EXECUTIVE DECISIONS IN

DERMATOLOGY

DECEMBER 2017 & JANUARY 2018

Issue Focus:

Staff Training

Interactive newsletter!

ADAM

Association of Dermatology Administrators & Managers

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Interactive newsletter!

Executive Decisions in Dermatology is interactive, getting you to the information you need more efficiently! Navigate the newsletter with ease. Use the Home Icon to bring you back to the table of contents and click all URLs to go to the featured website.

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, Suite 210, Rolling Meadows, IL 60008***

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President's Corner

I say this every year, but: Isn't it amazing how quickly the year has flown by? 2017 has been a year of changes and growth, for not just ADAM, but for the field of medical administration. A very dear friend of mine once told me there is no such thing as a problem – it is merely an opportunity to find a new way of viewing things. I've never been completely sure I agree, but I do like to see opportunities rather than challenges!

One opportunity I have every year is keeping our employees engaged in our training processes. This year has been particularly filled with opportunity as we expanded into three new locations and greatly increased the size and services at a fourth location. We experienced the accompanying training opportunities in this growth explosion.

I think training staff in a group setting can be either incredibly boring or invigorating, depending on whether senior staff can be utilized to help newer staff understand the processes. This year I decided to see how fun I could make OSHA, HIPAA and billing compliance training, as well as adding in a dash of "Do You Know Our Products?" I was able to set aside an entire day to close all locations for a centralized training.

I enlisted our malpractice carrier to provide our OSHA training – a free service from most malpractice carriers – which is a lot more fun than just me spouting the interesting dos and don'ts of OSHA compliance. I know! It's everyone's favorite, right? I found a few of our aesthetic reps to provide food (read sweets!) to keep everyone fed and caffeinated so we were all energized. I then enlisted some of our product reps to provide free products to distribute to employees in the form of prizes for participation. If a trainee answered a question (right or wrong), they received a free sample product of their choice. If the participant provided good insight, they received a trade-sized product. The trainee with the most participation received a gift basket containing products, treats and gift cards. In mid-afternoon, administrative staff and clinical staff broke into groups so clinical staff could complete BLS training. Everyone else went through hot topics and key problems they were facing.

No one complained about sitting through an entire day of boring training. This was a tremendously successful day with every single employee participating. A by-product of this centralized training is an opportunity to look at break room furniture that will accommodate 50+ employees – but that's an opportunity to be explored in 2018!

I hope you all enjoy this newsletter edition focused on employee training. Proper staff training is vital for onboarding, increasing efficiency and long-term success.

Wishing you all a very happy holiday season!

GBrockelsby

Gabi Brockelsby
ADAM President

Checklists — The Key to Success

Jill Sheon, MPPM
Senior Practice Manager
Children's Dermatology Services

Children's Hospital of
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Jill.Sheon@chp.edu

Jill has over 17 years of dermatology practice management experience. Jill has a Master's Degree in Public Policy Management from the University of Pittsburgh's Graduate School of Public & International Affairs. She has been a member of ADAM since 2007 and has served on ADAM's Board of Directors since 2012. Jill is a member of ADAM's Executive Board and currently serves as the Secretary-Treasurer.

How many checklists do you create each day? How many are mental? How many do you write down? At home, work, store, or wherever we are, we are always compiling mental or written checklists. This idea can be successfully applied to our work and the work of our employees. When we complete daily tasks day in, day out, they become engrained in our brain; they become routine. The same is true with our employees. They, too, go into mechanical mode with their job responsibilities.

It's important to capture these tasks for training and compliance purposes. The best way to do this is through the creation of a checklist. Nothing gets missed. Requirements stay intact. Procedures required by your organization, practice, state regulators and accrediting agencies are best initiated through a series of checklists. What is routine for employees who have been in the system will be brand new to the next person you hire.

One example is the new employee checklist. This new employee checklist is the most important HR tool in your tool belt because it provides structured educational onboarding for your new employee. It can take at least two forms, as an organizational checklist, created by the organization, incorporating system-wide operations including vision, mission, values, compliance, culture and expectations. In addition, it can be an office-specific checklist, created by administrator/manager and office employees, and introduces the employee to the practice-related specifics of your group.

Both checklists provide a connection to work-related relationships and information networks required for the employee to be successful in job performance and in becoming a valued member of the team. They provide a structured approach and are goal-driven. These lists empower the employee to become and stay engaged and assist a new employee in feeling more comfortable and less anxious about their new role. Additionally, checklists give the new employee the opportunity to learn job expectations and to work at her/his own speed, within specific time parameters, to learn the job.

Development of the new employee checklist is accomplished through the work and efforts of the administrator/manager and the employees who share the same or similar job responsibilities. The core members of the new employee's immediate work team are empowered to create and periodically review the list of tasks needed to perform the job. These same employees, when called upon to teach appropriate procedures, develop a sense of pride because of their accumulated job knowledge and ability to share with the new employee, especially when the new employee starts to catch onto her/his job responsibilities.

Checklists created for job responsibilities related to **state regulatory** and **accrediting agencies** purposes are extremely important for your practice operations. These checklists create the back drop for how your organization will accomplish what is expected by your state bureau of laboratories, state boards of medicine and Joint Commission or other accrediting agencies. They create the best practices for patient care. Lists provide the details for each task that employees are mandated to complete with the required specific, measurable and time-bound specifics. They hold the key for your success in certification and accreditation. Current and well-documented checklists ensure completion and compliance of work performed and assist is successful site visits by these organizations. A regular review of these lists will ensure completeness and consistency among employees.

We are reviewing all the positives for checklists, but are there pitfalls? Yes, there are. Creating a checklist takes time and effort, not only by you but by your staff. The checklist needs to be inclusive of job-related expectations and definitions in detail. It needs to be reviewed often, not only to ensure an understanding of the job responsibilities but also to determine whether updates are needed. When initiated, the administrator/manager must devote time with the new or existing employee to intricately review their checklists. Failure to create a solid new employee checklist, and more importantly, commit the time needed to educate the employee on the organization and expected role, can be costly to your organization.

