Executive Decisions in DERMATOLOGY

ADAM

November/December 2014

The holidays are almost here, but there is plenty of work to be done!

Go to Page 3 for details on registration, hotel, and the At A Glance.

ADAM and CareCredit are proud to issue a call for nominations for the second annual *Practice Manager of the Year* Award.

For more information go to page 5.

Upcoming Webinars

November 19—*Cheryl Bisera, of Cheryl Bisera Consulting,* presents this exciting marketing and branding webinar. Turn the strengths of your practice into profits with effective image development, branding and marketing. Learn how to recognize the marketable strengths of your practice and communicate them consistently and effectively to your existing patients, referral sources and community to reach your growth goals!

Click Here to Register

December 10—*Jamie Verkamp, of (e)Merge*, will present Patient Engagement vs. Patient Education – What's the Difference? This webinar will help you identify topics and how to educate patients on those topics, while striking a balance between an informed patient and a patient burdened by information overload. Meaningful Use Stage 2 includes several measures, which will require healthcare organizations to engage with their patients electronically. Jamie will discuss how meeting the requirements in measures related to patient engagement does not necessarily mean that organizations are doing all that they can to educate and empower their patients. Engaging patients about the patient portal, direct messaging, clinical summaries, and more is just the first step.

Click Here to Register

In this issue:

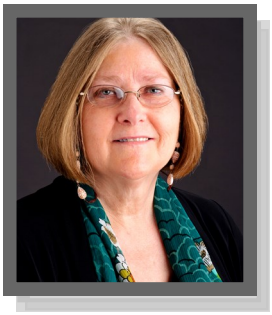
President's Corner

A series about the state of the Association and what's new with ADAM. Do you have a question for Pam? Email us at ADAMinfo@shcare.net

As the end of the year approaches, we have seen several changes to our industry that will affect all of us as practice managers and administrators. From Meaningful Use to inching closer and closer to the ICD-10 transition, our practices are changing and ADAM is here to assist you. The ADAM Board of Directors and I hope that you take advantage of all the educational programs that ADAM offers as well as utilizing the knowledge of your colleagues.

The Education Committee is proud to present ADAM's 23rd Annual Meeting, March 18 – 20, 2015 in San Francisco, CA at the Parc 55 Wyndham Hotel. The program is full of excellent sessions that focus on compliance, marketing, Human Resources, and so much more.

We understand that not everyone can get to the Annual Meeting, so we are constantly trying to provide the members with valuable and timely information, which I hope you take advantage of our upcoming webinars. More importantly, we would love to hear from you. If you have an idea for a webinar, please send it to adaminfo@shcare.net.



On behalf of the ADAM Board of Directors and myself, we would like to thank you for your participation in ADAM and hope that you and your staff have an excellent holiday season.

Sincerely,
Pam Matheny, MS/IO Psychology, MBA/HCM, CMPE

Member Spotlight

Would you like to nominate someone for the Member Spotlight? Email us at ADAMinfo@shcare.net.

ADAM: *What is your name and where do you work?*
Pam: Pamela M. Matheny and I work at the University of Missouri-Columbia in the Department of Dermatology.

ADAM: *When did you join ADAM?*
Pam: The first organization that I joined when I became the department administrator was ADAM. I became the department administrator in September 2001 and my certificate of membership is dated January 2002.

ADAM: *How long have you been a practice manager?*
Pam: I began managing the clinical practice for the department in 2005, although I had a very close relationship with the clinical practice from my first day as administrator since 2001. To understand and be valuable in the department, I needed to understand the clinical lives of my physicians and residents. Therefore, I worked on developing healthy relationships with the clinical employees, years before I became responsible for leading them.

ADAM: *As a practice manager, what do you find to be the most challenging part of your job?*
Pam: As with any leadership position, the most challenging aspect of practice management is leading, growing, and advising people on everything from appropriate clothing to wear to work to relationship building/conflict management in the clinic. A leader must have effective interpersonal skills to do his or her job well. I have received very valuable advice from my colleagues at ADAM; you cannot be afraid to ask your colleagues for help when you are stumped or at your wits end. People will tell you, been there, done that and provide advice and support through thick and thin.

ADAM: *What has been your best experience being an ADAM member?*
Pam: Meeting people from across the country via email, social media or in person at the Annual Meeting, comes to mind first. I learned the most about being a good team player from working on ADAM committees. A person doesn't realize how hard and how satisfying it is to work with others until you get involved at the committee and board levels of an organization. Becoming president of ADAM was the most humbling experience of my career. Taking the reigns from the fantastic leaders who held the office before and shouldering the responsibility for a national organization is huge—and very much a growth experience. I wouldn't have traded it for the world!

