

Executive Decisions in DERMATOLOGY

MAY/JUNE 2015

Summer SUN, Summer SKIN



Sunscreen + Shade + Protective
Clothing + Limited Exposure =
Protected Skin, Healthier Skin

Knowing how to protect skin from the summer sun is the first line of defense and the best way to keep skin healthy. With sunscreen selling at a rate of \$1B annually, according to *The New York Times*, you may be surprised to learn how few Americans are actually using it. Read more on page 7.

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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 (and growing daily!) include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM, or for more information, please visit our Website at ada-m.org, call 866.480.3573, email adaminfo@shcare.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 1120 G Street, NW, Suite 1000, Washington, DC 20005.

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From the President



Hello to ADAM!

*By Pamela M. Matheny, MS/IO Psychology,
MBA/HCM, CMPE*

It seems like only yesterday we were in San Francisco at our annual meeting, one of the best yet. Please go ahead and mark your calendars to save the date for the 2016 annual meeting, which will be March 2 through March 4 in Washington D.C., with lots of good work already being done to ensure another valuable and enjoyable meeting.

A trip to the United States Capitol is always exciting and, of course, is educational as well. Consider the possibility of enjoying the whole experience with your family, and plan to bring them along.

As we head into the summer months, dermatology starts “heating up.” Educating our patients on skin cancer awareness and protection is at the forefront of our responsibilities. While it’s a particularly busy time for dermatologic practices, taking time to learn from experts and each another is important to our ongoing professional development.

The summer is also a busy time for ADAM leadership. Your board has been busy reassigning board members to committees and beginning the 2016 planning process. I encourage each and every one of you to become active in a committee this year. It is a rewarding experience—and one you will never forget!

Thank you to the Communications Committee for putting together another powerful and energizing newsletter.

Enjoy!

Code of Conduct:



Your Shield Against Fraud and Abuse

By Gabi Brockelsby, Murfreesboro Dermatology Clinic, PLC, MDC

There are measures practices can and should take to minimize the risk of fraud and abuse. Fraud is often reported by whistleblower employees, by those who have grown disgruntled because they cannot impact change within the practice, and by patients. Patients are encouraged to become active and report suspected fraud and abuse to their insurance carriers—even though they may not truly understand whether or not a practice is acting fraudulently.

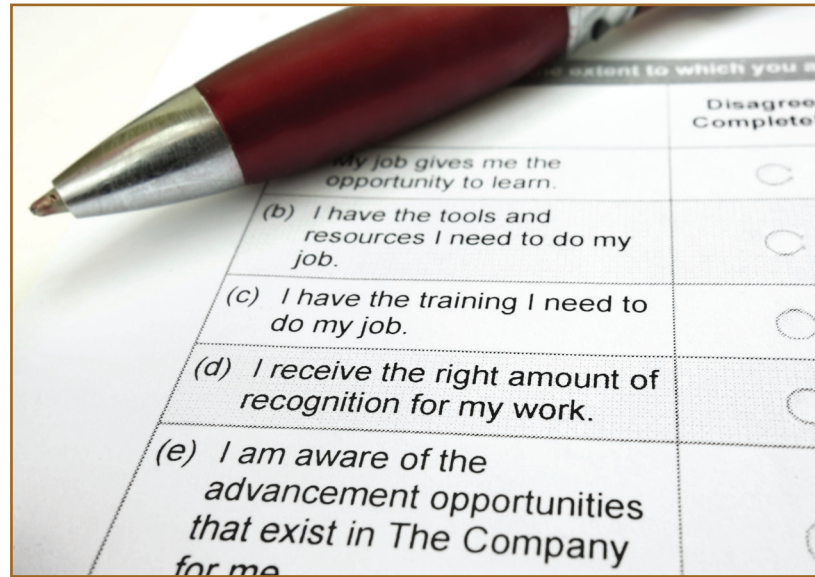
And now, the Center for Medicare and Medicaid Services (CMS) has essentially placed a “bounty” on physicians by hiring outside parties to review patient records. Those groups profit from the penalties and fees assessed against a practice or facility.

Physicians should wait no longer to protect themselves in this area; it is time to educate yourself, your employees and your patients. Examine the practice’s weaknesses and develop a plan to shore up those areas. One important and often overlooked step in this process is developing your practice’s Code of Conduct.

CODE OF CONDUCT

The Code of Conduct can be the single most important document in a practice. The Code of Conduct outlines your continuing commitment to compliance with regulations covering coding, documentation, billing and financial record keeping, and to educate both providers and employees of the practice in these four areas. Additionally, it places responsibility on each member of the practice to ensure the practice is compliant and, if not, to take steps to become compliant. Finally, the Code of Conduct sets up a method for employees to express their concerns regarding non-compliance internally and externally.

