

# 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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# Natural Language Processing, First Steps Towards

# Telehealth, and a Single App to Read any EHR in another edition of Manage My Practice's 2.0 Tuesday!

As managers, providers and employees, we always have to be looking ahead at how the technology on our horizon will affect how our organizations administer health care. In the spirit of looking forward to the future, we present "2.0 Tuesday", a feature on Manage My Practice about how technology is impacting our practices, and our patient and population outcomes.

We hope you enjoy looking ahead with us, and share your ideas, reactions and comments below!

## **Natural Language Processing Advances Allow for Improved Insight into Public Health**

Writing for [KevinMD](#), Jaan Sidorov, author of the [Disease Management Care Blog](#) highlights several examples of how Natural Language Processing- the idea of teaching computer programs to understand the relationship between words in human speech (teaching them to not just hear us, but understand us- like Watson understood the clues on Jeopardy) is being applied to the Electronic Health Record to predict and prepare for public health trends, as well as to correct mistakes present in the electronic record due to human error. Recent developments like the CDC's [Biosense](#) program allow public health officials at local, state and federal levels to monitor big picture trends in public health by the words and diagnoses reported in medical documentation- keeping an ear on health

trends, by “listening” to data about reported health incidents.

## **.10 Best Practices for Implementing Telemedicine in Hospitals**

Sabrina Rodak at [Becker Orthopedic, Spine and Pain Management](#) has put together a fantastic list of the [steps and assessments involved in implementing a telemedicine program](#) in a hospital setting. Although written with Orthopods in mind, the questions that need to be answered, and the steps that need to be taken to develop a strong, lasting program are similar across many different programs and specialties. With so much excitement in the field, it is very nice to see someone talk about the process of taking these technologies from drawing board excitement to nuts-and-bolts execution.

(via [FierceHealthIT](#))

## **. San Diego Health System Seeks to Develop Single App to Access Any EMR**

[Presenting at a Toronto Mobile Healthcare Summit](#) Last Week, Dr. Benjamin Kanter, CIO of [Palomar Pomerado Health](#) presented the two-hospital system’s plans to develop their own native mobile application to view as many different Electronic Medical Records as possible from a single mobile interface. In other words, this fairly small health system, who has only devoted three employees to the project, is taking on one of the biggest, and toughest challenges in HIT by simply saying “We can do it ourselves!”, and from some of the reactions from the conference attendees who saw the presentation, they are off to quite a strong start. The first version of the program

should launch for Android in March, and the system already has a deal in place with vendor [Cerner](#) to access their systems. Stay tuned!

(via [ITWorldCanada](#))

**Be sure to check back soon for another 2.0 Tuesday!**

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## **Managed IT Services, HIPAA/HITECH Compliance and Changing IT Providers: Ed Garay from Lutrum Answers Your IT Questions.**

**Mary Pat:** *Where does the name of your company, Lutrum, come from?*

**Ed Garay:** When I was developing a name for this company, I didn't want to be like every other healthcare IT services company with health, md, medical, etc. as part of their name.

I wanted it to represent something deeper about what we do and who we are as an IT organization. Although we are IT specialists, I realized that one of the things that I am always working with my team on is to listen and understand our client's needs. Which lead me to creating the name, Lutrum. Lutrum is a slight variant of the Latin word Lutra. Lutra means otter in English. And the otter symbolizes empathy.

**Mary Pat:** *What led up to you starting your own business?*

**Ed Garay:** In late 2000, I worked as an IT Director for an organization that continued to downsize. I came to a career crossroad. With starting to support under 100 systems, and the network running in tip-top shape, there was really no need for me to be there full-time in the long run. So, do I look for another job that can't possibly be as fulfilling as where I was, or do I take a leap of faith and start up my own business and share my knowledge with the masses? Through the feedback of mentors and other resources that knew me personally and professionally, I was highly motivated to take the leap of faith and have never looked back. My business career has evolved over the years and has naturally lead me to Lutrum.

