

EXECUTIVE DECISIONS IN DERMATOLOGY

OCTOBER & NOVEMBER 2017

NEW
Interactive
newsletter!

Cover Story:
**Cutting Edge
Technology**

A D A M

Association of Dermatology
Administrators & Managers

EXECUTIVE DECISIONS IN DERMATOLOGY

OCTOBER & NOVEMBER 2017

inside

NEW Interactive newsletter!

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

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Executive Decisions in Dermatology is a bimonthly publication of the **Association of Dermatology Administrators & Managers (ADAM)**. ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 650 members 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

We are living in a time that has seen greater innovation in the medical field than ever before. Constant innovation seems to fall in both the clinical and technology areas of running our practices. Technology has changed the way we live our everyday lives. It's hard to believe that 20 years ago a cell phone was not necessary equipment. Those who lived through Hurricanes Harvey, Irma and Maria know that cell phones may well have been life-saving.

Has technology improved our lives? In many ways, yes, it has. And, in many ways, it has not. I am one of those people who does not want to be tethered to their e-mail 24/7, but I like being able to stay in communication with my office when I'm traveling. I like the flexibility of being able to work from home and be as productive as if I were at my desk. And yet, I hate the feeling that I can never get away from work.

One of the most daunting tasks in my practice is to remain on top of all these new innovations to see how or if it can be implemented in our practice. Does the cost factor outweigh the convenience or vice versa? Is it truly more useful? Does it make our patients' lives better? Do we get paid higher or more quickly? And what do I need to do to make sure we are completely in compliance with all regulations and statutes? How does this impact OSHA, HIPAA and CLIA? Will this make participation in MACRA easier, or is MIPS the path we need to travel? Will increased costs allow me to reduce staff? And, if I reduce staff, do the patients feel we're becoming too automated or impersonal? Am I hiring staff who understand the technology being used? How do I drag those tenured staff members into this new age when some still don't understand how to use a K-cup dispenser? Through all these considerations: How do I tie everything together and ensure the practice is functioning at its peak?

This edition of the newsletter focuses on the technology we use in our practices as well as things we need to be aware of to successfully integrate our technology with payment modalities and privacy requirements.

To our colleagues in the Southern Region, we hope you all came through intact.

Best wishes to you all!

A handwritten signature in black ink that reads "G. Brockelsby".

Gabi Brockelsby
ADAM President



Introducing

By Debra Kennedy, CAE

ADAM is a dynamic association offering members exclusive access to educational opportunities and resources to drive your practices to higher levels of success. As members and their aligned organizations seek to continuously improve, ADAM needs a strong association management team to support their growth and yours.

In August, ADAM officially transitioned to a new partner — Solutions for Association Management, Inc. (SAMI). SAMI is dedicated to providing ADAM with the professional resources required to achieve its goals through a team approach, culture of customer service, collaborative work style and a driven, results-oriented staff. The SAMI team offers expertise in strategic planning, event management, educational programs, membership services, marketing and communications, advocacy, fundraising, accounting and information technology.

SAMI provides associations with full-service management utilizing professional staff with association experience and specialized skills. As a subsidiary of the American Society for Dermatologic Surgery (ASDS), SAMI has the resources and know-how to flawlessly execute meetings and programs in highly sophisticated formats. Our staff's collective experience equals over 175 years at non-profit membership organizations.





Debra Kennedy, CAE
SAMI Chief Operating Officer

Debra Kennedy, CAE, is responsible for the day-to-day management, business development and sales for SAMI. She oversees operations including strategic planning, governance administration, information technology, member services, leadership development, educational programs, event planning and sponsorship that supports the vision and mission of SAMI clients. Debra has over 23 years of experience in professional association management with expertise in database and website planning, product sales, human resources, membership recruitment/retention, marketing, publishing, mentoring programs, and committee development.



Kimberly Santaniello
Director of Education and Meetings

Kim Santaniello is the principal support for ADAM's Annual Meeting and educational opportunities offered to members. She offers a wealth of association experience. Kim manages all live and distance educational programs and products, mentorship programs, research initiatives and ACCME Accreditation compliance. Under Kim's leadership, ASDS received Accreditation with Commendation from the ACCME in 2014, an accreditation level received only by 21 percent of continuing medical education providers.



Tara Azzano
Director of Development and Industry Relations

Tara Azzano will drive ADAM's Annual Meeting exhibitor registration, advertising sales and industry partnerships. Her experience includes responsibility for raising funds through member outreach and event management; fostering relationships with corporate partners; and developing synergies between industry partners and SAMI clients. She also oversees exhibits at educational courses and advertising sales. Tara offers extensive association experience having directed both education and industry relations with ASDS. Previously, Tara worked with the American Hospital Association and the American Bar Association.



Kristin Hellquist, MS, CAE
Director of Advocacy and Practice Affairs

Kristin Hellquist's advocacy support will provide ADAM with a strong, unified voice to promote and protect its best interests. She provides leadership, oversight and management for all advocacy and related practice initiatives. Kristin is a liaison to external groups, including but not limited to the Alliance for Specialty Medicine, American Medical Association, Accreditation Association for Ambulatory Health Care and the Federation of Specialty Plastic Surgery Societies. Kristin will educate and help support increasing influence through political activities and actively participating in the policy-making process. She offers substantial experience in federal, state and practice affairs areas. In addition to her work for the American Society for Dermatologic Surgery Association, Kristin's previous experience includes positions at the Joint Commission, American Academy of Dermatology, National Council of State Boards of Nursing and American College of Foot and Ankle Surgeons.



