


Communicating With Physicians & Employees

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State Volunteer Mutual Insurance Company

Communicating With Physicians & Employees

- *Communicating With Physicians & Employees*
- *Communicating With Employees*
- *Communicating With Physicians*




Communicating With Physician & Employees

Communicating With Physicians & Employees

You Can Not Over Communicate!


You can be annoying!



Communicating With Physicians & Employees

People Receive Information Differently
Verbal vs Written
List vs Details
Email vs Paper
Bulleting Board vs Personal


For Employees You Can Require Reading Specific Communications
Much Tougher For Physicians!



Communicating With Physicians & Employees

Timing Of Communications

- **Regular** – follow the schedule
 - Newsletters
 - Bulletin Board
 - Evaluations
- **Routine**
 - Try To Use The Regular System
 - If Necessary To Send – Make Extra Effort To Insure Everyone Knows
- **Problems**
 - Address Immediately
 - Unless
 - Emotions Are Running High
 - Confidentiality Needs To Be Protected
 - Someone Will Be Embarrassed
 - More Facts Need To Be Collected



Communicating With Physicians & Employees

Important Points!

- Communicate More Good Than Bad
- Don't Hold A Meeting Just To Punish A Few
- Touch Each Person Each Day
- Make Regular Deposits



Communicating With Physicians & Employees

Be Available
But
Keep On The Communications Path

Do **NOT** Tolerate Detours
From Either
Employees OR Physicians



Communicating With Physicians & Employees

Meeting Management

- Agenda
- Start & Stop Times
- Chair vs. Facilitator
- Action Plan
- Minutes



Communicating With Employees

Communicating With Employees

Employee Meetings

- Have A Reason To Meet
- Less Is More
- Perfect Model



Communicating With Employees

Special Meetings

- Conflict Between Two Employees
 - Interview Each
 - Process
 - Make A Decision & Tell Both Your Decision
Or
 - Bring Both Into Your Office & Mediate
Or
 - Make Them Resolve
 - ALWAYS End With A Resolution
- Termination
 - Be Prepared
 - Be Resolved
 - Have All Documents & Checks
 - Write Your Comments
 - Have A Witness
 - Read Your Comments
 - DO NOT DISCUSS





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Communicating With Physicians

Physicians Are Different


Trained Differently

- All About Me
- Problems Are Brought To Them & Trained To Look For Negatives
- Have Learned One Solution
- Like Choices (Options)
- Cannot Make Mistakes
- Cannot Show A Lack Of Knowledge
- Trust Advisors


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Communicating In Writing


- Physicians are extremely busy and do not have the time or interest in reading a lot of verbiage
- Physicians want clear concise written communication
- Use benchmarks to aid in quick analysis of data
- Only show "bottom-line", but have details at hand
- Be consistent in your style and reports
- Be vigilant to keep the reports clean

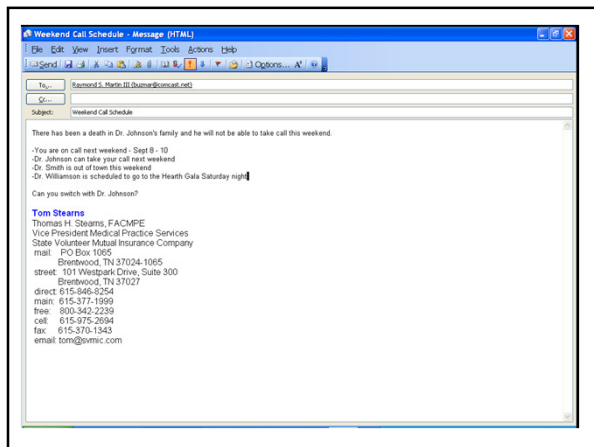

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Communicating in Writing

Memos & Emails

- Headings
 - To
 - From
 - Date
 - Subject
- Briefly describe the subject
- Use outline style or bullets
- Define paragraphs with bold headings
- Try to foresee and address questions the physician may have - without over explaining
- Clearly and separately request or state the action required of the physician
- Make it easy for physician to reply


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Weekend Call Schedule - Message (HTML)

To: Raymond J. Harris III (rharris@comcast.net)

Subject: Weekend Call Schedule

There has been a death in Dr. Johnson's family and he will not be able to take call this weekend.

