

# How to See Patients When the Physician Isn't Credentialed Yet



Credentialing new physicians is the definition of Catch-22.

You can't start the process too early as payers won't accept the application (especially if the physician doesn't have their malpractice in place), and by the time payers will accept the application to begin credentialing, the provider is already onboard and ready to see patients.

Credentialing typically takes 3 to 6 months and sometimes longer as insurance plans are not motivated to put more physicians on their networks and increase their payment

exposure.

One of the strategies many practices employ is to bill for the new physician's services as if an existing physician provided them, but you don't want to do that. Ever.

## **You might get away with it, but the risk is too great.**

First, if you are billing under an enrolled physician's NPI as rendering and supervising, the enrolled physician's utilization is going to spike – that's a red flag.

Second, if a patient sees the enrolled physician's name on their EOB, they might call the insurance plan and say "I never saw that doctor." Another red flag. Don't forget that patients are increasingly attuned to the possibility of fraud, and they should be!

Third, a payer might request your appointment schedule, which will tell the tale of who actually saw the patient.

These red flags can trigger an audit – something to avoid at all costs.

## **What can you do while waiting for credentialing to be complete?**

### **Ask for a Statement of Supervision**

Some plans will officially let you bill under a supervising physician once the credentialing of the new physician is underway. Ask every plan if they will accept a Statement of Supervision from a physician enrolled in the plan, so the new physician can start seeing patients.

# **Divert Self-Pay and Medicare Patients to the New Physician**

Physicians can see Medicare patients right away. Medicare will let physicians retro-bill back 30 days from the date their Medicare application was received at the Medicare Administrative Contractor's (MAC's) office. This is why I prefer to enroll physicians in Medicare the old fashioned way – on paper – because I can always prove the delivery with a Return Receipt Requested response. You won't be able to bill until you get the "Welcome to Medicare" letter with the physician's PTAN, but you will get paid.

## **Check With Medicaid**

If you are enrolling the new physician in Medicaid, check on your state's rules (each state is different). They are usually so hungry for physicians taking Medicaid that they will allow retro-billing as well.

## **Schedule Patient Meet and Greets**

Offer complimentary Meet and Greets (no medical care provided) to potential patients who might want to see the new physician when credentialing is complete. This is not appropriate for every specialty, but works well for many.

## **Put the New Physician on the Speaking Circuit**

If you can't fill the physician's schedule due to credentialing, get the physician out to meet other physicians and the community. Marketing a new physician is never a waste a time – make a plan long before the physician arrives to have speaking engagements set up – so many organizations are looking for free speakers! Contact TV, radio stations, newspapers and local magazines to see if they'd like to

interview the new physician. Also connect the new physician with other new physicians starting around the same time – they’ll often start to refer.

## **Work With Your Web Team**

Have the physician write for your blog, or have your social media folks work with the physician to produce articles.

## **See Some Patients for Free**

Sometimes it’s worth it to see a patient for free to get the new practice moving along and to spread the good word!

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# **Bad Online Reviews and How to Respond to Them**



It is important to address **every** online review – good or bad – publicly so that others reading the review will know you are responsive to patient communication and concerns.

## **Here's How to Respond**

Here are some simple steps to addressing a bad review, potentially resolving the patient's complaint and showing possible future patients how you deal with patient concerns.

### **Don't get bent out of shape.**

As much as we want to think that we do the best we can for every patient, we do make mistakes. I spoke with a patient recently and told her the practice had failed to send her prescription in and she was dumbfounded. "You mean you are actually admitting you made a mistake?" she said "That's so refreshing." We will all make mistakes, and we all must own

them.

## **Read it. Go away. Come back and read it again.**

First blush reads can be deceiving because we are instantly on the defensive. All healthcare is under the microscope and we are all peddling so hard to keep up that it's easy to feel that we are doing everything we can and resent anyone who thinks we could do better. If you let it go for 24 hours, when you come back and read it a again, it could read differently and may be not as harsh as we originally perceived it to be.

## **Address the online review and include:**

- An **apology** acknowledging that the patient was dissatisfied – regardless of the specifics or what you cautioned them about, you want patients to know you do not want them to be dissatisfied. This is not necessarily to admit that you did something “wrong”, but that if the patient feels something went wrong, you want to acknowledge their feelings and address them. This is not the forum to say “we told you this might happen...”
- **Reassurance** that patient care is the top priority in your practice.
- An **invitation** to contact the practice administrator to discuss the issue in more detail and review if anything could have been done differently. Include a phone number and email.
- **Edit, edit, edit.** Write it, let it sit for awhile, and come back and see if it reads the way you want it to. Have others read it and give their opinions. Less is often more when responding to a bad review.

## **Keep a copy of the online review and your response**

Share with employees at a staff meeting. Make it a customer service teaching moment.

## Contact the Patient

If you know who wrote the online review, contact the patient with an offer to discuss over the phone or face-to-face.

Keep in mind that the most important thing is to take the public sting out of the review by responding in an open, calm and compassionate way.

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# How to Ride the Social Media Wave in Your Practice

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setting up a new practice, we always discuss the role of social media in the practice's marketing strategy. We do not

recommend a cookie cutter approach to marketing and social media, as every practice is unique in its needs and the marketing investment will depend on the practice specialty, the practice's target demographic and the practice model ([see my recent slide deck on 12 practice models](#)).

Many of our client practices ask for social media education, but until recently, I did not have a resource to provide. Then I met Janet Kennedy. She has 25+ years of marketing experience and is a member of the Mayo Clinic Social Media Health Network. She is also the host of [Get Social Health Podcast](#), an amazing lineup of healthcare social media luminaries, including Physicians!

Janet has filled the great need for social media education for the physician practice by creating The Get Social Health Academy – a resource that fits the bill – affordable, available on demand and very pertinent to today's medical practice.



**Mary Pat:** *What exactly is included under the title “social media” and is all social media considered marketing?*

**Janet:** The simplest definition of social media is “websites and applications that enable users to create and share content or to participate in social networking.” In essence – any online platform that allows users to generate content, share it and connect with others. In the broadest sense you could say that any activity in social media has the potential to be marketing because it is building awareness and brand



recognition. If by marketing you mean “selling”, then no, social media is not always marketing.

