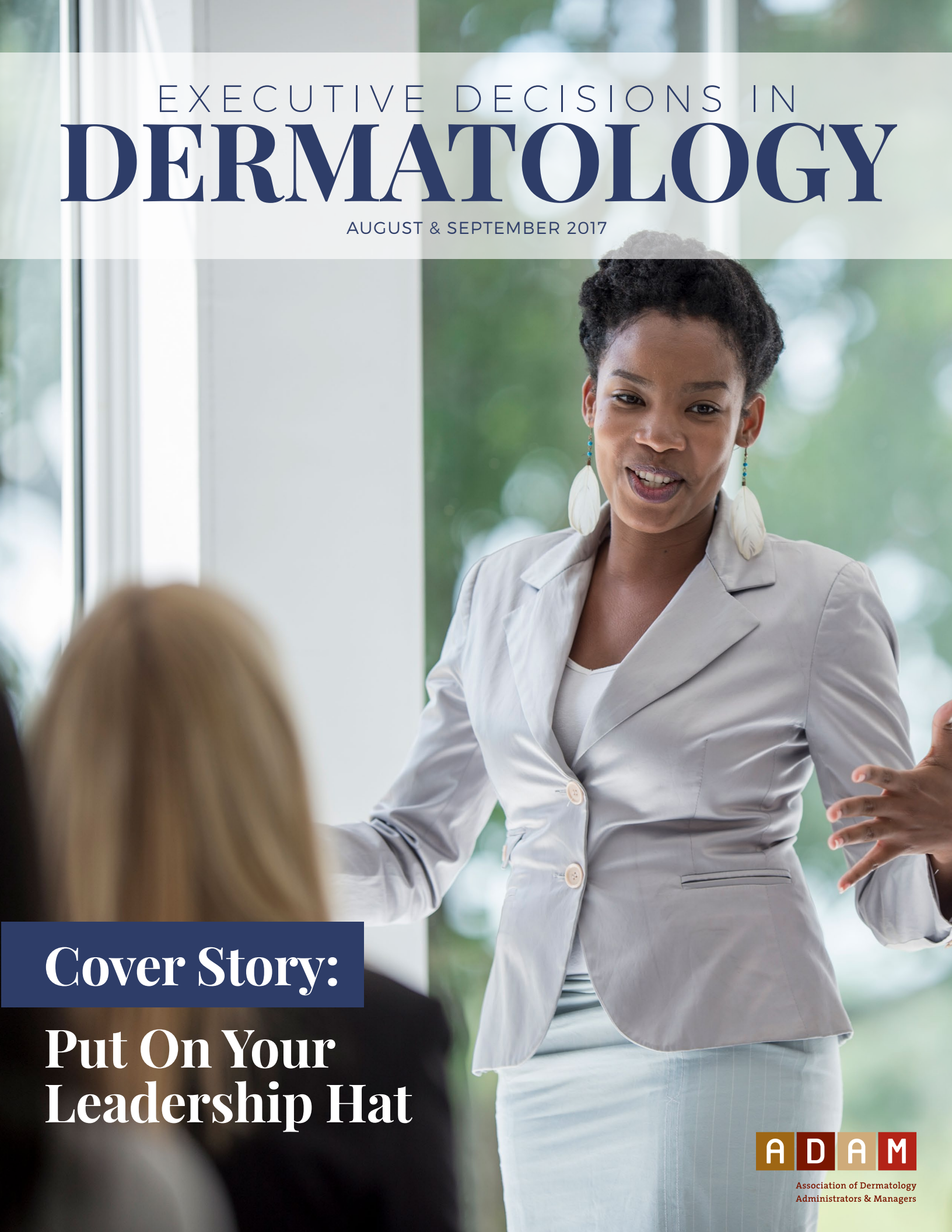


EXECUTIVE DECISIONS IN DERMATOLOGY

AUGUST & SEPTEMBER 2017



Cover Story:

