EXECUTIVE DECISIONS IN

DERMATOLOGY

NOVEMBER & DECEMBER 2016

2016 Millennials and Your Practice

By James T. Krupienski, CPA

Page 7

ADAM

Association of Dermatology Administrators & Managers

EXECUTIVE DECISIONS IN
DERMATOLOGY
NOVEMBER & DECEMBER 2016

inside

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

President's *Message*

Is your life in balance? We all have jobs that can be both very rewarding and very demoralizing. So what do you do to re-center yourself after you've had one of those incredibly difficult days, weeks or months?

Our practice has been very stressed for the past 18 months as we added 3 new physicians and prepare for a change in ownership structure. That path has changed course a few times during those 18 months but as I write this the sale of the practice is in final negotiations. For anyone who has gone through this, you are dealing not only with your own uncertainties of how you will proceed but also working to hold on to those really great employees you have while unable to offer any real answers to their concerns.

So, as much as going home and having a nice glass of wine with dinner helps me unwind, I have looked for opportunities to put balance back in my life. We are blessed to have some amazing state parks in Tennessee and I happen to live next to a 700-acre city park which allows my little Shih Tzu (Buttons) and me to enjoy many pleasant walks and pound out some of that frustration. Other times in my life when I've had a job that depletes one part of my psyche I've always found a way to replenish it often through volunteer efforts. Volunteering at a battered women's shelter, a homeless shelter, cooking food at your church for shut-ins and delivering it, tutoring in after-school programs, working with local Scouting programs, and any number of other opportunities exist and boy can they ever put your problems in perspective!

I think we all need to remind ourselves to stay in balance.

Warmest Regards,

GBrockelsby

Gabi Brockelsby
ADAM President


25TH ANNUAL MEETING
REGISTRATION NOW OPEN!
WWW.ADA-M.ORG
SESSIONS INCLUDE:
"WORKPLACE TRENDS, SURVIVAL TACTICS FOR THE NEXT DECADE"
"ADAM BENCHMARKING: HOW TO APPLY IT TO YOUR PRACTICE"
SEVERAL SESSIONS ON MACRA, HIPAA, MARKETING, AESTHETICS AND MUCH MORE!
ADAM
Association of Dermatology Administrators & Managers

LESSONS ON LEADING AND SUCCEEDING WITH YOUR STAFF

By **Steve Sobel,** Motivational Speaker, Coach and Author

Within your busy day and practice there need to be certain "anchors" that you continually need to embrace to "keep the ship running". Taking care of your people means many things and is the number one anchor.

Make sure you know that without ANY of your staff, your success will be marginalized. Simple things like the 30 second hello and how are you" are very powerful. People are very sensitive and always want to know, believe it or not, that they are cared about! As I say, people do not care what you know, they want to know that you care. "Be ruthless with time, gracious with people!" Tap into this truly basic need of your staff and you will be amazed and delighted with their ability to keep working at maximum efficiency and motivation.

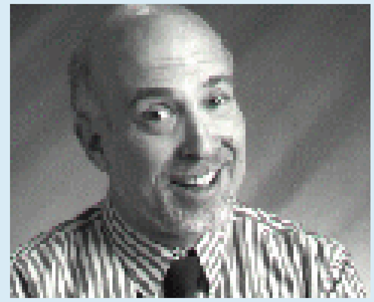
You will also have to "de-personalize" anyone's comments about "what is not working" in the office. People are not up at night plotting to make YOUR day miserable! Buy a box of Q-tips to keep on your desk to remind you of what Q-tip really stands for-"quit taking it personally". You are a professional leader and thus understand my definition of professional-Professionals (like you) can do their job when they don't feel like it; amateurs are people who can't do their job when they do feel like it! Also, do not get too irritated when someone says that they are busier or work harder than others-just address the individual in the proper tone and remind them gently but directly that you expect them to adjust to changes and provide the best effort they can-that is all you can do! Your tone of voice, as common sense as it sounds, is critical to people actually wanting to listen to you. If you are not ready to speak to a staff member, take a few minutes to "re-focus" on what needs to be said and in what tone. Write it down on a piece of paper and rehearse it if you need to. Too much is at stake with one ill-conceived barrage of words or directives. Words are like toothpaste-once you squeeze them out, you cannot put them back in! Your thought should be that EVERYONE in the office works on the same team. Leading and making decisions is not easy, but can be very fulfilling if you truly can make a difference in one person's performance and life. Offices get so busy that we often focus on efficiency (and you should) but not at the cost of knowing that human beings make your office tick. Also, impress upon staff regularly that sometimes a sincere apology to a patient who has been waiting, or who has perceived that they have been waiting too long, still is very powerful medicine. Finally, display regularly, even if it does not come naturally to you, a well-honed sense of humor/levity. You might even want, as I recommend to many offices, to create a humor bulletin board, with appropriate humor, that helps staff take a step back and reduces