The Code of Conduct specifically addresses the seven components identified by the Office of the Inspector General:



Conduct internal audits. An ongoing evaluation process is critical to a successful compliance program. One of the most important things to consider in determining risk is recognizing those areas where the physician’s practice may be the most vulnerable. Voluntarily monitor your documents to ensure accuracy and compliance, and submit clean claims to facilitate timely reimbursement.

Internal audits should ensure that billing forms, procedure and diagnosis codes, modifiers, medical necessity, etc. are supported by appropriate medical record documentation. Audits should also be conducted to ensure claim forms and patient statements are transmitted properly. Additionally, a periodic review should look at arrangements with other healthcare providers to guarantee the practice is adhering to anti-kickback and referral statutes, and that marketing efforts do not induce patients to utilize services.

An internal audit should be conducted by a certified coding professional, a certified auditor or someone well

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trained in documentation and coding guidelines. Contracting with an experienced auditor is an option for practices that do not have a qualified individual on staff. If using an employee, be sure the employee receives annual training on documentation, coding and auditing through programs such as those offered by the Association of Dermatology Managers & Administrators (ADAM) annual meeting. Document this training just as you track your CME. Schedule the audits, document the findings and educate all providers on the findings.

Implement compliance and practice standards.

Establish and implement compliance standards, policies and procedures to be followed by employees, providers and agents that are reasonably capable of reducing the prospect of abusive or fraudulent conduct.

The initial grouping should go through a similar process. A review of the policies and procedures should also become a part of every staff meeting.

Designate a compliance officer or contact. Assign an individual in your practice with the responsibility of becoming the practice's compliance officer. This individual should not be the physician if a sole proprietor, nor should it be the person doing the billing if there is only one individual performing billing functions. Make sure the person designated as compliance officer is well versed in compliance. If you do not have an appropriate individual within your practice, consider using an outside source. Again, this employee should receive regular training on the ever-changing compliance requirements. The Code of Conduct, standards, and policies and procedures should not be a stagnant document but



Many practices actively follow compliance guidelines but have not documented those guidelines as standards, policies or procedures. Assign this task to an employee who is thoroughly familiar with the practice's policies and whether or not those policies and procedures are in compliance with federal and state regulations.

Once the policies and procedures have been created, distribute them among your staff and have everyone read them. Create a listing of the individual policies and procedures and have employees sign to acknowledge they have read them, understand them and agree to comply with them. Any policies and procedures created subsequent to

should be monitored and reviewed at least annually to ensure the practice is protected.

One caution: If you are delegating substantial discretionary authority to an employee, be sure that individual is reliable. A background check is an affordable safeguard for every practice.

Conduct appropriate training and education.

Training and education are an important part of compliance efforts. Communicate your standards, policies, and procedures to all individuals in the practice. Require full participation in training programs and regularly disseminate

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publications relevant to the medical practice; examples might include insurance carrier newsletters, coding and billing newsletters, professional publications, and others. Create a simple routing form that identifies the document and to whom it was routed. Have those individuals sign and date the form after reviewing the information. Keep the publication and the routing slip in a secure location or scan into a file that is maintained long-term.

Be sure your practice has current CPT, ICD, and HCPCS code books available to the staff. Give your staff the opportunity to attend seminars, workshops, and other educational offerings. Encourage active membership in organizations designed to educate such as ADAM for dermatology-specific education, certified coder chapters, nursing associations and others. Your investment in training your staff not only will benefit your practice, but also sends the message that you are investing in their future as well.

Respond appropriately to detected offenses and develop a corrective plan. Enforce the standards, policies and procedures consistently throughout the practice using appropriate disciplinary mechanisms including, as appropriate, discipline of individuals for the failure to detect an offense. Adequate discipline of individuals responsible for an offense is a necessary component of enforcement; however, the form of appropriate discipline will be case-specific. (Note: If using employment contracts, be sure your contracts include clauses requiring adherence to your Code of Conduct, billing standards, policies and procedures.)

Develop open lines of communication. Provide your employees and providers with a variety of means of communication. This can and should include regular staff meetings, a suggestion box, a personal meeting to discuss concerns and possibly an off-site telephone number where employees can anonymously record or report their concerns.

Listen to your employees when they come to you with questions and concerns. They are trying to help you improve your practice's compliance. If you're not sure they are correct,

ask an expert for advice. If possible, get their opinion in writing and keep it with your educational materials.

Respond to your employees' questions and concerns. Many times we spend time researching and resolving an issue but never let the person who brought it to our attention know the steps that were taken. This perceived lack of response is often what drives an employee to be disgruntled.