Put On Your
Leadership Hat



Association of Dermatology
Administrators & Managers

EXECUTIVE DECISIONS IN DERMATOLOGY

AUGUST & SEPTEMBER 2017

inside



Page 2 | Put On Your Leadership Hat

- | | | | |
|----------|--|-----------|---|
| 1 | ADAM President's Message
A Message from President, Gabi Brockelsby | 7 | Physician Burnout – How to Best Recognize and Remedy Physician Burnout
Curtis A. Mayse, MBA, FACMPE |
| 2 | Put On Your Leadership Hat
Wendy Stoehr | 10 | Optimizing Prescription Medications for Your Patients and Your Practice
Bill Pickron |
| 5 | Board Member Interview – Janice Smith
Bill Kenney, MHA | 13 | Ask the Lawyer: Make the Call
Q&A with Michael J. Sacopulos, JD,
Medical Risk Institute |

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 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@samiworks.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 5550 Meadowbrook Drive, Rolling Meadows, IL, 60008.



2017 ADAM OFFICERS AND BOARD OF DIRECTORS

ADAM OFFICERS

Gabi Brockelsby

President

Murfreesboro Dermatology Clinics, PLC, MDC
Murfreesboro, TN

Tony Davis

President Elect

Dermatology Specialists, P.A.
Edina, MN

Janice Smith

Vice President

Spencer Dermatology Associates, LLC
Crawfordsville, IN

Jill Sheon

Secretary/Treasurer

Children's Dermatology Services
Pittsburgh, PA

ADAM BOARD MEMBERS

Michele Blum

Front Range Dermatology Associates
Greeley, CO

Angela (Short) Casazza, MHA, CPCO, CPC-D

Northeast Dermatology Associates
Lawrence, MA

Elizabeth Edwards

University of Texas Southwestern Medical Center
Dallas, TX

Bill Kenney, MHA

Dermatology Consultants, PA
Saint Paul, MN

Virginia King-Barker

Duke University
Durham, NC

Shannon Page

New England Dermatology & Laser Center
Springfield, MA

George Smaistrle, FHFMA, CMPE, CPC

Bellaire Dermatology Associates
Bellaire, TX

Wendy Stoehr

Advanced Dermatology and Skin Cancer
Spokane Valley, WA



President's Message

Being a leader is the easiest job on earth. Said no one ever. It doesn't matter if you've come into a leadership role because you're a "born leader" or grew into the role, this job is one that brings incredible rewards along with incredible challenges and heartache. But, to me, being a leader means moving forward even when the path seems to be leading you into a direction you never intended to take.

Leading ADAM is an incredible honor but, as with all things, it sometimes means having to make extremely difficult decisions. Over the course of the past twelve months the ADAM Board of Directors has made the very difficult decision to change management companies. The transitionary period began on July 1st and Solutions for Association Management (SAMI) fully assumed the management role for ADAM on August 1st.

As with any change, the reasons are layered and complex and may have varied across the board. But one unchanging tenet is that the ADAM membership is becoming more diverse and sophisticated and the educational opportunities the Board would like to create are growing simultaneously. Growth requires tremendous effort on everyone's part and was simply greater than Strategic Health Care could offer under their structure. There are no hard feelings on the part of the Board toward Strategic; in fact, we are extremely appreciative of the efforts Strategic put forth on ADAM's behalf. Their work over the last 11 years, along with tremendous efforts by ADAM volunteers, is what has brought us to the point where more is required.

Over the course of the next few weeks you will be introduced to Debra Kennedy, Chief Operating Officer at SAMI, and the team who will be working with the committees over the remainder of the year and planning what promises to be an amazing annual meeting in San Diego. ADAM will now be headquartered out of Rolling Meadows, Illinois and operating on Central Time. We anticipate the transition with regard to telephone and e-mail contact will be seamless; however, if anyone does encounter problems, I invite you to reach out to me directly at gbrockelsby@dermclinics.com or via my cell phone: (615) 556-1949. I always have time to speak with a member of ADAM.

Over the next year or so you will see some very visible signs of the transition as we work to bring you a new and up-to-date website, bring technology into our annual meetings, and develop educational offerings for the membership. Stay tuned! The best is yet to come!

Finally, I would like to recognize and thank Paul Lee, Diane Turpin and Emma Lange for their work with ADAM. It takes a lot of work to keep an organization of our size moving forward and the entire Board of Directors joins me in expressing our gratitude and appreciation for all their efforts on behalf of ADAM.

