# Executive Decisions in ERMATOLOGY



**Association of Dermatology Administrators & Managers**  <enter keyword> Connect with us f in



The Nation's Resource for **Dermatology Practices** 

## Renew Your Membership!



Mohs Surgery Rancho Bernardo Inn Golf Resort and Spa, San Diego, California

November 10, 2011 3:00-4:00PM





### **Renewing Your Membership**

It's that time of year, membership renewal season!

By renewing your membership with ADAM, you are making a strategic investment in your practice and your career. A membership with ADAM provides you with the ability to tap into an expansive number of resources, educational and networking opportunities specific to dermatology practices.

ADAM members represent administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice. This strong network enables members the ability to tap into best practices and learn from other leaders in dermatology practice management.

#### Benefits include

- Continued access to the private Linkedin Group
- Member rate for the 2012 Annual Meeting
- Member rate for the upcoming November webinar: "Top 10 Coding Errors to Avoid in 2012"
- 20% off all Greenbranch Publication purchases
- Continued access to ADAM's Newsletter Executive Decisions in Dermatology

### November/December 2011

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### **New Member Pricing**

Did you know if your friend or colleague wanted to join ADAM as a new member they would not have to wait until 2012?

Right now, ADAM is running a special promotion for first time members. Potential members can join during the month of November for \$350 and receive all of the ADAM member benefits through December 31, 2012!

Joining now will allow them to take advantage of member pricing for the 20<sup>th</sup> Annual Meeting!

Joining is easy, just go to www.ada-m.org and click Join Today!

### **President's Corner**

A new series about the state of the Association and what's new with

ADAM. Do you have a question for Rhonda?

Email us at ADAMinfo@shcare.net

By now you all have had the opportunity to look over the Educational Program for the 20<sup>th</sup> Annual Meeting. Are you as excited as I am? Our chairs, Pam Matheny and Wanda Collins, along with the Committee Members have done a phenomenal job putting

together relevant classes with expert speakers. I am looking forward to soaking up as much information as I can and networking with as many ADAM members as possible. Be sure to take a look at Pam and Wanda's article in this issue.

Another big item for ADAM right now is the updating of our Bylaws. This is a very important document because it governs our great Association and without keeping it up to date, we will fall behind as an organization. You have seen numerous emails from Headquarters asking you to vote on the updated Bylaws. If you haven't done so yet, please take a minute to vote today. We need 2/3 of the membership to approve these Bylaws and we need less than 100 to meet that goal. The updates to the Bylaws include changing some outdated language such as the use of faxing, or direct mail; we also updated the location of Headquarters to Washington, DC; as well as updates to the Board of Directors rotation. You can read the Bylaws <a href="here">here</a>. You can vote on them <a href="here">here</a>. If you have any questions, please do not hesitate to email ADAMinfo@shcare.net and we will get back to you as soon as we can. Warmly,

Rhonda Holloway, President

### Member Spotlight

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

ADAM: What is your name and where do you work?

Michael: Michael A. Moore, Aspen Dermatology, PLLC.

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ADAM: When did you join ADAM? Michael: 2008.

ADAM: How long have you been a practice manager?

Michael: Almost four years.

#### ADAM: Tell us a little about your practice.

Michael: Aspen Dermatology began in 1995 with one physician and over the past six years has grown to three physicians and a nurse practitioner. We have two locations, and in addition, we travel to remote hospital specialty clinics to better serve our patients. MOHS surgery is a large part of our practice and we have a medical spa offering laser hair removal, chemical peels, etc.

### ADAM: As a practice manager what do you find to be the most challenging part of your job?

Michael: Although there are many struggles with managing a practice, I think that communication is the most difficult and perhaps the most important. Communicating office policy changes, expectations, deficiencies and collaborating all forms of communication and information between the doctors, staff and myself tends to be a daunting and ongoing challenge.

### ADAM: What has been your best experience as an ADAM member?

Michael: In this day and age change seems to be more prevalent and complex. My best experience as an ADAM member has been direct contact through social media with my peers providing me the ability to ask for and share experiences and knowledge quickly. Sometimes I just read other members' questions and see the responses to those questions and I learn something new or that I would have never thought to ask. The best part is that information is shared freely and willingly for the betterment and improvement of everyone who participates.

