



A NEWSLETTER FOR THE MEMBERS OF THE
OHIO MEDICAL GROUP MANAGERS ASSOCIATION

MedMANAGEMENT *Matters*

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Message from the *President*



Ohio MGMA President
William H. Thorne, CMPE
Senior Business Director,
Ophthalmology and
Neurosurgery
Cincinnati Children's
Hospital Medical Center

I like to thank you for supporting Ohio MGMA through participation in webinars, conferences, legislative updates or visiting the website.

The Ohio MGMA is always looking to seek out ways to provide you with more value for your membership. I want to create a great experience for you with your interaction with Ohio MGMA. Please let us know what we can do to improve our services.

The Ohio MGMA board welcomes your feedback and will review your input for future improvements to the organization. In a future newsletter, I will outline some of your suggestions on how we can improve.

Please contact me at (513) 636-8879 or email at William.thorne@cchmc.org. I look forward to hearing from you.

Ohio MGMA Winter Conference – March 18, 2011



P2 Board of Directors
Advertising
Purpose & Objectives

P3 Upcoming Events
and Meetings

P8 Don't Let Another April 15th
Be Rainy for Your Physicians

P10 Patient Centered
Medical Homes

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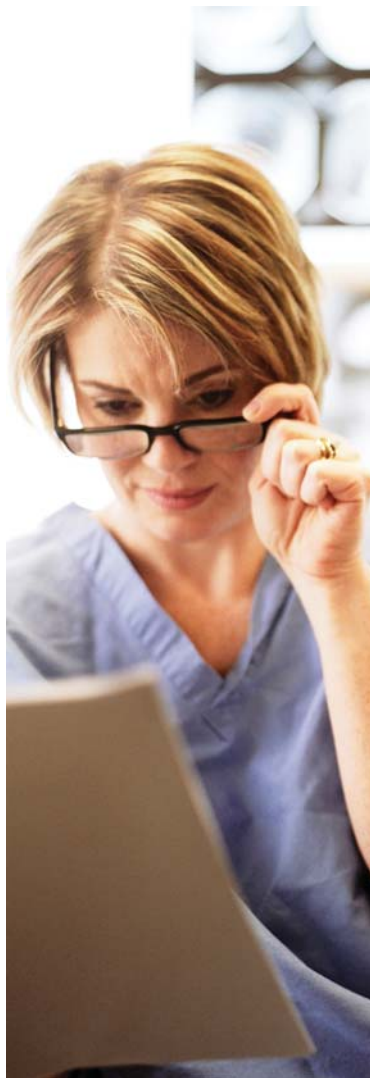
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MedMANAGEMENT *Matters*



MedManagement Matters

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A Call to Authors

Ohio MGMA welcomes the submission of articles and other information from our members for publication. To submit a potential article/information for the next issue please contact the Ohio MGMA office at (330) 621-4353 or by email at main@ohiomgma.com

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OHIO MGMA

Purpose & Objective

- To promote a program of mutual education in the field of medical group practice administration.
- To disseminate information of mutual interest.
- To improve administration in medical groups in order to serve the members of the Association, the medical groups they represent and medical group practice.
- To cooperate with other organizations having similar aims and objectives.

Upcoming *Events*

Save The Date

Friday, September 16, 2011

Ohio MGMA Annual Fall Conference

Predicting the Future of Medical Practice Management

8:30am – 4:00pm

The Conference Center at NorthPointe
Lewis Center, OH

Featuring Keynote Speakers:

Rosemarie Nelson

Principal, MGMA Healthcare Consulting Group

Jamie Verkamp

Partner and Director, Growth and Development, (e)Merge

Brian O Phillips, M.A., M.Ed.