Paul Blair
Director of Finance and Administration

Paul Blair is leading ADAM's financial management and has comprehensive experience as a financial professional in the non-profit and association business sector. Paul's competencies include full cycle account, finance, human resources, information technology and facilities management. His employment history includes the Council of Supply Chain Management Professionals and The Salvation Army, and he served as the Chief Financial Officer at the Precast/Prestressed Concrete Institute.



Jaimey Wilman, MBA
Director of Marketing and Communications

Jaimey Wilman will guide ADAM's marketing and communication efforts, including the *Executive Decisions in Dermatology* newsletter, website, emails and social media efforts. She is a creative, self-motivated marketing professional with a seasoned background in marketing management, multichannel campaign creation and strategic planning. Previously, Jaimey served on the executive leadership team for a dual market packaging company servicing both the healthcare and retail markets. From large health systems to private label products, her multi-market background offers well-rounded, strategic marketing insight for SAMI clients.





Ashley Alexander
SAMI Business Development Manager

Ashley Alexander is an action-oriented individual with an abundance of healthcare and non-profit experience. Ashley is responsible for determining client needs and working to implement SAMI's services for a successful fit. She provides support through the entire implementation process to ensure a seamless transition of customer projects. She is the direct contact for discussing new opportunities and answering client questions to exceed expectations and satisfaction. For ADAM, Ashley is supporting corporate support and industry relations.



Alethea Kuhn
Database Administrator

Alethea Kuhn will spearhead ADAM's membership and database management, enhancing reporting and ensuring data accuracy. Alethea is responsible for the management of the internal network, information systems, database solutions, and the day-to-day oversight of technological infrastructure and operations. Her previous experience includes a multitude of information technology in the association environment including ASDS and the American Hospital Association.



Lisa Mikita, CMP, CAE, HMCC
Meeting Manager

Lisa Mikita will steer the logistics of ADAM's Annual Meeting, ensuring a smooth and successful event. Lisa is responsible for all off-site meetings – managing budgets, site selection, hotel negotiations, working with other vendors, handling details with hotel and other suppliers, onsite management where appropriate, and financial reconciliation at the end of the meeting. Deadline driven, Lisa focuses on the details to ensure meetings run smoothly. Lisa has worked for various professional and trade associations from small to large staff, becoming a master juggler ensuring successful events.

In addition to the staff featured here, there is a host of additional support staff including Educational Specialists, Marketing and Communications Specialists, Member Services and much more. The entire SAMI team is dedicated to providing consistent and quality, full-service association management services. We look forward to working with you and serving the dermatology profession by supporting ADAM's mission. If you have any questions, please contact us by phone at 866.480.3573, fax at 800.671.3763 or email at ADAMinfo@samiworks.net. ■



Cutting Edge Technology for Dermatology Practices



By Bill Kenney, MHA
CEO Dermatology Consultants,
Saint Paul, MN

Bill Kenney is the chair of ADAM's Communications Committee. In this role he provides key leadership for ADAM's bi-monthly newsletter Executive Decisions in Dermatology. Bill serves on the ADAM Board of Directors and is the CEO of Dermatology Consultants in St. Paul, Minnesota.

In today's technology-driven world, new software, hardware and applications seem to launch daily. Keeping up-to-date on all the new tools is a full-time job let alone having the time to properly evaluate the products for potential use in your practice. To help reduce your research time, we compiled a list of current practice management technology products organized by product type. We also conducted a member survey on how our members are engaging and using technology. See the highlighted stats throughout the article.

Electronic Health Record (EHR) / Electronic Medical Record (EMR)

EMA™ by Modernizing Medicine® is an EMR system designed specifically for the dermatology

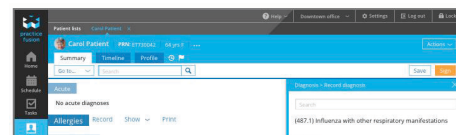


specialty. The powerful applications allow for real-time data collection, scribing of notes and prescription automation. A MIPS scorecard, peer benchmarking and automated reporting are additional features. Current users rave about ditching the templates and macros. The automated charges increase productivity. EMA is also compatible with over 400 practice management systems. Other unique offerings include a telemedicine app, pathology and advisory services. ModMed.com

Prognosis is an EMR, practice management and revenue cycle management solution and is specialty-specific. Its technology allows a patient's entire clinical history to be neatly, logically and securely stored. The software includes customizable workflow and content with a proven track record of 10+ years. Unique features include multiple methods of data entry such as point-and-click, voice and handwriting recognition. Prognosis has partnered with Surescripts to offer e-Prescribing. The mobile app solution can be customizable, offering providers access to their EHR at any time via their mobile devices. Prognosis.com