### ADAM: What has an ADAM benefit done for you lately?

Michael: We are currently in the market for an EHR system and all of the great and reliable information shared at last year's Annual Meeting in New Orleans, on LinkedIn, and other forms of media have been very helpful and have prevented any uneducated decision making. Although we have not yet made a decision, I know which questions to ask and what to look for in choosing the best product for our practice.

### ADAM: What would you recommend to a member of ADAM who is looking to be more involved?

Michael: I am a huge proponent of every day collaboration and sharing of information. ADAM has done a great job with keeping up with the fast-paced information technology world with LinkedIn, email, Twitter, and Facebook. These are wonderful resources and a great way to get involved and to keep up with current trends in the industry without having to devote a large amount of time.



### Patient Satisfaction From The Patient's Perspective

### Susan F. Childs, FACMPE

### Customer service - is taking the step beyond the level of service the consumer expects.

The best physicians I know are the ones where as a patient, I am the center of universe from the moment I enter the exam room until the visit is complete. Patient satisfaction is increasingly significant as millions of new patients will be self-selecting a physician and where their healthcare dollars will be spent. We have already seen (and felt) the surge of high deductibles and consumer driven care.

### Insurance company payments may also be affected by the measure of care patients *believe* they have received.

Many payers are introducing graduated levels of reimbursement based partially on patient satisfaction surveys.

Contact your payer reps and request any patient survey feedback they may have.

Take advantage of regional list-serves and consult your peers about the top concerns patients have in their offices. Chances are they are pretty close to yours!



### How does the patient really view the visit?

Just like your living room, sometimes it is hardest to see what you look at every day.

Go into the lobby and take pictures of EVERYTHING you see at the front desk. Is this what you would want to see as a patient?

Ask three individuals (friends, peers, someone who has NOT been to your practice) to be a "secret shopper" allowing them to grade and measure each point of the patient encounter with a furnished questionnaire. The results will be enlightening.

### The most basic patient requests are often not met by practices – accessibility, personalized care and being treated with respect.

It is not hard to embed these principles in each point of the encounter.

Impressions are made in the first ten seconds we meet someone. We all know that a person answering the phone is the preferred option whenever possible. First class customer service is when the receptionist can greet patients instead of asking them to wait while on the phone. This can be easier accomplished when an employee NOT at check-in/out is the first responder for incoming calls and directing to the appropriate person or voicemail. Another bonus - patient flow is also improved upon check-in.

- Utilizing a voice attendant? Limit to no more than eight options. Ask staff to keep all voicemail messages under forty-five seconds so patients can move quickly through options and message cues.
- The average hold time is thirty-two seconds. You have that time to offer new or seasonal information while on hold.
- Optimize phantom voicemails for non-urgent questions.



Thank you to DUSA, Pharmaceuticals for sponsoring the ADAM 2012 Annual Meeting as a **GOLD** Level Corporate Leader!

### Patient Satisfaction From The Patient's Perspective—By: Susan F. Childs, FACMPE

#### Need to see the doctor today!

Be sure to have open appointments each day for those patients that need to be seen that day. I know, I know, I know this is difficult, but establishing a standard of add-on allowed, etc, will help the staff when making decisions that support the provider's as well as patient's needs.

As each provider has different preferences, be sure to clearly document and have initialed confirmation so there is NO question as to when and where exceptions may be made to the schedule.

### Assist the patient in making his or her own healthcare decisions.

A certainty of our future is that patients will need to take a bigger part in their healthcare.

### "The manager sets the example."

Develop a "Need to be seen" decision tree on your website; this places the patient in an active deciding role when and where to seek healthcare.

Establish your office as the first resource, offer an appointment request via your patient portal that can be accessed 24/7.

Registering online via a patient portal is great customer service, makes it *easy* to become your patient and saves *everyone's* time.

Be respectful to the patient. As managers, we are so caught up in our daily issues and really have heard the most typical concerns thousands of times. But to the patient, it may be the first time and hard to express. Each employee should not appear or sound, "rushed" as we respond or referring to the next staff member.

#### The most important person to the patient is of course the provider.

Patients trust and respond to the physician's recommendations. They LISTEN to what the provider says.