- You are on call next weekend - Sept 8 - 10
- Dr. Johnson can take your call next weekend
- Dr. Smith is out of town this weekend
- Dr. Williamson is scheduled to go to the Health Gala Saturday night

Can you switch with Dr. Johnson?

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Memo

ABC Clinic

To: Physicians
From: Tom Stearns
CC: Nursing Staff
Date: August 30, 2005
Re: Tongue Blades & Cotton Balls

We currently stock different flavored tongue blades for each physician and Dr. Johnson uses a different color of cotton balls from all the other physicians.

Problem


- We do not have adequate storage space for this variety
- We buy in such small quantities that we have to pay top price
- The nurse have trouble keeping up with who wants what

Solution

- Standardize to one type of tongue blade and one type of cotton ball
- I have negotiated a price that will save us \$2,500 per year

Choose One from **EACH** column:

| | |
|---|---|
| <p>Tongue Blade</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cherry <input type="checkbox"/> Orange <input type="checkbox"/> Tequila <input type="checkbox"/> Plain | <p>Cotton Balls</p> <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Blue <input type="checkbox"/> Red |
|---|---|



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Coding Audit Report

MEMORANDUM

Date: November 2, 2004
To: Make Believe Medical Clinic
From: Jane H. Carter, RHA, CCS-P
Subject: Documentation Audit


The results of the Evaluation and Management Documentation Audit conducted November 1, 2004 are attached. Severely three encounters were audited using either the 1995 or 1997 documentation guidelines.

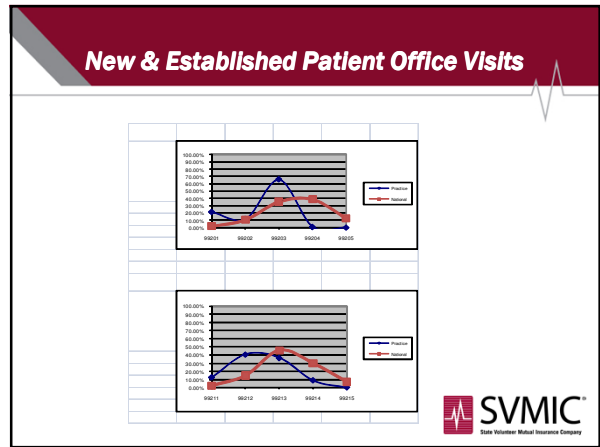
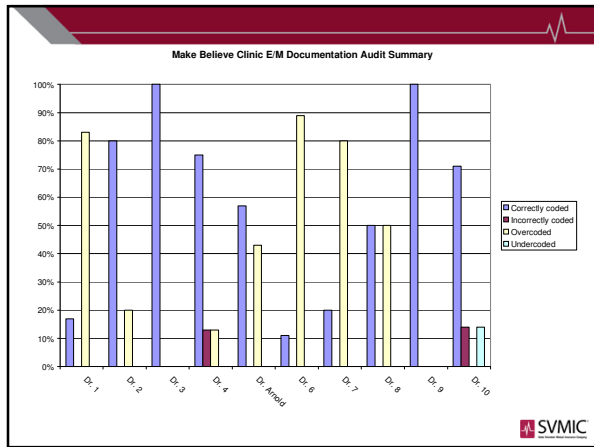


- Correctly coded
- Incorrectly coded
- Overcoded
- Undercoded

The practice has many opportunities for improvement in documentation as follows:
 Legibility is a significant issue for several providers.
 The chief complaint/reason for visit is insufficiently documented to justify medical necessity. "Recheck", "blood work", "follow-up" do not prove medical necessity. The chief complaint/reason for visit should indicate a specific problem or diagnosis.
 The diagnoses listed on the encounter form are not routinely reflected in the documentation. The encounter form is a billing document and is not considered as part of the documentation.
 The medical decision-making is poorly documented by some providers.
 The physical examinations were routinely documented with the 1995 standards. This could be an issue as the practice moves toward an EMR.

I hope this information is helpful. Please contact me if there are any questions.