Practice Fusion is a cloud-based EHR platform facilitating over five million patient visits a month with more than 600 connected partners. Practice Fusion is the most widely used cloud-based ambulatory EHR. The progressive tool offers intuitive charting minimizing data re-entry and includes code assist. The platform offers e-Prescribe allowing medication management from any location. Going paperless streamlines front office applications with appointment management, which reduces no-shows with automated reminders and speeds up the check in process. It also automatically checks insurance eligibility to help ensure payments. PracticeFusion.com



How do you compare to other ADAM Members?*

2 – 4 Providers.....	47%
Private Practice – Single Specialty.....	86%
Managers present tech ideas for physician review.....	76%

*Data collected from an ADAM Member Survey September 2017

Encite, Inc. developed a dermatology



specialty-specific EHR in collaboration with dermatologists around

the country. Users quickly and efficiently document each step of the patient's visit including CC, HPI, ROS, exam, procedures, orders, prescriptions assessment, plans and more. Encite's EHR manages diagnostic, procedural and test results with the ability to compare results over time and integrates digital photographs from a physician's camera, webcam, smartphone or tablet. Its unique Rapid Chart™ feature expedites the process of documenting a patient visit or encounter by giving users the ability to automate a sequence of instructions. Encite.us

eDerm Systems is a web-based EHR and practice management system designed by dermatologists for



dermatology. The product specializes in automatic coding, e-prescriptions, instant insurance verification and electronic billing. eDerm's underlying intelligence enables physicians without prior computer knowledge to easily use the system. It comes ready to use and quickly integrates into practices without months of template setup. eDerm provides on-site and online training to help dermatologists launch their new system. eDermSystems.com

NueMD® is a complete medical billing and practice management software solution powered by Nuesoft



See Patients. Get Paid.

Technologies Inc. Its range of customizable software, features and services use innovative cloud-based technology. This eliminates servers, backups and downtime. NueMD streamlines everyday tasks with patient portal software, e-prescribing and e-labs and mobile charge capture. This practice management tool provides best-in-class medical billing software and medical scheduling to drive fewer no shows

and higher claims acceptance. Because of the cloud-based platform, the system is accessible from mobile devices, offering access to the system from anywhere. NueMD.com

patientNOW is a patient engagement, EMR and practice management software company designed



specifically for aesthetic medical practices. It is used by over 500 aesthetic practices in 47 states, four countries and holds over six million patient records. It differs from other EMR systems by having a fully integrated patient engagement solution (PAR™) that grows per patient revenue and overall practice revenue by automatically managing the patient lifecycle. The patient engagement system sends automated emails, reminders, produces employee task lists, offers referral tracking and can report on commissions and productivity. patientNOW.com

MicroMD is practice management and EMR/EHR tool created by Henry Schein®. Its practice management



software offers advanced scheduling, patient registration, billing, claims management and reporting. This EMR EHR software helps practices improve clinical productivity and enhance patient care. Key features include fast chart creation in under a minute, automated AR processes, intelligent waiting lists, task management and claims management. Being cloud-based enables 24/7 access with a hassle-free alternative to housing a server, and it helps organizations reduce the spend on costly IT staff and the time required to perform necessary backups. MicroMD.com

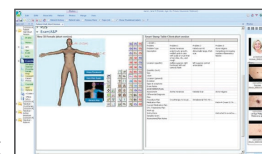
Nextech's fully integrated EMR and practice management solution was created specifically for dermatology. It



allows physicians to simplify documentation and charting with personalized templates and implement smart stamps, which automates billing to simplify patient exams and improve charting efficiency. Its EMR Lab Integration streamlines lab orders and processes. The inventory management module avoids low inventory with pop-up reminders and tracking. Nextech helps visualize the financial health of a

practice with simple dashboard and the ability to identify trends, find areas of improvement and opportunities for growth.

Decrease claim denials with E-Eligibility insurance verification and maximize reimbursement rates with integrated E-Remittance automated error checking and EOB analysis. Nextech.com/dermatology



Registration

Phreesia is a software as a service (SaaS)

platform that supports patient intake, revenue cycle, patient communications and analysis. It incorporates eligibility and benefits verification, a payments platform and is integrated with practice management and electronic medical record systems. On average, Phreesia reduces intake time by 14 minutes for new patients and eight minutes for returning patients by customizing intake before, during and after a patient visit with relevant workflows and clinical screeners based on patient and appointment type. The consumer-friendly self-service tool is accessible on mobile devices,

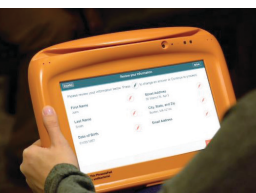


What are members' most pressing technology issue*

1. Costs to implement and use other technologies
2. Meeting government and private payer requirements
3. Keeping up with new technologies
4. Time and ability to train staff on new technologies
5. Using and optimizing EHR
6. Keeping up with HIPAA privacy and security regulations
7. Lack of interoperability between EHRs or within practice network
8. Resistance to technology adoption by physicians or staff

*Data collected from an ADAM Member Survey September 2017





the PhreesiaPad and the innovative Arrivals Station kiosk. Phreesia also offers the ability to send automated

reminders via email and text including appointment reminders, payment confirmation or practice announcements. *Phreesia.com*