***Mary Pat: What was your first experience seeing social media used in healthcare?***

**Janet:** As with most users, I probably didn’t notice when I had my first experience with healthcare social media because if it was done well, it would have appeared seamless with my other online experiences. Once I began to look for instances of healthcare related social media I found it in many consumer facing channels – Facebook, Google searches, etc.

***Mary Pat: Previously only very large medical groups and hospitals used and had staff and money dedicated to social media. How do you see this changing?***

**Janet:** It’s a combination of inevitability and acceptance. Many smaller healthcare practices are realizing that they have to commit to a basic engagement in social media in order to rank in search queries and better serve their current patients. While larger healthcare groups may be expanding their involvement in social media by adding more social media platforms, I am seeing a lot more smaller practices taking a look at social media and determining what they need to get started even if it’s by dipping their toe in the water

***Mary Pat: Are there any types of practices that don’t need to use social media as a part of their marketing effort?***

**Janet:** First, I don’t think there is a way to totally avoid social media whether you want to or not. So at the very least, **claim your online profiles** to ensure that your practice is represented correctly and you can receive notifications when your practice is mentioned in social media. That said, you might think that a healthcare practice that deals with sensitive health issues, like mental health or substance abuse, would not be able to utilize social media. If you view patient education as an important role for healthcare, social

media offers the opportunity to reach a wide audience and share needed information. The concern for these type of practices is patient privacy and the fear that a patient might reach out in social media. As long as your practice has a social media policy, have trained your staff and posted the policy so your patients understand, you should be able to engage safely in social media.

***Mary Pat: Are some social media platforms more applicable/amenable to healthcare than others?***

**Janet:** From a business standpoint, there are platforms that are more popular than others. 71% of online adults have a Facebook profile versus 26% for Instagram, for instance. Therefore you need to know who your patient is and where they are likely to be found in social media to make efficient use of your time, resources and budget. With a commitment to the use of social media to educate, **a blog is the best place to start for any healthcare practice.**

***Mary Pat: I know many practices are wary of using social media because of HIPAA and Privacy rules. What is the most basic concept that practices needs to understand about HIPAA/Privacy when using social media?***

**Janet:** It is really very simple. Disclosures made on social media concerning a patient's PHI (protected health information) without that patient's authorization is considered a HIPAA violation.

***Mary Pat: What are some other barriers that keep practices from utilizing social media?***

**Janet:** Most healthcare practitioners tell me it boils down to three issues (not necessarily in this order) regarding not committing to social media:

- Time (where do I find it?)
- HIPAA (what if a patient tries to talk to me on social

media?)

- Resources (how much will it cost me in terms of staff and expense?)

**Mary Pat:** *All businesses need to understand the return on investment for any resource or money expended. How can practices determine how much they should be spending for social media, either in-house or externally, and how can they measure the effectiveness and return from social media efforts?*

**Janet:** Calculating a financial benefit to any investment is important in business and I'll be one of the first to say you should track, analyze and improve your marketing based on metrics. However I would like to encourage healthcare practitioners to also consider the value of "ROE" or return on engagement when evaluating social media success. If your social media strategy is founded on content marketing and educating your patients, then there is a true value to having content liked and shared in social media networks.

It may seem like you have to invest a lot of time when you launch into social media. Developing a strategy, finding and creating content, planning and tracking your success; when you are new to social media it can take time. Once you are into a regular schedule the process becomes much more efficient. If you need help, I would recommend hiring an experienced social media manager, ad agency or investing in online learning to speed up your learning process.

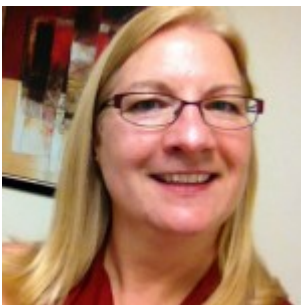
If you have a good sense of what you want to accomplish in social media and have some experience, your investment is primarily time plus a few online tools to aid in management, curation and tracking. Costs for content creation, management and writing can start at a few hundred dollars per month and up.

**Mary Pat:** You've developed a ["Social Media for the Small](#)

***Healthcare Practice” curriculum as part of your Get Social Health Academy. Tell us about the course content and who the course would benefit.***

**Janet:** The *Get Social Health Academy* was created to help the healthcare practitioner, especially in a small practice, to get up to speed on social media and how to use it in healthcare. The courses cover a wide variety of topics from an introduction to social media for healthcare to HIPAA compliance and breaches, content development and social media strategy.

The courses were developed to inform and educate team members who may have little formal marketing background. They are focused on practical learning and tactical actions and would be effective in any size or type of practice.



Very generously, Janet is discounting Academy classes to all *Manage My Practice* readers. For more information [click here](#). You can also contact Janet via email at [janet@getsocialheath.com](mailto:janet@getsocialheath.com) or by phone at 919-802-1423.

***Full Disclosure:*** *I like Janet’s courses so much that I’ve agreed to promote them through my website, and for this I receive compensation. There are very few companies that I’ve partnered with in this way because I stand behind anything I personally promote and very few products meet my standards for pricing, quality and customer service.*

If you would like to know when we post new practice management information, [click here to be notified](#).

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# Telemedicine HiTech-Doctors

# Pioneers:



We introduced readers to [HiTech-Doctors](#) several years ago before the telemedicine boom really hit. Today, many physicians are thinking seriously about telemedicine and how adding it to their practices could meet patient demand for convenience and ease overcrowded schedules. We decided to catch up with Philip Gideon, MD, cardiologist and Chief Medical Officer of HiTech-Doctors and see what's new.

***Mary Pat: Describe HiTech-Doctors.***

**Dr. Gideon:** HiTech-Doctors is a web-based health care portal created to open Internet communications between provider and patient. We seek to create the safest and easiest environment for videoconferencing encounters, electronic messaging, clinical data entry, data transfer, and clinical education. Connected care is the future and is here.

***Mary Pat: How can a practice improve patient communication using HiTech-Doctors?***

**Dr. Gideon:** We have a high definition videoconferencing service with quality and utilities not yet seen in this industry.