The goal of any checklist for our offices is to ensure best practice patient care through best practice performance.

New employees need to be trained, while existing employees need to maintain training and be recertified as needed. Failure to comply may lead to a patient care issue, inability for a licensed medical team member from seeing patients, inability to utilize specific equipment or space within your office, and the list goes on. The goal of any checklist for our offices is to ensure best practice patient care through best practice performance. Any other outcome, including poor employee performance, needs to be reviewed and employees retrained. Employee performance needs to be reviewed, evaluated, documented and discussed. If improvement is not shown, the path toward termination needs to be initiated. This leads to rehiring, which is costly. Existing employees will need to take on additional tasks, and morale may suffer. You know the cycle.

The bottom line, initiate checklists. If you've initiated checklists, and it's been more than six months since you last reviewed them, set aside time to review them and to meet with your staff to discuss them. Once in place, you will have laid the groundwork for efficient and successful onboarding, job training, job performance, team work, and excellent patient care.

Page 6 includes a hyperlink to several checklists provided by your ADAM Board, which will also be added to the member portal on the ADAM website. I invite you to join me in thanking them for opening up and sharing their processes. Explore these new exclusive member resources. Customize them to fit your specific needs, or cross-reference them with your own training checklists. It is my hope that one or two – or more – will help you.

Access and download these process checklists, courtesy of the ADAM Board of Directors.

New Hire Checklists

- Department Orientation Checklist
- New Hire Checklist

Process Checklists

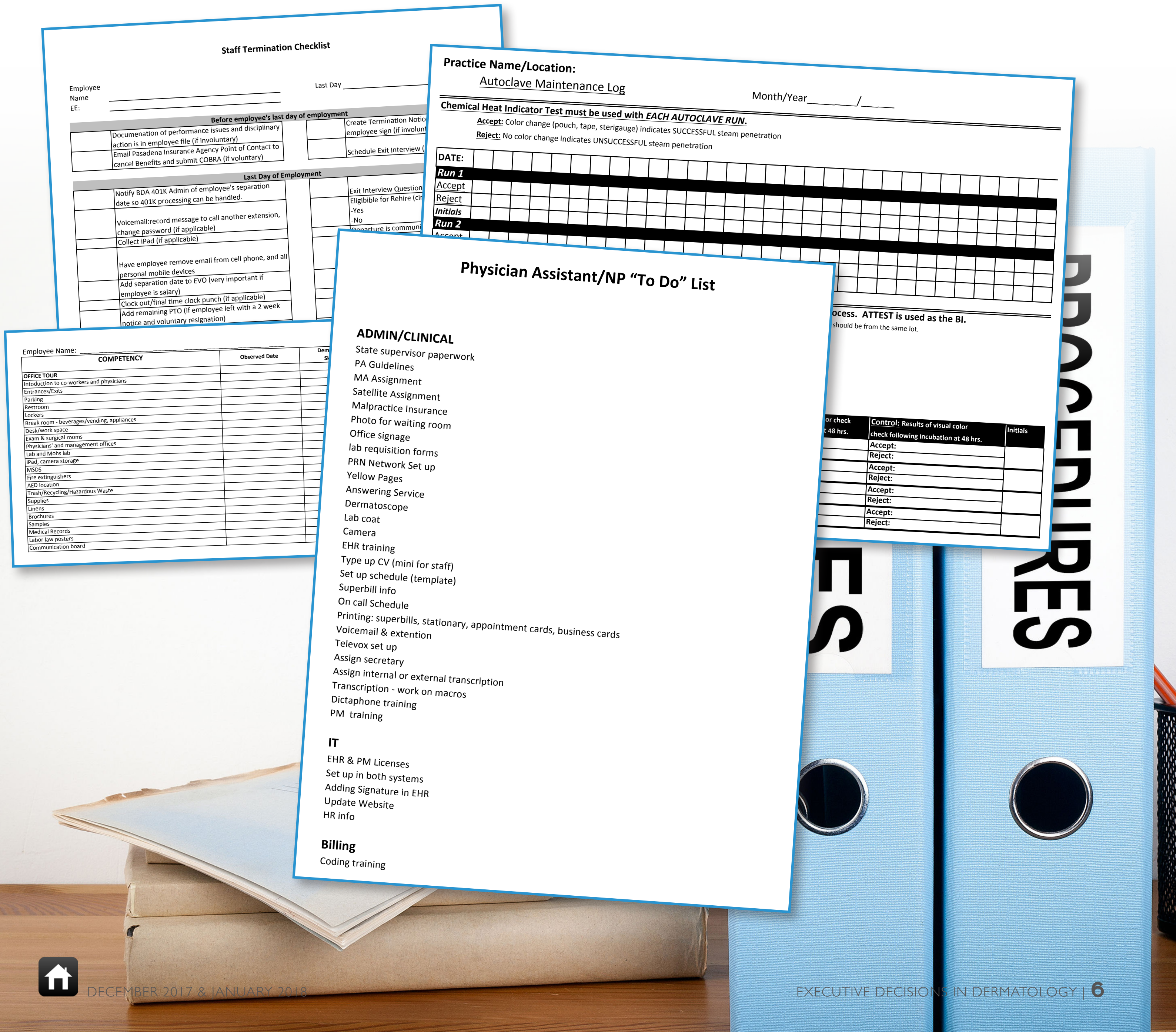
- Autoclave Maintenance Log - CHI-BI
- Autoclave Maintenance Log - CHI
- Autoclave Maintenance Log - H2O
- Autoclave Sterilazation Log for doing in office

Skills - Certification Checklists

- Assistant Competency Checklist
- Finance Systems Training Log
- New Hire CCP Front Desk Competency Checklist
- New Hire Derm Clinical Competency Checklist
- Skills Sheet

Termination Checklists

- Termination Checklist



It's Time to Renew Your ADAM Membership!