Coding Audit Report

Elly Bob Arnold, M.D.

| Date | BILLED | DOCUMENTED | History | Exam | Decision Making | Result | Comments |
|----------|--------|------------|---------|----------|-----------------|--------------------|----------|
| 10/29/04 | 99214 | 99213 | EPF | PF | Moderate | Overcoded 1 level | |
| 10/29/04 | 99213 | 99213 | EPF | EPF (95) | Moderate | Correctly coded | |
| 10/29/04 | 99213 | 99213 | EPF | PF (97) | Moderate | Correctly coded | |
| 10/29/04 | 99213 | 99213 | EPF | EPF (95) | Moderate | Correctly coded | |
| 10/29/04 | 99213 | 99213 | EPF | PF (97) | Moderate | Correctly coded | |
| 10/29/04 | 99203 | 99202 | EPF | Cont'd | Low | Overcoded 1 level | |
| 10/29/04 | 99213 | 99213 | EPF | EPF (95) | Moderate | Correctly coded | |
| 10/29/04 | 99213 | 99213 | EPF | PF (97) | Moderate | Correctly coded | |
| 10/29/04 | 99203 | 99201 | PF | EPF (95) | Moderate | Overcoded 2 levels | |
| | | | | PF (97) | | | |



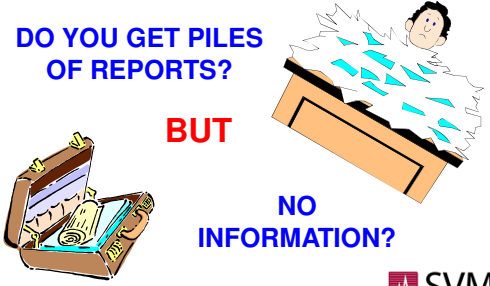


Financial Reports
Dashboard Reports

DASHBOARD REPORTS

DO YOU GET PILES OF REPORTS?


BUT

NO INFORMATION?

DASHBOARD REPORTS

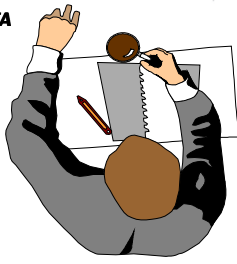

- OPERATING FINANCIAL DATA
- ACCOUNTS RECEIVABLE
- CASH
- BENCHMARKS



DASHBOARD REPORTS


OPERATING FINANCIAL DATA
PRODUCTIVITY

- Relative Value Units (RVU)
- Charges
- Collections
- Office Visits
- Procedures
- Admissions
- Days Worked





DASHBOARD REPORTS

OPERATING FINANCIAL DATA
REVENUE




- Gross Revenue
- Net Revenue
- Office
- Ancillaries
- Procedures
- Hospital
- Extenders




DASHBOARD REPORTS

OPERATING FINANCIAL DATA
EXPENSES



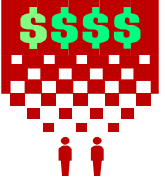

- Employee
- Building
- Other
- Physician




DASHBOARD REPORTS

ACCOUNTS RECEIVABLE

- Total A/R
- Days in A/R
- A/R Aging
- Credit Balance Report





DASHBOARD REPORTS

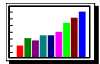




CASH

- Cash vs Net Income
- Bank Balances




DASHBOARD REPORTS

BENCHMARKS

- Internal**
 - Prior Years
 - Doctor to Doctor
 - Budget
- External**
 - Medical Group Management Association (MGMA)
 - Specialty Societies
 - Hospital
 - Health Plans