- We have developed an email service that allows safe communication with your patients.
- For each encounter a history and physical document is generated. This data can be used in the normal workflow of generating the electronic patient chart.
- There is a patient data entry service that allows general clinical data to be populated by the patient.
- Interactive encounter scheduling is available to make life easier for the patient and the provider.
- Other providers and family members can be invited into the video encounter.

- The patients can transmit their health information in to their chart.

***Mary Pat: How has HiTech-Doctors evolved?***

**Dr. Gideon:** We wanted to create the next generation of electronic health record. An EHR is needed that allows the provider and patient to communicate and learn through multiple technologies in a safe easy way. We have begun to accomplish this “open chart” with our current system platform.

Additionally, the platform needed to aid providers in meeting Meaningful Use (MU) criteria for participation in government incentive programs. MU2, and particularly MU3 criteria, have some specific technological requirements that cannot at this time be fully met by most available EHR providers. We have been able to meet many of these criteria by:

- Demographic recording and record of smoking status
- Patient-generated data entry (medication reconciliation, BP, heart rates, blood sugars, weights, BMI, etc.)
- Use of secure electronic messaging to communicate with patients
- Allowing immediate ability for patients to view and download their encounter record by both document and video format.
- Increasing after hours provider accessibility
- Gives ability to provide summary of care record electronically

There are so many useful aspects to the platform. We believe that as MU criteria evolve and the repealed SGR mandates develop, our product will lead in the industry. We believe that, but we know HiTech-Doctors will lead in health care communication.

***Mary Pat: What does it cost physicians and patients?***

**Dr. Gideon:** For the provider, it is \$300 for lifetime enrollment. No additional charge for individual providers.

The communications platform (secure electronic messaging or emailing) is \$300 per month per practice.

For the patient, it is \$20 lifetime enrollment for an individual and this includes family.

\$10 will be added to the patient bill in all encounters as payment for the service to HiTech-Doctors.

***Mary Pat: Does insurance pay for telemedicine?***

**Dr. Gideon:** Provider practices are encouraged to notify private insurance providers of the intent to see their patients by telemedicine. The intent should state that the encounter would be billed at an appropriate level of office visit using a QT modifier. The patient would be billed a set amount which should be considered a copay or as part of the total reimbursement. A description of the service being used (HiTech-Doctors) and the cost of service should be included. Some insurance carriers may need to negotiate the fee schedule, but this is commonplace when a new service is offered in a practice.

Encounters can alternatively be billed by the provider as cash or fee-for-service. This is specifically true for Medicare and Medicaid patients using the system outside of Medicare/Medicaid telemedicine criteria (cms.gov).

Either means of payment require a credit card transaction prior to starting the encounter.



***Mary Pat: How does a practice implement telemedicine?***

**Dr. Gideon:** The Hitech-Doctors team has put together an implementation plan to accommodate any office or medical center.

1. Setting up computers, tablets and phones to accommodate the best virtual experience.
2. Modification of patient scheduling workflow to allow a choice of in office or online encounters.
3. Acquire and categorize patient email contact list.
4. Email, postal, and in office advertisement of the new online service.

The implementation involves strategic scheduled learning teams early in the initiation. Both in-person and online availability of the HiTech-Doctors team is present as the roll out takes place and after. This combination of staff and provider education, hardware setup, advertisement, and ongoing technical and clinical support offers the best success.

***Mary Pat: Is there technical support?***

**Dr. Gideon:** Yes, 24/7 technical and user support are available by phone at 1-480-588-2512. Try it!

***Mary Pat: Since we last talked, the national conversation about telemedicine has changed radically. How has the conversation changed HiTech-Doctors?***

**Dr. Gideon:** HiTech-Doctors has continued to promote the use of telemedicine as another form of patient:provider communication. Many levels of acceptance and regulation of video encounters need to be in place to allow broad use of telemedicine. This is the conversation at present, and it will need to continue. HiTech-Doctors hopes to help keep the

momentum in the right direction towards sustaining the patient doctor relationship.

***Mary Pat: What do you think about the interstate telehealth licensing compact?***

**Dr. Gideon:** The compact addresses serious questions about healthcare, such as physician shortage in both rural and urban regions and poor access to care. Telemedicine stands to be an efficient tool in the solution.

There are tremendous benefits to having interstate licensure. Electronic visits are already a proven means of healthcare communication that can be gap-filling technology where there is poor access to healthcare. The compact has had progressively more backing by states and congressional leaders. Allowing providers to have interstate license gives the ability to optimize the use of the available technology.

Recently UHC announced it would cover telemedicine services for its subscribers, however, only if the services were procured through specific telemedicine intermediaries. What are your thoughts about this development?

Insurance providers are at a stage where they need to, and can, set the physician fee schedules for telemedicine given no specific value or code has been yet assigned by CMS. Blue Cross Blue Shield of Arizona recently also consented to paying for telemedicine at only 80% of the billed visit. United Healthcare doing business with only specific telemedicine companies is a normal practice of insurance providers in this current time of managed healthcare. HiTech-doctors offers a platform that allows real medical practice to occur. It is far more than triage to keep insurance company clients out of the ER or urgent care. The real winner is the telemedicine service that allows confident and safe communication.

***Mary Pat: What is in the future for HiTech-Doctors?***

**Dr. Gideon:** We are excited to move with the growing pains of our healthcare system so that we stay connected to actual need. Technology through HiTech-Doctors will continue to help in producing the best health outcomes at a low cost. The other side of the HiTech-Doctors healthcare portal is better outcomes and living.

More information on HiTech Doctors is available at their website [here](#) or by calling 480-588-2512.



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**How Much Does a Nurse Practitioner Get Paid?**



I am often asked how much Nurse Practitioners in private medical practice should be paid.

This answer depends on a number of factors, not the least of which is the scope of practice for NPs in your state. Here are two handy links to [laws for NPs in each state](#) and what [NPs in each state can and cannot do](#).