Scheduling

QGenda is a cloud-based, automated physician scheduling software that can solve scheduling conflicts. The tool is built

to streamline schedule communication with a constantly updated version of the schedule that is available to all providers and staff anytime, anywhere with real-time mobile access. QGenda's Centralized Viewing Portal provides highly configurable schedule views by role and/or department and integrates with clinical communications systems to eliminate time and automatically update after scheduling changes, swaps and trades are made. See the featured article on page 18 for a first-hand ADAM account of this product's successful implementation. *QGenda.com*

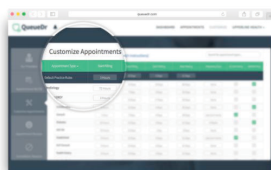


Schedulicity is an online appointment scheduling and marketing platform. Prospective or current

patients visit the website to view openings and set up an appointment. Schedulicity's comprehensive calendar allows users to view schedules and access appointment details from a computer, tablet or smartphone. This tool helps reduce no-shows with automated text reminders to patients and notifies physicians of cancellations to better fill any available appointment slots. It offers email templates and allows users to pick recipients based on their scheduling history, providers booked with, demographics and other pre-segmented lists. *Schedulicity.com*

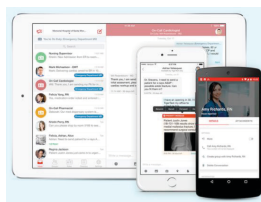
QueueDr is an automated tool used to reschedule and fill missed appointments. It identifies patients

with upcoming appointments and texts them an alert of the new availability. The first patient to respond is automatically rescheduled. QueueDr is customized at the appointment level with rules for patient eligibility. It provides real-time reporting and insights into its performance and value add. The tool offers full schedules, more satisfied patients and improves staff productivity without any additional time investment. *QueueDr.com*



TigerText provides secure text messaging to improve communication and co-worker

collaboration. This tool fully encrypts messages to ensure privacy. Its Role-Based Scheduling Automation includes shift calendars to offer easy visibility to management staffing and reach on-call staff without having to reference other sources. Click to call and priority messaging make communication



Tools implemented by ADAM Members*

EHR or EMR system.....	96.55%
Accounting software	74.14%
Patient scheduling software or applications.....	74.14%
Billing/coding software	67.24%
POS (point of sale) payment terminal	53.45%
Data analytics/similar technology for quality improvement.....	32.76%
Revenue cycle management technology	24.14%
Patient check-in/registration technology (software, apps, kiosks)	17.24%
Staff scheduled software or applications	17.24%
Voice recognition software	12.07%
Other (please specify).....	6.90%

*Data collected from an ADAM Member Survey September 2017

fast and easy. It also offers secure attachment sending. The collaboration solves many clinical communication challenges and ultimately improves patient outs and profitability. *TigerText.com*

Product Sales

DermPRO is a hosted e-commerce and marketing platform designed for the aesthetics industry.



Practices receive a customized e-commerce site that matches their website and offers patients a convenient way to interact with the practice at any time. DermPRO's full-featured solution encourages loyalty by managing rewards programs that incentivize patients for their purchases and referrals. This tool helps practitioners offer their patients a richer retail experience, potential to grow their patient-base and increase revenue. *DermPRO.com*

Virtual Appointments

DermatologistOnCall® Iagnosis is a comprehensive teledermatology platform which allows providers to service patients virtually. The online visit mimics an in-office appointment capturing medical history, photos of conditions



What practices are doing to secure patient healthcare information.*

Technology best practice (software and operating maintenance, password rotation etc.).....	98.28%
Formal HIPAA Training.....	94.83%
Reoccurring HIPAA Training	94.83%
Controlling physical access to data and limiting network access.....	93.10%
Backing up data security on a second server or other method (cloud)	89.66%
Ongoing Risk Analysis.....	87.93%
Implementing rules with communication with patients of staff via mobile devices.....	72.41%
Network Intrusion Detection	70.69%
Implementing rules for bringing mobile devices to work.....	56.90%
Other (please specify)	6.90%

*Data collected from an ADAM Member Survey September 2017

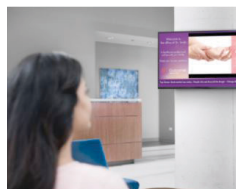


and vital details to drive the best possible diagnosis and treatment plan. Service is HIPAA, HITECH and ATA compliant. Includes e-prescribing and online procedure follow-up support. It also offers Nextech ERM integration. Practices can see more patients without increasing overhead costs. *iagnosis.com*



health assessments to patients in the critical moments before they speak

to their provider. The Digital Anatomy Board delivers interactive anatomical renderings to the consultation so that providers can better communicate conditions and treatment options. The Patient Mobile product sends targeted messaging to patients guiding them as they make treatment decisions. These digital engagement tools support better communication, patient understanding and build stronger relationships between all parties. *OutcomeHealth.com*



Medications

Prescriber's Choice™ is a complete resource for physician point-of-care preparation and dispensing of customized medications. Its users personalize medicine in office and dispense for patients' specific needs. Prescriber's Choice assists with packaging and labeling compliance and follows HIPAA guidelines. Incorporating this service allows physicians to consult with patients as they receive their medication, enabling a discussion on prescription intervals, regimen needs and warning of drug interactions or side effects. This tool reduces staff time on authorization requests, increase patient compliance and keeps prescription revenue in house. *PrescribersChoice.com*



TellaDerm provides patients with simple, convenient, affordable and safe online telemedicine access to healthcare. Providers can prescribe and treat a myriad of hair, skin and nail concerns. Patients provide medical history, upload photos of area of concern, physician reviews treatment plans and patients can purchase products all virtually. This tool brings care directly to the patient, eliminating overhead costs and saving time for all parties. *telladermmd.com*



Interpreter Services

Stratus Video is the largest and fastest growing video remote languages services company in the world.



