

Readers & Colleagues Comment on “101 Ideas for Increasing Revenue and Decreasing Expenses”

I invited readers of MMP, colleagues on LinkedIn, and Tweeps (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.



[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.

[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.

[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.

[Barbara Rotter](#)

Consultant at Pacific Women's Medical Group

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



[Michael Glass](#)

Medical and Business Consultant at Transworld Systems

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

[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?



[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 \$ \$

[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.

[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 guarantee that your notes are legible.

6. The formulary function built into most EMR's provides the physician will 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 the arrive at the pharmacy, the prescription is ready.

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

Mary Pat

Chris Brogan Gives Good Advice to Small Businesses (and Medical Practices are Small Businesses)

☒ I have been a fan of Chris Brogan's for quite awhile now. He is a superstar on the social media landscape and I almost got to meet him once when I lived in Seattle (sigh.) Today I came across his post "5 Things That Small Businesses Should Do Now." Many medical practices are small businesses (privately owned and operated, with 100 employees or less), but may have not considered any of these options.

Here are Chris's suggestions and my commentary:

- **Start a blog** "" I can't think of any simpler website technology to start and master, and there are cheap and free platforms readily available. Why a blog? Because they're easy to create, because they're easy to update, because they encourage repeat visits, and because you can use them in many flexible ways.

My comment: Most practices have websites and it is easy to add a blog to a website. Some administrators and/or physicians would gladly take on a blog, and if not, there are some great writing professionals who can create and write a blog for you. Professional bloggers get to know your practice and your patient demographic and create a voice for your practice that uniquely fits you. A blog extends and enhances your relationship with existing and future patients. It's all about the communication.

- **Start listening** "" People are talking about you. Find out where they are and who they are.

My comment: It has been hard for physicians to come to terms with the fact that patients are publicly rating them. In some cases, physicians are requiring consumers to sign gag orders before becoming patients. The truth is, patients will not be stifled and physicians need to monitor the bandwages for commentary about them and take it seriously.

- **Try Twitter OR Facebook** "" Let's not rush things. Facebook has many more users, but it's a bit harder to find customers, prospects, partners and colleagues. Twitter is easier to use and faster to connect with people, but there are far fewer users on there today. I'll let you choose. If you go with Facebook, make a personal account under your own name, and then start a fan page for your business.

My comment: Does this seem too far out? It's not! At the very least, practices should be learning about the technology and preparing for the time when they will need to jump in. Businesses (who want customers) can no longer hold themselves aloof. You need to be part of the conversation, or at least know where/what the conversation is.

- **Get the word out** "" If you're going to spend time building these social sites, let's presume that you want more people to contact you and interact with you through them. Print business cards with the company name, and/or the request for people to join your fan page or follow you on Twitter.

My comment: Your website and your social sites should be on everything you print that patients take home or receive from you, and can also be communicated to patients via automated communication: appointment reminders, messages on hold, emails, and electronic newsletters.

- **Try moving the needle** "" now lets *really* get crazy. See if you can fill the place up with social-media minded

folks. Okay, this won't work for every business, but don't be too quick to count out the idea. Let's try inviting them to a store-only special event, or let's give them a discount code. You know, the stuff you already know how to do. Any difference in the results? See if you can do some kind of really special one-day-only push, and what that brings to you.

My comment: This won't work for every medical practice but it's ideal for practices with elective services – plastic/cosmetic surgery, allergy, complementary & alternative medicine, sports performance, vision correction, cosmetic dental services, infertility treatment, etc.

[You can read Chris's original article here.](#)

[More information on Chris's book Trust Agents here.](#)

16 Tips for Landing Your Next Healthcare Management Job

✘ *I wrote this post for the [MGMA In Practice Blog](#) and have republished it here for my readers.*

I resigned from my job managing an orthopedic group on Jan. 20, 2009, and I remember thinking, Who leaves a job during a recession? Well, I did, and what follows is what I learned on my three-and-a-half month journey to my new position.

1. [Visit the MGMA Career Center job search site often.](#) Try different categories and occasionally check categories you don't think you fit in "" you never know. I don't suggest this because I am writing for the MGMA blog, I suggest it because it is a resource that I believe in.
2. Four state MGMA sites integrate their "jobs boards" with

the MGMA Career Center: Colorado, Georgia, New Jersey and Montana. **Search other state MGMA sites**; some allow non-members to access the job listings.

