

12 Ways to Supercharge Your Practice in 2012: #7 Take Care of Your Staff So They Can Take Care of Your Patients

Is Your Practice Struggling?

Click Here for 12 ways to

SUPERCHARGE IT!

☒ Employees are the most valuable resource in any business.

We hear that statement all the time. I believe it. Most managers would say they believe it. But a lot of managers don't act as if they believe it. If you take it to heart and realize what the extreme cost of turnover is to your organization, then you are always trying to find new ways to find the very best staff, and once you've hired them, to keep them motivated and willing to stick with you.

Each of us require the basics – compensation and benefits must meet baseline needs for anyone to consider any job offer. Survey after survey tells us, however, that it is the needs beyond the basics that close the deal and keep employees satisfied going forward.

An article discussing the recent Society for Human Resource Management's (SHRM) Job Satisfaction Survey stated:

"...there are more important factors that contribute to job satisfaction, such as relationships with immediate supervisors, management recognition of employee job

performance, and communication between employees and senior management.”

What contributes to poor job satisfaction and turnover and how can you fix it?

1. **Lack of Formal Onboarding/Training.** The Fix: start with a job description and develop protocols for the primary tasks. Have a written plan for new employees that takes at least 2 weeks and includes the new employee sitting in every department and hearing from the staff in that department what they do and how the new employee’s job relates to theirs. Have a checklist of competencies for the new employee to complete before being cut loose.
2. **Lack of Performance Standards and Incentives.** The Fix: You can develop a whole incentive plan and tie it into performance, but an easier, less costly and more immediate way is to have teams (individual departments or the whole gang) work on specific goals and earn periodic rewards – a pizza party, leaving early on a Friday, gas cards, a bowling party.
3. **Lack of Formal Evaluations.** The Fix: Use the [simple format here](#) and meet with every employee for at least one hour every year and dig down into where they want to go. It’s not enough to say “You did a great job last year.” You have to ask “What are we going to do this year?” Find out if the employee is bored, frustrated, overwhelmed,
4. **Lack of Advancement.** The Fix: make it possible for employees to Advance-in-Place and learn new skills and take on new responsibilities without actually changing positions in the office. It could be a clinical person learning an administrative position or vice versa, it could be someone pursuing special training in website management, Meaningful Use or Diabetes Education, or it could be a staffer released for one day a week to visit

referring practices and take them appointment cards or brochures.

5. **A Revolving Front Desk.** The Front Desk is a pressure cooker and takes tremendous skill to manage, yet the front desk staff are typically some of the lowest paid and the jobs are often the entry point into healthcare for non-clinical staff. Employees get their foot in the door at the front desk, then advance to another position in the practice or move to another practice. The Fix. Split jobs so more staff share in front desk duties and everyone gets a chance to rotate through non-front desk positions, which should elevate the pay rate. Allow 4 10-hour day shifts for the front desk so front desk positions have a perk. See #4.
6. **Poor Treatment by Patients.** The Fix. Make sure staff report if they are being verbally abused by patients. This is not the routine verbal abuse that goes along with caring for patients who are anxious, sick and scared. This is the exceptional verbal abuse that no one should have to take. Managers need to support their employees by speaking privately with abusive patients and asking them to alter their communication style when dealing with the practice employees. Patients who are routinely should be dismissed from the practice.
7. **Poor Communication.** The Fix. Tell all employees (not just some) as much as you possibly can, as soon as you possibly can. Don't leave out the details.
8. **Doom and Gloom.** Everything is a fire. The doctors are worried, preoccupied, consumed. The Fix. Realize you are always on stage and you set the tone for the practice. You exude calm, confidence and peace. You smile every morning when you come in and you smile every evening when you leave. This is not to say you are not serious, but, you never let them see you sweat.
9. **Lack of One-on-One Time with You.** The Fix: Invite employees passing your office to step in your office and sit down for 15 minutes now and then. Sit in a

department when things are quiet. Ask how the latest project is going. Ask how their husband's new job is or how their mother-in-law is doing after her stroke. Then listen. Look at and listen to your most valuable resource.