Its offering includes four proprietary products. Stratus Video Interpreting is a video remote interpretation product, and Stratus Audio is an over-the-phone interpretation service. The Stratus InPerson product is an Uber-like solution connecting a patient with a provider. Finally, Stratus Word is a solution for document translation. This product line up is aimed at improving the timing and communication needed for quality patient care. *StratusVideo.com*

Waiting Room

Outcome Health (previously ContextMedia) provides digital health information during the patient's engagement with the practice. The Digital Waiting Room Screen engages patients and caregivers with dynamic specialty-specific content that motivates and educates them on how to better manage their health. The Digital Exam Room Tablet brings personalized information, practice details, condition and treatment options and



Most listed technology tools by ADAM Members*

- Modernizing Medicine EMA/EMR and various product suites
- Nextech
- Advance MD
- Quickbooks

*Data collected from an ADAM Member Survey September 2017

Criteria

Mohs AUC was developed by the American Academy of Dermatology in collaboration with the American College of Mohs Surgery, the American Society for Dermatologic Surgery Association and the American Society for Mohs Surgery. This tool provides appropriate use criteria for 270 scenarios for which Mohs micrographic surgery (MMS) is frequently considered based on tumor and patient characteristics. The document reflects the rating of appropriateness of MMS for each of these clinical scenarios by a ratings panel in a process based on the appropriateness method developed by the RAND Corp. *aad.org/practicecenter/quality/appropriate-use-criteria/mohs-surgery-auc*

Patient Leads

MyMedLeads is a lead management software used to capture, track and covert marketing leads into paying patients. This tool connects with physicians' websites and all online advertising efforts. It captures online leads and also has advanced call tracking options to reveal the source of phone leads from print, TV and radio ads. MyMedLeads can send text and email appointment reminders, automate email campaigns and increase patient feedback to enhance physicians' online reputations. This software supports the dramatic results of converting leads into actual patients. *MyMedLeads.com*



These are just a small portion of the products on the marketplace. We would love to have each of you share your own experiences with research, implementing and using new technologies in your practices. Join the conversation in our members-only LinkedIn Group at [linkedin.com/groups/3323431](https://www.linkedin.com/groups/3323431). Our active group is always willing to answer questions or provide guidance. The pace of new technology is only going to keep moving faster. ADAM can help you stay up to speed and support the technology choices right for your practice. ■

Board Member INTERVIEW

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

*CEO, Northeast Dermatology Associates
North Andover, MA*



Can you describe the practice you lead?

I lead the largest and oldest dermatology practice outside of Boston serving Massachusetts, New Hampshire and Maine. We have 17 locations with 40 practitioners offering general, surgical and cosmetic dermatology, including a dermatopathology lab. We are continuing to grow and are actively pursuing acquisitions.

What do you find as the most challenging issues from a technology perspective in running your practice?

The first challenge is to keep up-to-date on the new technologies entering the market place. The second challenge is evaluating if the technology will allow us to be more efficient. With all the new technology being launched, I find most of it expensive with little to no true value. Being able to sift through vendors and products to find the right fit for the practice's needs is an ongoing challenge.

Are there any specific technological advances you have incorporated into your practice recently from a hardware or software perspective?

We have recently launched Phreesia, a customized patient intake tool. This has allowed us to increase the quality of data captured during patient registration. It reduces

errors and ultimately enhances the patient experience. We also are launching Analytics by Modernizing Medicines, which will provide insight into clinical staff productivity. Another strategic technology decision is moving everything to the cloud. We now successfully migrated almost all our applications than were previously hosted on a server to the cloud. This allows us to be more flexible with faster transition speed, especially as we strive to grow through acquisition.

What is your method of training staff to new technology brought into your practice?

We incorporate the superuser method. Our superuser group is made up of 200 employees, including physicians. We coordinate an onsite group training with our vendor partners. Following this training, it becomes the superusers' responsibility to transition their knowledge and become the training support at their individual locations. Our vendor also provides Join Me virtual meeting technology which allows staff to log in for training as needed.

What is the decision making process in your practice to determine if new technology will be purchased?

We evaluate new purchases against the expected return on investment based on three components. First, if it improves the patient experience; second, if it makes operations more

efficient; and three, if it reduces costs. We must meet two of the three areas to consider the investment. From there, I present to our Executive Committee of four physicians for final approval. This process works extremely well for our team and has proven successful.

What technology skills and knowledge do you feel as a leader of a dermatology practice are most necessary in managing a dermatology practice?