ADAM: *What would you recommend to a member who is looking to be more involved?*
Pam: Join a committee and strive to make a difference. So few people step up to the plate and commit to helping an organization grow and thrive. Participating at the national level is a great deal of work—however it is very satisfying to help your organization move forward and be successful. Don't wait—the skills and knowledge you will learn working on a team of other professionals, who are volunteers, is immeasurable and cannot be duplicated in any other form. Raise your hand; your help and expertise is very welcome!

ADAM
Association of Dermatology Administrators & Managers

23rd Annual Meeting
March 18-20, 2015
San Francisco, California

Join us at the ADAM 23rd Annual Meeting!

At A Glance

This amazing program features a variety of sessions, from Meaningful Use and ICD-10 to marketing your practice and revenue, it will be easy to find the sessions that will give you a bang for your buck!

Click Here for the Online Version
Click Here for to Download the PDF

Register NOW!

Click Here to Register Online
Click Here to Download the Form

Book Your Room!

Booking a room for the meeting is easy. Use this link to book online at the Parc 55 Wyndham or call 800.697.3103 and ask for the ADAM discount to receive the rate of $240.00 per night.

This special rate is available until February 21, 2015, but remember that rooms are first come, first serve.

Here are some resources for planning your trip!

Parc 55 Wyndham
http://www.parc55hotel.com/

Explore, Plan, Search San Francisco
http://www.sanfrancisco.travel/

Union Square
http://www.unionsquareshop.com/

Member Benefit

ADAM-EDGE Supply Chain Savings Program

Control your future while reducing costs

The ADAM-EDGE Supply Chain Savings Program offers one of the most comprehensive discount buying programs available to the independently owned dermatology practice.

The program provides special pricing on medical supplies, pharmaceuticals, and ancillary services that have been negotiated for ADAM-EDGE and its members.

The program is designed to provide value-based purchasing guidance to achieve greater quality outcomes and care coordination.

ADAM-EDGE Supply Chain Savings Program Value-Added Services and Contracts:

- Medical and Surgical Supplies
- OSHA Certification
- Office Furniture
- Financial Services
- Practice Set-Up Assistance
- Building Design, Layout, and Construction Contracts
- Med/Surg Surgical Services
- Pharmaceuticals Dispensed in Physician Offices
- Laboratory Supplies and Services
- Diagnostic Imaging
- Custom Forms
- Office Supplies and Copiers
- Computers and IT Support
- Wireless Phone Contracts
- UPS® and FedEx® Discounts

…and so much more!

Program Benefits

The Program is designed to reduce operating expenses through supply cost savings:

- Anticipated Savings up to 18%
- Value-Based Purchasing Guidance
- Quality Care and Coordination Programs
- Enhanced Safety Measures
- Reporting and Purchasing Analysis Tools
- Custom Contracting
- Revenue Generation
- Wellness and Prevention
- Increased fill rates and service levels, thus increasing location efficiencies
- Additional savings opportunity for practices to standardize products and/or move to high-quality lower-cost alternatives
- Supply chain, invoicing, and receiving efficiencies resulting in backend cost reductions

Inquire Now!

Inquire about your complimentary cost analysis and START SAVING TODAY!

To learn more about the program, go to the ADAM-Edge webpage, http://bit.ly/1pRK2mb, OR email adam-edge@henryschein.com

ADAM 2015 Practice Manager of the Year Award

ADAM is proud to announce a call for nominations for the second annual ADAM 2015 Practice Manager of the Year Award. The award, made possible through collaboration with CareCredit℠, recognizes office professionals for their innovative thinking, insight and leadership qualities within their practice and their community.

To be eligible for this award:

1. The nominee must be a current member of ADAM
2. The nominee must be present at the 2015 Annual Meeting in San Francisco, California, March 18-20, 2015.
3. Individuals cannot be nominated two years in a row, e.g. those nominated in 2014 will not be eligible again until 2016.
4. Prior winners of the Practice Manager of the Year Award are ineligible to be nominated.

A committee of ADAM members creates selection criteria and reviews the nominations to determine the winner. The 2015 Practice Manager of the Year will receive a cash prize of $1,000, and a registration scholarship to attend the 2016 ADAM Annual Meeting, courtesy of CareCredit. This award is a great opportunity for you to be acknowledged for the hard work that you do. Share this announcement with your physician.

HOW TO ENTER:

1. Have your doctor fill out the Official Nomination Form, click here.
2. Have the doctor tell us why he or she feels the Practice Manager should win ADAM Practice Manager of the Year in 500 words or less.
3. Fax the completed form to 800.671.3763 by January 7, 2015 or email the form to adaminfo@shcare.net.