Please speak in layman's terms when explaining WHY a visit, procedure or follow up is needed. This informs and educates the patient with information they want and need to hear. It also reduces follow up phone calls and inquiries.

Good news is always welcome. Personally notify of ALL results, positive and negative ones.

#### As you enhance customer service, be careful of phrasing.

My sister's husband was in the hospital where placards were posted on walls claiming "Our Goal is To give You Very Good Care!" – If that is the goal, then what is the norm?!

### Customer service is like manners- easy to do – and noticed by everyone!

The manager of course, sets the example. Actions speak MUCH louder than words. As processes are reviewed and refined, get employees invested, one person at a time.

Patient satisfaction comes from each employee doing their job with pride and trust that they are giving the best care possible to all patients. Working together whether it is with everyday patient care, a health fair, or serving a specific population, staff can create the team that everyone take pride and part in.

For more information about Susan Childs please visit her website or email Website: evohcc.com – E-mail: schilds@evohcc.com

Would you like to help mentor and network with new and veteran ADAM members at this year's Annual Meeting? The Networking and Mentoring Committee would like your help and suggestions! Email ADAMinfo@shcare.net for more information!

### **ADAM's 20th Annual Meeting**

A special article from Pam Matheny & Wanda Collins

### reetings!

A few years back at a conference here on the Mizzou campus there was a sign placed over the podium, "We offer knowledge, bring your own container." Over the years I

have appreciated the advice and have made the supreme effort to learn everything I could from my interactions with others in the field. Our 2012 Annual Meeting is packed with knowledge for your containers!

Sometimes, when the annual meetings are over, our brains may feel like an over-saturated sponge. This year is no exception. On behalf of the Annual Meeting Committee, we offer this review of our 2012 conference.

The 2012 conference has three tracks: management; special topics; and coding; including an information intense pre-conference on Wednesday, March 14<sup>th</sup>.

Under the management track during the preconference we have performance management and



performance evaluation. One of the biggest challenges of leading a medical practice is human resources training. This workshop provides a full day of how-to knowledge about managing the performance of employees. The morning is focused on performance

management, an integral component of coaching, motivating, and inspiring employee productivity. In the afternoon, learn to help your employees understand their strengths and weaknesses and provide them opportunities to improve performance.

The special topics track provides a full day of information about legislation and regulation in the medical practice. You will hear from powerful speakers who make learning about your responsibilities to regulatory agencies timely and interesting.

The pre-conference coding track offers a boot camp to review your knowledge and skills in dermatology coding immediately followed by the CPC-D certification exam that same day. Please join us on Wednesday—the intense learning will be well worth the investment of your time.

The first day of the conference, Thursday, March 15<sup>th</sup>, keynote speaker Paul Lee provides us his View from Washington, DC. Throughout the day, the three tracks offer information packed sessions such as Finance 101, to help those without an intensive accounting degree understand business finance. Change management,

meaningful use, recognition and management of talent, coding scenarios, and cosmetics in the practice will provide more opportunities to learn.

This year we have many opportunities for attendee interaction. The coding track in particular offers lectures with extensive time for follow-up questions with answers from panels comprised of both experts and your colleagues who either have knowledge of or experience in coding. On Wednesday evening we have an Early Arrival reception where you can mix and mingle with our new members.

Sessions on Thursday invite you to participate in focused discussion groups in all three tracks where attendees have opportunities to meet fellow attendees early in the conference who share common interests. Thursday evening is the networking reception with the vendors. Throughout the conference we have opportunities to meet for networking dinners and to make new friends or reconnect with colleagues from the past.

Friday, March 16<sup>th</sup> with Colonel Hon Pak, MD, an expert in teledermatology and store and forward technology will challenge you to think about the future of medicine and dermatology including how medical care may be delivered real-time in a world of audio/video connectedness. The topics for Friday include, ethics, health literacy, leadership, ICD 10, patient safety, quality of care, employee coaching, research in a cost effective dermatopathology laboratory, and privacy and security in the medical practice. Our coding track on Friday includes an extensive open forum session where a panel of coding experts and experienced dermatology coders provide answers to your coding questions.