One key to success is a broad understanding of technology terminology. You need to know the various tools, platforms and jargon in order to make educated evaluations of a tools merit. Next, you should maintain a broad understanding of your practice network and available resources. Both of these knowledge bases allow you to determine the right tools that will be the best fit for your network and strategic goals.

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

I have over 27 years of experience coming from the large/multi-state organization with over 100 physicians. I shifted to dermatology 11 years ago and hope to my finish my career working in this dynamic and growing field. Experience along with trial and error has taught me well. I am also very curious by nature. I subscribe to many technology publications to help keep a pulse on new advances. I constantly ask myself



how this new technology can make us more efficient or improve care and the patient experience.

From a technology perspective, what do you find to be the keys to successfully managing your practice?

The ability to have one platform for our EMR and Practice Management Solutions across all locations is key to our success. It collects our data in one centralized location in real time. I can connect to the data table and refresh my metrics daily to offer complete oversight of revenue and key metrics. As a practice in growth-mode, there is no way we would be able to successfully acquire and incorporate new locations with the speed and transition time without a way to easily incorporate into a universal system. Another key to success is working with strong vendors who you trust and truly become your partners. Our network vendor has been invaluable in operational needs such as connectivity, new user set up and password protection.

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

One of my in-process initiatives is a new inventory management system. This will improve efficiency by converting us away from a very manual process. It will allow us to have oversight on our supply chain and monitor and manage much more effectively. Evaluating organizational risk assessment is an ongoing need. We have partnered with a third-party provider to assess our risk level. We are currently going through penetration testing on our network. Knowing our areas of weakness, will allow us to better protect ourselves and our patients.

When did you first become involved with ADAM?

I became involved with ADAM more than five years ago and have been a Board Member for four years. I joined because I felt a void in networking opportunities. I wanted to connect with like-minded individuals who were going through the same challenges and opportunities.

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

The education, networking and mentoring opportunities are truly valuable. As a member, you are able to share and debate ideas, learn new things and see what tools and systems are working for others while building professional skills and strong relationships.

What do you see as ADAM's role regarding technology support?

ADAM can advise which tools are working best in dermatology practices. Members can be a step ahead with their research by knowing what other members are experiencing. Mentors can also guide and provide advice as others explore new technology.

What advice do you have to managers in the field regarding incorporating technology into their practices?

Don't take vendors at face value. Many vendors can promise the moon and stars but don't live up to the hype. Do your homework and evaluate the true return on investment along with the strategic needs of the organization.

What advice do you have for new managers?

My advice is to align with ADAM and identify a mentor. Mentors can be invaluable when navigating new seas. ADAM members are happy to provide recommendations and guide you in the right direction. ■



SAVE THE DATE!
26th ADAM Annual Meeting
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ADAM
Association of Dermatology
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Federal Fodder

Performing a risk analysis: What practice managers need to know

By SAMI Advocacy/Practice Affairs Team

It's imperative that your practice perform a routine risk analysis. A risk analysis is not a static event; as cyber threats grow, physician practices need to stay one step ahead when it comes to electronic protected health information (ePHI). Conducting or reviewing a security risk analysis is required to meet the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and it also counts for a portion of the Advancing Care Information measure of the Quality Payment Program. *All physicians, whether participating in the Quality Payment Program or not, are required under HIPAA to conduct a full assessment of the potential risks and vulnerabilities of ePHI.*

The risk analysis process will differ for every practice. However, there are five key steps any risk analysis should include:

- **Review** existing security infrastructure against legal requirements and best practices.
- **Identify** potential threats to patient privacy and security and assess the impact on confidentiality, integrity and availability of ePHI.
- **Assess** and prioritize identified risks based upon severity of the impact on your patients.
- **Create** an action plan to mitigate the identified risks.
- **Monitor** results of the action and modify as appropriate.

Did you Know?

Republicans decided not to hold a vote on the Graham-Cassidy-Heller-Johnson proposal to repeal and replace the Affordable Care Act (ACA) after it became apparent that they lacked the 50 votes needed to successfully pass the legislation. The plan would have eliminated insurance mandates and converted Obamacare funding into block grants for states to set up and regulate their own health insurance markets.



Advocacy in Action



President-Elect Tony Davis, along with dermatologists and their patients, meets with Congressman Jason Lewis (MN-2, top) and Erik Paulsen (MN-3, bottom) while participating at the AADA's 2017 Legislative Conference.

When identifying risks, consider these different areas:

- **Physical:** Is there a risk in your office, such as desktop computer equipment or portable devices (cell phones, tablets, laptops)?
- **Administrative:** Do you have a designated security officer? Are employees trained on security practices? How is access to ePHI controlled?
- **Technical:** Do you monitor who accesses ePHI? Are there safeguards to prevent patient data from being inappropriately changed?
- **Policy and Procedure:** Are HIPAA security policies written? Do you document security measures?
- **Organizational:** Does your practice have business associate agreements?

After these steps are completed, a mitigation plan should be created and acted upon to address each risk. Rank them from high to low; create a timetable of how each risk will be addressed; and identify the individuals who will participate and manage the risk mitigation plan. Recommended security rule policies and procedures include an assigned security officer, sanction policies, workforce confidentiality agreements, password management and employee awareness and training.