In addition, NPs may make more or less depending on their duties, how much physician oversight they require, what the benefit package is, and if the NP will siphon off part of the existing providers' practices, and therefore, income. Market rates are always important to review so an offer can be made that is somewhat comparable to other NP positions in the community, unless the work is less or more hours, less or more responsibility, etc.

Consider the following before making your offer:

## Job Responsibilities

- How many hours per week, on average, is the NP expected to work?
- Will the NP take call?
- Will the NP have his/her own patient panel?
- Will the NP be expected to round on nursing home patients or hospital patients or admit or discharge patients (if allowed in your local hospitals)?
- Will the NP staff a location without onsite physician support?
- Will the NP be managing other staff or other mid-levels?

## Support Required by the Physician

- How much experience does the NP have overall, and how much in your specialty?
- Will a physician be required to review some or all of the NP's notes for sign-off for a defined period, or indefinitely?
- Will the NP be able to write prescriptions for no drugs, some drugs or all drugs?
- Will the NP see Medicare patients and thereby be limited to "incident-to" scheduling (the physician must see the patient initially and develop a care plan, then must see the patient every third visit for the initial problem, or every time a new problem is discussed.)

## Associated Costs with Hiring an NP

- **Wages:** Base salary, any associated productivity bonuses
- **Benefits:** paid time off, health insurance, life insurance, retirement matching (after one year), expense reimbursement (mileage, etc.)
- **Malpractice:** many NPs and PAs may also want you to guarantee to pay for a malpractice "tail" when they

leave your employment. They will need a tail only if your policy is claims made, which means they must pay for their own liability insurance after they leave you for acts when they worked with you. If you have an occurrence policy, it will pay if they were covered under the claim when the act happened, not when the suit was filed, so no tail is needed.

- **Licenses:** Any software licenses for a new provider – some vendors equate NPs and PAs with a 1.0 FTE provider (full license fee) and other vendor equate them to a .5 FTE provider (1/2 license fee.)
- **Fees:** Dues, licenses, subscriptions, DEA, memberships
- **Continuing Education:** registration, travel, lodging, food, online CME, and do they get paid to take CME, or is CME paid for, but on their own time?
- **Electronics:** Computer, laptop, tablet, iPad, smartphone, smartphone apps and add-ons
- **Medical Assistant:** depending on your specialty the NP may need a FT medical assistant so they can be as productive as possible, or you may already have a medical assistant in-house that can be shared with the new NP. For some specialties, the NP may not need a medical assistant.
- **General Overhead:** this is the biggest thing that practices overlook when they do not assign overhead costs to mid-level providers. All providers require a place to practice, staff assistants – clinical and/or administrative, equipment, medical consumables, etc. A percentage of the overhead should be considered an expense of employing the NP and should be accounted for before considering the NP to have made a profit for you during the year.
- **Marketing:** how will you introduce the NP to the community and to your existing patients? Will you do a focused marketing campaign to encourage a target demographic to try the NP? Will you have an open house to introduce the NP to potential referrers in the

community? Will you make contact with and provide flyers to assisted living facilities (Medicare) or daycares (pediatrics) or gyms (wellness, sports medicine, orthopedics) or other venues that match your target patient?

- **Miscellaneous Requests:** signing bonus, office furniture, any special equipment based on personal characteristics or personal preferences (e.g. very short NPs may need a stool in each exam room or may request a hydraulic exam table), a computer at home for use when on call, relocation support, etc.
- **School Payback:** There are programs available for school loan payback for mid-levels working in primary care and/or in underserved areas. This is a huge draw for many mid-level providers – take a minute and find out if these paybacks are available in your area. A new NP may be willing to take a little less in compensation if they are also eligible for loan forgiveness.

## Things to Consider

- **What is the reason for adding an NP?** To reduce other providers' workload? To replace a retiring physician with a non-physician? To add a needed element to the practice (e.g. a female NP in an all-male practice or vice versa)? Improve the quality of life for existing providers (call, nursing home visits, discharges, etc.) Will an NP allow the group to bill for services previously billed outside the practice, such as first assist at surgery?
- **Will the NP make the market share pie bigger or take a piece of the existing market share pie?** Has a projection been done to show the other physicians what their potential reduction in income will be if the NP takes part of the current market share? If the practice is going after new market share, how will this be achieved – general practice exposure vs niche marketing for a new

service or something the NP brings to the table?

- **How much money will the practice have to expense before it sees a return on investment?** How long will it take for the NP to cover his/her own expenses? How long will it take for the NP to cover expenses and bring additional income to the practice? Will additional formal or informal training be required? Will additional equipment for new services be required?
- **Reimbursement:** What payers will pay the full allowable amount (billed under a physician) versus the allowable minus 15%?

Once you have considered everything above, take a look at the just-released [2015 National Nurse Practitioner Compensation Survey](#).

*“Overall compensation for full-time nurse practitioners is on the rise, according to the American Association of Nurse Practitioners (AANP), which today released data from its 2015 National Nurse Practitioner Compensation Survey. The findings demonstrate that nurse practitioners who work 35 hours or more per week have seen average base salaries increase 6.3%, rising from \$91,310 in 2011 to \$97,083 in 2015, with total annual income increasing 10.0%, rising from \$98,760 to \$108,643. More than 2,200 nurse practitioners participated in the 2015 survey.”*

The survey, which can be purchased for \$50, shows the breakout of compensation based on education, experience, region, setting and specialty.