Warmest Regards,

Gabi Brockelsby
ADAM President

Put On Your Leadership Hat

Ahhhhh, summer—time to coast! The other day I went on a long bike ride with my sister and brother-in-law. My brother-in-law looked at me and said, “You go ahead and take the lead.” I really didn’t want to. I was very happy “drafting” behind, coasting along. He insisted. I hesitantly took the lead and started making all the decisions such as, pace, which path to take, and when to stop for a break. A leader must always be on their game at all times, ready to lead their team even when they don’t feel like it.



By Wendy Stoehr

Do you ever feel like “drafting”? Have you experienced burn-out as a manager of your dermatology practice?” During a time when I felt a bit-burnt-out, I landed on a book called **“Leading is Art: Drawing the GREATNESS out of those you lead,”** by Terry Gurno. As leaders we are continually looking for the potential in the people we lead within our dermatology practices. “Leading is Art” gave me a fresh new outlook on how to “draw the greatness out of those I lead.”

Most leaders of dermatology practices wear many hats. We are managers and leaders... amongst “other things”. As managers we administrate and create policy, organize processes, and build structure. As leaders we are innovators casting a vision, inspiring action, and

developing talent. The “other things” can include duties like plunging the toilet!

It’s not unrealistic in a busy dermatology office to have 150 to 250 patients come through our doors per day, not to mention more than one location to serve all the patients of our communities. How do you manage that amount of activity and also value and care for your employees? As Bill Kenney mentioned in his article in the June/July 2017 ADAM Newsletter, “Employee engagement cannot be a stagnant process for any organization.” As a leader of your practice, do you engage with your employees and get to know them? Do you ask them why they enjoy working for the practice? Most employees want purpose and meaning. They want to know what they



do matters and that at the end of the day that they make a difference. I sit down at the end of the first week with every new employee and ask them five questions. This sends a message to the new employee, “You matter!”



In chapter two of “Leading is Art” the author shares his own story of being in a leadership position and what he learned from that experience. Sometimes we are dropped into the position of leadership because someone saw our potential, or we place someone else into a position of leadership because we saw theirs. As the author tells of his experience regarding “10 Painful Leadership Lessons,” I found them to be excellent points for any leader of an organization to follow:

1. SEEK UNANIMOUS SUPPORT, NOT JUST UNANIMOUS ASSENT

- A. As the leader of your medical facility, you must have the unanimous support of the physician/professional staff as well as the employees.

2. VISION OWNERSHIP IS AS IMPORTANT AS MISSION OWNERSHIP

- A. To be a successful leader, you must be willing to make changes. The process of change may get uncomfortable and even a little painful.
- B. Sometimes physician owners and staff like the “what” of change, but they don’t ever get a hold of the “how”.
- C. Many times, it comes down to the one thing: You are liked as a leader and they agree with what you want to change, they just don’t agree with the way you are going about it.

3. SHARED VALUES MAKE FOR BETTER TEAMS

- A. Make sure you share the same values with your team.
 - i. How you conduct business
 - ii. How you treat one another
 - iii. How you interact with people outside of your organization.
- B. If the team’s values align, the team will be more effective.

4. RECRUIT AND DEVELOP WITH INTENTION

- A. Do you have a good recruitment process?
- B. Once you recruit the best, do you take the time to train and develop them?
 - i. Great people with great potential, yet no plan to turn their potential into performance.

5. VALUE DIVERSE VIEWS AND PERSONALITIES

- A. Too often we view the people on our team that have different views and personalities as a challenge, antagonistic, even pessimistic. Because they don’t see eye-to-eye with leadership, we miss out on the value they bring to the dermatology office. Their differences may be just what your practice needs to bring balance to the team.

6. IMPROVEMENT REQUIRES ACCOUNTABILITY

- A. Accountability is a crucial part of developing talent and helping a team to become its best. Often in leadership, we don’t have the time to train and support the various positions within our dermatology groups. Though we strive to bring the best out in staff, new physicians, and mid-levels, time constraints keep us from having regular accountability conversations with them. So when they don’t reach the expected “level” in the timeframe we as leaders believe they should be the employee potentially fails.

