

Talking To Your Staff: How Did the “Fiscal Cliff” Affect My Paycheck?



I have a saying about management that I try and keep front and center in my mind whenever I interact with employees.

“There are two things you should never mess with: a person’s paycheck, and a person’s time off.”

If you heard a lot of noise from your staff when they received their first paycheck of 2013 – you were not alone. This New Year’s Day, Congress passed the American Taxpayer Relief Act of 2012 seeking to avoid the so-called “Fiscal Cliff” even if only temporarily. The “Fiscal Cliff” was a combination of tax increases and spending cuts designed to force Democrats and Republicans into negotiating a longer term deal on the country’s finances. Included in the fiscal cliff spending cuts were the scheduled reduction in Medicare reimbursements that has been long-forestalled by temporary delays. The Medicare cuts were stopped with another delay (or “Doc Fix”) until January 1st, 2014, while other cuts were pushed back as little as two months as Congress continues to negotiate the outlines of a bigger deal.

Another provision of the American Taxpayer Relief Act ends the two-year “payroll tax holiday” that had reduced Social

Security taxes by 2 percentage points. Employee payroll taxes rose from 4.2% back to 6.2% as a result of this. This is the main reason that most employees net take-home pay was reduced in the New Year.

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Separately, the Patient Protection and Affordable Care Act (or “Obamacare”) included a scheduled increase in the employee Medicare tax of 0.9% for individuals making more than \$200,000 a year. If you have providers or employees who will make that much in 2013, their Medicare withholding will have also gone up.

With many spending cuts only delayed for two months (roughly when the Federal Government will reach its “debt ceiling”), expects more change to taxes and spending before too long – whether they directly involve your staff’s take-home pay or not. We will be sure to keep our clients and readers updated as they arrive!

How do you explain paycheck changes in a straightforward and professional way? Let us know your thoughts in the comments below!

David Brooks of qliqSoft Talks to Us about Secure Communications, Replacing the SMS, and BYOD



Last week Mary Pat and I had a chance to meet and sit down for a while with a smart guy whose new venture is doing some really exciting things in the healthcare space. One of our favorite things to do! In an effort to keep on readers on the edge of what's new, and to give more of the people we meet a chance to say hello and connect to our audience, we present the first in the MMP Interview series.

We first got in touch with David when he commented on one of our 2.0 Tuesday posts on Medigram– a new, private beta secure communications service. David let us know that Medigram wasn't the only player in the space, and we agreed to meet for coffee and a chat. We got a chance to sit down with David soon after for a coffee and a demo of his company's flagship product qliqConnect– also currently in Beta.

David is a sharp, passionate guy, and we loved having the chance to talk to him. Check out the interview below!

MMP: I know that qliqSoft offers a secure method for healthcare communication – what exactly does that mean?

David: Technically, it means that our secure messaging

application – qliqConnect – addresses 3 key areas of security necessary to support HIPAA/HITECH compliance, as well as satisfy guidance provided by the Joint Commission last November: authentication, encryption and auditability.

In plain English, it means that qliqConnect allows all users within an organization (physicians, nurses, and staff) to participate in secure conversations using a variety of devices – computers (Mac & PC), laptops, tablets, and smartphones (iPhone & Android) – running familiar applications: texting on smartphones and chatting on computers. We’ve simply borrowed these phenomenally popular and successful consumer applications and integrated them into a single, secure communication platform that stands up to healthcare’s many rigors.

MMP: What is BYOD and how does that promote physician engagement with this technology?

David: BYOD stands for “bring your own device.” It’s a pretty basic idea that represents a sea change, not just in healthcare, but across many other industries in organizational attitude towards mobile devices. For years, conventional wisdom held that organizations could better secure and better manage devices if they standardized on a single platform and single device. In other words, the organization purchased the devices and issued them to employees. Think of Blackberry’s golden years. While it is still arguably true that it is easier to secure and support a single device, the iPhone revolution proved that personally-liable (end-user owned) devices could not be kept outside of the work environment. Over the last couple of years, many organizations have moved away from the single-device approach and have instead sought ways to reign-in end-user devices.

At the end of the day, it is a trade-off. Organizations that accept a BYOD approach may give up a little control but should end up with higher end-user adoption, and in turn, higher

productivity. Let's face it, who wants to carry around a second (typically inferior) device?