Chief of Medical Informatics

Ohio University College of Osteopathic Medicine and Assistant Professor
Ohio University College of Communication

Tuesday, June 21, 2011

Ohio MGMA Webinar

Engaging Your Patients:

How Effective Communication Can Improve Profitability

Webinar is FREE for Ohio MGMA members. Register online at www.ohiomgma.com

Local Chapter Meetings

Cincinnati MGMA

Thursday, June 9, 2011

CMGMA Spring Seminar

11:30 am – 4:00 pm

Radisson Riverfront

Covington, KY

www.mgmacincinnati.com

Miami Valley MGMA

Luncheon Meeting

July 13, 2011

Speaker: Sherie Shaffer, CPC-A

Operations Coordinator,

Consulting Services

Ohio State Medical Association

Annual Seminar

September 14, 2011

www.mvmgma.com

Northeast Ohio MGMA

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Save The Date

Predicting the Future of Medical Practice Management



Ohio MGMA Annual Fall Conference

Friday,
September 16, 2011

The Conference
Center at NorthPointe
Lewis Center, Ohio

Registration will open
online in July at
www.ohiomgma.com

Beyond Promotion: The Real Value of Social Media in Health Care



Jamie Verkamp

Managing Partner at
(e)Merge

Are you one of the many medical professionals hoping the social media fad would be just that—a passing fad soon to be forgotten?

Unfortunately (or fortunately, depending on your view of this new media), all signs suggest that social media not only is here to stay, but is changing how we get our news, develop our relationships, and stay connected. In fact, social media use, once thought to be only for college-aged youngsters, is now growing most rapidly among a more mature fan base. Facebook, arguably the most popular point of entry for the majority of social media users, reports its fastest-growing group to be women age 55 and over. As reported by Mark Wals of Media Post News (www.mediapost.com, February 1, 2010), that group's use of Facebook increased 175 percent at the start of 2010. Eric Eldon (InsideFacebook.com, April 6th 2010) reports that Facebook has seen exponential overall growth in 2010, adding nearly 17 million users in March alone and boasting 411 million users worldwide.

The health care industry traditionally is not quick to join marketing trends. Website adoption is a case in point: hospitals and practices were slower than most other businesses to establish a presence online. But with the ever-growing popularity of social networking showing no signs of slowing, health care leaders are embracing the movement. According to Ed Bennett (www.ebenett.org, October 19th, 2010), the director of web strategy at the University of Maryland Medical System and author of the social media blog "Found in Cache," as of October 2010 there are 871 hospitals and health systems participating in social media in some fashion. The most popular outlet is Facebook, with 679 pages, closely followed by the micro-blogging site Twitter, with 648 accounts, and YouTube with 421 channels (for a total of 2,259 total hospital social networking sites now available online).

What does all of this mean for the people you serve every day, your patients? The true power of social media is the ability to connect and engage people around their passions, concerns, and causes to encourage collaboration. In the case of health care, social media's ability to foster an environment that promotes healing and goodwill is demonstrated each day.

For example, Scott Johnson, the author of Scott's Diabetes Journal and Scott's Diabetes Blog, is an internet blogger living with Type 1 diabetes. He recently published a post titled, "A Patient's Perspective on Social Media." In this post (www.diabetesdaily.com/johnson), he tells how social media provide true value and benefit in his daily fight to stay well. He references other individuals struggling with his disease, and how he's able to learn and gain strength from their stories, tweets, and posts. Social media become emotional lifelines to relieve the fear and isolation that can come with disease management.

Johnson writes, "Social media has helped me be a healthier person by showing me real-life examples of others living with diabetes. Unfiltered and unafraid, these people are sharing their stories. I hear first-hand about situations they have experienced, and I can share in their successes and challenges." He also encourages more health care organizations to get involved in the online conversation, to become resources to help promote better healing and well-being, and to provide connection points for patients to share their stories.

As Johnson notes, sharing stories is one of the most popular reasons for participating in social networking. Patients view social media as a way to voice opinions, both good and bad. At (e)Merge, we recently conducted our own unofficial survey of Facebook users to gauge

“First, understand that social media is not about promotion: It’s about connection and interaction.”

the top three gripes patients have with their doctors’ office. We received hundreds of unique comments. The results reveal the most common complaints among respondents were long wait times, and the impression that little value was placed on patients as *people*, rather than just as medical charts.