**Mary Pat:** *What are Managed IT Services?*

**Ed Garay:** Managed IT Services is a proactive approach to IT support. It's a flat fee service that provides virtually unlimited support. And in our case, it also includes virtually unlimited **Clinical Application Support**, which is Managed IT Services includes proactive measures such as Anti-virus/Anti-malware software, Anti-spam services, backup services and other services that help prevent certain issues. It's intended to be a Win-Win-Win scenario. If we are doing our job correctly, then it's a Win for us since we have less reactive 'fires' to put out, a Win for our client as their entire organization remains productive (and there are less

jokes made by their staff about their technology), and a Win for our client's client as one of the results of properly leveraged technology is responsive customer service.

**Mary Pat:** *Can you expand on what you mean by Clinical Application Support?*

**Ed Garay:** We assist you with your use and management of your practice management and EMR software by helping you create or update templates, helping you manage and train staff on system upgrades, helping you create training materials and cheat sheets, and are available to help you however we can to improve your use of the software.

**Mary Pat:** *How can you manage practices nationally?*

**Ed Garay:** With our Managed IT Services support platform, we are able to do at least 80% of IT support remotely. The newer the client's hardware, the higher the percentage. When in need of someone onsite, or 'remote hands,' outside of our area for a short amount of time, we reach out to our network of IT Partners to help. In some cases we work with internal client staff if they are made available to us. But because we can do so much remotely, and we work well as a team with our clients staff and their vendors, all management of our clients is done out of our main office. We do make site visits from time to time as necessary.

**Mary Pat:** *What sets you apart from other companies offering IT services?*

**Ed Garay:** First, I have the most memorable personal tag line "When your computer is dead, call Ed!" Second, Lutrum has a culture of personable IT people. Although we work hard, we definitely appreciate a good humor and enjoy working closely with our clients. Third, unlike most IT companies, we won't just install your EMR/PM application and leave. We will also provide you a Clinical Application Manager to help you leverage your technology and work towards a Return On



Investment. Lastly, we continue to modify our Managed IT Service offerings so that they are turnkey. For example, we include many services and hardware that most IT providers would prefer to charge separately.

**Mary Pat:** *You recently had a booth at the MGMA annual meeting in Las Vegas and had a lot of interest in your Compliance product.*

**Ed Garay:** *Practices are looking for help with HIPAA/HITECH compliance and we had a number of managers who told us they came to the exhibit hall specifically looking for our solution.*

**Mary Pat:** *What is your HIPAA/HITECH solution?*

**Ed Garay:** The HIPAA/HITECH Report on Compliance is generated by a **ROC (Report on Compliance)** cloud-based tool that we provide. Three key features to it are: It meets the Meaningful Use Stage 1 Security Risk Analysis requirement, it's a system that is continuously updating regulations so that a Practice's Compliance Officer doesn't have to keep track on their own, and Covered Entities can better manage and track their Business Associate's compliance documentation. Since it is built in a Yes/No question format, it becomes easier to figure out where your organization stands with compliance. As a Managed Compliance Provider, I originally started offering the ROC tool so that our clients can hold us accountable for keeping them HIPAA/HITECH compliant. But we soon found out that with our expertise on the HITECH side of compliance, we can assist practices even with existing internal or external IT support as well. MMP readers can request a sample ROC (see a small section below) by emailing me at [ed.garay@lutrum.com](mailto:ed.garay@lutrum.com).



**Mary Pat:** *One of the most nerve-wracking projects a manager*

***can undertake is moving from one IT vendor to another. Can you talk about how that process can be successful?***

**Ed Garay:** It is possible to achieve success during an IT Vendor Transition. If you follow a steps outlined here, you will feel more confident about making an IT Vendor change and can start expecting better results from your current (or future) IT Vendor.

- Start with understanding the agreement terms with your current IT vendor. Some may have an early termination fee. You'll want to have 15-60 days of availability from your current IT Vendor before fully cutting over to your new IT vendor
- Determine timeline of transition that works best for your medical practice. Is it a transition that needs to be expedited, or is it one that needs detailed consideration?
- If you do not have network documentation provided to you by your IT Vendor, have them provide you electronic documentation of the following:
  - Computer Inventory
  - Administrator username and passwords for networked devices, your domain, online providers, website hosting, etc.
  - Medical Practice's top three HIGH RISK areas
  - List of open support requests especially if they are known security concerns and high priority requests
  - List of 3rd party service partners such as Internet Service Providers, Online Backup Providers, and Website Hosting Providers, etc.
  - Backup configuration(s) and devices
  - Endpoint Security configuration(s) such as Anti-virus and Anti-spyware software
  - Anti-spam configuration(s)
  - Network configuration(s) and layout to include