7. PASSION WITHOUT PURPOSE CAN LEAD TO PAIN

- A. Excellent leaders are passionate about achieving the mission! But passion alone won’t fuel a long-term mission. As leaders we need to inject it with purpose, a clear vision, to sustain it. Without a steady commitment and continual rekindle, passion can burn out! If you as a leader have to continually convince physicians and staff that what we are doing is “exciting”, that is a sure recipe for a burned-out leader!



8. PLAYING THE VICTIM VICTIMIZES OTHERS

- A. When things begin to fall apart around the office, it's easy to become frustrated with people and take-on the mindset of a victim. Staff are not getting along, physicians are complaining about their schedules not being full (or too full), the breakroom sink is full of dishes, and a patient wants to talk with YOU immediately about their experience. As a leader it's easy to start blaming others and making excuses. You are frustrated because the job didn't get done right. It's possible you start badgering the person who was doing the job—now the employee and or physician are upset and less willing to work with you on the next project.

9. HEALTHY CONVERSATIONS SAVE TIME, RESOURCES, AND TALENT

- A. Rather than blaming employees, leaders should have healthy conversations with them. Conversations that could resolve conflict or clear up misunderstandings. Conversations that help those you lead to become better people. Set the example for your team. Focus on the person rather than the issue.

10. PLAY TO YOUR STRENGTHS AND LEVERAGE YOUR WEAKNESSES

- A. All leaders have strengths and weaknesses. A good leader knows what their weaknesses are and finds the right person to work beside them to fill in the weakness.
- B. A mistake some leaders make is they don't want their weaknesses to be revealed. So they tend to surround themselves with those who are just like them. The irony is this: not wanting to appear weak, actually can make you a weaker leader.

Do you have a winning team? Do you know everyone on your team? What are their strengths and weaknesses? What value do they bring? Do all personalities mesh? Do they all understand the culture? Is there anything lacking with your team? Who's missing? Where can you improve?

The author's sole purpose of writing his book, "Leading is Art" was to inspire those who lead to bring out the greatness in those whom they lead and to give them some tools to help do just that.

"If you want to go fast, go alone. If you want to go far, go together." –Stated by an old African proverb

Leaders are readers! If you are interested in another good book on your shelf, I highly recommend "Leading is Art." Copyright ©2017 by Terry Gurno. All rights reserved. Published 2016 by Cedar Forge -- Terrygurno.com ■

Enhance patient care and improve Practice profitability.

UniteRx point-of-care dispensing can save your patients time, assist in adherence and create a new revenue stream.

U-fill.....How it works

- 1 Prescribe brand and generic medications
- 2 U-fill software processes insurance claims in seconds
- 3 U-analytics helps maximize insurance reimbursements
- 4 Receive reimbursements quickly

Patients to Doctors: "Save me a trip to the pharmacy"

- 3 out of 4 patients prefer receiving medications during office visit¹
- Pharmacy callbacks cost physicians thousands of dollars
- Adherence to therapy is critical to successful outcomes

- ✓ Low start up investment
- ✓ Generate significant revenues quickly²
- ✓ Easy to begin dispensing right away
- ✓ Call us to learn more!



639 E. Main St., Suite B205, Hendersonville, TN 37075

1-855-FillRx1 (345-5791) email: info@UniteRx.com

www.UniteRx.com

1 Opinion Research Corp & Purkinje, July 2007
2 Revenue results vary depending on RX's filled

Board Member Interview:

Janice Smith

By Bill Kenney, MHA

Can you describe the practice you lead?

I lead a small, independent dermatology practice with 2 physicians and 1 nurse practitioner. I have been with the practice for 15 years. My connection to this practice came when my husband was a patient and he got to know the physician. He let her know I was involved with clinic management and when this role became available, I was hired and have been here ever since.

What do you find most satisfying about your work?

I love helping the patients. Specifically, being able to help them get their drugs covered, understand their insurance coverage, and seeing them get better. I wear many hats in the practice and I am able to cover all the positions throughout the clinic including rooming patients as well as supporting the back office functions.

What changes have you seen in your practice most recently?

We are beginning to see HMO-type insurance products come back, especially when it comes to our Medicare patients. Many of these patients have no understanding whatsoever what these mean.

Also more prevalent now are high deductibles, health savings accounts (HSA's), and health reimbursement accounts (HRA's). Patients now have both a copay and a high deductible, so it is less about referral authorizations as it was when I first started in this business and more about placing a financial burden on the patient.