Social media allows us to hear the patients’ true voice, including their perceptions of health care as it is delivered and what they want from their health care relationships and experiences. The openness of social media is one of the biggest reasons I see health care organizations shy away from participation, but patients are online talking about you regardless of whether you join the conversation. Successful practices realize this, and are embracing the open platform to receive feedback. This allows them to understand their consumers better, and adapt to an ever-changing health care landscape.

Childcare Limited Pediatrics, in Kansas City Mo, uses its Facebook page as an open line of communication with patients. Office administrators and physicians share responsibility to update and monitor the page, providing patients with valuable information such as links to product recalls, clinic updates, child health resources, and opportunities for connections through online events and in-office workshops such as self-defense classes. Patients see this page as a valuable resource. More and more patients regularly participate in discussions, share their stories, and offer praises to the staff and physicians.

Although you often hear the side of social media related to marketing your practice, growing your referral volumes, and promoting the reputation of your clinic, you don’t always hear about the value of patient relationships

that may arise from your social networking efforts. If you think about the benefits of becoming engaged in your patients’ conversations online—providing them with opportunities to share their stories, access resources, connect with other patients and find new ways to live healthier lives—the practice growth benefits associated with social media take a backseat to the value you as a medical professional can bring to patients’ lives.

Now that you understand the true power of social media, and the value it can have from your patients’ perspectives, what can you do today?

First, understand that social media is not about promotion: It’s about connection and interaction. I recommend following the 80/20 rule when crafting your messages, posts, videos, and more. Eighty percent of the information you share should be just that—information (such as resources for your patients, information to assist them in making educated health decisions, etc). Only 20 percent of your postings should be promotional (directly discussing events at your office, the reputation of your physicians, and the services you provide). When you shift your thinking and understand the affect your social media participation can have on your patients and your online community, getting involved in the conversation becomes less of an option and more of an obligation to continue to foster good health and well-being.

Bio:

Jamie Verkamp is a Managing Partner at (e)Merge; a health care consulting firm specializing in providing innovative, patient-centric marketing initiatives and medical mystery shopping services that enhance patient experiences and increase referrals. Speaking at over 30 events each year and contributing to industry publications, her signature topics to share with medical professionals include innovative approaches to practice marketing and how creating positive, memorable patient experiences in their practices enhance their overall marketing strategy, increasing patient referral volumes.

Membership Reminder

Review and Update Your Membership Profile!

By checking and updating your Ohio MGMA Membership Profile periodically, it will ensure we have your proper contact information.

We need your current contact information so that you receive the most out of your Ohio MGMA membership as we send out industry information, updates for new job board posts, educational opportunities and information on our planned events.

Instructions:

- go to www.ohiomgma.com
- select “Directory” from the toolbar on the top of the homepage
- login with our username and password (contact our office if you need help remembering: main@ohiomgma.com)
- find your name and review your profile
- update your profile as needed, by emailing correct contact information to: main@ohiomgma.com