wireless connectivity, VPN's, and networked devices

- Provide this documentation to your new IT Vendor and allow them 3-5 business days to comb through the information and document questions they may have for your current IT Vendor
- Initiate a conference call or face-to-face meeting between your medical practice (key individual(s)), your current IT Vendor and new IT Vendor. This is a very critical step.
  - All great IT Vendors exit their client's organizations smoothly
  - With your network documentation in hand, the new IT Vendor can talk more specifics with your current IT Vendor.
  - If certain software and services are specific to your current IT vendor, the current and new IT vendor will need to coordinate the swapping out of the software and services within your timeline.
- Encourage current and new IT vendors to communicate with each other regularly during the identified timeline
- Have both IT Vendors regularly report to you updates on the transition
- Have your new IT vendor engage with your medical practice's end users during the transition before Go Live
- Go Live of your new IT Vendor's services!

**Mary Pat: As a takeaway for MMP readers, Ed has put together a Top 10 List of steps that practices can take to ensure they are mitigating HIPAA/HITECH risks. For your copy, send an email to [ed.garay@lutrum.com](mailto:ed.garay@lutrum.com)**



Ed Garay is the CEO of [Lutrum](#), a managed IT services company that provides medical practices with a turnkey IT solution. He is certified in Management of Clinical Information Technology.

Ed says “Through state-of-the-art technology, strategic planning, quick response time, and open communications, we create a winning partnership between your team and ours so that your IT worries disappear, leaving you more time to run your business.” You can contact Ed at [480.745.3091](tel:480.745.3091) or [ed.garay@lutrum.com](mailto:ed.garay@lutrum.com).

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## Free Webinar “Front End Patient Collections: The Why, Where, What, When and How”

I am very pleased to be the speaker for a free webinar sponsored by [Integrated Healthcare Systems](#). The webinar will be on one of my favorite topics – front-end patient collections – and will air live on Tuesday, May 11th, at 2:30 Eastern time.

### Topics I will address include:

”¢ WHY would a practice move from a back-end collections strategy to a front-end strategy?

”¢ WHERE does patient education fit into the patient collections program?

”¢ WHAT can be collected at the time of service: co-pays, co-insurance, deductibles, estimates and deposits?

”¢ WHEN should a practice use technology to improve time-of-service collections?

”¢ HOW can managers train staff to overcome their fear of talking to patients about money?

Attendees will have the opportunity to purchase my book, "30 Days to a Front-End Patient Collection Program" for a special promotional price.

Register [here](#) for the webinar.

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## Readers & Colleagues Comment on "101 Ideas for Increasing Revenue and Decreasing Expenses"

I invited readers of MMP, colleagues on LinkedIn, and Tweepers (friends on Twitter) to comment on my post ["101 ideas for Increasing Revenue and Decreasing Expenses."](#) I've listed their ideas below and hope you'll chime in on the comments with even more ideas! Thanks to everyone for contributing.

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[David Kirkup](#)

Partner at B2B CFO® – Experienced CFO for Rent. Fast, Effective, Affordable.

Consider adding a part-time CFO to the mix. Many medical offices have very weak financial capability or understanding. Assistance can range from better financial reports, capital expenditure analysis, budgeting and exit plans.

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[Bobby Jones](#)

Eastern Region Sales Manager – Billing Tree

- 1) Build a relationship with the patient before he/she leaves the practice.
- 2) Make sure they know you are expecting payment on the portion they owe, and when you are expecting that payment.
- 3) Let them know what your process is for collecting, and when they will go to an outside agency.
- 4) Enable a web site to take payments 24 hours a day.
- 5) Set up an IVR system to take phone payments after hours.
- 6) Communicate your available payment acceptance methods in writing, on the phone and every time you speak with your patients.
- 7) Send the invoice or statement when you intend to send it.
- 8) Re-inforce the payment acceptance methods on the first and any subsequent invoices.
- 9) Adopt a plan for following up with any patients that don't pay after 10 days.
- 10) Get email addresses from all of your patients and their permission to contact them in that manner.