**NOTE:** If your practice needs help running the numbers to see how adding an NP or PA will affect expenses and revenue, Manage My Practice has a Pro Forma Service which helps you to make a job offer knowing what your costs will be, how many patients need to be seen to cover costs and how soon after the hire the practice can potentially see a return on their

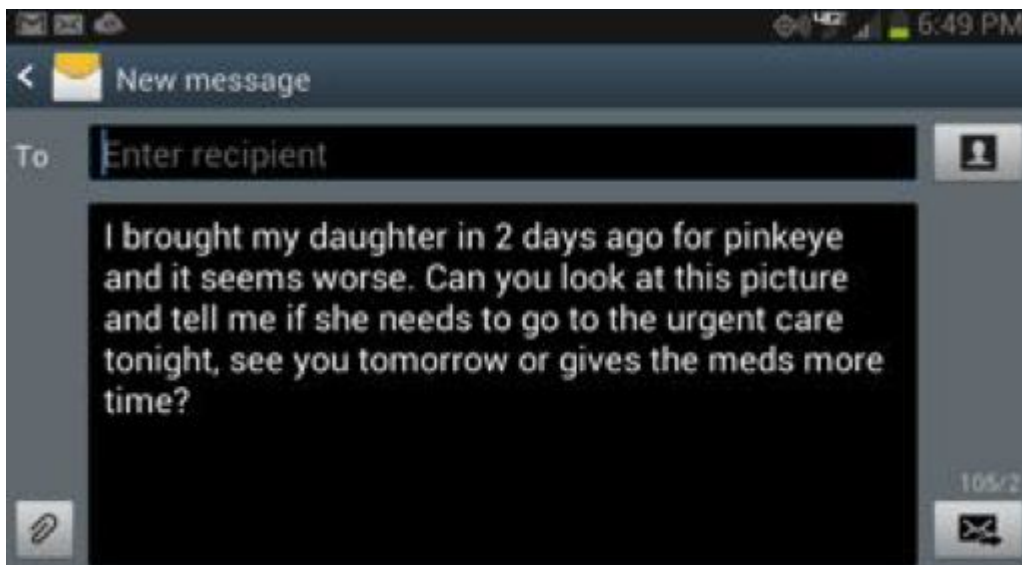


investment. Contact us [here](#) or call Mary Pat at (919) 370.0504.

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## Bringing Physicians and Patients Together Via Smartphone? Dr. Church Has An App For That!



I am always excited when physicians design products for other physicians because they “get it.” Here’s the tale of a Midwest physician, Dr. Fred Church, who has developed a **free** app to communicate one-on-one with his patients via email or text.

**Mary Pat:** *Dr. Church, tell me how you came to design [e-Consult My Doctor](#), an app that lets physicians and patients communicate with the ease of email and text in a secure environment.*

**Dr. Church:** I suppose the axiom of “necessity is the mother of

all innovation/invention” applies here. I saw a growing need and had a growing [entrepreneurial passion](#) to solve the problem for more physician-patient interaction between scheduled visits. I believe we are at the precipice of still greater demand for mobile connectivity and services in America.

The premise of private communications to enhance doctor-patient relationships is not a novelty, but how to do it in a HIPAA-compliant manner that is also simple and convenient is a significant challenge. We are delivering an elegant smartphone app that uniquely understands a busy doctor’s and patient’s lives and works to serve them. We have created a utility that enables any doctor to be a concierge-service doctor and every patient to be the beneficiary of that great personalized care – care that is direct from the doctors that know them and whom they trust.

**Mary Pat:** *You describe e-Consult My Doctor as a tool to augment the physician-patient relationship, not replace the traditional office visit. Can you give some examples of this?*

**Dr. Church:** In no way is our communication management tool intended to replace the face-to-face interaction and assessment between a physician and his established patient.

We have terms of service that users will explicitly understand and agree to prior to participation. Doctors will not have to worry about this being crystal clear to patients. Most reasonable people understand that emergency situations need to be dealt with in-person and this tool is not intended to deliver emergency communications.

#### **Example Scenarios:**

1. “Doctor, can you give me an evaluation of this mole as I think it has changed since you last saw me for my physical? You told me to watch it and document it myself on my phone... should I be seeing you now or wait until my next physical?”
2. “Surgeon, I am three days post-op and it’s Sunday afternoon and I’m scheduled to see you tomorrow for follow-up. Can you take a look at these two pictures of my wound to tell me if I need to go to the urgent care or ER tonight

before tomorrow's follow-up? I'm not alarmed but a little concerned at how it looks and I want to have your opinion before my scheduled follow-up."

3. "Doctor, one month ago I described to you during Betsy's well-child visit the rare sounds and behavior changes I was hearing and seeing from my 3 month-old daughter and felt like I was having difficulty adequately explaining it to you. Guess what, I was able to capture it on this video with audio. Can you listen to it and tell me your opinion if I should be concerned about it? Should I bring her back in after you view this so you can examine her again and/or do more lab workup?"
4. "Doctor, we talked about considering certain omega 3 supplements and I want your opinion on this particular supplement (see picture of label) from XYZ that the pharmacist recommended. Do you think it's a good one also? I appreciate your opinion before my next follow up with you."

***Mary Pat: Foremost in everyone's mind is the privacy and confidentiality of texting and emailing – how does e-Consult My Doctor achieve HIPAA compliance?***

**Dr. Church:** Our smartphone app technology uses best practice standards for data at rest and in transit using [AES 256-bit encryption](#). Doctors and patients will have a secure login to their app so that if their phone is stolen or misplaced, the data is still encrypted and cannot be viewed without a user's password. If a user's account is somehow compromised, administratively we can suspend his account, his e-consulting relationships, and access to the information between those relationships.

***Mary Pat: Do you see this product replacing the traditional function of a nurse triage in the medical practice?***

**Dr. Church:** Absolutely not. In fact, it is intended to offload the burden that triage is often overwhelmed with. Traditional

healthcare will always need people to properly triage communications at a doctor's office. Unfortunately, high volumes and increased costs mean that calls are not always responded to in a timely way. Doctors need communication tools that are portable and flexible and this describes e-Consult My Doctor.

***Mary Pat: Your software has some interesting features, including a mini-EMR or PHR (Personal Health Record.) Can you describe the benefits of a mini-EMR available from a smartphone?***

**Dr. Church:** Because our solution is much less complex than an EHR (Electronic Health Record), a single adult patient user may keep and manage all of his dependents' information on one app securely. Our well-designed smartphone app stores all related health event reminders, vaccine history, and [PHR](#) information. The PHR on our smartphone app is viewable/editable without the requirement of an internet connection, which is a clear advantage over EHR portals. When patients participate in managing their information and updating their PHR data between visits, it makes it easier for intake nurses/staff during scheduled visits to make sure the EHR's data is also reflecting recent changes that may be more current than EHR updates from various sources: other urgent cares/ERs, other specialty doctors, other health providers/doctors/sub-specialists (DDS, DC, DPM, etc.), hospitals etc. One of the main advantages of patients participating in their own PHR information is it will hopefully improve PHR accuracy, contribute to better patient compliance, and help serve both patients and doctors in traditional healthcare delivery.