What leadership qualities do you feel are most important to be an effective dermatology manager?

You have to be able to really listen to what the staff is telling you, and be empathetic to what is going on for them. You need to understand the things that play into patients' frustrations and do as much as you can to get them resolved. It is also important for my staff to know that I am willing to do every single job in this office and that there is nothing that I will not do. This shows I value their position and am willing to support them so that they can do their job well.

What do you see as the ideal skill set in managing a dermatology practice?

You have to be able to be a problem solver, be a quick thinker and be able to multitask. If you can't do any



Janice Smith is the Vice President of ADAM and the Office Manager of Spencer Dermatology Association, LLC, of Crawfordsville, Indiana. She has been a member of ADAM since 1996.

of those things, it would be a very hard job to do.

How were you able to acquire those skills over your career?

Honestly, being able to multitask started way back when I got my first job before college and I worked as a receptionist in a walk-in medical clinic. I was checking patients in and out and taking payments. That experience laid the ground work. My entire career has been in the medical field. I have known nothing else. Obtaining information from our ADAM meeting has always been extremely helpful, along with networking with other managers.

What do you find to be the biggest challenge in managing your practice?

Staffing has been a big challenge especially this year. We have prided ourselves in having long-term employees, especially when I had started. The past few years have been more troubling as it

has been tough getting employees that are willing to work hard.

This younger generation seems to work differently, and in a small community such as ours, the pool of candidates I have to draw from is limited. Every once and a while you get that star but the pool is limited.

Potential employees now shadow for part of a day. This probably lengthens the hiring process by a week, but in the long run I think it pays off. Together we can decide if it is a good fit.

Can you describe any key initiatives that you have implemented in your practice which has added value to your practice?

We brought in a line of products labeled under our own name. It took many years convincing the physician to do this. We found a good product and it has gone well adding revenue to the practice. It has been an easy way to boast income.

When did you first become involved with ADAM?

From the moment I joined the practice. My physician has always been a supporter of ADAM. When I joined I had six and a half years of pediatrics and about a year of neurology. So when I first joined, my physician thought it would be a good way to learn about dermatology.

I got involved in committees in 2007, thinking I wanted to expand beyond being a member and help bolster what ADAM provides.

Can you describe the opportunities ADAM has provided you both as member as well as a board member?

The networking and the education we get with ADAM is fantastic. As a board member, even more so. I have gotten to know many ADAM members who are absolutely brilliant in this field.

What advice do you have to new managers in the field?

Ask questions, get active on our LinkedIn group, and attend the meetings. Get to know people. Network. That is the best way you can grow in this field and get comfortable in your role. Thankfully we have a great community of members who are always willing to help each other. It doesn't matter what the question is, people are always willing to help. ■



METAMED MARKETING
LINKING PATIENTS & PRACTICES

**WEBSITE DESIGN
& PROMOTION**

... custom, functional
& optimized to maximize ROI

**READY FOR
MORE
PATIENT
INQUIRIES?**

866-240-8389
www.MetaMedMarketing.com

Physician Burnout – How to Best Recognize and Remedy Physician Burnout



By Curtis A. Mayse, MBA, FACMPE
Principal, Health Care,
CliftonLarsonAllen LLP

You may be familiar with the statement “I don’t like doing this anymore,” or “I wish we could go back to a simpler time when documentation requirements weren’t as significant.” However, in leading practices that are asked daily to live by high expectations in all facets of practice management, our physicians are critical to overall leadership, staff morale and, most importantly, productivity. When they are absent or not living up to the group’s expectations, it effects the entire practice.

Physician burnout is so common throughout medical group practices across the country today that many of us are struggling to find real tangible solutions to address this epidemic. Some elements of making small steps in the right direction involve improving staffing levels, technology solutions, and operational improvement, but, most importantly, communication and leadership can drive the biggest impact. Without communication and associated leadership, awareness of the issues and significant positive impact does not occur. Therefore, it is up to leadership to work through these serious aspects to make the changes needed to lead our practices from moments of despair to brighter days.





“Burnout makes it nearly impossible for individual physicians to provide compassionate care for their patients.”

How is burnout best defined?

Burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients. By measuring and responding to burnout, leaders are able to reduce sources of stress, intervene with programs and policies that support professional well-being, and, ultimately, prevent burnout.

Burnout makes it nearly impossible for individual physicians to provide compassionate care for their patients.

In recognizing burnout, it is very helpful to distinguish the differences in its various stages. Dissatisfaction is a feeling a physician might have, or the sentiment that they don't enjoy their job. Disengagement goes a step further. If dissatisfaction is “I don't like this,” disengagement is “I don't want to do this.” Disengaged physicians simply aren't invested in the organization. Burnout is the final stage: it's the feeling that “I can't do this anymore.”

Therefore, when objectively looking at practices, it is important to ask what internal factors can contribute to burnout.

- Lack of control over work conditions
- Financial pressures
- Time pressure on all fronts
- Chaotic workplaces, inefficient and frustrating
- Repeated lack of listening to their needs
- Technology difficulties
- Lack of alignment of values (around mission, purpose, and compensation) between providers and their leaders)

Physician burnout can look very different from physician to physician and from practice to practice. On an individual level, the manifestations of burnout tend to fall into these five categories: Apathy to work with colleagues, indifference to patients, loss of joy in the practice of medicine, feeling overwhelmed and frustrated, and, sometimes, increased mental health concerns. Any of these can

occur from time-to-time but the accumulation of them for any physician can be very serious. Beyond those individual effects, burnout has real business consequences for the medical group. Burnout can negatively affect patient experience and quality of care. In addition, it can hinder efforts to recruit and retain the right type of physicians to meet patients' needs because burnout has been linked to higher turnover and early retirement.

How do you best recognize and remedy physician burnout – how visible is it? Does it affect internal decision-making and staff morale?

Physician engagement is a tenuous road and not for the faint of heart – we all have our proven ways to engage physicians in the proper activities to keep them enthused after the honeymoon period of needed change. However, when significant physician burnout sets in for one or more physicians, this becomes quite a test of leadership.

What are some ways to address this within your practice?

One way is have ‘Meetings with Meaning’. Clinicians have limited time to meet. Research indicates that restructuring meetings to address clinical cases or challenging patients and issues of concern to them, rather than administrative issues, is a successful way to reduce clinician stress. These restructured meetings are called “meetings with meaning.” When meetings are held, meet for defined amount of time with a limited agenda so as to engage and be respectful of the physician. Necessary work must be accomplished, but the 4 hour board meeting at the end of a day frustrates everyone.

A “lack of autonomy or control” can drive these feelings of concern and anxiousness. Physicians spend a great deal of their professional life training for a life of autonomy and, suddenly, they are thrown into a group practice and asked to “reduce variation” or “standardize clinical behavior.” This can be very tough for our older physicians. Therefore, some other elements to improve feelings of control and/or reduce feelings of chaos include:

- Providing flexible scheduling options for providers, such as more part-time options: seven days on, seven days off for ambulatory practices, flexible scheduling at the beginning and end of the day for clinicians who are parents.
- Consistently scheduling support staff (e.g., MAs, RNs, etc.) with the same providers, if possible.

- Outsourcing time-consuming tasks, such as coding, to other departments or other staff members in the organization.
- Implementing a scribe program for the providers to reduce the significant documentation requirements.
- Piloting a call “cap and trade program” in which providers are compensated more if they are willing to take more call time. This may relieve the burden on providers who find it difficult to take call shifts because of personal obligations.

As Dr. Laurie C. Drill-Mellum, MD MPH, Chief Medical Officer of Constellation, states in a recent article, “Despite countless stressors, medicine remains extremely rewarding. But what motivates most physicians, including surgeons, is not ruthless competition, not regal salaries, not relentless regulations. As Daniel Pink asserts in his book *Drive*, truly healthy motivation is not about money, power or prestige. Instead, it’s about autonomy, creativity and purpose. Our profession still offers the opportunity for a relatively autonomous, creative, and purpose-filled career, but only if it doesn’t overwhelm us first!”¹

As we will discuss in Part II of this series, communication and leadership are essential aspects to lead your group through these challenging times but everything is attainable with enough dialogue and action! ■

How to improve feelings of control and/or reduce feelings of chaos:



Provide **flexible scheduling** options



Consistently schedule **support staff**



Outsource time-consuming tasks



Implement a **scribe program**



Pilot a call “**cap and trade program**”

¹ Drill-Mellum, Laurie. “Not What We Signed Up For.” *Minnesota Medicine*, November/December 2016, pp. 46-48.