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[Sukrit Tripathy](#)

Sr. Product/Process Trainer and EDI Implementation Consultant

One suggestion would be to integrate the revenue cycle management function with your clearinghouse {for electronic billing} with integrated solutions like Coding database and Updates, Industry Broadcast, Performance and Audit reports for Claim Edits, Transmission and Rejects. Also, better training resources for billing staff actively into the practice management system.

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[Barbara Rotter](#)

Consultant at Pacific Women's Medical Group

I would add effective cash management (even if interest rates are so low).

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[Michael Glass](#)

Medical and Business Consultant at Transworld Systems

Utilize a Flat Fee Collections Agency for Non-responsive Patient Pay concerns.

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[Randall Shulkin](#)

Principal Consultant – Culbert Healthcare Solutions

- Do you collect co-payments on the way in rather than on the way out?
- Does your PM/Scheduling system show the patient co-payment and outstanding patient balance in the appointment screen? If not, then can you download a listing for your front desk staff?

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[Denise Price Thomas](#)

DPT Healthcare Consulting & Training

I'd like to add "acknowledge the patient with eye contact" and offer "polished customer service" and they will WANT to return = return on your \$ \$

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[Stacy Mays](#)

Managing Partner, Dynamic Grape Companies

One other thought... don't be afraid to try new technology. For example, one of my clients has developed a kiosk that allows patients to take their own weight and bp and electronically feeds the data into their EMR. The whole set up costs about \$3500 and can save a ton of staff time. Tele-health in general should also be considered.

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[Angela Short](#)

VP at Operations

If you select a reasonably priced EMR and you implement enhancements then you more than save on staff cost. Keep in mind that my practice rolled out the EMR five years ago, so we have had time to get it right. Here are some of the savings/revenue opportunities:1. We utilize our electronic technology to send text messages and emails to our patients to remind them of their appointments. This function alone saves my practice one FTE. Not only do we save with staff time we improve patient satisfaction, as our Blackberry users loves the email or text that they can directly add to their calendars. The revenue enhancement to this function, we decrease no shows and lag time in our physician's schedules.

2. The robust reporting within the EMR allows the organization to assemble important quality measures that we use in contract negotiations. Without the EMR this would be a labor intensive task.

3. We are able to push a secure message to our patients regarding their pathology results saving staff time on the



telephone and increasing patient satisfaction by eliminating a visit just to obtain a normal result.

4. No more chasing charts for a phone message. My call center takes ALL clinical messages. This is attached to the patient's electronic chart and routed to either a nurse to respond or a physician. This process greatly reduces staff time, decreases the time it takes to respond to the patient's issue and provides a legal record of the telephone call which is often missed in a paper environment.

5. We receive a discount on our mal-practice insurance because in an electronic environment it is guaranteed that your notes are legible.

6. The formulary function built into most EMR's provides the physician with a real time snapshot if a prescription that he/she is about to write is covered by the patient's health plan and provides alternatives if available.

I have just highlighted only a couple examples of the administrative benefits. There are many more. It is tough to imagine going back to a paper chart.

I have done the math and we could cover our current EMR with the incentives offered through the government initiative.

I will comment that physicians need to be trained on how to use the EMR. You can lose site of the patient and focus the entire visit on the computer versus the patient, however, we teach our physicians that the patient first and then chart completion. We conduct patient satisfaction surveys and I rarely receive a complaint regarding the physician's time at the computer. I do however, receive praises from patients regarding the ePrescribe as it decreases their wait times when they arrive at the pharmacy, the prescription is ready.

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Okay Readers, it's your turn – what's your secret weapon for increasing revenue or decreasing expenses?

Mary Pat

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## What Does a Medical Practice Manager Do?

✘ Whether the title is manager, medical practice manager, physician practice manager, administrator, practice administrator, executive director, office manager, CEO, COO, director, division manager, department manager, or any combination thereof, with some exceptions, people who manage physician practices do some combination of the responsibilities listed here or manage people who do.

**Human Resources:** Hire, fire, counsel, discipline, evaluate, train, orient, coach, mentor and schedule staff. Shop, negotiate and administer benefits. Develop, maintain and administer personnel policies, wellness programs, pay scales, and job descriptions. Resolve conflicts. Maintain personnel files. Document Worker's Compensation injuries. Address unemployment inquiries. Acknowledge joyful events and sorrowful events in the practice and the lives of employees. Stay late to listen to someone who needs to talk.