***Mary Pat: How does the documentation of the communication between the physician and the patient get back into the practice EMR?***

**Dr. Church:** The app will allow for exporting content via PDF

and both doctors and patients will have their own copy of e-consultation data on their apps. Doctors may elect to attach the PDF of the e-consultation interaction to their respective EHR if they believe it is important enough and pertinent to a patient's long-term record. For example, several EHRs do not have the ability to [import pictures, audio, and video content](#) which this app will easily store for minimal convenience fees. Additionally, a doctor can simply summarize the exchange in her next scheduled office visit's documentation if she feels the content is important enough. This will vary on an individual case-by-case basis and will be up to the doctor's judgment.

***Mary Pat: Between the secure communication and the mini-EMR, e-Consult My Doctor sounds very much like a patient portal. Can your software replace a patient portal for a medical practice?***

**Dr. Church:** The mission of our software is to deliver a different and simpler solution for convenient communication and to augment the functionality of an EHR's patient portal. An EHR patient portal is valuable for a singular patient to see what his doctor's EHR documents as his current information including labs, vitals, etc. The **e-Consult My Doctor** app will allow direct one-to-one communication any time and anywhere the doctor and patient are willing to participate. One of the foundational premises of our product is that a doctor's extra time and effort should be rewarded directly by the beneficiary... like having pay-as-you-go access to their mobile phone or email for enhanced, personalized care between scheduled visits.

***Mary Pat: You have essentially designed a product that allows physicians to be reimbursed for care that they have been previously providing for free. Some patients will appreciate the convenience and be willing to pay for the personal attention and others will think it is akin to the airlines charging for luggage! How do you answer those who think***

***healthcare is already too expensive without any additional fees?***

**Dr. Church:** I'm amazed how many people are willing to pay for the \$1,000 – \$2000 per patient per year for 24/7/365 access that they may only utilize a few times a year. I personally know concierge doctors who are eagerly looking forward to our HIPAA-compliant solution that will help them achieve better work-family life balance with our communication management tool. We believe our smartphone app will bring a revolutionary solution that allows every doctor and every patient to participate in a concierge e-consulting relationship at a potentially lower price point. Our solution eliminates the middleman with a convenient and simple solution at a very affordable price and payment is directly and immediately received by the doctor.

***Mary Pat: When will this product be available on the market and what will it cost physicians to purchase?***

**Dr. Church:** The anticipated market delivery date is **November 30, 2013**. The app will be **free** and the basic subscription level will also be **free**. Users will be given a limited amount of secure storage space and may upgrade to larger amounts based on their individual needs. We will also offer a premium subscription level that will afford a larger secure space allotment and additional valuable service offerings. Our app will offer a pay-as-you-go, transactional model for the basic subscription level and a fixed-price price point for the



value-minded user who wants more.

*Mary Pat: How can readers get in line to try your app?*

**Dr. Church:** They can go to <http://e-ConsultMyDoctor.com> and sign up for pre-launch information and be the first to try it out. We invite physicians who want to be beta-testers!

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## **What Doctors Can Learn from Hip Hop Mogul Jay-Z**

## Do you know who Jay-Z is?



If not, chances are your kids do. Jay-Z is one of the most successful rap artists of all time, and has parlayed that success into a career in fashion, merchandising, his own line of vodka, as well as an ownership stake in the NBA's New Jersey Nets franchise that he recently sold to begin a new career as a sports agent. More than anything, Jay-Z has found a way to brand himself as someone who brings glamour, street credibility, and cool to any project he is involved with. His success, beyond the normal hard work and talent, is ultimately in **marketing himself**.

## Where do Doctors come in?

The healthcare industry is focused on marketing more than ever. Declining reimbursement, increasing regulation, and the long-term shift from volume to value have turned the heat up on physicians, practices, hospitals and systems to change the way they do healthcare business to cut costs, improve outcomes for patients and deliver more value. Cost matters now more than ever for all the stakeholders in healthcare, and with more competition comes the need for ways to separate



yourself in the market, and engage with **potential** and current patients.

## **This summer Jay-Z put out a new album and he did it in a very unique way**

To promote his album, Jay-Z ran a commercial during Game 5 of the 2013 NBA finals announcing that he had recorded a new album, and that it would be available to download, free of charge for the first million people to download it from a mobile app made especially for the release. The catch? The album would only be free to people who had a Samsung mobile device – a mobile phone or tablet. Jay-Z signed an exclusive deal with Samsung to promote the album (modestly titled Magna Carta Holy Grail), Samsung products and the free mobile app to get the album **before it was available via retail**. Because of the hype (and the price, of course) the million downloads happened almost as soon as the album was made available on July 4th.

- Samsung purchased the albums from Jay-Z, so RIAA certified the album Platinum immediately.
- Samsung was able to associate themselves with one of the biggest music releases of the year, and guarantee that only their current (and future) customers were first to hear it.
- More than that, using the permissions of the mobile app, both Jay-Z and Samsung were able to get tons of valuable market research about the internet and mobile habits of the downloaders.
- The fans (at least the first million of them with a Samsung) got a brand new album from Jay-Z for free.

This is a basic form of content marketing, but it was

groundbreaking for an artist as big as Jay-Z and a company as big as Samsung.

## What can doctors learn?

**Market research is critical.** *Jay-Z made a few million selling the digital copies of his album to Samsung, but the information he gained from the app downloads was priceless for future collaborations.*

The more you know about your patient base and where they come from, the better. For niche specialists, your market might be global so you'll need to know more about them to reach them. Market research can take many forms, from hard data from census and surveys to anecdotal methods as simple as asking one of your patients "What could we be doing better?" In a future where providers are reimbursed based on value, leveraging the data in your EMR to understand your patient population as a whole will be critical to many of your most important business operations.