Optimizing Prescription Medications for Your Patients and Your Practice



By **Bill Pickron**,
Senior Vice President, National Sales
and Practice Development, UniterRX

The expenses of running an independent practice are increasing, and the cost associated with human resources marks one of the most significant, consistent expenses for the practice. Yet, physicians are paying their staff to spend a large percentage of their time managing prescriptions, which represent no source of revenue for the practice but are critical to optimizing outcomes for patients.

Compounding the issue is the fact that more than 30% of patients do not fill their prescriptions. One way to decrease this critical first step to therapy adherence according to the AAFP is “continuity of care.”

Point-of-care dispensing is a fast-emerging answer to this seemingly complex problem. Most states allow physicians to dispense prescription medications under their physicians’ license, enabling practices to expand the continuum of care provided, benefiting the patient, practice staff and the physician.



Benefits to the Patient

Convenience: Consumerism has infiltrated healthcare, which means patients are choosing and staying with physicians based on more than just the physician. In fact, patients rank convenience as more important to them than physician credentials. The number one finding from a survey of 4000 consumers conducted by the Advisory Board Company on the topic of what they want from their healthcare provider was, “Convenience is king.” And, getting a prescription filled at the clinic was among the top ten attributes consumers used to define the conveniences they want.

Education: According to the US Department of Health and Human Services, adverse drug events result in more than 770,000 injuries and deaths each year, and 11%-14% of those instances can be traced back to the dispensing pharmacy.

In observational studies, 17%-25% of prescriptions were not accompanied by instructions from the physician or the care team. Why? Weighted down by the increasing expenses of running a practice, physicians are spending less time with each patient in order to see more patients daily. And, ironically, staff members are spending 30% of their time fielding telephone calls about prescriptions. With a lack of communication between the physician's office and the pharmacy, accountability for a detailed conversation with the patient about the prescription, side effects, adherence and potential adverse events is split at best and unclear, despite regulatory requirements.

With point-of-care dispensing, the staff and time are built into the process to ensure the patient gets the information he needs to begin and adhere to therapy. As well, the physician has an established relationship with the patient and is in a better position to forecast and assess the patient's education needs, tolerance of side effects and barriers to adherence. The education, therefore, becomes more customized and patient-specific.

Benefits to the Practice

Improved adherence: As previously noted, patients not filling the initial prescription is a primary cause of lack of adherence. Enabling the patient to leave the physician's office with the prescription in-hand and education about the therapy plan overcomes this barrier immediately. As well, point-of-care dispensing provides the physician and care team a more direct view of the patient's refill habits, empowering the physician to intercede more quickly if adherence is compromised.

Increased patient acquisition and retention: As shared, consumers are expecting more from their physicians and demanding convenience and service levels they have grown accustomed to in other industries, like retail and hospitality. By the same token, they are also sharing their opinions about physicians through the same outlets they use to rate other services- i.e. Yelp, Google and social media.

For physicians, offering convenience to patients is a competitive differentiator, especially when it is a service that is not common among physician practices. Point-of-care dispensing can set a physician's office apart from the competition and provide a talking point in online reviews and social media posts that attract new patients.

New revenue stream: If as many as 71% of patient visits to a physician's office result in at least one prescription medication, and each prescription is worth \$10-\$20 margin, point-of-care dispensing equals a significant new revenue stream. Add to that revenue the increased productivity of staff members who will now be spending less time on the telephone with pharmacies, and the bottom line impact to the practice increases significantly.



Choosing the Right Partner

While most states allow physicians to purchase and dispense prescription medications under their physicians' licenses, they will also require physicians to satisfy various requirements. In addition to consulting legal counsel, it is important to choose the right point-of-care dispensing supplier. The supplier should fully understand the regulatory requirements in the state and be able to demonstrate compliance of the solution with these requirements.