Some Tips from Dr. Sobel

1. Let your employees know that you care.
2. "De-personalize" anyone's comments about "what is not working" in the office.
3. Do not get too irritated when someone says that they are busier or work harder than others.
4. Impress upon staff regularly that sometimes a sincere apology to a patient who has been waiting, or who has perceived that they have been waiting too long, still is very powerful medicine.
5. Display regularly a well-honed sense of humor/levity.
6. Take yourself lightly, so you can take your job seriously!

EVEN GO SO FAR AS TO START YOUR STAFF MEETINGS WITH SOME HUMOROUS STORY THAT ALL CAN RELATE TO-LAUGHTER IS POWERFUL MEDICINE AND BUILDS RAPPORT, TRUST AND MOTIVATION FOR ALL

stress. The contributions people can make to this bulletin board are limitless! Even go so far as to start your staff meetings with some humorous story that all can relate to - laughter is powerful medicine and builds rapport, trust and motivation for all. You will be "tougher" and more direct with certain staff as needed - so trust that - but don't make that your first level of conversation with most. As I say use a "flyswatter" instead of a "cannon"' when trying to correct staff behavior/ mistakes. Embrace your privilege of being a leader. You are a role model for many, even if they don't let you know that. Take yourself lightly, so you can take your job seriously! Be glad to be above ground, rather than below ground. Every day is a gift - it's up to you to unwrap it with patience, caring ,composure and tremendous communication and engagement skills. You are an executive for the right reasons. Most of all, understand that daily office culture can be summed up with "some days you are the statue, some days you are the pigeon" So true! ■



ABOUT DR. STEVE SOBEL:
Steve regularly travels to speak to office staff, keynote leadership conferences and professional conferences. His website is www.drstevesobel.com and he can be reached at 413-530-5173. His book, "The Good Times Handbook-Your Guide To Positive Living and an Exciting Life" and his CDs and DVDs can be ordered by contacting his office at Info@DrSteveSobel.Com. His CD "Dancing With Wolves-How To Deal Superbly and Creatively With Difficult People" has received much acclaim as well as his DVD "TEAMPOWER"

Steve is also the head coach of The Springfield Sting, an ABA professional basketball team, and the head coach of the Spfld SLAMM, the top rated men's summer pro-am team in New England, where he has sent many players to play in the NBA. Steve will mail you, upon request,his "RULES OF THE ROAD" and other valuable articles.

10 Fun HOLIDAY ACTIVITIES for Your Staff

POTLUCK LUNCHEON OR DINNER

SARAN WRAP GAME

Wrap small gifts (gift cards, candy, etc...) in saran wrap – the more gifts, the bigger the ball. Make sure to wrap multiple layers of saran wrap between each gift.

The first person starts to unwrap the saran wrap and the next person in line has a pair of dice. When the second person rolls a double, they get their turn to unwrap the saran wrap ball and the game continues down the line. The first person gets to unwrap one layer each time the next person is unable to roll a double. What gift(s) you unwrap, you get to keep.

HOLIDAY SOCK EXCHANGE

COMMUNITY OUTREACH EVENT

HOT CHOCOLATE BAR

Homemade hot chocolate along with an abundance of toppings such as crushed peppermint, chocolate shavings, whipped cream, etc...

TRIVIA CONTEST

Samples topics for the trivia can include Christmas, media, geography, etc...

ORNAMENT MAKING CONTEST

"GET TO KNOW YOUR COLLEAGUE" DINNER

Everyone emails the dinner planner something about themselves that no one else in the office would know. At dinner, everyone guesses who belongs with what fact and the person who guesses right the most times wins a prize.