**You gain by giving things away for free.** *By buying and giving away a million Jay-Z albums, Samsung became aligned with a major force in global culture and music – and probably sold a few phones too.*

What about all of the questions you hear over and over again on the phone and in office visits? Seasonal stuff about allergies, sunburns, the flu and physicals for sports. What if you gave *this info* away to anyone who wanted it on your practice website? With the changes coming in the ACA, what if your practice manager wrote a post or white paper about how your patients can prepare for what will and won't change? If your practice offers a special service that is hard to find locally for many people, what if you prepared an ebook about how your particular therapy benefits patients, or how they can change other lifestyle habits to complement their current therapy? All of these things are ways to reach a wide variety

of people, gain credibility, and give away high-quality free information that can be converted to marketing leads for your practice.

**Separate yourself.** *Jay-Z probably couldn't have released his **first** album in this manner. Jay-Z has been successfully building his brand for almost twenty years now though. **The name Jay-Z has come to mean quality.***

To compete and thrive, healthcare providers must be able to offer a level of service and execute that service in a way that makes them stand out from the crowd. If someone moves to town and Googles the name of family practice doctors in your area, do you know whose practice comes up in the results, and how you can capitalize on that? If people ask their neighbors who is the best cardiologist in town, would they say your name? If you treat a more specialized population, where do they gather to compare caregivers, and what do they say about you? To brand yourself today as a quality care provider, you have to actively highlight and grow your footprint and reputation for outstanding value and patient satisfaction.

Physicians and other healthcare providers may never listen to Jay-Z, or any rap. But chances are, Jay-Z's marketing example could lead the way.

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## 5 Ways Technology Can Help

# Your Patient Relationship Management



Patient relationship management is about more than just healthcare issues; it's about building a connection that leaves your patients feeling that you genuinely have their personal interests in mind. We all love to be recognized, and

your patients appreciate it when you recall what their children's names are, what you discussed with them during their previous visit, and where they went for their vacation.

It's pretty impossible to keep track of everything if you have several hundred patients, however. That's [where technology can help you](#). Remember the old box of patient card files on which you'd make notes? Now, keeping track is just so much easier with the various tools available to physicians.

## #1: Keep Electronic Records

If you're a typical technophobe and don't relate well to unfamiliar software programs, your record-keeping can be as easy as a Word or Text document for each patient. Set up a template for yourself that lists the data you want to keep track of, and simply enter the information into the file after each patient visit. Information could include fields such as:

- Personal info
- Family details
- Chronic illnesses
- Allergies
- Medication
- Visits

As long as you update the patients' records diligently after every visit, this patient relationship management system will work for you, although it doesn't enable you to communicate regularly.

## **#2: Use a Spreadsheet**

A slightly more sophisticated way of keeping records than basic documents, Excel spreadsheets offer data sorting abilities that are useful. You can also keep all your patients' information in one file, which saves you having to track and open multiple files. Use the worksheet tabs to categorize and group patients by type of illness or some other criteria that's meaningful to you.

## **#3: Set Up a Database**

There are multiple free and paid database programs available that you can use to set up a patient relationship management system. From Microsoft Office's Access program through to [Apache Open Office's Base](#), and the software will not only store the information you add but generate reports, graphs, reminders and a mailing list that you can use with an email marketing program for communication purposes.

## **#4: Get a CRM Program**

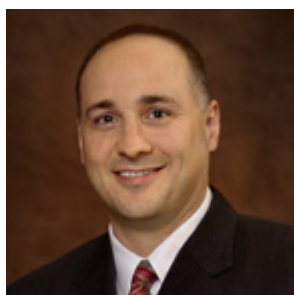
Commercial CRM programs such as [InTouch CRM](#) and [BatchBook](#) enable medical practices to store patient information, [communicate via email](#) or text message, and keep track of message opens and click throughs. A customized CRM program can do the same for your practice. Not only does the program have the ability to store all relevant information about each patient, but you can set up alerts to identify critical changes in the patient's condition based on data input from one visit to the next – without having to do a manual evaluation.

The patient relationship management program compares current data with data from previous consultations, such as blood pressure readings and cholesterol screening results. If the comparison generates an alert, you can proactively contact the patient to discuss it. At the same time, the system can generate automatic emailing of information to the patient to help educate him.

## #5: Implement a Patient Portal

Cream of the crop is the [digital patient portal](#), which enables you to store all information about your patients including test results. Patients get a secure login that lets them view their health records as well as make appointments online or communicate with you via a question facility or a discussion forum. You can set up automated emails based on criteria such as birthdays (personal info), allergies (seasonal) and medication refills needed.

Whatever method you choose to help you with your patient relationship management, keeping the information up to date is vital to enable it to be successful.



*About the Author: Greg Fawcett is President of leading North Carolina medical marketing firm [Precision Marketing Partners](#). In this capacity Greg helps healthcare service entities to research their target markets, build their brands and develop creative strategies to reach patients.*

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# [Guest Post] – 7 Tactics to Improve Patient Retention in Your Medical Practice



[Attracting new patients to your practice](#) is one thing, but keeping them can be an entirely different issue. The days when you got to treat all members in a family from the cradle to the grave are long over, and regular attrition is an ongoing concern. You may not be able to avoid losing patients who move from their current location to another city or state, but you can try to avoid losing patients to other medical practices.

From primary care physicians through optometrists and gynecologists, patient retention is an important factor in the success of the practice. Here are 7 tactics you can use to keep your patients coming back for more.

## **Tactic #1: Think of Your Patients as Clients**

Let's face it, your patients need you probably more than you need them. Far too often, however, medical professionals treat patients as if they are doing them a favor by seeing and treating them. Even if it isn't true about your practice, how certain are you that your patients feel as if *you* value *them*? By thinking of them as clients and fostering a customer service attitude among your practice staff, you can ensure that your patients feel important and cherished. The customer doesn't always have to be right – he just always has to be king!

## **Tactic #2: Live Up to Your Promises**

Personalized health care? 24/7 Accessibility? No waiting for appointments? Make sure you live up to your claims if you want patients to stay with your practice. No matter how much your patients love you, they're going to get fed up if you're constantly overbooked or late for appointments and they have to spend 30 minutes or more waiting for you to see them. The best marketing strategy in the world can't overcome poor service, so keep the promises you make when you come up with your unique differentiators.