**Facilities and Machines:** Shop for, negotiate, recommend, and maintain buildings or suites, telephones, hand-held dictation devices, copiers, computers, pagers, furniture, scanners, postage machines, specimen refrigerators, injection refrigerators, patient refreshment refrigerators, staff lunch refrigerators, medical equipment, printers, coffee machines, alarm systems, signage and cell phones.

**Ordering and Expense Management:** Shop for, negotiate and recommend suppliers for medical consumables, office supplies, kitchen supplies, magazines, printed forms, business insurance, and malpractice insurance as well as services such as transcription, x-ray reads/over-reads, consultants, CPAs, lawyers, lawn and snow service, benefit administrators, answering service, water service, courier service, plant service, housekeeping, aquarium service, linen service, bio-hazardous waste removal, shredding service, off-site storage and caterers.

**Legal:** Comply with all local, state and federal laws and guidelines including OSHA, ADA, EOE, FMLA, CLIA, COLA, JCAHO, FACTA, HIPAA, Stark I, II & III, fire safety, crash carts and defibrillators, disaster communication, sexual harassment, universal precautions, MSDS hazards, confidentiality, security and privacy, and provide staff with documentation and training in same. Make sure all clinical staff are current on licenses and CPR. Have downtime procedures for loss of computer accessibility. Make sure risk management policies are being followed. Alert malpractice carrier to any potential liability issues immediately. Make sure medical records are being stored and released appropriately.

**Accounting:** Pay bills, produce payroll, prepare compensation schedules for physicians, prepare and pay taxes, prepare budget and monthly variance reports, make deposits, reconcile bank statements, reconcile merchant accounts, prepare Profit & Loss statements, prepare refunds to payers and patients, and file lots and lots of paperwork.

**Billing, Claims and Accounts Receivable:** Perform  eligibility searches on all scheduled patients. Ensure that all dictation is complete and all encounters (office, hospital, nursing home, ASC, satellite office, home visits and legal work (depositions, etc.) are charged and all payments, denials and adjustments are posted within pre-determined amount of time. Transmit electronic claims daily. Send

patient statements daily or weekly. Negotiate payer contracts and ensure payers are complying with contract terms. Appeal denials. Have staff collect deductibles, co-pays and co-insurance and have financial counselors meet with patients scheduling surgery, those with an outstanding balance, or those patients with high deductibles or healthcare savings plans. Make sure scheduling staff know which payers the practice does not contract with. Liaison with billing service if billing is outsourced. Credential care providers with all payers. Perform internal compliance audits. Load new RBRVS values, new CPTs and new ICD-9s annually. Run monthly reports for physician production, aged accounts receivable, net collection percentage and cost and collections per RVU. Attach appropriate codes to claims for e-prescribing and PQRI. Have plan in place for receipt of Recovery Audit Contractor (RAC) letters. Make friends and meet regularly with the provider reps for your largest payers.

**Marketing:** Introduce new physicians, new locations and new services to the community. Recommend sponsorship of appropriate charities, sports and events in the community. Recommend sponsorship of patient support groups and keep physicians giving talks and appearing at events. Thank patients for referring other patients. Track referral sources. Recommend use of Yellow Pages, billboards, radio, television, newspaper, magazine, direct mail, newsletters, email, website, blog, and other social media. Prepare press releases on practice events and physicians awards and activities. Recommend practice physicians for television health spots.

**Strategic Planning:** Prepare ROIs (Return on Investment) and pro formas for new physicians, new services, and new locations. Forecast potential effect of Medicare cuts, contracts in negotiation or over-dependence on one payer. Discuss 5-year plans for capital expenditures such as EMR, ancillary services, physician recruitment, and replacement

equipment. Explore outsourcing office functions or having staff telecommute. Always look for technology that can make the practice more efficient or productive.

**Day-to-day Operations:** Make the rounds of the practice at least twice a day to observe and be available for questions. Arrange for temporary staff or rearrange staff schedules for shortages, meet or speak with patients with complaints, and meet with vendors, physicians and staff. Open mail and recycle most of it. Unplug toilet(s).