Tap into the knowledge of leading dermatology practices in 2018! ADAM is the only association exclusive to dermatology practice managers providing many advantages from continuing education opportunities to networking with experts in managed care, practice management, finance, jurisprudence and ethics and coding.

Education. Members receive discounted registration fees for all ADAM conferences and webinars, which provide valuable, practical education that relates to the issues dermatology practice administrators and managers encounter every day. ADAM members also have access to a resource library full of hot topics and recorded webinars.

Networking. Expand your network of professional connections through educational events throughout the year. A confidential LinkedIn group discussion forum lets you raise questions, exchange ideas, and gather immediate feedback from colleagues. Or personally connect with other members locally or regionally by accessing the ADAM Member Directory.

Intelligence. ADAM resources, like this bi-monthly newsletter, offer timely information and advice related to coding, legal issues, legislative activities, technology resources, and other relevant topics. ADAM members also have access to dozens of forms including job descriptions, financial policies and treatment logs, and increase profitability through the *ADAM-EDGE Supply Chain Savings Program.*

Renewing is easy!

- Log into *MyADAM*
- Under "My Account," click "Make a Payment".
- Complete the necessary information, and you're paid through December 31, 2018.
- To update your membership to the Practice Category (3 or more members), have each colleague complete the *ADAM Membership Application*.

Questions? Contact ADAM headquarters at 866.480.3573 or *adaminfo@samiworks.net.*

Learning Styles and Methodologies

By SAMI Education and Research Team

When hiring new staff or training for maintenance, it's imperative to keep in mind that everyone absorbs information differently. The training methods utilized may need to be adjusted accordingly to best meet the needs of each individual. The training period is designed to develop employees' knowledge so they can complete their tasks efficiently. If an employee is having a difficult time learning the new material, consider that he or she may learn best when taught in another way. There are numerous teaching styles that can be used to ensure success.

Learning Styles

The VARK model (visual, aural, reading and kinesthetic) identifies the qualities of the four most common learning styles.

- Visual learners prefer to see training materials through descriptive examples such as graphs, charts, photos, symbols and diagrams. They may enjoy color-coding their notes and learn best when they first watch someone else complete the task. These individuals tend to visualize ideas well and make lists to accomplish their responsibilities. They may find clutter and peripheral movement to be distracting and could struggle when forced to listen for long periods of time.

Pull learning allows employees to select their training and is advantageous since it is innately geared toward their specific preferences — unlike traditional push learning methods where information is "force-fed" based on an organization's needs. The LinkedIn-owned online resource *Lynda.com* hosts valuable content that can be used either a push or self-paced pull method; employers can create a playlist of tutorial videos to supplement its training process, or an employee can select his or her own topics of interest.

Other suggestions:

- Set realistic goals for training completion.
- Use tenured employees as mentors.
- Utilize checklists (see featured article on page 4).
- Provide frequent feedback and words of affirmation during training.
- Include team building exercises.
- Ask for an evaluation of the training process afterwards.
- Reward and celebrate both team and individual success.

- Aural learners do best when listening to the content being taught, so face-to-face training is most effective for them. Audio recordings and voice-over videos are also useful, and mnemonic devices and rhymes are intuitive tactics for these learners to retain a vast amount of information. Auditory learners do well with phone conversations and are attentive listeners that absorb verbal instructions well; however, a loud group environment may present a challenge for their comprehension of the data being presented.
- Reading learners digest information best when displayed through text-based materials. Typical handbooks and written guidelines are great resources for these individuals. Bold headings, topical lists, glossaries, handouts, PowerPoint presentations, essays and manuals are the most ideal intake formats for these learners, who may also be avid note takers that recall information best when physically writing or typing out the material. Encourage reading learners to bring a pen and paper or electronic device to record information during the training.
- Kinesthetic learners want to do it themselves and rely on hands-on experiences with muscle memory to feel their way through tasks. They are most effective when they experiment in real-time and are provided an ample amount of time to practice. Frequent interaction is often needed to sustain their attention. These individuals thrive during engaging in-person trainings that give them the opportunity to move around and be an active participant in the learning process through their senses. Simulating scenarios and partner or group projects utilizing creative instructional tactics fuel their brains, as they feed off one another's strengths through socialization. Often, a lightbulb moment occurs when thoughts are vocalized in conversation.

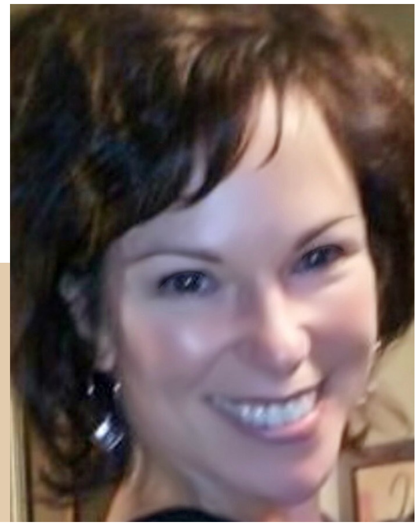
Methodologies

In order to train employees effectively, the material should use laymen's terms that clearly communicate responsibilities and expectations. A wide variety of teaching methods can be used to demonstrate and train employees.