Enforce disciplinary standards through well-publicized guidelines. Your Compliance Officer should investigate every complaint or allegation of abusive or fraudulent activities related to reimbursement for services from employees, patients or other sources. The Compliance Officer should also be responsible for ensuring every person in the office follows the compliance plan. Repeat offenders and intentional violations need to be evaluated for appropriate disciplinary action up to and including termination of employment. The investigations should be well documented and include conclusions reached and actions taken. Disciplinary action should include additional training for individuals, although the cost of the training does not necessarily need to be covered by the practice.

Documenting and implementing these steps will provide a firm foundation for your practice's compliance.

Compliance programs are available through various healthcare resources; however, the best compliance plans are those that are individualized for your practice. Practice management consultants or companies often provide this service. A word of caution: Purchasing a generic compliance plan and putting it on the shelf without following the other steps may cause more harm than help.

Will a Code of Conduct and its supporting policies and procedures prevent fraud and abuse in your practice? As long as someone is watching the practice to ensure this roadmap to compliance is closely followed, the likelihood of fraud and abuse are greatly reduced.

Remember, while development and implementation of a Code of Conduct is certainly a measure of protection, the bottom line is this: unless this becomes an integrated part of your practice, it is merely words on paper.





Top 10 Reasons to Have Attended This Year's Annual ADAM Meeting

*By Jill Sheon, Children's Dermatology Services of Children's Community Pediatrics,
UMPC Children's Hospital of Pittsburgh*

As in the past, having attended ADAM's annual meetings for the past 12 years, I have to tell you—this year's meeting was one of the best. Every single year, the ADAM annual meeting delivers stronger content and quality, and this year was no exception. The networking events and opportunities to build great relationships with your peers are incredible.

NAs in the past, this year's keynote speakers provided excellent motivational presentations with great takeaways. The didactic sessions, taught by leaders in the areas of compliance regulations, patient-centered care, human resources, revenue, marketing and practice management, were relevant and instructive in this ever-changing healthcare environment.

Here's my Top 10:

1. **ICD-10 is really expected to happen October 1, 2015.** Ok, now we know . . . Faith McNicholas and Peggy Eiden of the AAD said so . . . ICD-10 is really going to happen. Get your practices ready!
2. **Networking**—This was an excellent opportunity to meet new members and catch up with old friends in between sessions. Where else can you mingle with dermatologic administrative/management experts who do what you do?
3. **Modifier 59**—Modifier 59 continues to be tricky. To avoid or survive an audit, remind your provider to document.
4. **Mentoring**—I had the opportunity to mentor two new ADAM members who administrate healthy and growing practices. They were thrilled to be at the meeting, eager to attend the sessions and interested in getting involved in ADAM.
5. **HIPAA**—Who knew Mike Sacopulos, JD, Medical Risk Institute, was such a Willy Wonka fan! The HIPAA-related scenarios or “bombs” he had to dismantle were crazy but true. I loved seeing the Willy Wonka costume worn by Janet Wermuth during his presentation. Hey, my chocolate bar wrapper did not contain the golden ticket! What's up with that?
6. **Dinner Networking**—Love these dinners! Held at phenomenal restaurants, they provide a great opportunity to really get to know your peers and discuss best practices.
7. **PQRS**—in order to successfully navigate PQRS, read about the changes/updates via the AAD website and then reach out to Scott Weinberg, the PQRS specialist at the AAD.
8. **Vendor Exhibits**—Our vendor exhibitors are the best! Many have continued as sponsors of our meetings throughout the years. This year's meeting boasted the largest number of vendors ever. The vendor space was really busy on Thursday, and you should have seen the great vendor giveaways.
9. **Financial Benchmarks**—This presentation created lots of networking discussion regarding ADAM's establishment of Dermatology financial benchmarking. Stay tuned for more information on this topic from ADAM.
10. **The meeting sold out**—again, a first for ADAM. Membership is up, and folks want the opportunity to meet with other experts in the field. I was glad to be part of it!



Study: Most Americans Don't Use Sunscreen

Sun protection habits can reduce skin cancer risk

Exposure to ultraviolet (UV) radiation is the most preventable risk factor for all types of skin cancer, including melanoma, according to the American Academy of Dermatology.

But according to new research published in May 2015 in the *Journal of the American Academy of Dermatology*, the majority of Americans are not regularly using sunscreen to protect themselves from the sun's harmful UV rays.

Researchers from the Centers for Disease Control and Prevention (CDC) examined the results of a 2013 survey that asked participants how often they use sunscreen when outside in the sun for more than an hour. Only 14.3 percent of men and 29.9 percent of women reported that they regularly use sunscreen on both their face and other exposed skin.