Performing a risk analysis may seem challenging but the Office of the National Coordinator for Health Information Technology (ONC) provides a security risk assessment tool—an independent application that takes you through each HIPAA requirement by asking questions about your practice. It is imperative that you invest your time in completing the risk assessment; a checklist is not enough to protect your practice from malicious attacks on private patient information. ■

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.

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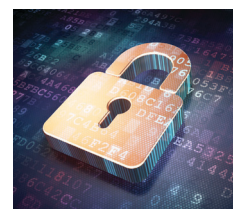
The SAMI Advocacy/practice affairs team is dedicated to education and advocacy on behalf of dermatology practice managers and their patients.





Ask the LAWYER

Q&A with Michael J. Sacopulos, JD
Medical Risk Institute



Patient Privacy Tips

Question: What practice policies should be put in place to protect patient privacy and security in light of technology advancements? Should an office have policies on use of mobile phones, text messaging and smart device usage for communicating and/or sharing patient information?

Answer: Your question anticipates some of the potential privacy problems that come with technology. Since technology impacts most areas of your practice, you won't be surprised to hear that you need several tools to safeguard patient privacy. Here is my "Top 5 List" for your practice to put into place to protect patient information:

5. A Social Media Policy. I'm not sure what it is about social media that makes people disinhibited. We have all seen those posts that make your jaw drop. For example, earlier this year a Texas physician felt hurt by a patient's comments. He had a video of the patient in her underwear describing her cosmetic procedure. To counter her unpleasant comments on Facebook, he posted the video. It is this lack of discretion you don't need associated with your practice. You need a social media policy to set some guidelines for staff for two reasons. First, it sets the practice's policy and helps staff know your expectations. Second, the policy serves as an HR function to dismiss rogue employees for improper posts. A number of hospitals and large practices have their social media policies available online that you can use as a guide when customizing your own policies.

4. Mobile Device Policy. We all have smartphones. They are a superb way to follow up after hours with staff or patients. Whether it is a text photo of a dermatologic condition, or an email about tomorrow's schedule, we use smartphones constantly. Your practice needs to set the ground rules. First, know that lost/stolen mobile devices are one of the top three categories of breaches reported to the Office of Civil Rights. The policy should instruct your staff to keep as little patient information stored on a device as possible. Information needs uploaded to the patient's chart. One recent study suggests that certain apps should not be on any device that accesses patient information. More specifically, gambling apps (note the irony) raise security concerns. Some practices require that mobile devices have software that allow them to be remotely wiped if they go missing. Again, I suggest you review several mobile device policies before picking options that fit best for your practice.





3. Telemedicine Procedures. Your practice may not be engaged in telemedicine now, but that day will come. States are liberalizing laws (see New Jersey's new law) and patients are pushing for telemedicine options. A new Willis Towers Watson Survey reports 76% of large employers use telemedicine consultations to some degree. If your practice decides to do any telemedicine, you will need to establish proper protocols and procedures. I recommend starting with the Federal of State Medical Boards' Telemedicine Guidelines. These guidelines describe the steps needed to have a secure telemedicine practice.

2. Security Risk Analysis. Federal law requires that your practice conduct a security risk analysis on a routine basis. This is a top to bottom look at how your practice handles and protects Protected Health Information (PHI). If your practice has never done a security risk analysis or your analysis is more than a year old, it's time. There are templates and checklists available to assist. I think it is helpful to have a firm familiar with the process work with you the first time.

Once you have a solid security risk analysis, you will be able to update it on your own. I understand that you have other more enjoyable tasks, but you need to move this up the priority list. The Office of Civil Rights will show no mercy if they find you without a recent, quality security risk analysis.

1. Cyber Insurance. The most important thing you can do for patient privacy in this age of cutting edge technology is to purchase cyber insurance. Breaches will and do happen. Cyber insurance provides the resources (both financial and technical) needed to respond to a breach. Your medical malpractice carrier may tell you that your policy has cyber insurance included. It might have some coverage but it won't be enough. Nick Lizanich, a Healthcare and Technology Risk Management Consultant with USI, states, "It is imperative to analyze your cyber liability policy like your internal compliance and security posture. Since there is no standard all encompassing healthcare cyber policy and each carrier offers different coverage options, it is strongly

recommended that your practice evaluates what the financial impact would be from different types of breaches. There are currently 15 different insuring agreements available to a healthcare practice in the cyber insurance marketplace, inclusive of breach response expenses, reputation income loss, bodily injury from a cyber breach, third party business interruption and regulatory fines and penalties. Having an understanding of what the financial impact can be to your practice, will afford your practice the ability to select the proper coverage and limit to protect this emerging risk." ■

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.





A Tool to Juggle Staff and Clinic Scheduling

By Kathy Ryan Morgan

Throughout my career in academics, one of the biggest challenges that I have faced is scheduling. To qualify, when I say “scheduling,” I am not referring to patient scheduling. I am referring to is the six sites that our physicians work at and ensuring that there is adequate clinic coverage. In the past, physicians forgot to switch dates with another colleague, forgot to tell the coordinator to make a change in the schedule, or, somehow, just plain forgot to communicate.