**Stay Current in Healthcare:** Attend continuing education sessions via face-to-face conferences, webinars, podcasts and online classes. Maintain membership in professional organizations. Pursue certification in medical practice management. Network with community and same specialty colleagues. Participate in listservs, LinkedIn and Twitter.

What did I leave out? Take a lunch?

Read my post on “How Much Do Medical Practice Managers Make?” [here.](#)

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## **The 5 IT Skillsets Every Physician Practice Manager Needs to Succeed in 2009 and Beyond**

*I wrote this article for the **Physician Office Managers Association of America (POMAA)** March/April 2009 Newsletter. If you don't know POMAA, check out their website.*



Each of us have areas of expertise based on our experience, our education and what we find interesting and fun. IT knowledge and skills are no longer optional, however, and I suggest every medical practice manager learn as much as possible about the following five areas. Your work life and the life of your practice may depend on it!

### **Skill 1: Email Etiquette and Management**

Email can rule your work life if you don't make good choices with your messages. Managers need to know how to use the Rules Tool (Outlook) to automatically move messages into folders, and how to turn emails into Tasks and Appointments. Work communication can succeed or fail if you don't have the basics under your command. Knowing how to archive your email will not only save you time when looking for important information, but will save you from the frustration of searching through hundreds of emails. Here are the basics of email management:

1. Most organizational experts recommend **looking at your email twice a day**, and turning off the setting that notifies you immediately when you have new email. Email can be very addictive, and can suck your time away from projects and other work.
2. Just like paper, try to only **touch an email once**. Once you read the email, decide whether to delete it, answer/forward it and delete it, or do something else with it like dragging it to the task list or calendar. Don't get caught in the ugly cycle of reading it once, and going on to the next email without doing anything about it. If you do that, you'll end up with lots of emails that you have to read again...and maybe a third time.
3. **Never put anything critical (of a criticizing nature) in an email**. If you need to have that type of conversation

with a colleague, pick up the phone. A critique to an employee is best done in person, with a follow-up email for the file.

4. Always check your outgoing email for tone. **The best tone for business email is professional.** This means a greeting, a message, a “thank you” and footer with your full name, title, and contact information. Some organizations are more formal, and some are less formal, but I would err on the side of being more professional. You can always **set your email signature** to include the greeting and thank you and your name, so all you have to do is complete the middle.
5. For emails that do need to be saved for reference, **make subfolders under your Inbox to place reference email.** Even better, copy the email to a Word document, and delete the email.
6. **Have high priority (your boss or bosses) and low priority (listservs, subscriptions) email automatically come into their own folders.** The low priority email can wait and the high priority email can be dealt with first.
7. **Group emails** with jokes, homespun wisdom, clever tests and unbelievable pictures **are a waste of your time.** If you need a break from work, go for a walk, but get rid of the group emails. They take personal and server email space and can border on or be outright offensive, causing a problem if you don’t nip it in the bud. Remember that email is legally discoverable.
8. **Be careful about answering emails off the top of your head,** possibly when you’re angry, or rushed. If you need to delay answering an email because of your mood, drag the email over to the task list and set the to-do for tomorrow.



## Skill 2: Understanding Medical Office Software

Acronyms come and go, but the basic software that supports medical practices remains the same. **Practice Management Systems** (PMS) typically include registration, scheduling, billing and reporting as one component. Today's systems are built around the billing function, with scheduling and registration supporting the ability to generate electronic claims and post payments back to the transactions. Because billing is becoming more standardized, it is the reporting that can make or break a practice.

**Electronic Medical Records** (EMR) are sometimes referred to in a broader sense as EHR (Electronic Health Records) and range from the simplest of systems which act as a repository for the electronic chart to the most sophisticated systems which may include digital imaging, e-prescribing, complex messaging, medication reconciliation, and test alerting, among others.

EMR and PMS can be totally integrated, or can interface with each other, populating the other uni-directionally or bi-directionally. Those managers with a deeper understanding of their own software systems will find it easier to implement pay for performance measures such as PQRI and e-prescribing, and will not have to rely on vendors to educate them.

PACS is **Picture Archiving and Communication System** and allows easy indexing and retrieval of images. PACS exists primarily in radiology and surgical specialty offices, but as more hospitals extend EMR and PACS privileges to physician offices, managers will need to understand something about the technology.