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Mary Pat discusses “Coding for the Rest of Us” for Nuesoft’s Video Podcast Series

After Mary Pat’s [“Coding for the Rest of Us”](#) post this July, she sat down with Lyndsey Coates from [Nuesoft](#) as part of their monthly [Healthcare IT Podcast](#) to [discuss more](#) about how even a basic understanding of coding among patient contacting and administrative staff can improve patient experiences as well as the group’s bottom line. Check it out!

Notice of Performance Expectations: Getting Serious With Your Staff About HIPAA, Professionalism and Customer Service



Do your employees “get it”?

If not, add this simple form to your tool box. These three concepts – customer service, professionalism, and HIPAA – are the basis for 80% of your everyday performance issues.

Tweak the language to fit your workplace, then print it. Ask existing employees to sign it and **hand it back to you personally** so you have the opportunity to ask them if they have any questions, and so you can discuss any behaviors they currently exhibit where coaching is needed. This constitutes verbal counseling and you have documented it in writing. Depending on your discipline policy, if the employee continues to perform poorly in the same area, follow up with written counseling, a performance improvement plan, or specific consequences.

Have this form in your new employee packet and review it with new employees as part of the orientation process.

Notice of Performance Expectations

Demonstrate outstanding customer service

- Smile with your eyes.
- Follow the 5-10 Rule. When you are 10 feet away from a patient, make eye contact. When you are 5 feet away from a patient, greet them. Apply the 5-10 rule to everyone.
- Thank patients, sincerely.
- Ask patients how you can help them.

Model professionalism

- Keep your voice at an appropriate level at all times.
- Do not curse or use impolite words. If you are unsure what impolite words are, ask me.
- Do not discuss patients personally or clinically in a derogatory way.
- Do not eat meals at your workstation or other work areas of the office.
- Dress appropriately. No cleavage, no sports clothing.
- Speak to co-workers every day. Regardless of what you think about anyone, speak to them pleasantly when you encounter them.

Be HIPAA-compliant

- Keep all patient-specific information out of view of the patient and other non-practice people. This includes charts and other patient information potentially visible at check-in, check-out, the lab, exam room doors and at

the nurses station.

- Do not access any patient information in paper or electronic form which is not required to do your job.
- When clinically discussing the patient, do not use the full name of the patient on the phone or in any area where there is potential to be overheard. Do not use the speaker function on the phone to listen to messages or speak with patients.
- Do not take any medical records, patient information or patient-related information out of the office.

I understand the performance standards described above and agree to adhere to them as part of my job description.

Signature of Employee /Date

This form is not intended to take the place of a full orientation to confidentiality and compliance, but is intended to emphasize the priorities in your medical practice. Tweak it to make it address the 20% of behaviors that cause 80% of your employee issues.

Other posts:

[Ten Golden Rules for Your Office Staff](#)

[21 Common Sense Rules for Medical Offices](#)

Image by [By Sam Howzit](#) at Flickr

Eight Ways to Start a

Performance Evaluation



Many managers find it difficult to begin performance evaluations in a way that puts the employee at ease and opens the door to dialogue.

Do you make small talk or start reading from whatever form you're using?

Do you preface the actual evaluation by setting the mood giving visual or tonal clues that it's going to be a good evaluation or a bad evaluation?

Here are eight ways to start a performance evaluation and get things started on the right foot:

1. **Review the agenda for the performance evaluation.** This is especially important if you're new to the organization and the employees are not sure what to expect. Tell the employee what information you'll review and encourage them to ask questions so it's an interactive evaluation, not just you telling them your thoughts.
2. **Review the job description** to see what changes, if any, need to be made based on duties added or removed during the year.
3. **Review last year's evaluation.** Amazingly, many managers don't look back at last year's evaluation. How can improvement or goals be assessed if you're not making a measurement between last year and this year?
4. **Discuss big events at the group that impacted the staff.** Providers coming or going. Installing EMR. The installation of other software. A move. Merging with

other groups. Discuss it.