For more information, call ADAM Headquarters 866.480.3573.

Do Not Forget About the Networking Opportunities at the Annual Meeting!

Select Any of the Opportunities Below on Your Registration Form

Mentoring Program

Are you a first time attendee or want a mentor at the annual meeting? This is a great opportunity to connect with an experienced member and meet other newbies.

Networking Dinners

Following the receptions on Wednesday and Thursday nights, mix and mingle with old and new friends, while you enjoy delicious cuisine from around San Francisco!

Topic Tables at Lunch

This is both a networking and educational opportunity. Held during lunch on Wednesday and Thursday, there will be a variety of topics, from ADAM Committees from technology and Human Resources to Meaningful Use. If you prefer to continue conversations or just chat, that's okay too!

ON-BOARDING AN ACQUIRED PRACTICE

By Rennie Ackerman, The Dermatology Group

The trend of single-provider dermatologists joining larger practices has become the norm. Whether it's because a new EMR proves cost prohibitive, or for the increase in insurance benefits, or simply because the provider no longer wants to deal with "office politics" (and why would a busy doctor really want to receive those 5:30am call outs?), we will be seeing this trend continue for a long, long time.

The two basic "practice joiners" are newly minted physicians who are just starting out and want to be part of a larger group; and more established physicians, who may even be approaching-retirement age and who no longer wish to manage the day-to-day business of dermatology. Whatever the cause, the task is to train new recruits into the new group's long established culture. In a larger practice, protocols and consistency is essential to success. With multiple providers and locations, each staff member has to be able to rely on consistent protocols, room set-ups, and even patient interactions. We've all read the recent "Cheesecake Factory" article, http://nyr.kr/1xTODJ3, and how uniformity is paramount to their excellence, and how that formula also relates to healthcare.

So the question is – how do you "cheesecake" the formula when dealing with very different personalities and styles, both medically and otherwise?

Obviously there are several steps during any acquisition scenario, including recruitment efforts, legal acquisition components, financial arrangement, and cultural transition. In this article we're going to focus on the cultural elements of a successful dermatologist transition into an existing practice. Creating achievable and consistent goals will unquestionably help "cheesecake" the new providers' consistency and ultimate success at your practice.

1. **CREATE AND ENFORCE POLICIES**

It stands to reason that before you can expect any newcomers to your practice to adhere to your policies and protocols, that you actually spell out precisely what those policies and protocols are *before* the newcomers' arrival. Housekeeping items such as dress codes, lateness policies, HR benefits, HIPAA compliance policies should be clearly spelled out in an employee handbook. This step alone will help new recruits understand your culture and clear up a lot of potential confusion as the two cultures merge.

2. **TRAIN FIRST**

Consider a training period before new recruits are "let loose" with patients. Not only will they observe the clinical protocols that the practice has established, they will observe the behavior and tone of the patient/doctor relationship, and hopefully absorb the attributes of successful transactions. (Of course we hope they don't absorb any less than perfect transactions!) Establish objectives for the training program, as well as a timeframe. Younger recruits are generally very receptive to several weeks of shadowing and training, while more seasoned recruits might be a little more prone to want to continue practicing the way they always have. The first week of training might have the new associate observing the existing derm, and by the last week it's reversed.

3. **SUPPORT STAFF**

When you acquire a new dermatologist in your practice, you might very well be hiring a few new Medical Assistants to work with them. But, even though the tendency may be to place the new staffers with the new doctor, consider shaking it up a bit by putting the more seasoned MA's with the newer derms. Of course you might get some backlash from the existing doctors who are very comfortable with their teams, but explain to them that they are needed to help train the new MA's. Steer clear of putting the new with the new. An experienced MA team can foster the new recruit into your system very nicely.

Article continues on Page 7

4. **CELEBRATE DIFFERENCES**
As much as we all wish that all of our providers were as organized, caring, compassionate and punctual as our very best, the simple truth is that everyone brings different gifts to the table. After all, wouldn't it be dull if all of our providers gave every patient a perfect experience? (Ok, maybe not, but let's focus on reality.) Try to understand the differences so that you can help patients choose the provider who best meets their needs. I know of one particular dermatologist who is an excellent diagnostician but slightly lacking in bedside manner. She might be perfect for someone with a hard-to-diagnose condition, but might not be perfect for a young mother whose toddler has a rash. They key is for management to really understand the strengths and weaknesses of both their new recruits as well as their existing providers.