Other systems that will interface to your system are transcription, outsourced billing systems, data warehouses, claims clearinghouse, electronic posting systems, and web services interfaces. Get or make a **graphic representation of your software and hardware system/network** so you can talk knowledgeably about it and understand the effects of adding new servers, workstations or software modules.





### **Skill 3: Using Technology to Stay Current in Your Field**

Magazines, newspapers and even television news is losing favor as people find the latest and most in-depth news on the Internet. For physician office managers, news and important information is available through websites, newsletters, newsfeeds, webinars, podcasts, listservs and blogs. How does a manager sift through all these options and stay current with the demand of running a day-to-day practice?

One of the most important ways to consolidate this information is to **subscribe to a feedreader or email from websites** you like and have the news come to you (called “push technology”), instead of you checking the website every few days or whenever you remember (aka “pull technology”). These are the programs that will eventually do away with most, if not all, of your magazine subscriptions. You know that guilty pile of professional magazines that you have in your office or at home that you have scanned but still plan to read in-depth? Gone!

Most websites offer email or RSS options to their users. An email option asks you to enter your email address and will email you when new information is available, typically offering the full content inside the email itself. This is ideal for anyone who has these emails automatically placed into an email subfolder to read later.

RSS stand for Really Simple Syndication and is a way to push the content of many sites into a feedreader, which is an organizer of website feeds. There are many feedreaders available at no cost and adding a new website feed to your personal feedreader is as simple as clicking on the orange RSS icon on the website page and identifying the feedreader you use. The nice thing about using RSS is that you can group sites into categories you decide upon, it is easy to add new sites and drop sites that you find a waste of your time, and

you do not clog up your email program with lots of emails.

**Webinars and podcasts are another way to stay current.** Many webinars are free and allow you to dip your toe into the pool of knowledge on a particular topic. Webinars with a fee attached are usually longer and more in-depth, and can replace the traditional go-to conference which has become a budget breaker for many practices.

**eBooks are quickly becoming** the way to get just the information you want when you want it. Most eBooks are reasonably priced (some are free) and can be stored or printed.

#### **✘ Skill 4: Online Patient Interactions and Web 2.0 Applications**

Patient interactivity via practice websites is growing exponentially. Many practices are using web functionality to communicate with their patients via secure messaging. This allows bi-directional communication such as:

1. Request an appointment (patient) or appointment reminders (practice)
2. Send statements; patients pay online with a credit card (practice & patient)
3. Inform patients of test results (practice)
4. Create personal health records (patient)
5. Request a prescription refill (patient)
6. Virtual office visits (practice & patient)
7. Complete registration via fillable .pdf forms and download to practice management system (practice & patient)
8. Request medical records; send an electronic copy of

same (practice & patient)

9. Complete a history of present illness prior to the on-site visit (patient)

10. Ask & answer questions for the doctor, nurse, or staff (patient & practice)

If you're not looking into ways to communicate with your patients electronically, start now. **Web 2.0 is now more typically referred to as social networking, social media or new media.** What started out as a way for friends to communicate with each other is now an amazing, ever-expanding ability to connect/market to businesses, patients and referrers. Very few medical practices are using social media, but they should, because it is the way of the future, and in many cases, very affordable.



### **Skill 5: Knowledge Management and Retention**

Most medical offices try hard to document processes such as "How To Make An Appointment For Dr. Jones," but find it difficult to keep up with documenting changes to those written protocols. Documentation is crucial for operations in that it supports job performance and consistency, and is a basis for training new employees. The traditional documentation method for most practices is use of Word documents, which can create an immediate usability logjam. Due to cost, Microsoft Office is not installed on many workstations, and many office employees are not trained to use Word, so the onus for original creation of and changing of protocols falls to one person. Changes in healthcare are happening so quickly that it is not reasonable for one person to be able to update all documentation, unless they are dedicated to it on a full-time basis.

Better and more affordable solutions are becoming available. Speech recognition and office wikis are two possibilities for documenting office processes. **Speech recognition** (you may already be using it for your transcription) is a very affordable solution, but it does take time to train the program to recognize your voice. If you are not used to dictating, it may also be a learning curve, but it is one that will pay dividends down the road. Doctors can use it to help you by dictating their preferences, such as appointments, patient intake, room set-up, procedure set-up, patient phone protocol and after-hours call contact protocol.