At qliqSoft, we are basically neutral on the subject of deployment models. I say "basically" because we are focused on supporting the platforms and the devices that end-users are using. Currently, we support iOS, so our application runs on iPhone, iPod Touch, and iPad. We are releasing Android in the next couple of weeks, and then we will begin working on a native iPad application soon after. We are not seeing enough demand on other platforms at this time to warrant the investment, but are always open to reassessing this.

MMP: We've heard a lot about HIPAA breaches recently – can you explain how qliqSoft protects patient information from being exposed on the internet or being accessed through lost or stolen laptops or smartphones?

David: I expect we'll continue to hear about HIPAA breaches for quite some time. In fact, growing enforcement is driving many organizations to take a closer look at well-known gaps, such as SMS texting. Although we have developed a powerful and highly extensible secure communication platform, secure messaging is getting a lot of attention right now, as it should.

Our secure messaging solution, qliqConnect, addresses 3 primary security requirements needed to satisfy HIPAA/HITECH compliance, as well as guidance provided by the Joint Commission:

- 1) Authentication: our application requires end-users to log in using secure credentials.
- 2) Encryption: all data is encrypted both in transit and at rest.
- 3) Auditability: organizations have the option to store all message traffic on an organizational asset for archiving and

audit purposes.

Additional security features include:

- remote lock and remote data wipe
- all messages are data/time stamped, along with message status (sent, pending, delivered/received)
- acknowledgement request to ensure message was received, read and understood by recipient

In addition to application features, it is worth mentioning a little about our architecture, as we do not employ a typical cloud-based client/server design. We do not store, nor can we access any of the information that flows through our network. All information is stored within customer resources (both smartphone and desktop computer clients). Although we utilize a cloud-based server to route message traffic in real-time, information is persisted in the cloud only long enough to complete message delivery, at which point it is deleted from our servers. The message traffic itself is encrypted using 1024-bit RSA encryption while attachments are encrypted using 256-bit AES encryption. Furthermore, all traffic is sent across port 443. The payload is encrypted using public keys and decrypted with private keys, which are locked inside end-user devices and clients. No one, other than the message recipient, can decrypt messages. In other words, storage is distributed and controlled by end-users and their organizations.



MMP: Who is your target market for qliqSoft – is it hospitals, or practices, or essentially all healthcare providers?

David: We believe that a secure communication solution must address all personnel in an organization, regardless of role and regardless the size of the organization. Everyone involved in patient care should have the opportunity to participate in secure conversations. Solutions that address

only one set of constituents or that exclude key team members are of limited value and only contribute to healthcare IT's never-ending "silo-fication".

I should add that while there are no doubt opportunities to extend secure messaging into other industries, qliqSoft is a healthcare-focused company. Every aspect of our solution, from our platform with its built-in HL7 integration engine to end-applications that support a number of healthcare-specific features, were designed to improve communications across healthcare.

MMP: How does qliqSoft compare with solutions already on the market?

David: For starters, we believe that our technology and our architecture provides superior security. For example, many larger organizations appreciate that we do not store all end-user traffic in a single cloud-based server. In addition to increasing the risk of a potential breach as well as the impact, centralized-storage places a tremendous burden on vendor organizations to properly manage stored PHI.

Nevertheless, I expect that most competitors in this space will offer credible answers to the requisite security questions. Increasingly I suspect conversation will evolve to the more fundamental question of usability. And, by "usability" I am not referring to minor features and functionality. Any vendor is capable of adding market-driven bells and whistles. I am talking about the most important question an end-user cares about: can I reach the people I need to?

Texting is a great application, but the reason SMS is the most popular application on the planet is because it doesn't require any special software. If you know someone's cell number, you can send them a text. Unfortunately, there is no way to secure SMS without introducing client-side software, at

which point you would move away from SMS to superior technologies. The challenge then becomes how to build a secure solution that scales relatively easily so that end-users can reach the people they need to.

Although there is not a lot of discussion on this topic yet, I think it will quickly move to center-stage.

Unlike a number of our competitors that have deployed physician-only solutions, we have been inclusive of all healthcare professionals from day one. Additionally, we are getting ready to roll out a number of enhancements to our platform that will make it much easier for users to expand their secure network both within and beyond their direct organization.