- The didactic method of instruction works for learners who are unable to organize their work and depend on the instructor for all required knowledge. Lecture-based, instructor-centered training is most common in didactic teaching.
- Case-based learning offers a curriculum similar to problem-based learning through situational, factually-based examples. Solving real-life challenges in a group setting benefits all participants and role playing can help put things into perspective.
- Panel or partner work can provoke better discussion in the conversational form. An informal environment where a topic is opened to the group for further exploration can help ease first-day jitters and stimulate more interest.
- Online learning and videos are impactful for millennials and audiovisual learners who thrive on using multimedia materials. Presenting information in a digital format improves accessibility and provides the instant gratification of reviewing materials on-demand. To ensure the information is being absorbed and reinforced in the traditional sense, pre-, intra- and post-activity testing is recommended.
- The flipped classroom strategy is a type of blended learning that promotes student-centered collaboration and reverses the traditional learning environment by delivering instructional content outside the norm. It moves activities into the "classroom" that may have typically been considered homework. The learner has more control and increased input over his or her own learning in this method.
- Game-based learning can be a powerful medium to motivate employees and stimulate friendly competition among peers. Engaging activities, such as a Jeopardy-style game, where accuracy is measured in a fun, informal environment can not only strengthen team bonding but provide a forum for asking questions that might otherwise not be approached.

Employee training works best when it isn't one-size-fits-all, and many people have a secondary learning style that couples well with their dominant preference. Developing training material that "shows, tells and does" could dramatically alter the results seen in an employee's performance and productivity. Analyze what has been done historically, whether or not it is working and evaluate what could be updated to improve the training process for future employees. Ultimately, the outcome of training shows – whether good or bad – in the patient experience and staff interactions. By making some internal changes, you can positively affect employee retention, performance and job satisfaction.

Board Member INTERVIEW



Shannon Page, CMA

Clinical Operations Manager
New England Dermatology & Laser Center

How did you get started in the dermatology field?

I began my career as a medical assistant and went back to complete my bachelor's degree in Health and Human Science Management. I started in pediatrics and then transitioned into teaching. I taught medical assisting courses and wrote course curriculum. Fast forward and I moved into dermatology. I enjoy this work and have been here for 12 years.

Can you describe the practice you lead?

My practice is a fairly large dermatology practice with five locations. This includes three esthetic suites and a med spa. Our staff includes 13 MD's (including two Mohs and two dermpaths), four PA's and one NP. We also staff 10 estheticians, four histotechs and have a supporting staff of approximately 125 team members.

What do you find as the most challenging issues pertaining to staff training in running your practice?

The most challenging issue is finding qualified candidates to hire. I like to hire someone who wants to "join our team and grow old with us". Time is also a challenging issue for us with regards to training. I prefer to give ample time (weeks) of training when a new employee joins our team. I find that the more time invested up front equals less time hand holding on the back end. Not all situations allow us the extra time for training. Thankfully, we have floats and per diem employees who can help out during interim transitions.

Are there any specific training initiatives, methodologies or tools you have incorporated recently?

We have all our new medical assistants signed up for the dermatology certification course through the Association of Certified Dermatology Techs (ACDT), as well as OSHA and HIPAA courses. The dermatology course is a 16–hour, multiple module certification that provides employees an overview on the most seen issues in dermatology. This is a nice overview prior to the new employees shadowing and training with my senior medical assistants.

What method of staff training has proven to be most successful for you?

I have a training schedule for my new employees. For example, the new medical assistants will spend approximately a week with each of my senior medical assistants. This benefits us two-fold. First, they are learning dermatology from experienced medical assistants in addition to getting to know the flow of our office. Second, they are establishing a bond with their new peers. My training staff are generally my more experienced staff that can fit well in the training roll. The trainers receive a small internal incentive as a token of appreciation for their additional efforts; however, these employees are invested in effective training of the new employees since this person will be an integral part of the team impacting all of their success.

Training staff tends to be the easy part. New team members get better over time and with experience. Bonding with the staff, enjoying their job and becoming and feeling like a part of the "family" is equally important for me. If the staff enjoy coming to work, that feeling of happiness transfers over to the patient's experience.

What do you see as the ideal training skills necessary in managing a dermatology practice?

Honestly, I think it all starts during the interview process. You need to be able to see past the "interview answers". I try to learn about the person and see how he or she would handle certain situations that may arise while working in a dermatology practice. For me, I am looking for a professional and wholesome individual who can show empathy for a patient, but also has the professionalism to be able to exude confidence so that the patient will feel they are in capable hands. While that may seem standard, it is not always easy to find. Once I find the right candidate, the training schedule begins. I try to have a well laid out schedule for new team members. I consistently check in with them and the employees that are training them. I provide regular feedback to the new employees. This includes a personal 90-day evaluation with each new employee.

If a bad hire does happen, how is this addressed in your practice?

We have all had that experience where a person gives a great interview, but whose performance falls flat when in the actual work environment. Fortunately, this hasn't happened that often for me; however, those hard lessons have shaped my interview process to try to learn as much about the person as I do his or her skillset. I'm very involved in our training process which will include intermittent evaluations. We want the new hire to be clear of how expectations aren't being met and provide an opportunity to improve. There should be no surprises at our 90-day evaluation. If the new employee successfully completes the training, the hire is now an official team member and given a small pay increase to celebrate the milestone.

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

I like to put myself in the position of those who are joining out team. With such a large office (and mostly women), it can be overwhelming when a new member first arrives. Making the new staff feel welcomed right at the get go has proven to be successful in my office. The "happy new employee" loves his or her new job and tends to work harder to master this new skillset.

What do you see as the future of staff training within your practice, and do you have any key initiatives supporting these changes?

While we aren't there yet, I see a formal checklist of skillsets sometime in the future. I see these lists as documenting the workflow to gage competencies and capture the flow of the work. I know this issue of *Executive Decisions in Dermatology* will feature a checklist article, and I'm excited to have access to these resources.

When did you first become involved with ADAM?

I became involved with ADAM when I started at my office in 2006. It was the BEST decision. I have been able to access hundreds of other dermatology administrators/practice managers for their feedback as to what they do in their office. Some the topics we can easily and openly discuss are front end, clinical end, billing, cosmetics or advertising, just to name a few. The beauty of most ADAM members are their willingness to share. No one has to recreate the wheel (unless they wanted to). I walked into my first ADAM meeting many years ago not knowing a soul. I left that meeting with some wonderful lifelong friends!