5. **CONSIDER THEIR STAFF**
More often than not, alongside the newly acquired dermatologists come their existing staff, who, undoubtedly is "like a family" and whom the provider cannot work without. Your practice may be quite different than this "family" and settling into a new group may in fact be a culture shock for several staffers. Rather than routinely re-hire all staffers of acquisitions, have them go through the interview process as if they're a new hire. That way you can learn about their goals, their flexibility, and help them understand that going forward they're part of a new group. Explain that they may need to be flexible about their hours and locations. You will also need to slowly re-teach them your policies and structure. Chances are that after the initial shock wears off, most of the new staffers will be very happy to be in your practice, especially if you offer additional benefits and amenities. Of course, there might always be a few who don't "cheesecake" over; be wary of those individuals and make the decision about their future with your company before they spread their negativity.

A note about doctors' spouses: several group practices have policies stating that family members cannot be in a reporting situation. If there is a spouse acting as an office manager when you acquire the practice, it makes it very simple to cite your longstanding policy. Of course you can always encourage the spouse to interview with you for another position in the company (and you can guess how often that will happen).

6. **MARKET THE NEW**
Now that all of the "acquisition ducks" are in a row – policies, training and staffing, it's time to let your new physician loose within your practice. If you are launching a previously single practitioner in his or her original location, do not initially offer this new location and provider to your existing patient base. (You don't need to stop anyone from going, just don't promote it to your patients quite yet.) Like the Hippocratic Oath, your mantra should be "first do no harm" – do everything possible to keep the new providers' existing patients happy, without a huge influx of new patients or schedules. Of course patients will notice the new faces at the front desk; tell them that their doctor is now part of your group, and while you may see a few new faces around the office, the doctor is still giving the same care as he or she has always delivered. After the first year of maintaining the status quo, THEN offer the new location to all of your patients.

Marketing a new recruit into an existing location requires a completely different strategy. Consider extensive online campaigns and print ads in local newspapers as well as a more aggressive strategy of introducing the new provider to as many primary care physicians in the area as possible. You know those invitations to the hospital holiday parties? Send your associate physicians routinely, and with a stack of business cards. Facebook targeted ads and PPC campaigns have also proven extremely effective at getting the work out.

Good luck with the new derms on board!

Rennie Ackerman is the Director of Marketing and Communications at The Dermatology Group, a group practice in New Jersey. She is known around her group for coaching staff – and providers – that attitude counts more than you realize!

ADAM Members Only: Receive Discount on Compliance Packages

From e-mail to medical records to social media, medicine is squarely in the digital age. Look no further as we have your one-stop solution for all your compliance needs. Medical Risk Institute (MRI) has extended to all ADAM members a **15% discount** on their Compliance Packages, including HIPAA and Coding & Billing as well as á la carte services.

ADAM is excited about its partnership with Medical Risk Institute and we understand that compliance is complex and time consuming, however by partnering with MRI, ADAM members will be in a better position to be secure and compliant. Please click here for more details and pricing on MRI's Compliance Plans.

For more information: call (812) 238-2565 or go to **www.medicalriskinstitute.com**.

ADAM/MRI Compliance Plans

ADAM is excited about its partnership with Medical Risk Institute. We understand that compliance is complex and time consuming. By partnering with MRI, ADAM members will be in a better position to be safe and compliant.

One-Stop Compliance Solution

Medical Risk Institute (MRI) and ADAM have partnered together to offer members solutions to reduce their liability from being sued. **Through this partnership all ADAM members will receive 15% off all MRI services**.

For more information:
Call 812-238-2565 or go to medriskinstitute.com.

medical risk INSTITUTE
Preventive Strategies. Proactive Counsel.

ADAM
Association of Dermatology Administrators & Managers

Flexible Solutions for Your Practice's Needs

Coding and Billing Package

- Speed up and optimize the proper payment of claims.
- Minimize billing mistakes.
- Reduce the chances an audit will be conducted by the Health Care Financing Administration.
- Assist with becoming compliant.
- Help avoid conflicts with the self-referral and anti-kickback statutes.

HIPAA & HITECH Compliance Package

- Staff training on privacy and security issues. Upon completion, each individual receives a certificate to document successful completion of training available for twelve months.
- Independent information technology review to access security and compliance. A report from this review will supplement the security risk analysis.
- A customized binder filled with policies, notices, and plans will be provided.

Coding and Billing Compliance Pricing Model

Number of Providers	Cost per year	ADAM Member
1-4	$2,250	$1,912.50
5-8	$2,500	$2,125.00
9-12	$2,750	$2,337.50
12>	Call for pricing	

Each Consecutive Year Coding and Billing Compliance Pricing Model

Number of Providers	Cost per year	ADAM Member
1-4	$1,125	$956.25
5-8	$1,250	$1,062.50
9-12	$1,375	$1,168.75
12>	Call for pricing	

Intense HIPAA Training and Risk Assessment Pricing Model

Number of Providers	Cost per year	ADAM Member
1-4	$2,500	$2,125.00
5-8	$3,000	$2,550.00
9-12	$3,400	$2,890.00
12>	Call for pricing	

Coding, Billing and HIPAA Combination Package

Number of Providers	Cost per year	ADAM Member
1-2	$4,350	$3,697.50
3-4	$4,750	$4,037.50
5	$5,250	$4,462.50
6>	Call for pricing	

Compliance solutions that work for your practice.