ACMPE Update



**Ohio MGMA ACMPE
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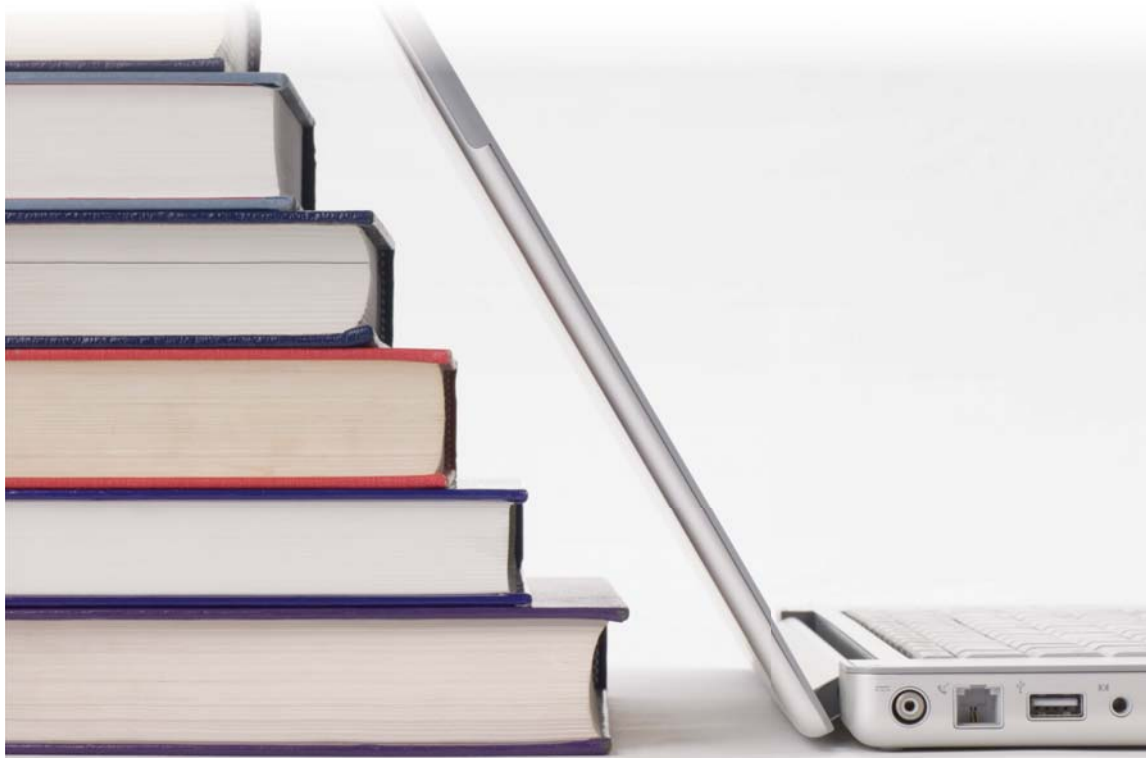
Times Are A Changing And Resources Are Available to Help You

As an Ohio Medical Group Management Association member, you have reached a point in your professional career that you recognize the importance of learning everything you can about medical practice management. You have realized that the health care field is quickly changing and that networking and professional development are vital aspects of your job and the future success of your medical group.

I moved to Ohio over eleven years ago after working in several Midwest states and managing numerous healthcare challenges. Without doubt, Ohio is quickly evolving into a complex group of payers, customers, and providers with new relationships unlike anything we've ever seen before in our history. And Ohio has the confounding challenges of a declining census, continued employment for many communities, and a State budget that's cutting into various aspects of health care payment. Without doubt, we all need help and working with Ohio MGMA is one way to help navigate our opportunities to learn and network during these turbulent times.

As an OMGMA membership value-added service, OMGMA has decided to offer a library of books and resources for you to use without cost. As a result of a generous contribution provided by OMGMA member Donald Arnold, we have numerous books and resources available for you to borrow. These books can be loaned out to you for up to four weeks. My contact information is listed below. If you want a book, let me know which one, I will mail it to you, and you can return it to me within the month. You will be responsible for the return mailing costs.

These resources may be helpful to you in your medical practice or as you pursue certification and/or fellowship in the American College of Medical Practice Executives. Take some time to review the list of books and plan your journey of learning and professional development. Remember, you need to plan for your future and do everything you can to become well versed in medical practice management. Wishing you well.