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

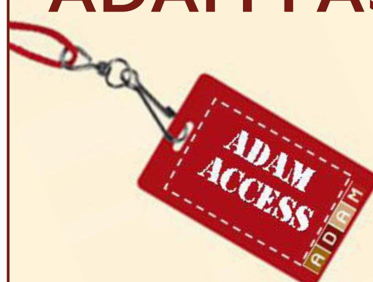
Aside from the wonderful friends and resources that ADAM has allowed me to access, I have also grown professionally. Many years ago, I started to join the different ADAM committees. I have consistently remained part of the Education Committee, Communications Committee, and Mentoring and Networking Committees. Additionally, I am honored to be part of the Board of Directors for the last couple of years. I was the Communications Committee Chair last year, and this year I am very excited to say that I am the Co-Chair of the 2018 Annual Conference with Wendy Stoehr. While I have always enjoyed the conferences in the past, I never imagined all the work – as well as time commitment – that goes into making the conference a success. My sincerest kudos to all past committee chairs for the past conferences! I hope to continue to grow within the ADAM organization for years to come.

What advice do you have for managers in the field regarding incorporating staff training into their practices?

My advice is to examine what you are doing now and honestly answer the question, "how am I doing?"

Does your current protocol work? Are you putting out strong staff members who seem empowered with their newfound knowledge or do they seem unsure of themselves, even weeks after hiring? If you have a great onboarding process, keep it. If you don't, reach out to other administrators to see what they do. If you are reading this, you are an ADAM member, which means you have full access to our private members-only LinkedIn page. Post your concern on the LinkedIn page and enjoy all the non-judgmental offerings that your fellow ADAM members will share. ■

Do you have the ADAM PASS?



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Federal Fodder

Modifier 25 – What You Need to Know

By SAMI Advocacy/Practice Affairs Team

Frequently used and often misunderstood, modifier 25 is one of the most important Current Procedural Terminology (CPT) codes. However, insurance companies have already started changes to modifier 25; when an Evaluation and Management (E&M) code with modifier 25 and a procedure code having a 0-, 10- or 90-day post-operative period are billed by the same provider for the same date of service, **the insurance plan will compensate the E&M service at 50 percent of the otherwise allowed amount** (this applies to professional claims).

The justification for this change is that insurance companies feel that the modifier 25 code is being over utilized; however, payment reductions run counter to standard coding and reimbursement policy and will negatively affect dermatologic surgeons' ability to serve patients effectively. Additionally, a high use of modifier 25 could be attributed to multiple factors, such as an increase in skin cancer diagnoses. However, as regional insurers have started to adopt this policy, there's a chance it will spread to surrounding states. Modifier 25 has also been targeted by the Department of Health and Human Services (HHS) Office of the Inspector General (OIG) as being abused and this action will remove the valuation that occurs in overlapping of services (from a report published in 2005; no further HHS OIG reports have found widespread misuse of modifier 25).

Data from the Part B New Analysis of 2011 Medicare claims data show that dermatology has 57.9 percent of claims with modifier 25, making it the most impacted specialty. With such a drastic decrease in reimbursement, codes that dermatologists primarily use will no longer fully cover Practice Expense (PE) and malpractice expense. Both physicians and patients will be negatively affected, from decreased revenue and small practices being absorbed by hospital systems to patients needing to return for procedures that are usually completed in one visit and therefore, incurring additional co-pays.

The following states* will be affected by changes to modifier 25:

- California
- Connecticut
- Kentucky
- Maine
- Massachusetts
- Missouri
- Nevada
- New Hampshire
- New Jersey
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Wisconsin

Steps your practice can take to avoid this reimbursement issue is to contact your contracting insurance representative and request a meeting. Always convey the impact this policy will have on the practice and your patients and be sure to document correctly on patient records.

* *Some states listed are already being affected by modifier 25 changes. This list is up-to-date as of December 1, 2017 and includes Anthem, BlueCross BlueShield, Tufts Health and Harvard Pilgrim Health Care plans.* ■

CMS Preview Period

PQIP Update - The Centers for Medicare and Medicaid Services (CMS) have opened the preview period of the 2016 performance information for the Physician Compare Initiative.

The Physician Compare team is currently reaching out to all clinicians and groups that have already accessed the Provider Quality Information Portal (PQIP) to preview their data. If your practice is on the Centers for Medicare and Medicaid Services listserv, you will also be receiving this information. For any questions regarding the preview and measures available for preview, visit the Physician Compare Initiative page.

- For assistance with accessing PQIP, or obtaining your EIDM user role, contact the QualityNet Help Desk at 866-288-8912 or *qnetsupport@hcqis.org.*
- If you have any questions about Physician Compare, public reporting, or the preview period, please contact us at *PhysicianCompare@Westat.com.*

MIPS vs. VVP - As MedPAC deliberates the future of the Merit-based Incentive Payment System (MIPS), specialty physicians have rallied around keeping MIPS instead of switching to a proposed replacement called the Voluntary Value Program (VVP).

Currently MIPS contains aspects of the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier and Meaningful Use and combines them into one program based on quality, resource use and clinical practice improvement. Physicians who participate in MIPS earn a payment adjustment based on evidence-based and practice-specific quality data that they report to the Centers for Medicare and Medicaid Services (CMS).

MedPAC is concerned that MIPS will not meet its goal and the various flexibilities of the program make it complex to navigate. Under the VPP proposal, all clinicians would see a portion of their fee schedule dollars withheld and lumped into a pool. Clinicians can then be measured with a group of doctors, based on population-based outcomes, patient experience and cost to be eligible for value-based incentive payments. They could also participate in an advanced alternative payment model (APM). However, if neither option is chosen, clinicians would lose all the money that has been withheld.