MMP: If I gave this solution to my providers and staff, what immediate value can we expect? Longer term?

David: Honestly, if you gave your providers and staff qliqConnect, the most immediate benefit you would notice is that your compliance officer is sleeping better at night. I do not mean to minimize the value of qliqConnect or the potential it possesses. Rather, my point is to emphasize the degree to which people are currently abusing unsecure communication tools like SMS and chat. In other words, we are providing tools that your people are already using. And I hardly blame them. In an industry plagued by longstanding communication challenges, it only makes sense that healthcare professionals would turn to these great tools to improve workflow, and ultimately the care they provide. With qliqConnect, they can use these tools without fear and without looking over their backs.

Longer term there is no limit to the value users can gain. I mean that. Once we establish a secure connection between two individuals or two organizations, there are an infinite number of possibilities for exchanging both structured and

unstructured data. In fact, most conversations I have these days start on the topic of secure texting and end on accountable care organizations (ACOs) and collaboratives.

MMP: What else does qliqSoft offer?

David: For the time being we are completely focused on making qliqConnect the best solution on the market. As I mentioned, we have a few exciting technical milestones coming up over the next couple of months, including support for Android as well as a number of enhancements to our underlying platform. Once those milestones are reached, we will resume work on both qliqCharge, our mobile charge capture application, as well as qliqCare, an enterprise-based variation of qliqConnect that expands functionality through integration with both clinical and telephony systems. Despite the incredible demand we have for additional tools and capabilities, we know that a laser-tight focus on our platform right now is going to pay huge dividends for qliqSoft and our customers going forward. These are exciting times for us.

Thanks so much to David for taking the time to show us qliqConnect and answer our questions!

You can learn more about qliqSoft at their website or follow them on Twitter

My Take on “10 Ways to Keep Employees Happy” in Medical

Practices

✘ I don't often find articles that reflect my own views as closely as the article **"10 Ways to Keep Employees Happy"** from **HowStuffWorks** by **Cristen Conger** does. Not only does Ms. Conger hit the list with 10 strong concepts, but she also gives great sources to back up her points. Here are her 10 points – click each one to go to the page for more information.

10. Offer Flexible Work Options Some jobs in medical practices are ideal for flexible work options, but most are not. Any position that requires face-time with the patient will likely need to adhere to appointment hours. My question: is it "fair" to allow some positions to have flex-time and others not? If you have a group of people all doing the same general job, letting some people have flex-time and others not may lead to a mutiny. Consider carefully the precedent you are setting when allowing flex-time, and make sure employees understand that as the needs of the organization change, work arrangements may need to change.

9. Practice Open Communication I couldn't agree with this one more. Communicate, communicate, communicate. One-on-one, in departments, in all-staff meetings, in all-organization meetings. I typically send out an electronic newsletter every Friday (an idea from my mentor, Tom Girton) that announces/reminds people of events, clarifies policies and acknowledges achievements. Oh, and don't forget to make sure that people are understanding what you're trying to communicate. Touch base every once in awhile to make sure the message you're sending is the one they're receiving.

8. Pencil In Face Time When beginning a new job I often meet with every employee who reports to me (and sometimes meet with everyone in the organization in a smaller practice) for at least an hour to learn a bit about them and hear what they

think the practice is doing well, and what the practice could be doing better. Yes, it takes a lot of time, but it starts to form a bond with individuals and it gives me more information than anything else I could do to start to learn about my new group. People are fascinating and I really enjoy an uninterrupted hour with someone – it's almost a luxury in this day and age. Once you've established that bond, make sure to nourish it by connecting with individuals on a regular basis. Letting people know you truly care about them as individuals is how dynamite teams are created. And the karma ain't bad either.

7. Recognize Success and don't save it all up! Recognizing efforts, going the extra mile, dealing with a difficult patient, all deserve a pat on the back in front of other employees. Remember to always praise in public and counsel in private. Share the joy of something well done, and let the employee have the privacy of a critique.