A higher percentage of women reported that they regularly use sunscreen on their face (42.6 percent) than on other exposed skin (34.4 percent). This discrepancy was smaller among men, with 18.1 percent regularly using sunscreen on their face and 19.9 percent regularly using it on other exposed skin.

"Women may be more likely to use sunscreen on the face because of the anti-aging benefits, or because of the many cosmetic products on the market that contain sunscreen," says Dawn Holman, MPH, a behavioral scientist at the CDC and the study's lead author. "However, it's important to protect your whole body from the sun, not just your face."

According to the study, men were more likely than women to never use sunscreen, with 43.8 percent of men (compared to 27 percent of women) saying they never use sunscreen on their face and 42.1 percent of men (compared to 26.8 percent of women) saying they never use it on other exposed skin. The study also indicated that sunscreen use is particularly low among those with lower incomes, non-Hispanic blacks and individuals whose skin is less sensitive to the sun.

"Anyone can get skin cancer, so everyone should take steps to protect themselves from the sun," says board-certified dermatologist Mark Lebwohl, MD, FAAD, president of the American Academy of Dermatology (Academy). "The Academy recommends everyone choose a sunscreen with a label that states it is broad-spectrum, has a Sun Protection Factor (SPF) of 30 or higher, and is water-resistant."

More than 80 percent of the sunscreen users surveyed reported using an SPF of 15 or higher, while about 60 percent said they use a broad-spectrum formula. Almost 40 percent of users, however, were unsure whether their sunscreen provided broad-spectrum protection.

"Broad-spectrum sunscreen protects against both UVA and UVB rays, both of which can cause cancer," Dr. Lebwohl says. "Recent sunscreen regulations implemented by the U.S. Food and Drug Administration make it easier for consumers to see on the sunscreen label whether the product is broad-spectrum."



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Follow these Academy tips for effective sunscreen use:

1. Choose a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher.
2. Apply sunscreen at least 15 minute before sun exposure.
3. Use enough sunscreen to cover your whole body (about an ounce for most adults), and apply it to all exposed areas, including the ears, scalp, tops of the feet and legs.
4. Ask someone else to help you apply sunscreen on hard-to-reach spots like your back.
5. Reapply sunscreen at least every two hours or immediately after swimming or sweating.

“Using sunscreen can reduce your risk of skin cancer and early skin aging, but it shouldn’t be your only line of defense against the sun,” Holman says. “It’s best to combine sunscreen with other forms of sun protection. Communities can help with strategies like providing shade in outdoor areas, which can make it easier for individuals to stay sun-safe while enjoying the outdoors.”

The Academy offers these additional sun protection tips:

1. Seek shade, especially between the hours of 10 a.m. and 2 p.m., when the sun’s rays are the strongest.
2. Wear protective clothing, including a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, when possible.
3. Use extra caution near water, sand or snow, all of which can reflect and intensify UV rays.
4. If you want to look tan, use a self-tanning product, but continue using sunscreen with it.

“One in five Americans will develop skin cancer in their lifetime,” Dr. Lebwohl says. “The best way to reduce your skin cancer risk is to protect yourself from UV exposure.”

(reprinted with permission from the American Academy of Dermatology)



We want your feedback and ideas!



ADAM President-Elect Gabi Brockelsby recently posted this question on LinkedIn: Looking forward, what is the one thing you would like to see ADAM provide to you as a member?

There were many excellent responses, including compensation plans and surveys, employment agreement templates, training videos and one-day seminars.

ADAM is always interested in hearing from you! We want ADAM to be your go-to resource and a valuable tool for practice management.

Keep the ideas coming via email to ADAM Executive Director Pam Kroussakis at ADAMinfo@shcare.net.

ADAM Webinars

Save the Date and Mark Your Calendar for Upcoming ADAM Webinars



GROWING PRACTICE PROFIT & LONG-TERM SUSTAINABILITY THROUGH ANCILLARY REVENUE SOURCES

Wed., June 17, 2015, 2 p.m. – 3 p.m. EST | Speaker: Gene Good, J.D., CPA, MAcc, DoctorsManagement, Senior Management Consultant, Partner

Ancillary services are a great way for any dermatology practice to boost revenue, attract new patients and improve patient satisfaction. During this one-hour webinar, Gene Good will educate participants on how to incorporate ancillary services based on specific business goals, time and space constraints, and patient demographics.

Services covered in this webinar include:

- laboratory
- esthetician and spa
- product sales
- employed providers
- aligned specialties plus
- Q&A for other services

Learn how to determine which ancillary services to add and how to add them in a way that has minimal impact on your practice flow, staff and real estate.