**Private wikis** are another good bargain in the marketplace, as many are available at no cost, and may be installed and managed on the web. Wikis need at least one person to function as editor. Since you can have your entire staff work on documentation, the staff becomes very invested in the process of keeping the wiki fresh and up-to-date.

There are other free or low-cost **project management web programs** that can also be used to track changes and remind staff to document changes later. The one area that is most important for tracking changes and managing knowledge in the practice is in billing. Many practices are held hostage by their billers as their knowledge is so specific and proprietary that the manager feels s/he could not recoup it if they left. No practice should be vulnerable based on knowledge any single employee has, including the manager.

*I am very interested in technology that creates value in medical office practices. If you are using something new and different in your practice, please email me and let me know. Also, if you have any questions about the ideas I discuss in this article, I am glad to answer them: marypatwhaley@gmail.com.*

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# How Does One Become A Medical Practice Manager?



Am I the Commissioner of  
Baseball?

Most people who ask what I do have never heard of managing medical practices. Many people say “I didn’t know there was a job like that.” [Medical Group Management Association’s \(MGMA\)](#) definition of medical group practice and medical practice management is helpful:

*Medical group practice is defined as three or more physicians engaged in the practice of medicine as a legal entity sharing business management, facilities, records and personnel. This includes single- and multispecialty physician offices, ambulatory surgery and diagnostic imaging centers, hospital-based practices and academic practices. (Medical Practice Managers) ... are part of a large and growing field that requires broad knowledge, skills and experience for long-term success. And the decisions they make directly affect nearly every aspect of a practice’s operations, from financial performance to patient care.*

The next question many people ask is “How do you learn to do that?” People who do what I do come from lots of different professional backgrounds.

It has been a fairly recent development that there are undergraduate and graduate programs for this field. Many physicians who are business-minded have pursued degrees that

allow them to manage their own practices while practicing medicine, or enter the healthcare management field and leave active clinical practice. According to a recent Times article, there are 49 schools that currently offer a dual MD/MBA degree.

Here a few ways other than formal healthcare management training that medical managers enter the field.

**Nursing/Clinical:** I have known some excellent medical practice managers who have four-year nursing degrees, but I don't know a lot of them. It seems that most nurses want to be nursing, not managing, and that they became nurses to care for patients in a hands-on way. I have observed that some managers with nursing backgrounds are instant fixers, and have trouble taking the contemplative route to problem-solving.

**Management Experience:** There is no question that private practices are coming late to the business party and that experienced managers bring a lot to the field. It can be hard, however, to jump into managing a practice with no former healthcare experience because so much is so different. The owners of the business (the docs) are also the ones producing the revenue. As my husband says, the job is very much like being the Commissioner of Baseball.

**MBAs:** Having a MBA brings a lot of tools and resources to the table, but is not the be-all and end-all, especially when it comes to people-management. The best managers in any field truly like and value people, have time for people, are collaborative with people, and care about people. Can this be learned? I don't know. Probably not genuinely.

**Technology:** Managers who understand and embrace technology will have the advantage over every other manager. Healthcare and technology are becoming more and more wedded. Every priority technology function that healthcare managers have to outsource is an aspect of the practice that is somewhat out of

their control. Think practice management systems, EMR, phones, PACS, email, knowledge management, lab interface, hospital interface, patient communication, etc.

**Up through the ranks:** Managers who have come up through the ranks have a big plus in their favor and a big minus. The plus is that they understand healthcare, the nitty-gritty functions of the practice, have experience relating to administrative and clinical staff, and know how to network. The minus is that they are usually undervalued due to the lack of formal education, and may also undervalue themselves for the same reason.

In the end, it's not where a person comes from that makes the biggest difference, it's who they are and what they've made of their career. Anyone can enter the field of healthcare management, but I do suggest these three prerequisites:

1. Compassion for patients (compassion for all people)
2. A desire to continuously learn; if you stand still you'll get moldy
3. A sense of humor.

For information on organizations that award credentials click [here](#).

**Here's an interesting history of the field of medical practice management.**

Photo credit: Mary Pat Whaley