| | 2012 | 2012 | 2013 | 2013 | % Monthly | % YTD | MGMA | MGMA |
|------------------------|----------------|----------------|--------------|---------------|-----------|--------|--------------|---------------|
| | May | YTD | May | YTD | Change | Change | Monthly | YTD |
| Productivity | | | | | | | | |
| Changes | \$ 57,332.11 | \$29,667.14 | \$65,877.56 | \$ 315,889.74 | 14.9% | 21.7% | \$62,381.92 | \$ 311,909.60 |
| Office Visits | 266 | 1,359 | 303 | 1,511 | 20.2% | 8.0% | 292 | 1,460 |
| Procedures | 8 | 47 | 15 | 55 | 87.5% | 17.0% | 11 | 55 |
| FVLUs | 300 | 1,415 | 333 | 1,684 | 11.0% | 19.0% | 322 | 1,610 |
| Revenue | | | | | | | | |
| Net Receipts | \$ 41,221.22 | \$ 187,687.33 | \$ 46,779.56 | \$ 230,489.66 | 13.5% | 22.8% | \$ 44,046.83 | \$ 220,234.15 |
| Rebills | \$ 1,255.66 | \$ 7,588.30 | \$ 1,301.09 | \$ 5,738.87 | -25.3% | -26.0% | | |
| Other Income | \$ 3,000.00 | \$ 15,000.00 | \$ 3,000.00 | \$ 15,000.00 | 0.0% | 0.0% | | |
| Total Revenue | \$ 42,465.56 | \$ 195,089.03 | \$ 48,478.47 | \$ 239,910.70 | 14.2% | 23.0% | \$ 44,046.83 | \$ 220,234.15 |
| Expenses | | | | | | | | |
| Employee Costs | \$ 15,889.56 | \$ 75,877.32 | \$ 14,877.20 | \$ 65,887.44 | -6.4% | -13.2% | \$ 15,969.87 | \$ 68,348.35 |
| Building Costs | \$ 3,855.00 | \$ 19,275.00 | \$ 5,000.00 | \$ 25,000.00 | 29.7% | 29.7% | \$ 3,748.25 | \$ 18,741.25 |
| Other Expenses | \$ 11,700.00 | \$ 69,405.24 | \$ 8,598.63 | \$ 44,944.72 | -29.6% | -17.2% | \$ 8,700.41 | \$ 43,922.65 |
| Total Expenses | \$ 30,645.39 | \$ 161,557.68 | \$ 28,465.86 | \$ 145,872.16 | -7.7% | -9.7% | \$ 26,118.33 | \$ 130,591.65 |
| Net Revenue | \$ 11,620.20 | \$ 33,531.37 | \$ 20,012.61 | \$ 94,038.63 | 72.2% | 180.4% | \$ 17,928.50 | \$ 89,642.50 |
| Physician Costs | \$ 10,000.00 | \$ 50,000.00 | \$ 12,000.00 | \$ 60,000.00 | 20.0% | 20.0% | \$ 17,735.17 | \$ 88,675.85 |
| Net Income | \$ 1,620.20 | \$ (16,468.63) | \$ 8,012.61 | \$ 34,038.63 | 52.2% | 306.7% | \$ 193.33 | \$ 969.65 |
| A/R | | | | | | | | |
| Total A/R | \$ 89,667.26 | \$ 78,661.88 | \$ 74,402.00 | | | | | |
| Days in A/R | 47.57 | 36.52 | 35.62 | | | | | |
| Credit Balances | \$ (12,878.55) | | \$ (368.89) | | | | | |
| Cash | | | | | | | | |
| Checklist Account | \$ 256.77 | \$ 15,063.28 | | | | | | |
| Investment Account | \$ 3,353.88 | \$ 35,119.22 | | | | | | |
| Transcription | | | | | | | \$ 5,678.16 | \$ 3,124.99 |
| | | | | | | | | \$ 3,817.92 |


Conversations



Conversations

In Physician's Office


- Be prepared
- Stay calm
- Understand this is his/her kingdom and they feel in control and feel empowered to rein omnipotent
- Keep the door open whenever possible
- If you need to be strong – do not sit
- If you are not prepared – defer the conversation to another time when you can be prepared
- Do not allow yourself to be intimidated
- Stand up for yourself, your employees, the staff, the clinic
- Do not accept verbal abuse – leave the room
- Document the conversation when appropriate



Conversations

In The Clinical Area

- Be prepared
- Stay calm
- If you are not prepared or the conversation is inappropriate – stop the conversation and tell the physician you will talk to him/her after the clinic closes
- Some physicians will use this forum to “show off”
- Always be conscious of confidentiality
 - Patient
 - Employment
 - Business
- Move to a more private space if appropriate
- Document the conversation when appropriate



Conversations

In The Physician Lounge

- Be prepared
- Stay calm
- Physician may want to "show off"
- Physicians will often come up with "off the wall" discussions in this relaxed setting
- Stop the conversation and be prepared to exit if the conversation is inappropriate
- Recognize that you must control confidentiality
- Don't leave private material laying around - go back later and pick up materials
- Document the conversation when appropriate



Conversations

In Your Office

- Be prepared
- Stay calm
- This is your kingdom - you are in control
- Have the physician sit - have the chair ready
- Stay on subject - control the conversation
- Do not confuse the physician with too much information
- Do not allow interruptions of either of you
- Know how to end the meeting
- Document the conversation when appropriate



Conversations

Outside The Office

- If you are not prepared - say so
- Do not be drawn into divulging inappropriate information
- Be careful about confidentiality
- Document the conversation when appropriate



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