MASTERING THE RBRVS – LEARN TO DEVELOP YOUR OWN RBRVS ANALYSIS

Wed., June 24, 2015, 2 p.m. – 3 p.m. EST | Speaker: Frank Cohen, Director of Analytics and Business Intelligence, DoctorsManagement, Frank Cohen Group

The RBRVS has become the industry standard for financial and statistical benchmarking for medical practices. Payers use it. CMS uses it. OIG uses it—and so does just about everyone else looking to gain an upper hand on performing complex medical practice analyses. It is the most important tool in the toolbox. Used for everything from benchmarking to reengineering to process improvement strategies, knowing how to use it is no longer an option. In this session, you will go from the basics of understanding the difference between resource- and cost-based relative value scales all the way through the process of developing a full-blown RBRVS analysis. You will learn about the different RVU components, how to make adjustments for your specific geographic area, techniques to calculate conversion factors, how to factor the data for modifiers and how to use that information to perform a cursory examination of your practice's overall health.

When this session is complete, attendees will be ready to develop their own RBRVS analysis and apply it to other practice models. Attendees will receive a complete tool box, including documentation, worksheets, templates, and everything else necessary to conduct a comprehensive RBRVS analysis of their practice.

Learning Objectives

- Understanding relative value scales
- Discussion of benchmarking techniques
- Defining the different RVU components
- Developing the RBRVS analysis
- Factoring RVU values for modifiers
- Demonstration of practical RBRVS applications



STAYING ONE-STEP AHEAD OF THE VALUE BASED PAYMENT SYSTEM

Wed., July 8, 2015, 3 p.m. – 4 p.m. EST | Speakers: Gene Good, J.D., CPA, MAcc, Senior Management Consultant, Partner, DoctorsManagement | Sean M. Weiss, CPMA, CPC, CPC-P, CCP-P, ACS-EM, Vice President and Chief Compliance Officer, DoctorsManagement

The Affordable Care Act requires the Centers for Medicare and Medicaid Services (CMS) to begin applying a new modifier in 2015, known as the “value-based modifier.” This is part of an ongoing effort to move away from a fee-for-service model toward one based on pay-for-performance. In 2015, this change will only apply to physicians who are in a group of 100 or more. However, there is the potential that the

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2017 Value-Based Payment Modifier (VBPM) will be based on 2015 data for groups with 10 or less Eligible Providers (EP). The program will ramp up quickly over the next few years and it's important you understand how it will affect the way you do business now.

During this webinar, you will learn how value-based modifiers:

- will be used to differentiate payment to a physician or physician group under the Medicare fee schedule.
- relate to the Physician Quality Reporting System (PQRS) program.
- will use quality tiering to determine value-based modifier payments.
- can impact your workflow and your reimbursements from CMS.
- will or will not impact your revenue.



EFFECTIVE CREDENTIALING MANAGEMENT WITH THE NEW CAQH PROVIEW SYSTEM

Wed., July 22, 2015, 2 p.m. – 3 p.m. EST | Speaker: Dawne Tunkel, AAS, CPC, CPM, CPMN, Director of Credentialing and Co-Director of Managed Care, DoctorsManagement

In an effort to streamline the credentialing process, the Council for Affordable Quality Healthcare (CAQH) has created a new online system for collecting, maintaining and distributing data for the Universal Provider Database.

The new system is called ProView and was released March 20, 2015. It differs from the previous system, Universal Provider Datasource (UPD), in a variety of ways, which is why it is leaving some of its users confused and frustrated.

Join us for a one-hour review of the new system, which includes:

- The differences between ProView and UPD.
- An overview of the enrollment process for CAQH's EnrollHub.
- Best practices for tracking the credentialing process.
- Where to find assistance to complete and submit Medicare's Provider Enrollment Chain and Ownership System (PECOS) applications.



BEHIND THE SCENES OF AN AUDIT PROCESS: HOW TO PREPARE AND RESPOND

Wed., July 29, 2015, 2 p.m. – 3 p.m. EST | Speaker: Sean M. Weiss, CPMA, CPC, CPC-P, CCP-P, ACS-EM, Vice President and Chief Compliance Officer, DoctorsManagement

With more than a dozen entities waiting to audit your practice at any given time, it is crucial you understand the common theme used in each of their audit processes. Your key to successful compliance is to understand the similarities and differences across audits such as RAC, OIG, ZPIC, MIC or MAC.

In this one-hour session, Sean Weiss walks you through the steps every practice needs to know should they become the target of any audit. You will gain an in-depth view of what happens behind the scenes of an audit, including notification, review and determination. You will also learn preparation and response strategies that can help avoid a number of common mistakes and mitigate potential damages.



INSURANCE ADJUSTMENTS: DOES YOUR CASH FLOW HAVE HIDDEN LEAKS?