Ohio MGMA Book List

TITLE	AUTHOR
101 Sample Write-ups for Documenting Employee Performance Problems (A Guide to Progressive Discipline & Termination)	Paul Falcone
Ambulatory Care Management, 3rd Edition	Austin Ross; Stephen J. Williams; Ernest J. Pavlock
Appraising Managers as Managers	Harold Koontz
From Green Persimmons to Cranky Parrots	Robert L. Slaton; Bob Manning
Haldane's Best Salary Tips for Professionals	Bernard Haldane, Associate
How to Evaluate Employees, 2nd Edition	Courtney Price; Alys Novak
Medical Economics – Encyclopedia of Practice and Financial Management, 2nd Edition, Volume 2	Practice Management Information Corporation
Medical Employers Guide (Handbook of Employment Laws & Regulations)	Amy Greenspan
Practice Management Axioms to Live By	Clyde Jackson
Take Charge of your Health Care Career (Successful job search strategies for the health care professionals)	Hal Patterson, MPA
The Capitation Sourcebook (A practical guide to managing at risk arrangements)	Peter Boland
The Complete Idiot's Guide to Leadership, 2nd Edition	Andrew J. Durbin
Topgrading (How leading companies win by hiring, coaching and keeping the best people)	Bradford D. Smart, Ph.D
Physician Compensation & Production Survey (2005 Report based on 2004 data)	Medical Group Management Association
An Assessment Manual For Medical Groups, 4th Edition	Darrell L. Schryver
The Future of Leadership (Today's top leadership thinkers speak to tomorrow's leaders)	Warren Bennis; Gretchen M. Spreitzer; Thomas G. Cummings
The Physician Billing Process (Avoiding potholes in the road to getting paid)	Deborah L. Walker; Sara M. Larch; Elizabeth Woodcock
The MacMillan Book of Business & Economic Quotations	Michael Jackman
Walter Dandy (The personal side of a premier neurosurgeon)	Mary Ellen Dandy Marmaduke
The Habits of Highly Effective People	Stephen R. Covey
Quick Medical Terminology	Shirley Soltesz Steiner
The Managerial Mind	Charles E. Summer; Jeremiah J. O'Connell; Newman S. Perry, Jr.
Workplace Wars & How to End Them (Turning personal conflicts into productive teamwork)	Kenneth Kaye
Beyond Managed Care	Dean C. Coddington; Elizabeth Fischer; Keith Moore; Richard Clarke
It's Not The Big That Eat The Small, It's The Fast That Eats the Slow (How to use speed as a competitive tool in business)	Jason Jennings; Laurence Haughton
New Roberts Rules of Order	Editors of Merriam Webster
Dr. Deming (What every US Business Person should know about successful management and bringing quality back home)	Rafael Aguayo
The Managerial Grid	Blake & Mouton
Capitation for Physicians (Understanding & negotiating contracts to maximize reimbursement and manage financial risk)	John F. McCally
Computerizing Healthcare Information	Michael Davis
New Work Habits for a Radically Changing World	Price Pritchett
Physician Practice Management	Lawrence F. Wolper
Principles of Accounting, 5th Edition	Walgenbach; Hanson; Hamre
Electronic Health Records	Margaret Amatayakul
How to Evaluate Employees	Courtney Price; Alys Novak
Governing Policies Manual for Medical Practices	Alys Novak
Management Compensation Survey (2007 Report based on 2006 data)	Medical Group Management Association
Cost Survey for Single-Specialty Practices (2005 Report based on 2004 data)	Medical Group Management Association
Crucial Conversations Tools for Talking When Stakes are High	Kerry Patterson
Practice Compliance Kit	Conomikes Reports
Medical Group Practice Legal & Administrative Guide	Medical Group Management Association

Don't Let Another April 15th Be Rainy for Your Physicians

4 Tax-Saving Ideas They—and You -- Can Use This Year

As highly compensated taxpayers, your physicians may well realize that – between income, capital gains, Medicare, self-employment and other taxes, they spend 40 to 50% of their working hours laboring for the IRS and the state of Ohio? That is a lot of time with patients for someone else's benefit. Given the significance of this fact, it is a great service for you to provide your doctors an education on the tax-savings options available to them. While this may involve providing them books or a CME lecture from an outside consultant, this short article provides a few quick ideas that can be helpful for many Ohio physicians working in a group practice environment. Let's examine them now:

1. Use the Right Practice Entity/Payment Structure/Benefit Plans

These areas are where the vast majority of opportunities exist to help physicians (and management!) reduce taxes in the group practice environment. Opportunities here include:

- Using the legal entity with maximum tax/benefits leverage – whether that is an "S" corporation, "C" corporation, LLC taxed as "S", "C", partnership or disregarded entity
- Using a multi-entity structure to take advantage of 2 types of entities and their tax/benefit advantages. Few practices have used a dual entity structure in the past, but an increasing number of them are doing so – for both asset protection and tax reduction reasons. Bottom line: there is no reason why a successful group practice can't use more than 1 entity and there are often significant benefits for doing so.
- Managing the payment of salary, bonus, distribution, partnership flow-through to take advantage of maximum retirement benefits and minimize income, social security and self employment taxes.

2. Don't Lose 17-44% of Your Returns to Taxes - Explore Investment Managers Who Manage with Taxes in Mind

It is quite well known that most investors in mutual funds have no control of the tax hit they take on their funds. What you might not know is how harsh this hit can be. According to mutual fund

tracker Lipper, **"Over the past 20 years, the average investor in a taxable stock mutual fund gave up the equivalent of 17% to 44% of their returns to taxes." 17-44%!** Obviously, over 20, 30+ years of retirement savings, losing one sixth to about half of your returns to taxes should be unacceptable to you. Nonetheless, too many investors settle for this awful taxation.

Even worse is what many mutual fund investors experienced on April 15th in 2008 and 2009 (and some this year!)– when many of them paid significant taxes on the transactions within their mutual fund even though the fund value declined! **Is there anything worse than seeing your mutual fund go down in value and then getting a 1099 tax bill on "gains" inside that fund?**

How to avoid this problem? Use a tax-efficient portfolio and communicate with an advisor who can help you minimize the tax drag on that portfolio. In a mutual fund, you have only "one way" communication – the fund tells you what your return is and what the tax cost is. Working with an investment management firm, you get "two way communication" -- as the firm works with you to maximize the leverage of different tax environments, offset tax losses and gains, and other tax minimization techniques.

3. Gain Tax-Deferral, Asset Protection through Cash Value Life Insurance

Above you learned about the 17-44% tax hit most investors take on their investments in stock mutual funds. Similar funds within a cash value life insurance policy will generate NO income taxes – because the growth of policy cash balances is not taxable. Also, the state of Ohio protects the cash values from creditors at the highest level – also extremely important for anyone concerned about being sued.

4. Consider Charitable Giving, Including Conservation Easements

There are many ways you can make tax beneficial charitable gifts while benefiting your family as well. The most common tool for achieving this "win-win" is the Charitable Remainder Trust (CRT). A CRT is an irrevocable trust that makes annual or



David B. Mandell,
JD, MBA

Jason M. O'Dell, CWM
Carole Foos, CPA

more frequent payments to you (or to you and a family member), typically, until you die. What remains in the trust then passes to a qualified charity of your choice.

Another effective tax-planning tool in this arena, but little-known among physicians is the conservation easement. Donors may take a deduction for a "qualified conservation contribution" to a qualifying organization. In effect, a taxpayer can donate land for preservation and take a charitable deduction for the value of the land at its "highest and best" use. A valid qualified appraisal is required. The taxpayer can acquire a membership interest in an LLC which owns property eligible for a conservation easement. The taxpayer can then take part in the contribution of the easement and the tax benefits surrounding such a transaction.

Conclusion

This article gives you a few ideas for how physicians (and managers!) can save taxes. For larger practices with \$3-5 million or more of revenue, there are additional techniques that could offer significantly greater deductions. These are outside the scope of this article, but are mentioned in the articles on our website and are topics of our free e-newsletter. If you want to save taxes, and help your physicians do the same, the most important thing you can do is start looking for members of your advisory team who can

help you address these issues in advance. Otherwise, you will be in this same position this April 15th...and next April 15th and the one after that.