6. Set Goals I like to establish individual goals every six months during the annual performance review and six months later during a less-formal touch base. 12 months is a long time to keep a goal in mind, so I prefer to deal with 6-month goals. Performance evaluations should not be a rehash of what was done right and wrong over the year, but rather should be a time to review the goals from the last six months and see what wasn't accomplished and why, as well as celebrating the goals that were accomplished. **See my simple evaluation for more information.**

5. Explain the Big Picture I'm often surprised how many medical practice employees don't understand how their job (especially done well) contributes to the big picture. Check-in staff might not understand how their job impacts billing. Scheduling might not understand how their job impacts the nurses. Nurses might not understand how their job impacts the check-out. No one may understand what their efforts mean to the financial viability of the practice. If all the staff

know that they haven't had raises for two years yet new medical equipment is being purchased for a new service line, they need to have some insight into why a decision was made and what potential it may have for keeping the practice viable.

4. Provide Career Growth Opportunities This fits in well with the 6-month performance evaluation when you set goals with your employees. Goals may include projects, new skills, improved skills, shadowing other jobs, cross-training on other jobs, conferences and workshops, and online or classroom training. Never think that someone can't do something as predicting success is one of the hardest things in the world. Encourage everyone!

3. Give Employees Respect Give everyone respect. Know that every single person is much deeper than you will ever know and more fragile than you would ever expect. Never forget that you can make someone's day and break someone's day. Being a manager is making a choice to care for and respect the people who have chosen to work with you. In many ways, management is the most powerless job (next to parenting) there is.

2. Provide Consistent Feedback For you to effectively provide feedback, positive or negative, the employee must have been trained, must have resources to help them do their job and must understand the expectations of the job. Do not take for granted that your front desk person knows instinctively that your expectation is to have the day's charges posted and reconciled before the end of the day. Have written performance expectations for each person, then explore the reasons why those expectations are not being met (communication, misunderstanding, workload, etc.)

1. Build Trust I'm so glad Ms. Conger put this as #1 -I agree! Here's how I build trust: Keep confidences. Follow the same rules I set for the staff (if they can't eat at their desks, neither can I.) Make promises sparingly and fulfill

all promises. Don't mess up peoples' payroll or their time off. Understand the details of their job. Don't allow the doctors or the patients to abuse them.

What's not on this list that you would add?

What a Patient Said to Me When He Found Out I Manage a Physician Practice

✘ He said, "I'm looking for a doctor that uses email." He said he would not use a doctor that doesn't use email because he doesn't have the time to fool around on the phone when he needs an appointment or has a question. Of course, in the practice, we don't have time to fool around on the phone either, and we'd LOVE to do everything via email, but this is something that seems hard to implement.

Why?

1. Everyone (including me) is uncertain about privacy and HIPAA when communicating with patients electronically.
2. Everyone (including me) worries about the liability issues related to electronic communication with patients. How do you index it on the EMR? Do you print it out if you're using paper charts?
3. Systems that are designed to facilitate email with patients seem limited and restricted as to specific uses like making appointments.
4. Managers worry that email opens the door to patient communication falling through the cracks when we/they are already working very hard to keep that from

happening.

5. Most wonder if it is worth adopting technology early when it's expensive and untried.
6. Most wonder how many patients would really communicate electronically if given the chance.

If you could design a safe, low-risk system to communicate electronically with your patients, what would be the uses for this system? What are your communication logjams? Are you aware of or using any systems that have cracked the electronic communication conundrum?

Here's another article on doctors using email: **Why Doctors Don't Email Patients.**

Photo by Andi Berger/Dreamstime.com

What Spell Check Won't Tell You: The Difference Between Your and You're



It seems that my most popular **post to date has been the one I wrote on the difference between its and it's.** This tells me that managers are looking for ways to improve their writing and communication skills. Not being one to overlook the obvious, I thought I would write a post about the difference between your and you're.

I've been reading blogs and blog comments so much lately that

my eyes are almost crossed, but one thing that does jump out at me is the tendency for many writers to confuse the two words your and you're.

Remember the rule for its and it's? This one is almost the same.

If you can substitute the words "you are" in the sentence, use the apostrophe. For example, "You're reading my blog" can also be expressed as "You are reading my blog."

If the words "you are" make no sense whatsoever as a substitution, do not use the apostrophe. For example, "You're blog is fascinating," sounds fine, but makes no sense when you substitute it with "You are blog is fascinating." This is the place to use "your", as in "Your blog is fascinating."

Your choice of words makes all the difference, and you're the one to make that choice.