Wed., August 19, 2015, 3 p.m. – 4 p.m. EST | Speaker: Gene Good, J.D., CPA, MAcc, Senior Management Consultant, Partner, DoctorsManagement, LLC

How do you know when your practice is losing too much revenue to insurance adjustments?

The sad truth is that our firm has never completed an assessment of a medical practice where the management team knew if their insurance adjustments were too high or too low, or even what level of adjustments are to be expected.

Without this knowledge, your practice is flying blind when it comes to collecting appropriate revenue and protecting itself from embezzlement.

Attend this one-hour webinar to learn the mathematical formulas we use to calculate insurance adjustments for your practice. Using data you already have, you can determine whether your practice is giving up revenue it has rightfully earned and what level of insurance adjustments are appropriate for your practice. You will also learn the steps you need to take to stop this revenue leak.

The content covered in this webinar is intended for the experienced practice manager, administrator, billing manager or managed care specialist.

Q&A: Ask the Lawyer



HIPAA Ruling Regarding Correspondence Through Text Messages & Emails: Is My Practice Compliant?

By Michael J. Sacopulos, JD, Medical Risk Institute

Q ● I am concerned that my practice is not in compliance with HIPAA. The physicians text and email patients routinely. Should I be concerned?

A ● Yes, you should be concerned. Electronic communications with patients fall under HIPAA and the HITECH Act. Generally, communication that includes protected health information (PHI) should be transmitted in a secure or encrypted manner. Remember, protected health information includes many different types of information. The definition of PHI is far beyond a medical diagnosis. For instance, simply a patient's name and contact information is considered protected health information under the law.

I can almost hear the boos and hisses from your physicians when you deliver this unpleasant piece of news. After allowing your physicians to vent, offer some helpful suggestions. If patients provide permission for communication to occur in an unsecured or unencrypted manner, you may do so. Then, you can preemptively obtain patient permission on your intake forms.

You may also want to discuss with your physicians the April 2015 statement on texting issued by the Joint Commission. The Chairman of the Joint Commission raised not only HIPAA/HITECH Act problems with texting but also medical charting issues. While stopping shy of an all-out prohibition of texting with patients, the Joint Commission clearly does not support routine texting with patients. And, I agree with their view because many text messages never make into patients' chart, which creates a medical records problem that is separate from patient privacy concerns.

I recommend your practice utilize a patient portal for communicating with patients. Portals are generally secure platforms and, using portals will help with medical record documentation. Additional bonuses include help with your Phase II Meaningful Use requirements.





One Member's View: The ADAM Conference as Relevant to My Practice

By Linda Leiser, Charlottesville Dermatology

The ADAM conference this year was fabulous, and I received takeaways from every session I attended. Two presentations were “must attends” due to the current relevance to our practice.

Internet Marketing, led by Brent Cavender, was very informative and thought-provoking. My practice is still at the very beginning of embracing social media, and we are working to improve our marketing. Brent's presentation prompted me to start a dialogue about upgrading our Website, which had the last major facelift more than four years ago.

How much has social media changed in the past four years? Today, we're talking about Mobile-Responsive Design (MRD). How appropriate and timely is this, since on April 21, 2015 Google began punishing websites without mobile optimization?

Brent also talked about rich content, user-friendly features and calls to action. All this information is helping our practice have more intelligent conversations with our Information Technology provider about getting found by patients and getting them off the Website and into the practice. As a manager of a small practice, this is one area where I have had little training and it was low on the priority

list. Your Website has to be the best it can be to do some of the marketing work for you.

The other session I was particularly interested in was **How to Integrate Clinical Trials into a Medical Practice** by Linda Simon and Dr. Sunil Dhawan. Until mid-2014, our owner physician had acted as a PI for several studies, but we outsourced the development, coordination and administrative work to an outside company.

With additional space available, we opened up a Clinical Trials Division and hired a part-time Director and a part-time Coordinator. This was another very timely topic for our practice. This presentation helped me understand regulatory needs, space and equipment requirements, development of standard operating procedures, and the need for networking and marketing.

The session was also helpful in understanding the timing of having a stand-alone Research Center versus cross-training existing staff to fill in the gaps for the Coordinator. I have been surprised just how long it takes from the feasibility stage to the actual kick-off of a trial. Apparently, quite normal!





Boost the Morale of Your Care Team

By Meryl D. Luallin, Sullivan/Luallin Group

Employees who are engaged in their jobs exceed patients' service expectations; they create positive experiences, and promote loyalty and referrals. They're the ones who account for your high scores on patient surveys.

On the other hand, disengaged employees are often the source of some of your biggest challenges. Physicians fret, and you perspire, when your staff opinion survey shows low scores on morale, teamwork and job satisfaction.

Industry research tells us the two most important factors affecting how people approach their jobs are relationships with fellow employees and the relationship with their immediate boss.