What would happen next would create havoc heard around the clinic or organization. The call schedule was incorrect, clinics were canceled on the spot, patients were reassigned to other physician’s schedules, or, even worse, patients had to be rescheduled into clinics as far as eight weeks out. Physicians were upset, residents were reassigned, patients were disgruntled, clinic managers were furious, and fingers were pointed. It did not happen frequently, but when it did, everybody knew!

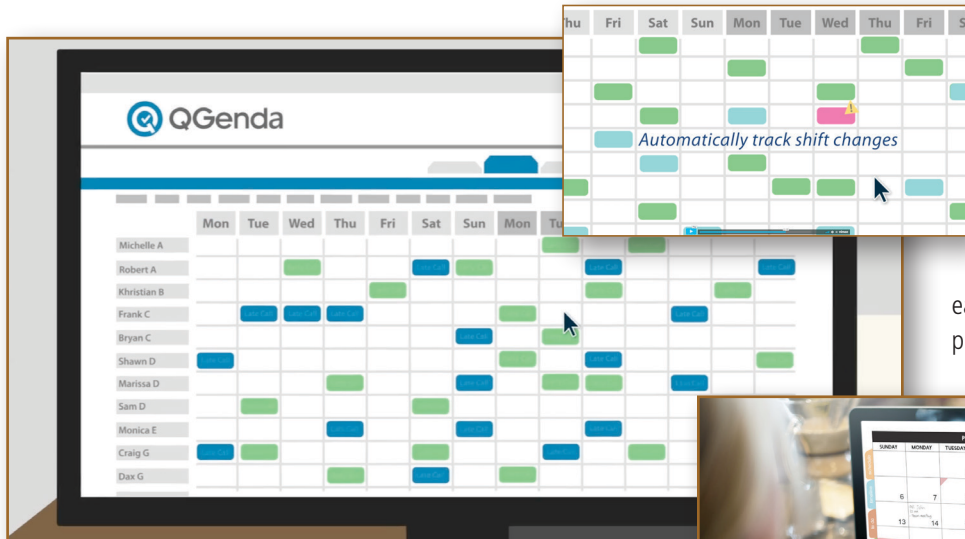


QGenda

Sitting in a meeting with my administrative colleagues approximately six months ago, someone mentioned the QGenda physician scheduling software. It was like music to my ears. Was there actually such a thing that would benefit my department and aid in scheduling our providers?



This multifunctional physician scheduling system pretty much does it all with features similar to Sharepoint. Software is installed at each site where there are dermatology providers (managed by one person per site). In addition, this software has the ability to match residents at various sites with their attending physician and/or clinic.



The software had to be customized to the needs of our practice; however, I found QGenda's representatives to be supportive, available and knowledgeable. After working with our residency coordinator for a relatively short period, QGenda assembled a schedule that was easily modifiable by dropping and dragging physician/resident scheduling changes,

allowing for vacation entries, meetings and conferences. Once the changes were made, it immediately populated the new information to all sites!



Each site has one trained person assigned as the "editor." This is the only person authorized to make simple changes in the system, such as resident reassignments. All other employees have read-only authorization. Therefore, when physicians need a vacation, they have access to the system ONLY to make the request. The request then routes to the editor for review and approval. Once approved, the change(s) are made at the site level by the site editor.

Although we are still in the build-out phase of this scheduling system, I can already foresee endless possibilities for this program in my clinics. No longer will emails or post-it notes be lost, nor will the occasional "I forgot" be an excuse – it is now incumbent upon the provider to work with the central administrator to get their vacations, meetings and conference schedules into the system. For more information, visit qgenda.com. ■



Kathy Ryan Morgan
Director of Finance and Administration
 University of Colorado, Department of Dermatology

Kathy Ryan Morgan is Director of Finance and Administration at the University of Colorado. Her chief academic interests are business development and clinical efficiency.

2017 Financial Benchmarking Survey

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
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- Physician compensation
- Administrator compensation
- Employee benefits
- General summary of salary information

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



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Association of Dermatology Administrators & Managers

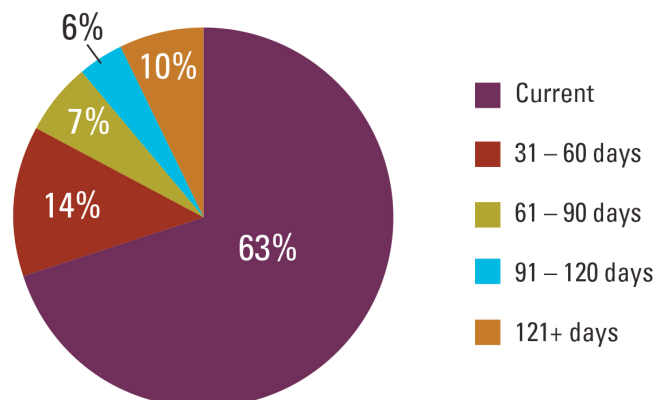
Trends in Dermatology Groups

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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Association of Dermatology
Administrators & Managers

5550 Meadowbrook Drive, Suite 210
Rolling Meadows, IL 60008

phone: 866.480.3573 | fax: 800.671.3763

ADAMinfo@samiworks.net

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