As well, the supplier should:

- Provide full software and program support, including on-site staff training
- Include reporting tools and appropriate connectivity to the physician offices' EMR
- Have a team with demonstrated experience, understanding and success in pharmaceutical distribution
- Enthusiastically provide references and the ability to have open discussions with other physicians' that have implemented the supplier's solution

The healthcare industry is shifting dramatically, and all stakeholders are trying to drive that shift. Point-of-care dispensing allows physicians to strengthen their ability to serve their patients and improve outcomes, while taking control over a revenue stream physicians have long supported but from which they have not measurably benefited. ■



ASK THE LAWYER

Q&A

with Michael J. Sacopulos, JD
Medical Risk Institute

QUESTION: When a manager is confronted with a difficult human resource problem in a dermatology practice, when is it best advised to contact an attorney for advice and when it is best to act on one's own experience and knowledge?

ANSWER: You ask a great question. As a manager, you won't have to wait long until a difficult human resources (HR) problem presents itself. You then have to decide to go it alone or call counsel. For help answering your question, I reached out to Attorney Jill Sorger of Tobia & Sorger, a New Jersey based law firm that specialize in handling HR issues. Ms. Sorger has many practices that she assists with HR problems and she is recognized as a national expert in this area of the law.

"My relationship with clients is that they should call whenever they have a question," Sorger says. Because of the established relationship, these calls rarely last more than fifteen (15) minutes. This keeps costs

down and prevents bigger problems down the road. So the trick here is to have an established relationship with an attorney that knows your practice prior to difficult HR.

One way to establish a relationship in advance is to have a lawyer review your Employee Handbook. This not only helps establish a relationship, it will reduce the number of difficult HR situations down the road. "An Employee Handbook is one thing tends to lessen problems you go through," advises Sorger. Having the appropriate infrastructure of policies, procedures, and counsel will greatly reduce the need and expense of using a lawyer when an issue comes up.

But no amount of preparation will eliminate the need for HR legal advice. One of Sorger's dermatology clients had a situation we all would agree was a "difficult HR problem." "The practice had one of their MA's basically examine a patient. "He performed the entire exam even looking at moles. Everything," reports Sorger. When the patient discovered this she had been fully examined by an MA, she called the police. By quick action and the use of attorney-client privilege, the practice moved from being reactive to being proactive. The practice's attorney lead investigation set the course of the police investigation. Although it was a bad situation, it would have been far worse if counsel had not been involved.





“So the trick here is to have an established relationship with an attorney that knows your practice prior to difficult HR

- Jill Sorger, Tobia & Sorger

There are certain “Red Flag” events that should cause you to call your lawyer. Any complaint from a patient of inappropriate staff behavior should make you think about consulting counsel. In my experience, by the time patients complain of a staff member’s behavior, your practice has a full blown problem. Another “Red Flag” event is when an employee makes statements that demonstrate he/she has been researching statutory law. If you overhear, “They can’t do that! The XWY law won’t allow it!” pick up the telephone. Whether your staff member is correct or not, trouble is brewing. Finally, any claim of harassment, sexual or otherwise, is a signal to immediately contact your practice’s lawyer.

In law school I had an old professor that taught Wills and Trusts. He looked like a cross between a figure on the ceiling of the Sistine Chapel and Santa Claus. He told us that people who tried to write their own wills and trusts would generate

more legal work than those that hire a lawyer to begin with. He was right. The same is true of managers that attempt to handle a difficult HR situation on their own. A good lawyer will prevent problems and keep other problems from escalating.

Here are my recommendations:



Get an experienced employment lawyer to **review** and **revise** your Employee Handbook. This will help avoid difficult HR situations and it will also establish a relationship with counsel for future use.



Watch for “**Red Flag**” events. When one happens, call your lawyer.



When in doubt, **call your lawyer** to get their opinion. Waiting to involve counsel often results in an exponential increase in legal expenses.

By following these recommendations, you will be able to navigate difficult HR situations with minimal risk and expense. I wish you all the best.



Association of Dermatology
Administrators & Managers

5550 Meadowbrook Drive
Rolling Meadows, IL 60008

phone: 866.480.3573 | fax: 800.671.3763

ADAMinfo@samiworks.net

ada-m.org

MISSION

Serving the dermatology profession through education,
resources and networking opportunities.

VISION

The trusted resource for dermatology practice management.