HOW CAN YOU PROMOTE GOOD RELATIONSHIPS AMONG YOUR STAFF?

Here are two good ideas that emerged from recent Manager Effectiveness seminars conducted at practices like yours:

1. **Pats on the back at staff meetings.** The next time you have your staff together, single out one employee and ask each person to say something nice about that person. And don't worry, unless you pick the least-likeable person on your team, everyone will have fun with this exercise, and nobody will be embarrassed.
2. **Holiday tree envelopes.** Toward year's end, put a decorated tree in the reception area and hang an envelope for each of your employees. Encourage anyone who has something nice to say about an employee to drop a short note into that employee's envelope. Just before the holidays, have a lunchtime party at which everyone gets to open their envelopes and read the comments.

What about your employees' relationship with you? It turns out the most important part of your relationship with your staff isn't popularity—it's respect. People want to know what you stand for as well as what you won't stand for.

Here are few thoughts on how top-performing bosses build respect:

1. **Be consistent.** If you treat everyone the same, you'll escape the too-frequent accusation that "my boss plays favorites."
2. **Be generous with compliments,** but only when they're deserved; people resent it when someone's performance does not merit the accolades.
3. **Be assertive.** As the boss, you're entitled to make decisions for your own reasons whether or not your employees agree.
4. **Be there.** Rounding on your employees is a smart strategy for showing your availability, your willingness to listen, and your interest in what they have to say.





How to Deal with a Government Investigation

By Gabi Brockelsby, Murfreesboro Dermatology Clinic and MDC Aesthetics

What happens if your practice becomes the target of an investigation?

The threat of law enforcement entering your practice armed with a subpoena is intimidating. Stress and fear often lead people to disclose more information than is required and to be confused during the process.

But there are steps that need to be taken immediately. Educate yourself and your staff on the actions to be taken in the event an investigator produces a subpoena at the office:

1. **Call your attorney.** If you are not in, make sure someone in your office knows how to contact your attorney and contacts you immediately. Request permission to call your attorney before the search begins. If the officer refuses to delay the search, proceed with seeking immediate representation.
2. **Examine the warrant or subpoena.** Federal rules require you to receive a copy of the subpoena. Be sure also ask to see the underlying affidavit. These affidavits are sometimes protected (sealed) through a court order; if you are able to obtain a copy, it will give you an indication of the underlying intent of the investigation. Warrants and subpoenas may be issued to search and seize property containing evidence of a crime. This may include paper or electronic medical records, paper or electronic appointment books, business papers, computers, computer programs or other tangible objects on the practice premises. (Tip: Be sure you have a full off-site back-up of all your data and your practice management and electronic medical record programs.)
3. **Send all nonessential personnel home immediately.** If possible, send home all employees working in areas that will be searched. However, you may need assistance in documenting officers' activities (see item 11).
4. **Forward your phone to the answering service.** Your employees are already rattled. Alleviate the risk of one of them leaking the situation to a caller.
5. **Print your appointment schedule.** Cancel the remainder of patient appointments for that day immediately—again, to reduce the risk of the situation becoming public. Make a realistic assessment of how long it may take you to get your computer system operational again and reschedule appointments appropriately.
6. **Back-up your computer software.** Request permission to make a backup of your computer software (not just data). If your request is refused, document the time and date of the refusal and the name of the officer refusing. Share this information with your attorney. Contact your software vendor(s) and/or IT vendor as soon as possible to determine what can be done to resume operations. (Tip: If possible, retain a server as a reserve off-site. This is a good idea not only for these types of situations but in the event of a server failure.)
7. **Keep an off-site backup of computer data.** Backups should be done on a daily basis and the most current backup should be stored off-site. Using an off-site backup service will provide you with a source of your data in the event all computers and backup tapes are seized. Although it may take a while for a full backup to be placed on a computer, you will still have access to the data. As mentioned in item 6, be sure to back up your software as well. If you software is cloud-based, find out how you will be able to provide access to the investigators and how you will be able to continue to function.
8. **Ask that employee interviews be delayed until your attorney arrives.** Investigators often use this time to interview employees. Employees will be shocked, unprepared and may offer incorrect information. Employees have the right to refuse to be questioned and the right to set conditions before being interviewed, including having an attorney present. Your attorney will want to debrief employees after interviews or questioning, even if an attorney was present. This record of the scope of the interview or questioning is an important component to your defense.
9. **Designate a spokesperson.** Having more than one

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spokesperson may result in contradictory statements, confusion and incorrect statements. If the investigation proceeds to prosecution those statements may be harmful to you.