WE UNDERSTAND WHERE LIABILITY RISKS ORIGINATE, AND WORK TO REMOVE OR REDUCE THESE RISKS.

Our mission is to utilize sub-specialized knowledge base and extensive expertise to identify emerging threats and defuse the risks.

Teledermatology: Seeing Your Patients Anytime from Anywhere

By Mark P. Seraly, MD, Iagnosis® (DermatologistOnCall®)

For many patients, seeing a dermatologist can be a frustrating experience. Current estimates show that wait times for new patient appointments can take 2-3 months in many markets and 4-6 weeks for established patient appointments. Patients are now turning to teledermatology because they value convenience rather than waiting for an in-office face-to-face encounters.

Why should you reconsider how your patients are seen and treated? Access issues are now forcing patients to seek care elsewhere, e.g. non-dermatology providers and express care clinics, because they do not have readily accessible dermatologists. Outcome studies show non-dermatology practices and express care clinics to be less diagnostically accurate, less efficient, and more expensive than first-line contact with a dermatologist. Because of shifting market forces, dermatology practices need new delivery systems to highlight your practice's expertise. The goal of offering telemedicine is not about the technology, but offering a valuable service to patients.

Uneven geographic distribution of dermatologists in urban settings (approximately 75%) leaves large areas of the country underserved with skin care experts. The intent of telemedicine technologies is not to replace in-office face-to-face care but serve as a tool to expand the delivery of care, improve efficiency, reduce costs, and increase access for patients in underserved communities. Offering teledermatology services is a pure form of "consumer-centric" care. It expands patient choice, enables unimpeded access to services, improves patient satisfaction and allows dermatologists to offer a broader range of clinical services.

The preferred method of telemedicine in dermatology is called store and forward. It refers to the use of asynchronous (not real-time) internet/computer or mobile platform-based communication between a patient and a consulting dermatologist (referred to as "Direct to Consumer" or "Direct to Patient") or between health care providers (referred to as "Provider to Provider"). This technology enables a dermatologist to provide care within a work schedule on his or her time. Peer-reviewed evidence-based medicine has reported favorable results about store-and-forward teledermatology:

1. It is just as diagnostically reliable as in-office face-to-face encounters.
2. Compared to in-office face-to-face encounters, there is no difference in quality of life assessment scores, it has equal patient satisfaction, there is increased time to diagnosis and intervention, and it is a cost-saving delivery system.
3. Improves diagnostic and therapeutic intervention for children with skin diseases who lack access to specialty skin care.
4. High management agreement (90-95%) between in-office based dermatologists and teledermatologists in outpatient and inpatient settings.
5. Shows no difference in high quality digital images whether the participants are trained specifically or learn via online tutorials.
6. Improves melanoma detection earlier with a more favorable prognosis.
7. Improves time to surgical interventions.
8. Is a reliable triage tool for in-patient dermatology visit and improves efficiency.

Direct-to-Patient teledermatology has the fewest barriers to meaningful adoption since patients can access the services of a dermatologist directly, just as they do now in physical practices. Dermatologists are trained to review, understand, and analyze the image or anomaly in front of them and it remains a core skill necessary for successful board certification and recertification, and continued medical education.

The timing of this market opportunity aligns perfectly with technology and consumer preparedness. Patients can capture, store and share high quality digital images because of social media and cell phones. Direct-to-Patient teledermatology enables the patient to experience the same types of conveniences and services as they do with online shopping and banking.

The limitations of Direct-to-Patients teledermatology thus far have primarily been legal and regulatory. States have varying interpretations and definitions of telemedicine rules. Malpractice insurers, despite an extensive body of evidence-based medicine, do not uniformly recognize and cover telemedicine services and may require additional coverage. Lastly, Direct-to-Patient teledermatology has not typically

Article continues on Page 10

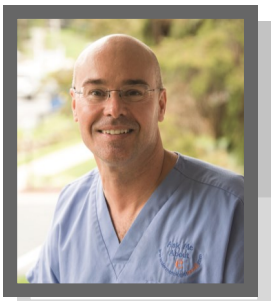
Teledermatology: Seeing Your Patients Anytime from Anywhere (continued)

been a covered benefit by health insurers, so some patients may have to pay out of pocket. Fortunately, insurers have begun to recognize the cost benefits and quality outcomes of teledermatology.