5. **Discuss the employee's significant events in the past year.** A baby? A marriage? A divorce? A move? A Family Medical Leave Act (FMLA) leave? A new position? Discuss it.
6. **Review the self-evaluation** if you've asked the employee to complete one, and I hope you have. Read the employee's answers aloud and ask questions about what they meant. [Here's my favorite simple self-evaluation.](#)
7. **If the evaluation is related to a raise or bonus, start by telling them if you're giving them a raise or a bonus.** This is an unusual way to start an evaluation, but I've used it in the past if the employee is unable to relax and really participate in the evaluation because they're so worried about the raise. By the way, it's usually the really good employees who are worried – the so-so employees tend to expect the raise and don't worry about it. Do not start an evaluation by telling an employee you are NOT giving them a raise or a bonus.
8. **Review continuing education** that the employee completed and ask what they learned and how they implemented what they learned.

All of these suggestions give the manager the opportunity to start the evaluation on a relaxed note and engage the employee in meaningful discussion.

Note: I am excited to announce a new book from Manage My Practice coming in July 2011: "The Smart Manager's Guide to Mastering Performance Evaluations." Stay tuned for more details.

Image provided by Wikipedia.

How Much Do Medical Practice Managers Make?

✘ Read the 2011 update to this article [here.](#)

You've heard that healthcare is one of the few job markets that is still growing in a down economy and you think you might like to be a medical office manager. The question is: how much do medical practice managers make?

The real answer to this question is "it depends." Two people in different parts of the United States could have the same job description and one could make \$50,000 and another could make \$100,00. Most experienced, capable medical practice managers make a good living somewhere in the middle.

What differentiates medical practice managers (and I use this term in a generic sense to cover the variety of titles used in the healthcare field) from other office managers is that they are expected to know something about almost everything. A typical day in the life of a medical manager might well include tasks in the areas of:

- human resources
- risk management
- coding and billing
- credentialing
- accounting
- information technology
- facilities management
- conflict resolution
- physician compensation plans
- marketing
- physician/provider recruiting
- and more! ([see my post on what managers do here.](#))

The medical practice manager is often in the unique position

of both answering to the owners (physicians) and managing them – a phenomenon not seen in other industries.

What a medical practice manager earns relates to:

- what the decision maker(s) believes the job is worth, or what they're willing to pay
- what a consultant or financial adviser has said the job is worth
- what other local practices are paying their managers
- what the previous manager made

Factors influencing the posted salary for a position are:

- the specialty or specialties (single-specialty vs multi-specialty and primary care vs. sub-specialty care)
- the number of physicians/providers
- the number of sites or ancillary services (imaging, physical therapy , medical spa, ambulatory surgery center)
- hospital-owned vs. non-hospital-owned
- if hospital-owned, how the position is graded, or where it fits in the management structure
- billing in-house or outsourced
- financial soundness of the entity
- the entity's competition in the community
- cost of living factor for region

Factors that might influence the salary ultimately offered YOU for a position are:

- Years of experience in healthcare management
- Years of experience managing the same or similar specialty
- Years of experience managing the same or similar # of physicians
- Stability of jobs over the past 10-15 years
- Special degrees: Master's, CPA, CPC, Compliance, RN, Lean, Black Belt (Six Sigma)

- Having installed an EMR (electronic medical record)
- References

Where does one look for specific information on what managers make?

The Bureau of Labor Statistics' (BLS) most recent information reports:

Median annual wages of wage and salary medical and health services managers were \$80,240 in May 2008. The middle 50 percent earned between \$62,170 and \$104,120. The lowest 10 percent earned less than \$48,300, and the highest 10 percent earned more than \$137,800. Median annual wages in the industries employing the largest numbers of medical and health services managers in May 2008 were:

General medical and surgical hospitals	\$87,040
Outpatient care centers	74,130
Offices of physicians	74,060
Home health care services	71,450
Nursing care facilities	71,190

According to a 2009 survey by the [Professional Association of Health Care Office Management](#) (PAHCOM), the median salary for health administrators in small group practices is \$56,000; for those in larger group practices with 7 or more physicians the median is \$77,000.

