to your practice. To be most effective, these ads need to be focused and include an element that draws the target audience in. It is recommended that the ads be tested by a sample of your target audience. Doing so will allow you to be sure that you are conveying the right message before a full ad campaign is rolled out.

Public outreach has always been a very powerful marketing tool, but is often overlooked. If you are a good public speaker, try connecting with one of the local health fairs, industry publications or public television to discuss the possibility of speaking about a new procedure or technique that others may find interesting. Writing a medical advice column is another idea and is a great way to generate some free advertising. If you are unsure of a topic, consider focusing your efforts in times of crisis. This is generally a successful approach, as you are reaching out to the public during a time when they are looking for someone to answer their questions and provide information. Additionally, it is a time when people become more interested in what the media has to say, leading to a captive audience.

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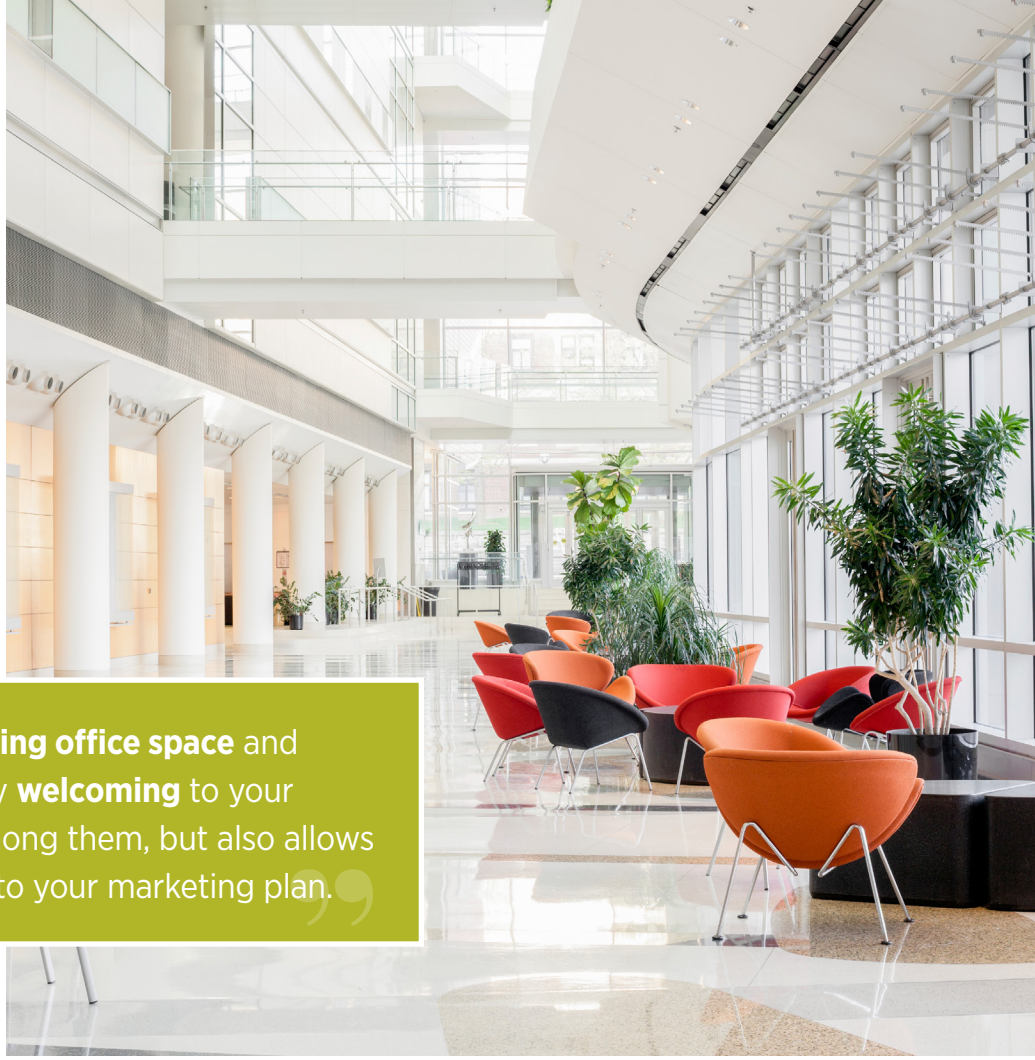
While not often considered, your office space can also be used as an effective marketing tool. An updated, aesthetically pleasing office space and convenient location are not only welcoming to your patients and generates buzz among them, but also allows you to add another component to your marketing plan. Photographs can be included on your website and in brochures, which leads to our next topic. Brochures are another 'must have' for every practice, regardless of location and size. The biggest mistake that practices make with brochures, however, is that they create them and then leave them in a pile at the reception desk. These need to be proactively handed out wherever possible. Some of the best places to distribute them are at speaking engagements and other practitioners offices for whom you may offer complementary services.