WHITE ELEPHANT GIFT EXCHANGE

12 DAYS OF ELF PANTS

One of our staff members bought small felt elf pants and put everyone's name on them in glitter (similar to small stockings). We randomly draw names to see who we're playing Secret Santa for. Each day, you sneak a $1 gift into the office to put in the elf pant of the person you are playing Secret Santa for. Gifts have ranged from a snack or drink to cash and lottery tickets. At the end of the 12 days, we plan a pitch in to reveal who each person had. Everyone brings in a $10 gift, and we take turns guessing who had us. We keep guessing until everyone has it right, then we open each gift one at a time so everyone can see what they got.

2016 MILLENNIALS AND YOUR PRACTICE

By **James T. Krupienski, CPA,** Senior Manager

Every 20 years or so, there is a generational shift in the workplace. The most recent generation – the millennials – is currently integrating itself. And by integrating, they are making a seismic statement. Recent studies show that **millennials now make up approximately 25% of the total workforce** and that by the year 2020 they will comprise almost 50% of the same. Also, given that this generation is generally defined as those born between 1980 and 2000, they are now at a point in their careers where they are taking on leadership roles.

With physicians and senior management continuing to age, it is imperative that your practice understand what drives this next generation, as they will be the workforce and patient base that carries your practice into the future. Millennials, however, are different in so many ways from the Baby Boomers and Gen X'rs that came before them, which will require a shift in the way that your practice is managed. This article will help by focusing on the motivational factors and differences that set this generation apart, the impact that the millennials will have on your workforce and how the treatment of millennials as patients will require a shift in the way that you interact with your patients.

MOTIVATIONAL FACTORS

At first glance, many of the earlier generations tend to have certain negative perceptions about the millennial generation. Specifically, that they are entitled, require a lot of hand-holding, need constant encouragement and don't want to put in long hours. Stepping back, these are really just misconceptions due to a lack of understanding of what is driving them and how they grew up differently.

While the Boomers and Gen X'rs tend to value compensation and the need to work long hours to stress their loyalty, this was born as a result of growing up in a period of limited resources and technology, with the need to focus on sweat equity as a result. Through this hard work, parents of millennials were able to offer things to their children that were not available previously. As such, in a changing effort to push their children, parents tended to help them along the way, focusing on the social aspect of their value to society. The so called "everyone gets a trophy" mentality was created.

FIRST AND FOREMOST, WORK-LIFE BALANCE IS GENERALLY REGARDED AS MORE IMPORTANT THAN HOW MUCH THEY ARE MAKING

With this shift in how millennials were raised, so too comes a shift in what they value as most important and what they are looking for in a career. First and foremost, work-life balance is generally regarded as more important than how much they are making. They saw how hard and how many hours their parents and grandparents had to work to get to where they are and would like to avoid getting burned out over time. Additionally, they feel that with the way technology has improved, that it can help them better manage their time and complete tasks in a quicker manner.

Other motivating factors include the culture and mission of their employer, as well as the ability to receive continuous training and development. They also want to be heard. They often are not content with just coming to work and punching a clock. They are looking to provide ideas and be part of the solution.

HOW WILL THIS AFFECT YOUR WORKFORCE?

With a shift in these motivational factors, the way that you hired and retained employees in the past may not work going forward. Millennials don't look at a job, even one early in their career, as one where they will need to 'pay their dues'. They know their value and want to be treated as a valued member of the organization – part of the team. This holds true whether it is your new front-desk receptionist or your newest employed physician. Where this can become difficult is in a practice's ability to manage the interaction between those Gen X'rs that have worked at a location for some time and those millennials that were recently hired. Often the ability to manage these interactions can make all the difference in what makes a successful practice.

Additionally, it is important to always remember that millennials keep a pulse on social media, and as a result have networking skills exceeding those of many seasoned professionals. This leads to two different forces that need to be managed. First, it is imperative to have a documented social media policy for the practice. The speed in which words and thoughts can spread on the internet cannot be overlooked. Second, other opportunities arise and millennials are aware that they are out there. If they feel that they're in a place where values aren't being met, they are more apt to leave than older generations would have been. A recent survey from PricewaterhouseCoopers found that 25% of millennials expect six or more employers during their career and that 38% feel that senior management doesn't relate to them. These statistics must not be ignored.