David B. Mandell, JD, MBA and **Jason O'Dell, CWM** are principals of the Cincinnati-based consulting firm O'Dell Jarvis Mandell LLC where **Carole Foos, CPA** works as a tax consultant. They have written the book FOR OHIO DOCTORS: Shedding Light on Asset Protection, Tax, and Estate Planning with 5 law firms throughout Ohio. They can be reached at odell@ojmgroup.com and 877-656-4362.

Disclosure:

This article contains general information that is not suitable for everyone. The information contained herein should not be construed as personalized investment, legal or tax advice. There is no guarantee that the views and opinions expressed in this article will come to pass or be appropriate for your particular circumstances. U.S tax and state corporate law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax, employee benefit and legal advice before implementing any strategy discussed herein. For additional information about the OJM Group, including fees and services, send for our disclosure statement as set forth on Form ADV using the contact information herein.

"As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection."

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.

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Patient Centered Medical Homes



**Steven R. Davies,
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Ohio MGMA Vice President

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If you are not familiar with the concept of the Patient Centered Medical Home (PCMH), it may be time for you to get educated. In 2010 House Bill 198 was unanimously passed by both the Ohio House and Senate and signed into being by then Governor Ted Strickland. This bill authorized the undertaking of a pilot project in Ohio that would turn 44 practices into PCMH's. The first question asked by most is what will the PCMH do that is any different than what our practice is already doing? But before we answer that very fundamental question, it would be helpful to know where the idea for this concept came from and where the support is coming from to keep pushing it forward.

The concept of a healthcare delivery system in which the patient and the patient's needs are central to everything that the practice does is not new. The idea has been discussed for decades, but with the ratcheting down of reimbursement for services, physicians have been driven to increase patient volumes and decrease time spent with patients to make a living and cover their overhead. Additionally, physicians have found themselves consistently dealing with acute issues for their established practices and not really ever having time to address preventive medicine, or to attend to other issues such as chronic diseases, behavioral health, and lifestyle management. In 2007 the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA) issued a joint summary on what they all agreed were the core principles and characteristics of a PCMH. Notice that all of these organizations represent primary care providers, who in an act of self-preservation, realize

that more and more medical students are steering away from primary care because of the focus having shifted from the patient to volumes and the bottom line. These four associations agreed to the following characteristics of a PCMH: 1) A personal Physician approach; 2) Physician-directed medical practices; 3) A whole person orientation; 4) Care that is coordinated and/or integrated; 5) A quality and safety emphasis; 6) Enhanced access; 7) Appropriate fees and payments.

The overall intent of the PCMH is to drive the focus of a medical practice back to value and outcomes. The AAFP developed an outline for the PCMH that placed the primary care physician as the fundamental driver for this approach to care. The primary care physician would see that the practice's organization, health information technology, quality measures and outcomes, and the patient experience, met the entire needs of the patient. So the patient returned to being the center of all that is done, in practice, and not just in words. The "traditional" model of medicine that is very prevalent today often finds patients having difficulty getting appointments, rushed providers who spend very little time with patients in turn making the patient feel like only a number, a focus on acute issues only, no access to after-hours care or guidance landing more patients in the emergency room, overutilization of services due to lack of communication between specialists, and a lack of the big picture for the patients overall health.

The PCMH utilizes a team concept led by the patient's primary care physician. Team "huddles" are done each day prior to the day's appointments to discuss what needs done for each patient that day. Each patient's individual needs

are highlighted and put into individual care plans that are sent with the patient after each visit. Electronic Medical Records become essential to allow for ease of the sharing of information to avoid duplication of tests or procedures. The PCMH emphasizes an open access scheduling system in which a set number of daily appointments are kept open for same day access for patients. Evidence-based guidelines are followed and tracked through the patient data base of the EMR. The accessibility issue continues to be addressed by providing evening and weekend hours and access to the team at any time for medical advice or guidance, the result being less unnecessary ER visits resulting in less expense to the healthcare system.