Final QPP Rule - The Centers for Medicare and Medicaid Services (CMS) released the final rule for the second year of the Quality Payment Program (QPP). Many of the changes in the rule are to decrease physician burden, including:

- Raising the performance threshold to 15 points
- Allowing the use of 2014 Edition and/or 2015 Certified Electronic Health Record Technology (CEHRT) and adding a bonus for using only 2015 CEHRT.
- Adding up to five bonus points on your final score for treatment of complex patients
- Weighting the Quality, Advancing Care Information and Improvement Activities performance categories at 0% of the final score for clinicians affected by Hurricanes Irma, Harvey and Maria
- Adding five bonus points to the final score of small practices (defined as 15 or fewer clinicians)

CMS is focusing on a user-centered approach and wants to hear from the health care community on this final rule, along with any implications for clinicians in Year 2. To give feedback, email *QPP@cms.hhs.gov.*

Disclaimer

The materials presented here are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or potential risk.

SOLUTIONS FOR ASSOCIATION MANAGEMENT, INC.

The SAMI Advocacy/Practice Affairs teams is dedicated to educating ADAM members on government affairs and practice issues impacting dermatology practices.

Accepting NOMINATIONS for 2018 Practice Manager of the Year

ADAM is pleased to issue a call for nominations for its fourth annual Practice Manager of the Year Award. The award – made possible through a collaboration with CareCredit – recognizes office professionals for their innovative thinking, insight and leadership qualities within their practices and communities.

The 2018 Practice Manager of the Year will receive a $1,000 cash prize and complimentary registration to the 2019 ADAM Annual Meeting, February 25-27 in Washington D.C., courtesy of CareCredit.

To be eligible, the nominee must be a current member of ADAM and in attendance at the 2018 ADAM Annual Meeting on February 12-14 in San Diego where the award will be presented. Nomination forms are being accepted through January 2.

View for complete details and to download a nomination form. Forms can be submitted via email to *adaminfo@samiworks.net.*


PRACTICE MANAGER OF THE YEAR
ADAM
· 2 0 1 8 ·
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A SEARCH FOR EXCELLENCE

Behind every successful dermatology practice is an exceptional practice manager. The ADAM Practice Manager of the Year is a program to recognize excellence in everyday practice. Please submit your nomination for the outstanding Practice Manager who delivers outstanding performance in one or all of the following areas:

- Leadership
- Management
- Customer Service (Patient Care)
- Going Above and Beyond

HOW TO ENTER:

1) Have your doctor fill out the Official Nomination Form (on the next page).
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 this completed form to 800-671-3763 by January 2, 2018 or email form to adaminfo@samiworks.net

NOMINATION DETAILS:

To be eligible, the nominee must be a current member of ADAM and be present at the 2018 Annual Meeting in San Diego, California, February 12-14, 2018 to win. The ADAM Practice Manager of the Year receives free registration to ADAM's 27th Annual Meeting in 2019 and a $1,000 cash prize, underwritten by CareCredit, the founding supporter. Please make sure the nominee, along with the practice doctor, are aware of the nomination. The winner will be selected by a committee of members of ADAM.

The ADAM Practice Manager of the Year will be presented at the 2018 Annual Meeting.
For more information, call 866-480-3573.

Ask the LAWYER Q&A

with Michael J. Sacopulos, JD
Medical Risk Institute

Training for Compliance and Mitigating Risk

Question: How important is staff training to ensure compliance and support mitigating risk within in an organization?

Answer: First, from the bottom of my heart, thank you for this question. It is a lonely, bleak existence as a compliance guy. H.L. Mencken defined Puritanism as, "The haunting fear that someone, somewhere, may be happy." Your question gives me hope that someone, somewhere has interest in the topics of compliance and risk mitigation.

Last year, Inspector General David Levinson announced at the Healthcare Compliance Association Conference that simply having a compliance plan is not enough. Your practice will no longer get points for having a compliance plan on the shelf. Your compliance plan has to be "operational." This means that the document in the three ring binder with an eighth of an inch of dust on it no longer qualifies as your complete compliance plan. One effective way for it to be operational is for your staff to be trained on what the document says.

I hope that I can safely assume for legal and risk mitigation reasons, you agree that your staff should receive training. The next question becomes, what topics do they need to be trained on? Some compliance training topics are mandated by federal law. Your staff should receive coding and billing training on an annual basis. The same is also true for patient privacy/HIPAA training. Depending upon the scope of professional services provided by your practice, certain clinical topics will require safety and compliance training on an annual basis.

One topic that I think is crucial for safety and compliance of your practice is cyber training for staff. Medical practices are being targeted at an ever more frequent rate by cyber criminals. Statistics show that hackers find employees to be your weakest leak. In fact, approximately ninety percent of successful hacking incidents are attributable to employee error and not hardware or software defects. For the security of your electronic medical records and office system, I highly recommend some basis cyber hygiene training for your staff.

One area of risk mitigation training that is often overlook is provided for free. Your practice's professional liability insurance carrier most likely has risk mitigation training which they will provide to your staff free of charge. In fact, some insurance carriers even offer a discount on the cost of the policy if medical providers go through their annual risk mitigation training. This should tell us two things. One, here is a way to reduce the practice's overhead. Two, risk mitigation training is so valuable that it will not only be provided for free but that your insurance carrier will actually reduce the cost of the insurance policy if you go through the training. This is a clear measure of just how valuable training could be. I recommend that you contact your practice's professional liability insurance carrier and ask what risk mitigation training services they provide.

As you move forward with compliance and risk mitigation training for your staff, there are some practical tips to keep in mind. First, you want to document the training for compliance purposes. This means more than just passing around a signup sheet. Certainly you want to note the individuals that are taking part in the compliance training, but also your documentation should address the topics of the training. You also need to decide if your compliance training is going to be offered on a live basis or by a prerecorded course. Live training can be more engaging, while online training offers convenience and unlimited availability. I prefer some combination of the two. Once a year, I suggest hosting a live patient privacy training, but you should also have access to online HIPAA training for new employees. The training you provide in March will not help the employee that is hired in April.