> An **updated, aesthetically pleasing office space** and **convenient location** are not only **welcoming** to your patients and **generates buzz** among them, but also allows you to add another component to your marketing plan.

The Yellow Pages, while becoming more obsolete, should also be on your list. There is still a very large demographic that do not have computers and rely on more traditional sources to find a practice.

MISTAKES TO AVOID >>>

The biggest mistake made when implementing a marketing plan, is to have no plan at all. Many practices choose their advertisements on a stand-alone basis, with no focused strategy behind it. Money is spent, but they have no idea whether their target audience is being reached. It is also important to remember that an effective marketing plan should not just be rolled out and eventually forgotten. Effective plans are ongoing and evolve over time. The advertisement that is in the newspaper today should not be the same advertisement that is in the newspaper two years from now. Finally, there is often a lack of tracking to determine if the plan is actually working. While many practices do make it standard practice to ask a patient how they have been referred to the practice, are the results being tracked? On a regular basis you should be updating some type of tracking report with the results so you can evaluate whether or not your advertising dollars are being spent wisely.

Most physicians use advertising to some extent in their practice. Done properly, with a well-conceived plan, advertising can be very successful in attracting an increased patient flow to your practice. ■

Needlesticks/Exposures
(Risk and Prevention)

By ***Mandy Martin***
Compliance Consultant

Have you ever wondered, or been concerned, about what to do if you got a needlestick? Would you say to yourself, "How did this happen and what should I do"? Most needlestick injuries involve clinical staff, which would include doctors, nurses, medical assistants, and laboratory staff.

A needlestick can happen at any time, but is more likely to happen when there is a new device being used and the work team has not been properly trained in its use. There are, of course, the more common reasons for needlesticks such as when a staff member is overwhelmed with work, stressed, rushed, a bit distracted, or overtired. To avoid these issues, remember that there are several things that can be done. First, understand and determine the risk exposure at hand. Risk exposure occurs when there is little regard for personal protective equipment (PPE). Practicing an engineered control of isolating and removing hazards is essential in the prevention of injuries. For a safer design, evaluate and use safety engineered devices, such as safety needles or retractable scalpels, whenever possible. Always remain well informed on what is safe and what is the proper use of all equipment.

> "Employees should always remember to **keep employers informed** of any hazards, observed at work, that can cause an exposure from bloodborne pathogens from needles."

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NECESSARY AND **IMMEDIATE STEPS** TO BE TAKEN AFTER A NEEDLESTICK

First, **wash the wound** with soap and water

Then, **report the incident** to a supervisor

Finally, **seek immediate medical treatment** at the nearest treatment facility or E.R

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Safety Evaluation Device Forms should be filled out by clinical staff, prior to using any new safety device, to determine if a device will be conducive to specific job duties.

More than 20 bloodborne pathogens (BBP) have been reportedly transmitted from exposure injuries. Severe, or even fatal, infections can include Hep B, Hep C, or HIV. A small, but still significant, 2% of needlestick injuries are likely to be contaminated with HIV.