### **Tactic #3: Be Personal**

For truly personalized attention, [maintain records about your previous consultations](#) so you can refer to former discussions during appointments. You can never remember the dozen patient conversations you have every day, but your patients can remember every discussion they have with you. Use whatever tools you have to in order to make patients feel like you have a personal interest in them. Also, go the extra mile to be pleasant and train your staff to do the same – people prefer to do business with service providers they like.

### **Tactic #4: Stay in Touch**

Include regular communications in your medical marketing strategy. If the only time your patients ever hear from you is when they are sick or you need them to pay a bill, there's little reason for them to stay with you. Stay top of mind by sending them quarterly newsletters, birthday and holiday greeting cards and reminders about vaccinations or annual checkups. A basic patient relationship management program will provide all the tools you need to automate much of the process, but your patients don't need to know that fact. Remind patients the day before their appointment with a telephone call, email message or text to their mobile phone.

### **Tactic #5: Be a Resource**

Stats show that [85% of people use search engines to look for](#)



[information on medical conditions](#) and healthcare issues. Much of the time, the material they find is inaccurate and misleading, which makes your job harder because they come to you with preconceived ideas and beliefs. You can both prevent this and cultivate loyalty by creating resources for your patients by:

- Blogging regularly
- Publishing educational materials such as eBooks and white papers
- Providing links to authoritative websites
- Offering an online forum for discussion and questions
- Setting up virtual support groups for various patient categories

### **Tactic #6: Manage Your Team**

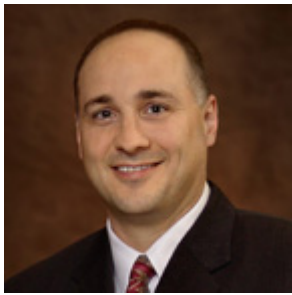
You may be fabulous, but if your employees aren't then your team will let you down. How often have you heard of patients leaving a practice because of the rude receptionist or the unfriendly nurse practitioner? It happens more than you think, because your staff have good days and bad days and to them it's a job – not their professional reputation that's on the line. Conduct regular training sessions to create awareness among your employees of specific issues. Start a recognition program to reward random acts of kindness, or let patients vote for the team member of the month and present the winner with a small gift.

### **Tactic #7: Get Reviews and Testimonials**

Testimonials and reviews are a hugely important aspect of a comprehensive medical marketing strategy, so [ask your patients to tell you what you're doing right](#). Get feedback by means of online and email surveys, your social media profiles, in-practice feedback forms and personal requests. Publish positive testimonials anonymously so others can read them – on a board above your front desk, on your website, in your email

signature and on your regular newsletters. Address any negative reviews individually and manage your online reputation by setting up alerts and responding to anything you find.

Include these patient retention tactics in your medical marketing strategy to improve the success of your practice.



*About the Author: Greg Fawcett is President of leading North Carolina medical marketing firm [Precision Marketing Partners](#). In this capacity Greg helps healthcare service entities to research their target markets, build their brands and develop creative strategies to reach*

*patients.*

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## **Explaining the State Health Insurance Exchanges in Seven Minutes: A Video for Your Medical Practice Website**



I came across this video from the Henry J. Kaiser Family Foundation and thought ***“This is exactly the kind of content medical practices can use for their website and social media content.”*** In this seven-minute video, the “YouToons” learn how the coming healthcare reform will affect them by placing consumers into one of four insurance categories: employer covered, government covered, privately insured, and privately uninsured.

The video is a straightforward, approachable overview of a complicated subject, and would make a fantastic post on the website of a physician or medical office. Even providers without a website could educate patients by posting this link to Facebook or Twitter, or by including it in an email newsletter. My partner Abraham [wrote a primer](#) on talking to patients and staff about reform last July, but this video is even simpler, and is everyone’s favorite – an entertaining movie! It even has clickable icons inside the video for calculating premiums and finding out the status of state health insurance exchanges by state.

Why is a video like this a great piece of content to share with your patients and readers? Here are three reasons:

## **Reason #1 – This is high-quality content, from a high-quality source.**

The [Kaiser Family Foundation](#) is a non-profit, non-partisan healthcare research organization [“dedicated to filling the need for trusted, independent information on the major health issues facing our nation and its people.”](#)

This is not from a political advocacy group or a campaign committee. It’s critical that the quality of the information you share with consumers has the ability to positively impact their healthcare experience – whether it is satisfaction, financial or outcome-based. Regardless of whether you are for or against Obamacare, you need to stay focused on presenting factual information from strong reputable sources. You wouldn’t take professional or medical advice from just anyone, so don’t share just anything.

## **Reason #2 – This is actionable, in-demand information.**

There is no shortage of noise on the internet about any given subject, let alone healthcare reform. Your patients (and staff) have questions! They are looking now for answers, and if you step up, **you have a serious opportunity to expand and strengthen your relationship with them.** Guiding patients through difficult subjects is what providers have always done, and using the internet to do this more efficiently at scale is a natural extension of the doctor-patient relationship.

If they don’t get the information from you passively with a website or social media connection, there’s a good chance they might call the office, or ask about it at your next appointment. I am sure you are happy to help with that, but it is not your core business, is it? Getting the word out preemptively can cut your costs as well as improving your brand.

## **Reason #3 – This is a low-impact way to reach healthcare consumers.**

Blogging and creating social media content does not have to mean going outside of your comfort zone or hiring new people. It is as simple as finding great stuff, sharing great stuff, and using great stuff as a jumping off point for critical conversations with your stakeholders. You don't have to animate or record anything, but your authority as a practice (and the Kaiser Foundation's) means your panel can trust your info. Posts from providers or executives are great – but also time consuming, and not everyone is comfortable or in the habit of putting a few hundred words on a page for public consumption.

With a great, informative video like this you don't have to reinvent the wheel to reach your patients.

So keep your eyes open, and look for high-quality, actionable content that you can share!

(Photo Credit: [✿ SUMAYAH © 2013](#) via [Compfight cc](#))