The short answer to your question is "Yes." Training is required for compliance. It is also valuable for risk mitigation. By setting a schedule that spreads training over the year, the training will be more effective, and staff will be less overwhelmed by the process.

I wish you great success in staff training! ■

Michael J. Sacopulos is the CEO of Medical Risk Institute (MRI). Medical Risk Institute provides proactive counsel to the healthcare community to identify where liability risks originate, and to reduce or remove these risks. In 2017, Michael was named National Counsel for Sciemus, a Lloyd's of London firm, for its SafeHealth policy. SafeHealth is the first cyber insurance product designed exclusively for healthcare industry. He is a frequent national speaker and has written for Wall Street Journal, Forbes, Bloomberg and many publications for the medical profession. He may be reached at msacopulos@medriskinstitute.com.

Register for ADAM's 2018 Annual Meeting

The only event dedicated to dermatology practice administrators and managers!

The 26th Annual Meeting will take place February 12-14 at the beautiful Loews Coronado Bay Resort in San Diego. Take advantage of the many educational and networking opportunities to expand your knowledge and enhance your skills as a dermatology administrator or manager.

In response to feedback, ADAM has taken great strides to create a meeting that strives to be both responsive to your current needs and a catalyst to forward thinking ideas and implementation. Whether you are a new, experienced or super-manager; a private or academic practice administrator; or a cosmetic, reconstructive or general dermatology based-professional, this meeting is for you.

Each day starts out with a plenary keynote speaker that will bring meeting attendees together for messages of leadership, growth and inspiration. Following are three concurrent break-outs covering the latest tactics and best practices on topics including but not limited to:

- Managing and motivating staff
- Increasing patient satisfaction
- Maximizing academic practices
- Strategic planning and successful leadership
- Mastering marketing, social media and online reviews
- Risk management, HIPAA and legal issues
- MIPS (MACRA)
- Benchmarking and practice finances
- Coding updates
- Burn-out
- Financial management
- Teledermatology

Don't miss the inspiring keynotes, engaging networking events and 40 exhibits at this year's Annual Meeting. For full details, view the *Registration Program*.

MEETING SCHEDULE

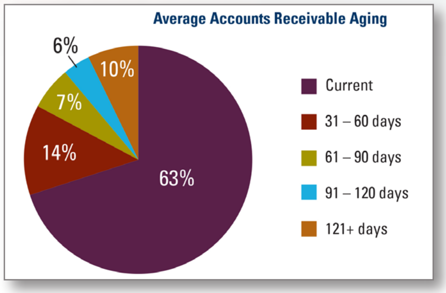
Programming subject to change.

MONDAY, FEBRUARY 12, 2018			
7:15 – 8:15 a.m.	Continental Breakfast		
8:15 – 8:30 a.m.	Opening Remarks: *Gabi Brockelsby, ADAM President* (A100)		
8:30 – 9:30 a.m.	Opening Keynote: Successful Leadership for the Modern Dermatology Practice / *Debra Wiggs and Nancy Babbitt* (A100)		
9:30 – 10 a.m.	Break		
	TRACK A	**TRACK B**	**TRACK C**
10 – 11 a.m.	Tips for MIPS (MACRA): How to Succeed in 2018 and Beyond / *Lynn Scheps* (A101)	Making Your Practice Thrive: Creating a Culture of Success / *Debra Wiggs* (B101)	Browser to Buyer: Make Sure Your Digital Efforts are Hitting the Mark / *Ali Kouros* (C101)
11 – 11:10 a.m.	Transition Break		
11:10 a.m. – 12:10 p.m.	HIPAA: What You Don't Know Could Hurt You and Your Patients / *Eric Christensen* (A102)	Human Resource Issues / *Mike Goossen* (B102)	Website Marketing: Using SEO, Metrics and Analytics to Convert to ROI / *Brent Cavender* (C102)
12:10 – 1:30 p.m.	Lunch		
1:30 – 3 p.m.	Legal Eagles: Get Current with Contract Terms, Negotiations and More in Order to Stay Protected / *Mike Sacopolous, JD* (A103)	A Practice's Effort to Understand the Patient Experience and Strategize to Improve Patient Satisfaction Scores / *Dan Condon* (B103)	Managing Your Online Presence: How to Win Against Negative Reviews / *Debra Phairas* (C103)
3 – 3:30 p.m.	Break		
3:30 – 5 p.m.	Risk Management Forever: Because Everything Old is New Again / *Carole Lambert* (A104)	Employee Engagement That Leads to Patient Satisfaction / *Nancy Babbitt* (B104)	All Things Media: Purchased, Earned, Shared, Owned and How to Apply to Your Practice / *Michelle Abdow* (C104)
5 – 6 p.m.	Welcome Reception		
6:15 – 8:30 p.m.	Networking Dinners		
TUESDAY, FEBRUARY 13, 2018			
7:30 – 8:30 a.m.	Continental Breakfast in the Exhibit Hall		
8:30 – 9:30 a.m.	Keynote: Perception with Patients: Bring it Back to the Basics / *Steve Sobel* (A200)		
9:30 – 10 a.m.	Break in Exhibit Hall		
	TRACK A	**TRACK B**	**TRACK C**
10 – 11 a.m.	Dancing with Wolves / *Steve Sobel* (A201)	Financial Focus: What Managers Should be Paying Attention in Order to Avert a Possible Crisis / *Jennifer Kitzman* (B201)	Clinical Trials / *Speaker TBA* (C201)
11 – 11:10 a.m.	Transition Break		
11:10 a.m. – 12:10 p.m.	Best Practices for OSHA, HIPAA and Other Key Regulations / *Mandy Martin* (A202)	Can You Hear Me Now? Creating a Teledermatology Framework for Your Practice / *Mike Sacopulos* (B202)	Computation of cFTEs for Academic Clinics / *Kathy Ryan Morgan; Don Glazier* (C202)
12:10 – 1:30 p.m.	Lunch with Exhibitors		
1:30 – 3:30 p.m.	General Dermatology and Mohs Practices Round Tables / *June McKernan, Heather Beard and Shannon Page* (A203)	Aesthetics Dermatology Practices Round Tables / *Kevin Kassover; Linda Lewis* (B203)	Academic Dermatology Practices Round Tables / *Jill Sheon, Elizabeth Edwards and Don Glazier* (C203)
3:30 – 4 p.m.	Break in Exhibit Hall		
4 – 5 p.m.	Best Practices for Ensuring EHR Success: A Focused Session for the Modernizing Medicine System You Have in Place / *Mike Sherling* (A204)	Best Practices for Ensuring EHR Success: A Focused Session for the Nextech System You Have in Place / *Robin Ntoh* (B204)	Academic Department Dashboards: What Metrics to Use / *Tom Gutowski, MBA, CMPE* (C204)
5 – 6:30 p.m.	Reception in Exhibit Hall		
7 – 9 p.m.	Networking Dinners		
WEDNESDAY, FEBRUARY 14, 2018			
7 – 8 a.m.	Continental Breakfast		
8 – 8:30 a.m.	Practice Manager of the Year Award		
8:30 – 9:30 a.m.	Closing Keynote: The State of Dermatology / *Brent Saunders, CEO, Allergan* (A300)		
9:30 – 10 a.m.	Break		
	TRACK A	**TRACK B**	**TRACK C**
10 – 11 a.m.	Benchmarking: Measure to Succeed / *Tony Davis and Curtis Mayse* (A301)	Strategic Planning for Success / *Wendy Stoehr* (B301)	Cosmetic Cosmos: Staff Motivation for a Leading-edge Aesthetic Practice / *Speaker TBA* (C301)
11 – 11:10 a.m.	Transition Break		
11:10 a.m. – 12:10 p.m.	CPT Coding Update for 2018 and Beyond / *Peggy Eiden* (A302)	Don't Feel the Burn: Managing Multiple Priorities and Stress to Avoid Burnout / *Curtis Mayse* (B302)	Practice Perfect: What to Measure, How to Grow and When to Merge or Sell / *Greg Morganroth, MD* (C302)
12:10 – 1:30 p.m.	ADAM Business Meeting and Lunch		
1:30 – 2:45 p.m.	Techniques to Diffuse Difficult Patient Situations / *Evan Rieder, MD; Sid Sizook, MD* (A303)	Credentialing: How to Get to the Next Level / *Angela Short* (B303)	In-office Dispensing: Cosmeceuticals and More / *Speaker TBA* (C303)
2:45 p.m.	Conference Adjourns — See you next year, February 25 – 27, 2019, in Washington D.C.		