IT IS IMPORTANT TO ALWAYS REMEMBER THAT MILLENNIALS KEEP A PULSE ON SOCIAL MEDIA, AND AS A RESULT HAVE NETWORKING SKILLS EXCEEDING THOSE OF MANY SEASONED PROFESSIONALS

So, what is a practice owner or administrator to do in order to retain top talent? Some suggestions include providing them with regular training and holding frequent staff meetings. The creation of group idea sharing sessions would afford them the opportunity to suggest ways the practice or processes can be improved. At work, millennials want to have 'fun'. This doesn't mean that there needs to be a pizza party every Friday afternoon, but the office needs to be lively with a sense of comradery. Finally, you need to listen – meet with them, seek feedback, mentor them. And take what they have to say seriously. While an idea or suggestion may seem off the wall to you, the fresh perspective may just be what your practice needs.

HOW WILL THIS AFFECT YOUR PATIENT INTERACTION?

First and foremost, insurance is getting expensive – really expensive. For someone starting out in their career, this is a huge burden and getting worse with the growing popularity of high-deductible health plans. Additionally, millennials have access to the web (webMD to be specific) – and use it. Expect that they will come in to each office visit being self-diagnosed. Therefore, it is important to understand that millennials are going to have a lot of questions.

Addressing these factors is going to take a level of connection and communication with the patient that has not always been used with older generations – those with more disposable income and many times better insurance coverage. You will need to sit with them and explain why a test or examination is important and why it is in their best interest to have it performed. To accomplish this effectively, each provider will need to solve the conundrum created by the increasing use of EHR and tablets in patient exam rooms. That is, the generation most comfortable with using technology has helped to create a system that requires the provider to be wedded to that technology. However, what the patient is really looking for is face time with the physician.

One final area where a practice can obtain an advantage in treating millennial patients is through the use of a patient portal. This generation is one that knows how to use technology and many times would rather use technology versus a phone call or visit to the office. Offering a high-performing patient portal system could be what sets your practice apart from others.

The millennials are here and they are here to stay. As their numbers continue to grow and they continue to take on additional leadership positions within your practice, it is important to not take them for granted. They are, after all, going to become your succession plan. ■

James T. Krupienski, CPA, Senior Manager
Health Care Services Niche
Meyers Brothers Kalicka, P.C., Holyoke, MA
Certified Public Accountants and Business Strategists
(413) 536-8510 • www.mbkcpa.com

THE 'BEDSIDE MANNER' OF AN EFFECTIVE HEALTH CARE WEBSITE

> *In today's information age of marketing and web 2.0, a company's website is the key to their entire business.*
>
> *– Marcus Sheridan*

By **Erich Mann**
Web Developer
Market Mentors, LLC

According to a recent study by Pew Research, 59 percent of U.S. adults have looked online for health information in the past year — and — 77 percent of those searches began with an online search engine. When is the last time you 'Googled' yourself? Is your practice easy to find? What does your health care website communicate about you? Your staff? The type and level of attention your patients can expect to receive?

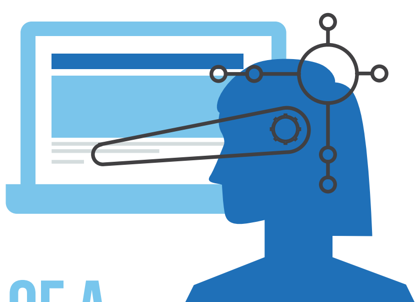
FIRST IMPRESSIONS COUNT

Oftentimes, a website forms the first impression of you and your practice. If your web copy touts high-tech diagnostic equipment but the site's navigation and imagery appears antiquated, what is the take-away? Are you communicating effectively with your audience? In general, consumers don't trust what looks old; an old website can make a business feel outdated and out of touch. According to Stanford University, 75 percent of people judge the credibility of a company based on the design of its website alone.

Which begs the next question – how does your website look on the newest, mobile devices? Modern technology isn't trying to keep up with your website – you need to keep up with technology. If you don't, you will be left behind and your competitors will be reaping (your lost) rewards.

75%

OF PEOPLE JUDGE THE CREDIBILITY OF A COMPANY BASED ON THE DESIGN OF ITS WEBSITE ALONE



MAKE IT PERSONAL

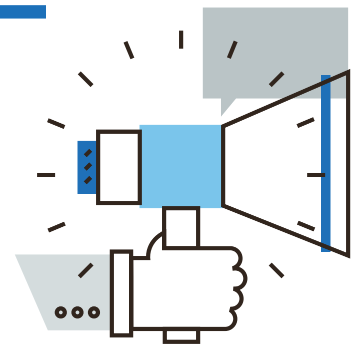
You've considered patient comfort and gone to great lengths to make your waiting and patient areas warm and inviting – showcase them on your website! Whenever possible, avoid stock images of a "smiling patient," "inviting waiting room" or "friendly doctor." Instead, keep it personal: highlight your facility and team through professional photographs. Providing context about you and your health care offerings will alleviate fears for some first-time visitors.