The silver-back of healthcare salary surveys comes from the Medical Group Management Association (MGMA). The Management Compensation Survey is one of the "golden trio" of surveys that I've used throughout most of my professional life. You can view a sample page here: [Sample Table](#) (pdf). The survey information is free if you are a MGMA member and participate in the survey yourself. [You can purchase the Compensation Survey here.](#)

Many state MGMA groups also sponsor state salary surveys and sell them to non-members. In addition, some local manager groups do limited surveys and make the information available for a fee.

Job descriptions for medical managers can be found under the Library tab at the top of the page.

More articles on medical management can be found under the category of “A Career in Medical Management” on the right-hand side of the page, including [“A Day in the Life of a Practice Administrator”](#) and [“The 5 IT Skillsets Every Physician Practice Manager Needs to Succeed in 2009 and Beyond.”](#)

Announcing My First Book: “The Smart Manager’s Guide to Collecting at Check-Out” □

I took last week off to complete a project I’ve been working on since early this year – my first book!

It’s really a workbook and it guides the reader through a program to move their practice from a back-end collection process to a front-end collection process. What is the difference? A back-end program collects the majority of patient-owed balances after the payer has adjudicated the claim and has submitted payment to the practice. A front-end program takes all the available information about the payer/plan and collects payment or arranges future electronic payments with the patient at the time of service.

The book has step-by-step instructions for implementing the

program in any practice, and more than a dozen worksheets and templates are included. Some examples are:

1. Patient Collections Benchmarks
2. 30-Day Project Calendar
3. Responsibility Assignment Worksheet
4. Budget Template
5. Sample Job Description and Hiring Worksheet
6. Product Evaluation Forms
7. Sample Financial Policy and Financial Policy Template
8. Patient Frequently Asked Questions (FAQ)

You really can implement a program like this in your practice. It's hard work, but well worth the effort.

[Click here to view "The Smart Manager's Guide to Collecting at Check-Out."](#)

How to Ask for a Raise



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My son called me today and asked me how to ask for a raise. Here is how I told him I'd like an employee to ask me for a raise:

1. **Make an appointment with your boss** and let her/him know that you'd like to discuss your compensation. Do not e-mail this request to your boss while s/he's out of town, their first day back or has a big deadline coming up. Choose your moment. Ask for an appointment several days

or a week in the future so you have time to prepare.

2. **Make a list of the things you've accomplished** since your hire or last raise. Include things you've learned, ideas you've shared, projects you've participated in and benchmarks or goals you've met or exceeded. Add any new ideas you haven't already shared. Print a copy of the list to give to your boss after ~~your Mom has reviewed it~~ you've spell-checked it.
3. **Research your job on the Internet** and see how your wage compares with others of the same title or job description. Print out the information (if favorable) for your boss.
4. if you feel heated about your compensation, take the time to write out your feelings or discuss them with someone who doesn't work with you. **Let go of any feelings of anger or frustration** and make sure you are calm before the appointment with your boss. Keep yourself from holding any imaginary conversations with your boss before the meeting trying to guess what s/he will say.
5. When meeting with your boss, thank her/him for his/her time and **ask if you can share some information** you've brought with you. After you've presented your info, **let your boss know (if it's true) that you really like your job** and hope to be a part of the company's future. **Ask if s/he would consider increasing your compensation** based on the material you've presented, and indicate that you understand s/he might need some time to review the information you've provided. **Ask when you might be able to meet again to discuss her/his decision.**

You've been professional, respectful, supported your request with information, and given me time to think about it. As a boss, I couldn't ask for more.