2017 ADAM Financial Benchmarking Survey

By Tony Davis, Dermatology Specialists, P.A.

Tony Davis serves on the ADAM Executive Board as President Elect. He has been the Clinic Administrator at Dermatology Specialists in Edina, Minnesota, since 2009.



The third annual ADAM Financial Benchmarking and Salary Survey – based on 2016 data – builds on previous year's information, so we can now see the valuable addition of three-year trends.

As a reminder, our second benchmarking report issued in 2016 only looked at financial data. As this was a subset of our original survey, it means some areas of the current report will not have a multi-year component.

Also, as was previously reported, the benchmarking committee has previously decided to only conduct salary surveys every other year, which means we will not be soliciting salary data for the 2018 iteration of the survey.

Alternatively, we intend to expand this benchmarking report over the next 12 months with "mini surveys" targeted to specific areas like Mohs surgery, cosmetic over the counter products, cosmetic injectables and more specific information about staffing patterns in our practices. We hope that breaking up this data collection can expedite the process without taxing our members.

We will start collecting the data for the 2018 survey (based on 2017 data) this February at the ADAM Annual Meeting in San Diego, California. The release date for the 2018 Benchmarking Survey based on 2017 data will be sometime during summer 2018 ■

CliftonLarsonAllen | ADAM Association of Dermatology Administrators & Managers

Trends in Dermatology Groups

CliftonLarsonAllen (CLA) completed the 2017 Association of Dermatology Administrators & Managers (ADAM) National Survey©, a study focused on the latest results for dermatology practices. The practices surveyed represent a broad cross section of geography and size. The purpose of the 2017 study is to provide dermatology practices with data on financial trends and analytics. Results presented in this study are based on 2016 data.

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Trends in Dermatology Groups

Benchmark data includes:

- Geographic representation
- Practice types
- Size of practice staff, full-time equivalent (FTE) breakdown, and production
- Revenue sources
- Charges and collections
- Accounts receivable volume and aging
- Average charges per month
- Revenue and operating costs
- Physician compensation
- Administrator compensation
- Employee benefits
- General summary of salary information

Visit *ada-m.org* to order your copy today!

THE PINNACLE HEALTH GROUP

Be prepared for the 2018 Coding Updates

Please join ADAM and Consultants from *The Pinnacle Health Group* on December 12 as we discuss the 2018 policy changes that will take effect January 1, 2018. There are a significant number of changes that impact dermatology this year including coding and policy updates. This ADAM sponsored webinar is designed to provide the information you need to be prepared for these changes. The one hour program will provide an overview of CPT and HCPCS coding changes, updated fee schedule amounts and CMS coding guidelines effective in the new year including the new PDT changes.

Topics discussed will include:

- 2018 CPT coding (New, deleted and revised codes)
- New HCPCS codes
- New PDT coding
- Medicare Fee schedule updates

Presenters will be Kathy Francisco and Amy Goldberg of The Pinnacle Health Group.

This webinar will benefit providers, billing specialists, administrators, and well as clinical and medical staff.

Can't make the call? All ADAM webinars are recorded and available in the *online store*. Purchase the ADAM Pass for a year full of webinar access.

Register today!

Association of Dermatology Administrators & Managers

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