DESIGN IS NOT JUST WHAT IT LOOKS LIKE AND FEELS LIKE. DESIGN IS HOW IT WORKS. – STEVE JOBS

Navigation is just as, if not more important, than the imagery on your website. Visitors to the site are there for a specific purpose. To research a prospective doctor. To check whether or not their health insurance is accepted at your practice. To determine if your hours align with their typical availability. To look up your phone number to book an appointment.

Ensure that information is easily gleaned. Keep page names concise – opt for "About Us" as opposed to "Learn About X Hospital." But don't make anything so concise that it's confusing – is a paged labeled "Doctors" a place to learn about providers on call or a private portal doctors log in to? Evaluate your website from a first-time visitor's perspective and make adjustments to navigation and nomenclature, accordingly.

WHENEVER POSSIBLE, KEEP INDUSTRY 'JARGON' TO A MINIMUM. CONSIDER YOUR AUDIENCE AND SPEAK TO IT.



But with that said – don't lose sight of the overall aesthetic of the website. Colors and fonts should match your offline branding. If a particular physician is being featured in your current marketing campaign, he should also be featured on your website. The goal is to make sure that imagery is consistent to allow visitors to know they are in the right place.

Whenever possible, keep industry 'jargon' to a minimum. Consider your audience and speak to it. If you aren't sure whether or not your web copy is difficult to understand or too high-level, consider asking the opinion of friends or family members. Again, adjust accordingly.

Studying web analytics will give some insight as to what visitors find helpful (time spent on a particular page) and what wasn't particularly apparent (web search terms). Your receptionist can also shed light on the matter. If they receive regular inquiries about your hours of operation, perhaps they aren't easily located on your website and should be more prominently featured. Likewise, if the number of phone calls to your office decrease, maybe the phone number is camouflaged in the design!

WORD OF MOUTH IN A DIGITAL ERA

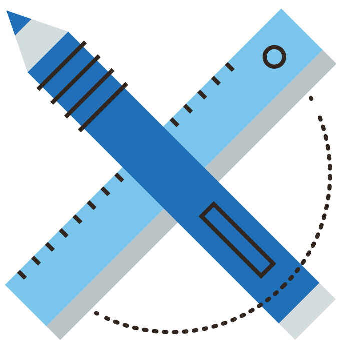
Don't underestimate the power of word of mouth – even if it's between two people who don't know each other in "real" life. Social media is a powerful tool for any business and can be especially so for health care providers. Scan the web for reviews of your practice. Address negative reviews and make improvements in process and procedure to increase the likelihood of positive reviews in the future.

Consider being an online resource. If your website becomes information-rich with relevant and timely blog posts and press releases discussing important health topics, visitors will be engaged and likely to (re)visit your website – and practice.

YOU CAN'T JUST ASK CUSTOMERS WHAT THEY WANT AND THEN TRY TO GIVE THAT TO THEM. BY THE TIME YOU GET IT BUILT, THEY'LL WANT SOMETHING NEW. - STEVE JOBS

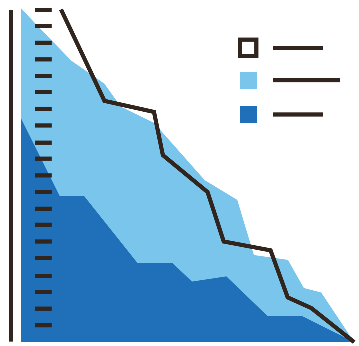
Even the very best health care website will have to be updated over time.

YOU KNOW YOU NEED TO REFRESH YOUR WEBSITE WHEN...



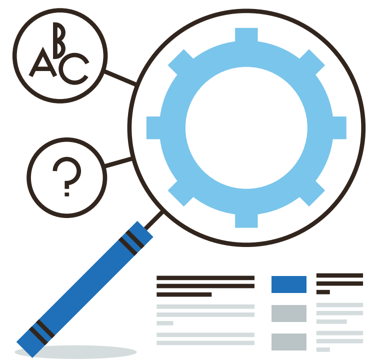
...YOUR BRANDING HAS CHANGED

Maybe your logo has changed. Maybe you've increased your service offerings. Maybe you have a new spokesperson splashed across all your advertisements. When your on- and offline advertising doesn't match, your consumers will get confused. Brand consistency is key across all mediums. A website should align with the overall image of your brand.