With impending changes to all practices for billing, coding and compliance as well as the pressure to serve the millions of newly insured through the Affordable Care Act, dermatology practices need new delivery systems to efficiently manage patients, remain competitive, and continue to run their practices in a profitable manner.

The bottom-line is that patients no longer need to wait weeks for an appointment, miss work, take their children out of school, or travel for frequently non-urgent care. By offering direct-to-consumer store-and-forward teledermatology services, practices can focus their expertise by:

- Managing common, low-risk, non-urgent, and acute care medical dermatology online.
- Triaging procedural care with greater efficiency and timeliness into the office.
- Increasing practice productivity, profitability, and competitiveness in the market place.
- Providing established patients a new access point to your practice.
- Making your practice more flexible while improving scheduling.



Mark P. Seraly, MD, is a Clinical Assistant Professor of Dermatology and emerging thought leader in the field of teledermatology. Seraly treats more than 9,000 patients annually at his physical practice in McMurray, Washington County and virtually through DermatologistOnCall®.

Dr. Seraly is the Chief Medical Officer and Founder of Iagnosis®, the parent company of DermatologistOnCall®, a groundbreaking company that gives patients the opportunity to obtain a diagnosis, treatment plan and prescription within three business days via the internet. The service is a virtual office platform for online skin care and offers a HIPAA/HITECH compliant teledermatology tool that mirrors an in-office visit and acts as an extension of their practice.

Seraly is a graduate of Jefferson Medical College in Philadelphia and completed his residency at the University of Pittsburgh. He is the author of more than 30 papers on dermatology, and has lectured nationally and internationally.

Have you renewed yet?

Login to MyADAM to renew your ADAM Membership by 12/31/2014!

Provide patient care virtually anywhere.

DermatologistOnCall® is an online platform that enables you to offer patients quick & convenient access to high-quality skin care. This virtual health platform allows you to treat patients anytime, anywhere you have access to the internet, improving profitability and productivity. See our new private label platform designed to match your branding with access only to your dermatologists.

To learn more, about DermatologistOnCall® and our private label opportunities, visit **www.iagnosis.com**.

MEANINGFUL USE STAGE 2: GETTING PATIENTS TO THE PORTAL

Here are Two Takes on Implementing the Patient Portals

From Cindy Reed of Grand Island Dermatology (Grand Island, NE)

The CMS requirement for physicians to provide patients the ability to view online, download, and transmit their medical information, has been a challenge.

The process in our office needed to change in order to find the most effective way to handle this requirement for Stage 2 and encourage patients to register for the patient portal.

We had little success in having the front office ask for this information at the patient's arrival to our office.

It was suggested by a staff member, who is involved with Meaningful Use, that we needed to simplify the process. For the end result of that effort, Click here. In addition, this form was printed on orange paper then the nursing staff handed it to the patient to complete while they are waiting for their provider.

With an increase of patients now involved, our goal has been accomplished. The change has definitely made it better!

From Linda Leiser of Charlottesville Dermatology (Charlottesville, VA)

Our practice has struggled, like many others, to get patients to use the patient portal. We have been asking patients to register online for about 18 months with much resistance. I think much of it is due to our demographic; approximately 35% of our patients are Medicare age. The rest is a combination of teenagers/college age (I thought my mom was going to do it), soccer parents (I don't have time), rural community (don't have internet or computer) or the activist (the government is not accessing to my information).

Here are some things we tried that did NOT work for us.

- Sent an email 4 days in advance- Patients claim they did not read it, did not get it, must have gone into spam, or did not have time.
- Tried bribes -25% off a product if registration was completed ahead of time.
- Called the day before if dermatology online (the portal) had not been completed.

We made MU1 easily but I knew after about two weeks into the current reporting period that meeting MU2 was going to be a challenge. We score very well on the CORE measures, where we control the data; i.e. e-prescribe, demographics, recording Family History, etc. Where we have struggled is getting patients to view online summaries and sending messages through the portal. We created a handout explaining the benefits of using the portal. For example: The message pops up on all screens at the front desk.

- Prescription refills
- Appointment requests
- Cancelations
- No more waiting on hold, 24/7 messaging

Click here for Linda's Patient Portal Explanation

Still the measure percentages were just not increasing fast enough.