10. **Meet with your employees.** Immediately pull your employees together, away from the investigators, and explain what is going on. Be sure to tell them the nature of the search and investigation, that attorneys will be provided for all employees and that they have the right to decline an interview with a law enforcement official until an attorney is present.
11. **Document what is being taken.** Designate an individual in each search area to inventory what is being removed. Make the inventory as detailed as possible and share it with your attorney.
12. **Photocopy essential documents before they are removed.** Request permission from the officers to copy these documents. If they refuse, note the time and date of the refusal, the name of the officer refusing the request, and the documents you were not allowed to copy. Share this information with your attorney.
13. **Document activities and conversations.** Make a record of any statements made by the officers. If officers consent, use a tape recorder. If not, prepare written notes. Note: You cannot use a tape recorder or other recording device (such as cell phones) without the officer's consent. Obtain a video camera or camera, with lots of film and/or batteries, and use them to provide additional documentation of the investigation. 2Photograph every item taken. A film showing the officer's conduct may be helpful at a hearing to suppress evidence.
14. **Document items seized but not specified in the**
- warrant.** If the nature of the warrant or subpoena is broad, documents and items outside of the scope will probably be seized. Be specific!
15. **Cooperate. Do not try to conceal or destroy any documents.** Release information from your computers to the officers. Failure to assist may result in a charge of obstruction of justice. Do not volunteer any statements. Do not interfere with the officers. Do not use abusive language. Be courteous and professional.
16. **Make a list of essential documents or equipment.** Provide a list of those items essential to ongoing business to your attorney as soon as possible. They may be able to use this document to apply to the court for an order returning those essential items.
17. **Do not make any statements to the news media.** Direct any inquiries to your attorney. Instruct your staff to do the same.
18. **Keep this information in a safe place so you'll know where to access it if the need arises.**

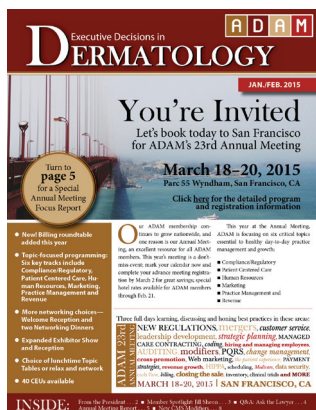
The bottom line is no one wants to experience an investigation like the one described. Educating yourself and your staff on what to do in the event of an investigation can help remove some of the sting out of the fear. Realistically, the sight of armed officers entering the practice is intimidating. Making sure everyone in your office has the tools they need in the event of a fraud investigation will help you be prepared in the event of such an occurrence.

Marketing Opportunity: Advertise Your Business or Organization in the ADAM Newsletter

ADAM is introducing, for the first time ever, the opportunity for member businesses and organizations to advertise in *Executive Decisions in Dermatology*, our bimonthly (issued every other month) e-publication.

Executive Decisions in Dermatology is distributed to approximately 650 members, including Dermatology practice managers, administrators, residents, physicians and affiliated companies. The publication covers best practices, trends, business, and regulatory and legislative topics. Advertising here is a convenient, effective and affordable way to bring your message to this audience of some of the most active members and decision makers in Dermatology. Additionally, readers can find previous issues in the "members only" section of the ADAM website.

For more information about advertising in *Executive Decisions in Dermatology*, and to schedule your first ad, contact Patricia Chan @ patricia.chan@shcare.net.



Association of Dermatology Administrators & Managers

Executive Decisions in Dermatology is a bimonthly e-newsletter distributed to approximately 650 ADAM members, including practice managers, administrators, residents, physicians and companies. The publication provides information, ideas and best practices in dermatology practice management.

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	Business Card or 1/6 page	1/4 page	1/3 page	1/2 page	full page
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2 Issues	\$235	\$335	\$365	\$535	\$765
3 Issues	\$195	\$295	\$325	\$495	\$725
4-6 Issues	\$110	\$210	\$285	\$465	\$635

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One time charge of \$90 for standard ad design. Design rate includes two rounds of revisions. Additional rounds of edits will be billed at \$70/hr.

Camera-ready artwork is acceptable if provided as a high resolution PDF. Handling fee of \$20 charged on all supplied ads.

Contact:

Patricia Chan
Association Manager, ADAM

1120 G St NW, Suite 1000
Washington, DC 20005

202-266-2610 (direct)

patricia.chan@shcare.net

2015 Ad Specifications



Association of Dermatology
Administrators & Managers

Standard Ad Design

Client may provide elements including a photo, logo and final copy. All artwork must be high resolution (300 dpi) and all logos must be in a raster format (.eps, .pdf).

Copy length should be appropriate for purchased ad size including other requested elements.

All elements are due by the 5th of the publication month.

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1 Issue	\$265	\$365	\$395	\$565	\$795
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