...YOU'VE NOTICED A DROP IN WEB VISITS AND/OR CONVERSIONS

Maybe visitors to your site don't recognize that they are visiting your business online. Maybe the navigation is clunky. Maybe the calls-to-action aren't as intuitive as you had hoped. Maybe your competitor's keywords were stronger and your potential patients never even visited your website. Whatever the reason your numbers are down, a new website can help resolve issues and make way for improved visibility.



...YOU TRIED TO 'GOOGLE' YOURSELF... AND YOU DON'T COME UP IN A SEARCH

A new website won't guarantee improved search rankings but it certainly can help. New content lets search engines know that your business is relevant. One caveat: you'll need to ensure your messaging aligns with your keyword strategy. (But that's a topic for another blog.) ■

THE DIFFERENCE BETWEEN

REGULATIONS AND RECOMMENDATIONS

By **Mandy E. Martin, RPSGT**
Compliance Consultant
MedSafe: The Total
Compliance Solution

Do you ever question the practical reasoning behind the implementation of regulations and recommendations concerning businesses? Consider the fact that regulations keep facilities operating within the law and recommendations keep facilities operating efficiently. By taking preventative measures (following rules closely), facilities would/should be able to avoid being fined.

First of all, any regulations need to be understood and, secondly, recommendations should be addressed. A regulation is a concept of the management of complex systems, according to a set of rules. A recommendation is an offered opinion as to what is the best way to address the needs of a particular office. This creates not only a good working environment, but it helps with office efficiency. This is also known as a general advisory and will aid any facility in moving forward. Never underestimate the importance of any regulations and/or recommendations.

Remember, a regulation will state the reference number with the law and a recommendation will present a general advisory. Listed on the right is an example of each.

Upon entering an office to conduct an OSHA Assessment, the following might be noticed:

REGULATION: An illuminated exit sign in the facility is non-functional. In the event of an emergency, it is important that employees be able to quickly locate the nearest exit. It is required that all exit signs be checked and documented on a monthly basis. {Reg.29. CFR 1910.37 (B)(6)}

RECOMMENDATION: The facility may not have an adequate functional emergency light. Egress during a power outage may be hampered without emergency lighting. It is recommended that emergency lights be added.

Understanding and following a regulation (depending on facility) will prevent the facility from receiving a fine/fines. Employees need to be aware of what is the best way to keep the facility from making mistakes so that paying a fine can always be avoided.

A sure recommendation is that all facilities have an annual OSHA Assessment. Keep in mind that implementing the best practices for a facility is beneficial to all. ■

AADA LEGISLATIVE CONFERENCE

By **Tony Davis**, Executive Director, Dermatology Specialists, PA

Recently, several members of the ADAM executive team were invited to attend the AADA (American Academy of Dermatology Association) Legislative Conference in Washington DC. The conference ran from September 11 through September 13th.

Despite the explosive current political climate, it was quite refreshing to see the underbelly of Congress at work. The representatives from both sides of the aisle were very receptive and genuinely involved in the issues of the day. It painted quite a stark differential from the picture that we see portrayed in the media on daily basis. I think most of the participants at the conference left feeling that the main lobbying messages were heard and political relationships were formed.

Specifically, the AADA focused the conference attendees, which were made up of dermatologists, dermatology residents, dermatology nurses and administrators, on the following three core areas. We were briefed on the specifics of the issues and the current congressional progress of various bills related to those issues.

PROVIDE REGULATORY RELIEF:

Ease regulatory burdens to preserve patient access to quality dermatologic care.

Preserve congressional intent and ensure a stable transition period to enable physician practices, particularly solo and small practices, to prepare for the Merit-Based Incentive Payment System (MIPS) and the move toward Alternative Payment Models (APMS).

IMPROVE ACCESS TO TREATMENTS:

Support access to treatments that improve outcomes, meet personalized medical needs, and constrain health care costs.

Access to affordable and personalized medications is life-changing for patients.

Support innovations that bring new cures and treatments to market: protect physicians' ability to prescribe compounded medications, and remove barriers to the development and entry of generic drugs in the marketplace.

PROMOTE PUBLIC HEALTH:

Promote prevention, raise awareness and prioritize funding for medical research.

1 in 3 Americans suffers from a skin disease. Federally funded research advances the treatment of thousands of skin diseases and conditions.