At the end of August, we decided on drastic measures. I gave the checkout person a laptop and told her that whenever there was no line to have the patient login to the portal. If they have forgotten their password (and many had) we reset it and give them a card with their login and password. She then proceeds to the message tab and shows them how to send a message to us. **Voila! One more requirement in the numerator column!**

Since the clinical staff uploads the clinical summaries after the record is signed, typically first thing the next morning, the clinical summary is not available when the patient gets to checkout. My checkout person identifies people who have been in recently and physically shows them how to get to a previous clinical summary. **Voila! One more requirement in the numerator column!**

A couple of observations:

- Uploading the clinical summary is very easy in NEXTECH, but we have seen an incredible amount of resistance/whining from the clinical staff to getting this project accomplished. Now that labs are in the clinical summary, I may be able to eliminate benign path result calls in the near future and cut back on using Televox lab calls to notify patients.
- Our path results come back over an HL7 interface. I am worried that a patient will see a melanoma result before we have a chance to call them.

Do I think that the $8,000 incentive is enough for all the effort we are having to put into getting to the 5% measure requirements? NO!!!!!

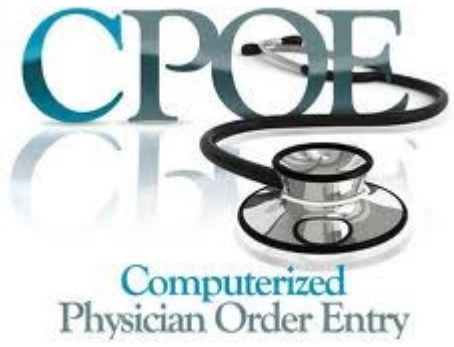
Good Luck to everyone in the same boat. Next year, we will have the pleasure of explaining to patients why we need to know if they have military history, their sexual activity, and their highest level of education. Yikes!

How Dermatology Offices Can Comply with the CMS Meaningful Use Rule

By Donald A. Balasa, JD, MBA, American Association of Medical Assistants

On August 12, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a final rule for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. A key provision of this final rule is that only "credentialed medical assistants" (in addition to licensed health care professionals) are permitted to enter medication, laboratory, and radiology orders into the Computerized Provider Order Entry (CPOE) system and have such entry count toward meeting the meaningful use requirements under the Incentive Programs. Questions have arisen about how dermatology offices (and the offices of other medical specialties) can comply with the order entry requirements and receive incentive payments.

First of all, for all reporting periods in 2013 and subsequent years, and for Stages 1 and 2 of the Incentive Programs, eligible professionals (such as dermatologists) must ensure that a certain percentage of all medication, laboratory, and radiology orders are recorded by computerized provider order entry. Secondly, for these electronically-entered orders to count toward meeting the required percentages, they must be entered by either licensed health care professionals or credentialed medical assistants. Entry of orders by unlicensed personnel or non-credentialed medical assistants will not be counted in determining whether a provider has met the required percentages.



After the August 12, 2012, final rule was published in the Federal Register, CMS started receiving questions from specialists who were wondering how narrowly CMS was interpreting the category of "credentialed medical assistants." Specialists were concerned because their employees sometimes carried titles that did not include the words "medical assistant." In response to these inquiries, CMS issued the following Frequently Asked Question (FAQ), which is available on the CMS website:

When meeting the meaningful use measure for computerized provider order entry (CPOE) in the Electronic Health Record (EHR) Incentive Programs, does an individual need to have the job title of medical assistant in order to use the CPOE function of Certified EHR Technology (CEHRT) for the entry to count toward the measure, or can they have other titles as long as their job functions are those of medical assistants?

If a staff member of the eligible provider is appropriately credentialed and performs similar assistive services as a medical assistant but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist, he or she can use the CPOE function of CEHRT and have it count towards the measure. This determination must be made by the eligible provider based on individual workflow and the duties performed by the staff member in question. Whether a staff member carries the title of medical assistant or another job title, he or she must be credentialed to perform the medical assistant services by an organization other than the employing organization. Also, each provider must evaluate his or her own ordering workflow, including the use of CPOE, to ensure compliance with all applicable federal, state, and local law and professional guidelines. *Created: 08/20/2013* (FAQ9058)

There are three central points that dermatology office managers must keep in mind in applying this CMS FAQ to their practice environment.

1. Staff members in dermatology practices must be "appropriately credentialed" and perform "similar assistive services as a medical assistant," regardless of their official title. A credential is "appropriate" if it measures the knowledge needed to enter medication, laboratory, and radiology orders into the Computerized Provider Order Entry (CPOE) system, and to respond knowledgeably to any clinical decision support alerts that the Electronic Health Record system generates.