This concept sounds great on paper. I think most would agree that having more time to spend with patients is on the tops of their wish list. The idea is sound, but in practice can it work? The stark reality is that most practices would love to do this, but it likely will result in less revenue to the practice. In addition, to create PCMH additional staff

may need to be hired, adding to the overhead of the practice while watching the revenue decline. So how can we make this happen? The answer likely lies in the payer system. In fact, it may likely only take off if the method of how services are paid for is changed. Will payers latch on to the PCMH concept and embrace this change? This is yet to be determined. However, an increased number of payers are beginning to evaluate models in which they pay for quality and outcomes, avoiding paying for episodic care. With the cost of healthcare making the headlines almost daily, there should be no doubt that something is going to have to change. Those of us in medical practices will benefit from staying as current as possible on what is happening at both the state and federal level as it relates to healthcare. Be aware that PCMH are getting a lot of attention right now.

For more information the PCMH it would be worth your while to visit www.transformed.com or visit www.aafp.org.

Ohio MGMA Winter Conference – March 18, 2011



Delivering Test Results to Patients



Elizabeth Woodcock,
FACMPE

Woodcock & Associates
www.elizabethwoodcock.com

Testing is an essential component of your practice's operations and your patients' care. Although most test results are of a non-critical nature, a communication failure – just once – can spell disaster. Despite best intentions, the delivery of test results in medical practices is often mired in confusion, and even chaos.

Although there's no single ideal means to communicate test results to patients, it pays to choose a failsafe system and stick to it. Here's how:

Send a card. For routine tests with negative results, write a note to the patient informing them of the results. You can simply photocopy the lab report, but it's better to add a note to the patient if the results require interpretation. An easy way to facilitate the process is to ask patients to address an envelope to themselves during the encounter. Not only does this assure that the results get to the right place, but the envelope's presence in your 'pending results' file is another reminder for staff to make sure results come in – and get delivered.

Schedule pre-appointment testing. Schedule imaging and lab tests a week to 10 days prior to the patient's appointment when possible. That way, you'll have the results in hand in time to assess and then review with the patient face-to-face – a lot smoother process than playing that crazy, time-consuming game of phone tag with patients.

Get a phone number. If you can't perform pre-appointment testing, request permission to contact the patient about their test results at a designated phone number(s). Ask permission to

leave a message if the patient isn't available when you call. Encourage the patient to provide multiple numbers, as well as the name of a spouse, guardian or another person to whom you can give the results.

Designate a time. Either schedule a phone conference with the patient at a specific time, or allocate a window of time to take calls each day, or at least a couple of times a week. Ask patients to contact you for their results during those scheduled slots.

Request a follow-up appointment. Particularly for patients undergoing extensive or significant testing, it's best to schedule a follow-up appointment. The encounter allows you to review the results, leaving no question that the patient received them and had the opportunity to ask questions.

Deploy telephony. Contract with a vendor that can record your messages to patients about their results. Give patients awaiting test results a designated phone number and a unique identification code to call in for results. Look for systems that can easily issue reports showing which patients have – and haven't – called in.

Provide a portal. Even basic web portals for medical practices can offer simple test results notification options. Patients can log into a designated, secure area on the practice's portal using a unique user name and password to access their personal health information, including test results. A web portal allows your practice to relay information about test results to patients efficiently and securely.

Results notification is an important process but so, too, is tracking the tests you ordered to be sure results are delivered and transmitted to patients. An electronic health record may offer more options but there is no system in which you can just order the test and assume patients will always go get the test or that the results will be magically delivered.

Whether working with a paper-based or electronic system, you'll have to keep on top of the test results process to make sure everyone is properly handled. The easier you can make things for patients – and yourself – the better.