There are necessary and immediate steps to be taken after a needlestick. First, wash the wound with soap and water. Then, report the incident to a supervisor and seek immediate medical treatment at the nearest treatment facility or E.R.

Preventive measures would always include avoiding the recapping needles, and instituting a prepared plan for the safe handling and proper disposal of needles. Evaluate any devices and dispose of all used needles in appropriate sharps containers.

Employees should always remember to keep employers informed of any hazards, observed at work, that can cause an exposure from bloodborne pathogens from needles. Also, definitely avoid the use of needles when there are other safe alternatives.

First and foremost, though, try to prevent work injuries and keep the staff current on exposure information. Implementing, set priorities, and strategies will ensure that staff is aware of their work environment. All of those involved will benefit from a high safety percentage when good risk prevention is practiced. ■

Harness the Power of Visual Storytelling for Health Care

*By **Amanda Moyer**, Director of Account Services at full-service marketing, advertising and public relations firm, Market Mentors, LLC*

Dermatology administrators wear many hats. From case management, patient files and medical record organization to operations and even marketing – there is a lot to juggle. When considering where marketing falls into workflow, it can seem like a task that lingers at the bottom of a to-do list. Or maybe it's high priority for a new or growing practice that needs to expand the customer base. Whether administrators could benefit from a few extra hands to help or have a well-developed strategy in place, it is important to consider the power of visual storytelling – a very compelling and effective marketing tactic.

Simply put, visual storytelling communicates information in a narrative, providing visuals in the way of video, statistics and graphics, or even highly descriptive writing. Any way to "paint a picture" through marketing provides stronger appeal because it does not just tell the audience a message, it shows the meaning behind it.

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Think of this way, when a really great speech is delivered it usually starts out with a descriptive analogy, anecdote or story to set the tone. Then, the audience is engaged and the presenter can ease into why that story is relevant to the topic at hand. Those in the audience can see how it relates to them, thus making it more personal. The same strategy can be applied to marketing. Show the target audience instead of just telling them what the practice is all about.

There are many marketing tactics to employ visual storytelling. Here are few examples:

Google processes **3.5 billion searches a day**. This proves how the internet has become the go-to resource for most, which is why **it's so important for any company to have a digital presence**. When strategizing about what kind of digital content can be created, consider the fact that **visual content – like videos – receive 94 percent more views that written content** (according to Hubspot, a marketing and analytics company that studies engagement). Videos can be created to showcase certain products or procedures and they can be used to educate patients – all while building brand awareness. One of the best uses of video is to share a case study, or more commonly known in medical practices as a testimonial, which leads to the next visual storytelling tactic.

Some of **the most authentic marketing uses real-life examples**, which is exactly what a case study does. It's the format in which a real-life testimony is communicated (in video or in writing, consider providing customers with both for maximum reach). A case study is a story about a problem, solution and result. For a dermatology practice, think about asking some happy customers if they would be willing to share their story. To sweeten the deal, many businesses provide an incentive for those willing participants – for example, think about providing a percentage off of a future purchase.

While not 100 percent required for videos or case studies, **before and after photos would really amplify the message of marketing** for a dermatology practice. Even if someone is willing to participate and provide these images in the most anonymous way possible (isolating certain parts of the body that would protect identity), the results are really powerful. People are skeptical by nature – **show them real-life examples to defend bold statements** that may otherwise sound "too good to be true."