2. The credential must be awarded "by an organization other than the employing organization." In other words, the

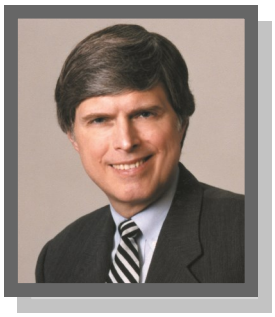
Article continues on Page 13

How Dermatology Offices Can Comply with the CMS Meaningful Use Rule (continued)

credential must be awarded by a "third party," and not by the office, clinic, or health system that is employing the staff member. For example, certification examinations administered by accredited testing bodies such as the Certifying Board of the American Association of Medical Assistants (AAMA), which awards the "Certified Medical Assistant (CMA) (AAMA)" credential, or American Medical Technologists (AMT), which awards the "Registered Medical Assistant (RMA)(AMT)" designation, fall within the CMS definition of a third-party.

3. Finally, the determination of whether a credentialed employee falls within the parameters of the CMS FAQ "must be made by the eligible provider based on workflow and the duties performed by the staff member in question." Dermatology practices would be well advised, therefore, to document in writing the tasks and responsibilities assigned to personnel who enter orders into the CPOE system, and why the dermatologist is of the opinion that these individuals fall within the parameters of CMS FAQ9058.

Any questions about this article or the CMS requirement of order entry by credentialed medical assistants or licensed health care professionals may be submitted to the author at dbalasa@aama-ntl.org.



Donald A. Balasa has served as Executive Director and Legal Counsel of the American Association of Medical Assistants since 1990. He served previously as Staff Attorney for the American Dental Assistants Association.

Don received both his baccalaureate and law degrees from Northwestern University, and his Master of Business Administration in economics from the University of Chicago. He earned his Certified Association Executive (CAE) designation from the American Society of Association Executives in 1985.

He served on the National Commissioner for Certifying Agencies from 2007 to 2013, and as Chair from 2010 to 2013.

If you are not a member of the ADAM LinkedIn Group, become one today and join the discussion.

Ask A Lawyer: Get Your Questions Answered Without Those Legal Fees!

The ADAM Communications Committee is introducing a new section to the ADAM newsletter, Executive Decisions in Dermatology, Ask A Lawyer. You can post your questions on LinkedIn or email them to adaminfo@shcare.net. Answers will be provided by Mike Sacopulos, JD of Medical Risk Institute and then included in an upcoming edition of the newsletter.

Q: FMLA – It seems the office staff is going FMLA crazy. What do we do when it is obvious that an employee is abusing FMLA (i.e. always calling out on Mondays or Fridays to make for a long weekend OR before or after a holiday)?

A: This is a very good question regarding the Family Medical Leave Act (FMLA). I consulted fellow attorney and friend Alex Thiersch, Executive Director of the American Medical Spa Association and founding Partner of Thiersch and Associates. Here is Mr. Thiersch's answer to this question.

FMLA is a very misunderstood law, by both employees and employers. In a nutshell, FMLA allows employees to take up to 12 weeks of unpaid leave per year for family and health reasons. The law is not meant to allow employees to take off work whenever they feel like it – rather, it is intended to permit employees to deal with the birth of a child or serious health issues without fear of losing their job. Like most federal laws, there are many requirements, exceptions, and rules to follow, but if you feel an employee is abusing his or her FMLA rights, here are a few things to consider.

1) FMLA is meant to address either family planning (i.e. the birth of a child) or *serious* health conditions. Obviously, the birth of a child is easy to anticipate, but addressing "serious health conditions" is somewhat more subjective. In essence, a "serious health condition" is meant to include conditions that cause some sort of incapacity to the employee or the employee's family. It generally includes a hospital stay or outpatient treatment. Importantly, FMLA is *not* meant to cover sick days or general illness – that is the purpose of sick and personal days. It is important for you to communicate this to your employees so that they know what their rights are *and* so they that you will not allow those rights to be abused.

2) As an employer, you have several rights that are designed to protect you. One, if an employee takes FMLA leave, you may require them to certify that they have a qualifying condition. Accordingly, you may ask that they provide you with medical records and diagnoses so that you can certify them as being FMLA covered. Additionally, the employer may require that employees take personal and/or vacation days to cover the FMLA leave. In other words, your employment policies may state that if an employee wishes to take FMLA, they must use their paid leave days (i.e. sick days, personal days, vacation) at the beginning of their FMLA leave. Employees may be less likely to abuse FMLA if they know they will be exhausting their paid leave by doing so.
3) Remember that FMLA is *unpaid*. If the employee has no more sick days or vacation days left, while they are still entitled to take FMLA, the employer is not required to pay them for it. In addition, FMLA only covers 12 weeks of leave a year – any more than that and FMLA does not apply.

FMLA is not intended to give employees a free pass. By developing sound employment policies, and communicating those policies to your employees in writing, employers will be able to comply with FMLA while still running their business efficiently.

ADAMinfo@shcare.net

www.ada-m.org

1120 G Street NW, Suite 1000, Washington, DC 20005