The learning doesn't end on Friday. Following ADAM's business meeting on Saturday, March 17<sup>th</sup> are two key note presentations. The first keynote is a lecture on ICD-10 preparation followed by a coding panel of experts to answer your questions about ICD-10 and other coding questions. For our closing Keynote, delivered by University of California San Diego professor Pamela K. Smith, PhD from Rady School of Management will speak about Power, Influence, and Persuasion.

We hope you will join us in San Diego for the entire conference beginning on March 14<sup>th</sup> through 17<sup>th</sup>. The flow of knowledge will be immense--so bring your own container!

Pam Matheny & Wanda Collins Co-Chairs of the Annual Meeting Committee

### **AAD Legislative Conference**

This October ADAM attended the AAD Leg Conference, below is a summary of the events

ADAM attended the AAD Legislative Conference in Washington, DC this October along with several members of the Board of Directors. The conference highlighted a number of timely issues such as physician payment issues, appropriations, Health IT, and communications.

Physician Payment Important Deadlines

- January 1, 2012 e-prescribe penalty of 1% goes into effect.
- January 1, 2012 HIPAA 5010 standards deadline.
- January 31, 2012 deadline to submit PQRS measures to AAD Registry (click here for the AAD Resource Center)
- October 1, 2012 deadline to register for EHR incentive program to obtain the maximum incentive dollars.
- January 1, 2013 e-prescribe penalty goes into effect at 1.5%

Speakers also discussed EHR software programs and emphasized the

importance of the software being certified for meaningful use and the dermatology specific CCHIT certification. The AAD recommends that dermatologists should think about how meaningful use requirements affect their plans to adopt an EHR system.

Practices can still participate in PQRS as the AAD expects this program to merge with the EHR Incentive Program in the next few years. The AAD also recommends even if your practice applies for EHR Incentive Funds in 2011, you should still report e-prescribing measures for the separate e-prescribing incentive program even though CMS will not distribute payment if you receive the EHR Incentive Funds. Continue reporting measures since the penalty in 2012 will be assessed on your e-prescribing performance in 2011.

### **Calling all Members!**

Would you like to participate at ADAM's 20th Annual Meeting? We are looking for members who would like to introduce a speaker and/or be a part of the focused discussion groups. Take a look at the At A Glance calendar and email ADAMinfo@shcare.net if you're interested!

Implementation of Medicare EHR Incentive Programs			
Reporting Year	Must Begin By	First Year Payment	Reporting Method
2011	10/1/2011	\$18,000	Attest all measures
2012	10/1/2012	\$18,000	Attest all measures except quality
2013	10/1/2013	\$15,000	E-submit data to CMS
2014	10/1/2014	\$12,000	E-submit data to CMS

#### **Frequently Used Terms**

EHR Incentive Program – Physician only eligibility to receive \$44,000 in incentive funds. <u>Click here</u> to see the AAD Toolkit.

MOC Incentive Program – Guidelines derms must meet set by the American Board of Dermatology. <u>Click here</u> to learn more.

PQRS—Bonus payment for physician of 1% of their total Medicare Part B allowed charges. Click here to learn more.

HIPAA 5010– New submission version of HIPAA for claims, remittance advice, referrals, eligibility standards and authorizations.

### **Upcoming Events and Happenings**

November 9-12: SDPA Annual Meeting, Orlando, FL

November 10: ADAM Webinar: Top 10 Coding Errors to Avoid in 2012

December 1-4: Cosmetic Surgery Forum, Las Vegas, NV

December 2-4: Florida Society of Dermatologic Surgeons Annual Meeting, Orlando, FL

# In the Next Issue of Executive Decisions in Dermatology

- How a small practice implemented an EHR system; an account from a practice manager
- Annual Meeting updates
- Upcoming webinar news
- Member Spotlight

Join us November 10 at 3:00pm
EST for

Top 10 Coding Errors to Avoid in
2012

A webinar hosted by ADAM and
the AAPC.

Register online at www.ada-m.org

Have an idea for the Newsletter?
Please email us at
ADAMinfo@shcare.net

### **Reminder!**

Don't forget to renew your dues before **December 31, 2011.** If you miss the deadline you will not



receive ADAM



emails, have access to the private Linkedin group, member pricing for the upcoming 2012 Annual Meeting, and so much more! Renew today.