Maintain funding for medical research at NIH, NCI, NIAMS, and the CDC, and support skin cancer prevention efforts.

On the final day of the conference, we all spent time on Capitol Hill meeting with our local Senate and House representatives. I would encourage all ADAM members to seek out opportunities to take the above issues and meet with your own legislators in your hometowns. I think you will find them very receptive. If you need pre-printed materials related to the AAD legislative initiatives, feel free to contact the ADAM offices and we will be happy to get this information in your hands. ■

ASK THE LAWYER Q&A

with Michael J. Sacopulos, JD, Medical Risk Institute

POST-PETITION DEBTS IN CHAPTER 13

QUESTION: **We have a patient who filed Chapter 13 bankruptcy in 2013. The bankruptcy is still open. We did not see this individual until 2015 and had no previous knowledge of the bankruptcy. They have an unpaid balance on their account which they are telling us we cannot pursue because of their open bankruptcy. What does this mean and what remedies are available to us?"**

ANSWER: Thank you for your interesting question. Thanks also for the calm and civil manner in which you presented it. I am used to clients receiving bankruptcy notices from patients going straight to DEFCON 1. Like most things, there is both good and bad news for your answer.

First, the good news. It is highly unlikely that your patient's outstanding balance is included in his or her bankruptcy. For the most part, post-petition debts are not part of a Chapter 13 Bankruptcy case. Here, your patient filed his or her bankruptcy petition in 2013. The services which your office provided were done in 2015 thus making them a post-petition debt. This means that the balance is not eligible for discharge by the bankruptcy court. So the balance owed to your practice can be collected at some point.

There are several exceptions to this general rule. First, your patient could have sought approval from the bankruptcy trustee to incur a debt with your practice. I highly doubt that this was done. If it had been done your practice would have received a notice. This often happens for events like getting a car loan for a vehicle so a debtor can get to and from work. New debts throw off the bankruptcy trustees' payment plan and generate additional work for parties involved. It typically does not happen. In addition to the trustees consent, other creditors must also consent because it impacts their payment plan. You can only imagine their eagerness to do so.

Your patient has an opportunity to convert his or her Chapter 13 Bankruptcy into a Chapter 7 and include the balance owed to your practice. This would mean that the debt would fall under that bankruptcy and ultimately be discharged. There are significant consequences to the patient/debtor if they convert and many attorneys advise their bankruptcy clients not to convert unless there is a substantial increase in the amount of debt. This means that if the balance owed to your practice is a typical amount owed to a dermatology practice, it would not make financial or legal sense for your patient to attempt to convert his or her Chapter 13 Bankruptcy into a Chapter 7 to avoid paying this debt.

So all of this sounds encouraging, right? Well, here is the bad news. You may not attempt to collect upon your balance until the Chapter 13 Bankruptcy is concluded. There is a stay for any collection proceedings even on post-petition debts. Technically, your patient income belongs to the bankruptcy trustee and the bankruptcy trustee is paying past creditors with it. Ultimately you will be able to initiate a collect action to get the balance paid, but you will have to wait.

I must caution you not to attempt to collect this debt during the bankruptcy. This is true for pre or post-petition debts. It is bad enough to have a patient take a bankruptcy on an amount owed to you. Proceeding after them once they are in bankruptcy can result in monetary fines against your practice. This is a classic case of taking a bad situation and making it worse. This is a real possibility for those practices who continue to try and collect from a patient who is in the middle of bankruptcy. Consider yourself warned.

Bankruptcy trustees across the county vary. Some are helpful and friendly to creditors that call in asking questions. I tell you this because it might be in your best interest to contact the bankruptcy trustee and ask about the disposition of the bankruptcy. I have been involved in situations where people claim to be in bankruptcy and they have either not filed the bankruptcy petition or the bankruptcy was already fully concluded some years back. Put this under the category - trust but verify. I hope this answer helps you understand bankruptcy proceedings. I wish you and your practice much success. ■

> **It is bad enough to have a patient take a bankruptcy on an amount owed to you. Proceeding after them once they are in bankruptcy can result in monetary fines against your practice. This is a classic case of taking a bad situation and making it worse.**

ADAM

Association of Dermatology Administrators & Managers

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

phone: 866.480.3573 | fax: 800.671.3763
adaminfo@shcare.net

ada-m.org

MISSION

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

VISION

The trusted resource for dermatology practice management.