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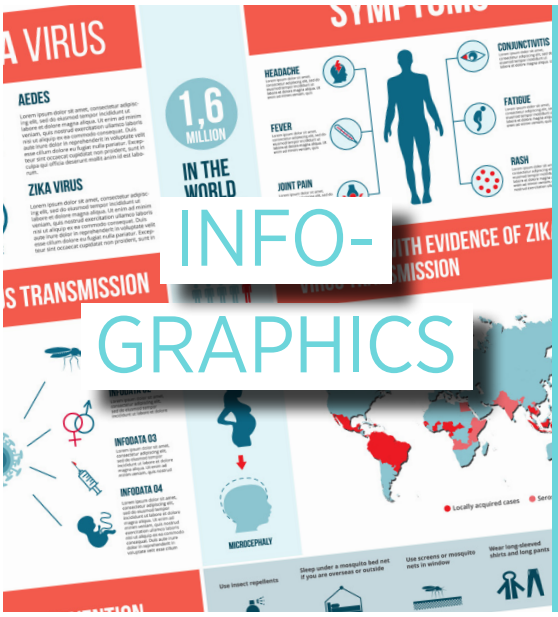

INFO-GRAPHICS

The digital era has completely redefined how people digest content. Many websites now use "infinity scrolling," where new content loads as the viewer continues to scroll down a page – a far cry from the templated sites used in the '90s and early 2000s. That means that **visuals that accompany text on a website have an opportunity to extend the message, too**. That's what infographics are all about. Webpages are long – and infographics often scroll down the length of a page, like a visual sidebar. People then **scan that visual content for quick facts – great content to include are statistics, data-points or flow-chart-like chunks of content** that make sense in pieces, and as part of a longer narrative. It takes time to research the information, but the results are well worth the effort. Editors find infographics useful for editorial, which become an extension of public relations initiatives, and they also look great on digital publications.

BILLBOARDS

Perhaps **one of the best uses of visual content is on a billboard**. There are only a few seconds to grab the attention of a passerby, which means content should be highly visual and not copy-heavy. This is a **great opportunity to reinforce the images on other marketing collateral**. For example, consider showcasing the subjects of a case study and put a website where people can log-on and watch a video of the story.

Whichever tactics are employed, visual materials can be repurposed across mediums. From paid media (advertising) to earned (editorial) and owned (websites, collateral, brochures, etc.), remember that the higher the quality of the work – the more impact it will have. For large printing projects and video, high-resolution is a must. For the best production – and to help lighten the load of administrators – marketing professionals can help bring ideas to fruition.

Not sure where to get started or need a little help? Give us a call at Market Mentors, (413) 787-1133. ■

Bobbie Warren

Interview with Practice Manager of the Year

ADAM: What is your favorite aspect of your job?

Bobbie: Hands down-the people I work with...Starting with my boss, Dr. Hendi and the entire staff--I really like them and they like me!

What is your least favorite aspect of your job?

Reprimanding, giving bad evaluations and firing. Happily, I don't have to do this very often, especially with our current team; but it disheartens me when people don't give their all and yet feel entitled to reap the benefits that the practice provides.

What contributions have you been responsible for in improving your present office?

A lot of them actually come from seminars and meetings such as ADAM. Medical Practice Management can be isolating, unlike working in other industries where there is constant networking and sharing of ideas. 3 things I implemented from this past ADAM session are:

1. Red Light, Green Light form for the front desk showing insurance plan requirements. We have all sorts of reminders and flags, but this is a simple and very visual guide that has copies of all the insurance cards. The front desk loves it.

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STAY POSITIVE, LEAVE YOUR BAGGAGE OUTSIDE THE DOOR AND LEAD BY EXAMPLE

2. After making any changes or suggestions to staff verbally, I now follow up with an email or intra office message. It just takes a few moments and it gets rid of any ambiguity.

3. Had each staff member fill out "All About Me" form, which asked questions such as favorite healthy food, indulgent food, color, which I will use in the future for Random Acts of Kindness (RAKS). This created so much fun and enthusiasm as they were filling it out-people love to talk about themselves...LOL. I also asked what their favorite joke is...I work with some really funny people!

Can you tell us a couple things you do to keep your staff motivated, engaged and feeling appreciated?

That is my favorite aspect of my job...as above RAKs, award ceremonies, happy hours and other outings- we're closing the office early one day this month and going to the National Gallery of Art in DC.

Another way of making staff feel appreciated is simply listening. Our 5 minute meetings" (another gem I picked up from networking) requires every staff member to sit down with me at least once a month for a check in, (this can be off or on the record, determined by the staff member). Even though it's called a 5 minute meeting, it can be as short as Hi, everything's great, no problems, or can turn into a very long meeting of the minds. Either way, this is one aspect that gets the most comments from the staff, even when they have left the practice- stating that they wished they took more advantage of the meetings.

How do you handle an under-performing staff member?

I usually start out with a 5 minute meeting. This often helps flesh out exactly what's going on. It could be a simple matter of miscommunication, or something unusual going on which could be easily handled. If that doesn't solve the problem, it's important to assess the worth of more coaching and teaching versus termination. An under-performing employee effects the entire office and can be very toxic. Having a good policy in place and documentation, of course, is crucial.

What advise can you offer to a new Office Manager or Administrator just starting out?

Stay positive, leave your baggage outside the door and lead by example. ■

ASK THE LAWYER Q&A

with Michael J. Sacopulos, JD, Medical Risk Institute

FMLA: Separating Legitimate Claims from Inappropriate Claims

QUESTION: **FMLA claims seem to be hitting an all time high with many offices. Employees are filling out and being granted FMLA for issues many people would never have thought of in past years. Does the office have any recourse of ways to protect itself when they feel that an employee is hiding their poor attendance record behind their FMLA status? Outside of asking for periodic updates from the physician is there anything else that can be done?**

ANSWER: It does seem that FMLA requests are experiencing a surge in popularity. Anna Welsh, Vice President of Operations for Schweiger Dermatology Group and an ADAM Presenter, believes this might be due to more millennials in the work force. "Millennials put quality of life and family first more than any other generation." While Ms. Welsh is certainly correct, it still leaves us with a situation as to have to deal with FMLA claims.

First, make sure that FMLA applies to your practice. Your practice must have fifty (50) or more employees for FMLA to apply. The individual seeking leave under this act must have worked for your practice for twelve (12) months or longer. I have seen situations where practices simply believe that FMLA applied to them but they had fewer than fifty (50) employees and thus not covered by the law. I have also seen individuals request FMLA leave after only several months of employment. The first step is always to check to make sure the law applies to the situation at hand.

Assuming that the law applies, we next need to look at the proposed reason for the leave. The act specifies certain events or conditions which are covered. For example, the arrival of a new child in the family (whether by birth or adoption) is covered. An employee with a serious health condition that prevents the employee from performing essential job duties is also covered. An employee that wants to attend a family reunion in Boise, Idaho is not covered. So, step two is to make sure the request sets forth a reason or condition which is covered by the Act.

I admit that most people attempting to slide an inappropriate FMLA request by you are savvy enough to know what type of claim to fabricate. This means that your practice needs to have appropriate policies and procedures in place. Neil J. Hamburg of Hamburg & Golden, P.C. is an expert in this area of law. His firm, based in Philadelphia, handles FMLA issues on behalf of employers in Pennsylvania. Hamburg suggests that you start with your employee handbook.

Make it clear that inappropriate requests and use of Family Medical Leave Act may result in discipline up to and including termination says Hamburg. Next, require full documentation from any individual requesting FMLA leave. Hamburg stresses the importance of consistent polices and procedures when it comes to FMLA. You do not want your practice to be criticized for discriminatory enforcement of policies and procedures when it comes to FMLA certification. Ultimately, if you have reasonable belief that FMLA is being abused by an employee, you can conduct an investigation which could even include a private investigator.

Neil Hamburg is correct in saying that policies and procedures on processing an FMLA request is key. The appropriate up front policies and procedures will act as a deterrent for those individuals that secretly wish to take the time off but do not qualify. With a little up front effort in establishing policies and procedures that coordinate with your employee handbook, your practice can avoid many inappropriate requests. Finally, one more word of caution. Employees may have employment leave rights under your State's law. You may want to seek guidance from a qualified employment law attorney in your area. I wish you the best in handling this situation and even more luck with your millennial employees. ■

Association of Dermatology
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