3. Get a [LinkedIn account](#) (free) at LinkedIn.com and complete your profile, connect with colleagues, join groups and start networking. There are healthcare jobs listed exclusively on LinkedIn, as well as an aggregation of jobs listed elsewhere. Joining [MGMA's new LinkedIn group](#) will help expand your network even more.
4. In addition to LinkedIn, be sure to have your **expanded resume** on the web. MGMA provides a platform for this, as does [VisualCV.com](#) (free). I use VisualCV.com because it allows me to include articles I've authored, recommendations from former employers and even video. I've gotten a number of quality calls from recruiters who saw my expanded resume online.
5. **Contact consultants** to let them know you are in the market. [MGMA has a consulting arm](#) that often places healthcare executives, and you can also search for consultants via the **MGMA Member Directory** (members only) which at last count numbered about 640.
6. **Contact your colleagues and MGMA friends** to let them know you're looking. If you are looking for employment in a particular region or community, contact managers working there and let them know about your search.
7. Look on [Craigslist.org](#). Yes, really! You would be amazed who advertises there.
8. If you expect to relocate, having a home to sell may be a hiring stumbling block because of the housing market. **Employers want to know you'll be available to work when they want you.** If you don't have a home to sell, mention that in your cover letter/e-mail.
9. When you apply for a position, **ask the receiver to let you know that your e-mail arrived.** If they respond, take the opportunity to respond back, which helps you to stand out from the pack and gives you a name to follow up with in a few weeks by e-mail.

10. There is a pack! Some employers told me they had received more than 200 mostly qualified applications for open positions. How do you stand out in that kind of a crowd? **Network, network, network.** Find out whether you or someone you know knows someone at the potential employer and work it. LinkedIn has an excellent system for finding out who you know that works at the employer you are targeting.
11. [Join more listservs on the MGMA Member Community](#) (members only). Step outside your current/past specialties and join other professional e-mail lists to listen and contribute to the conversation. Respond when someone talks about a job opening.
12. **Talk to recruiters.** Recruiters don't owe you anything, but they are worth including in your search. Get into the minds of a recruiters and see [what tactics they're using on social networking platforms to fill jobs](#).
13. Don't spend much time on **non-healthcare job boards**. The likelihood that you will find the job of your dreams on Monster.com or CareerBuilder.com is low.
14. **Don't be afraid to look for a job on Twitter.** This is what I tweeted: "Calling on the Power of Twitter: looking for new job: private (phys) practice mgmt/other healthcare opp. Innovator, Blogger. DM me – Thx." If you want to jump into Twitter but don't know what it's all about, [read this post at my blog, Manage My Practice](#), or [MGMA's Twitter guide](#). Twitter has recruiters, consultants, employers, job boards and colleagues and is one of the fastest-growing social networks. It can significantly expand your networking scope.
15. Share information with **other job seekers** in your market. Don't be afraid to share your leads with others "" it's good networking karma!
16. Two sites I found useful during my job search are [CareerAlley.com](#) and [Alltop.com](#). Career Alley is a good all-purpose site with lots of job search information and resources, such as a tracking spreadsheet that helps you

document your leads. Alltop is an ever-growing aggregator of other sites "" try looking under "jobs" and "careers."

Remember, the Internet doesn't replace traditional networking "" it supercharges it! The important thing is to get out there and make connections, share information and let people know what value you bring to a practice. Even with all the social networking I did, my opportunity came the old-fashioned way: A colleague and consultant I knew well from the state and regional levels of MGMA recommended me for a job, and here I am. Good luck!

Military Health System (MHS) Taps Into Social Networking Tools in Healthcare

✘ [Nextgov.com's](#) Bob Brewin reported June 8, 2009 that the Military Health System (MHS) has added social networking tools to its web portal serving 1.4 million people on active duty. The social networking tools are designed to connect with the 18-24 year-old demographic which makes up a large portion of the active duty personnel.

In addition to MySpace, FaceBook, and Twitter, Brewin notes:

The agency also uses sites such as YouTube to reach to the younger age group with videos on subjects ranging from [prosthetic legs](#) to [golf therapy clinics](#) for combat wounded veterans to a [short profile of an occupational therapist](#) who works with combat-wounded veterans.

The video on prosthetic legs had the most views last month. The second-most-viewed video was a 2008 video on the [Bataan Memorial Death March](#) at White Sands Missile Range, N.M., which features Army medic Staff Sgt. Matthew Sims, an indication that troops crave more than just medical information. Kilpatrick said MHS posted 66 videos on YouTube in May, with the top five viewed 3,785 times.

The portal has been available for about two years, but the Twitter feed was just launched in March.

The MHS web portal is impressive as is their stated mission: *The Military Health System mission is to provide optimal Health Services in support of our nation's military mission* "anytime, anywhere."

Open Your Mind: 29 Uses of Twitter for Medical Practices

✘ I know many people are having trouble understanding how Twitter could be relevant to a medical practice. Here's a list that might help.

1. Tweet patients when doctor is running late.
2. Tweet doctor when patient is running late.
3. Tweet staff to remind them of staff meeting Monday morning.
4. Tweet patients to remind them of appointment.
5. Tweet when physician is giving a talk somewhere.
6. Tweet patients that medical report is available.

7. Tweet patients to call to make next appointment for vaccine or treatment series.
8. Tweet patient to complete patient questionnaire so payer will process claim.
9. Tweet patients to remind about NPO, golitely, drink water before test.
10. Tweet staff to remind of lunch event at work (forget the brown bag or remember your potluck offering.)
11. Tweet patient that medical records are ready to be picked up or have been sent.
12. Tweet patients that auto payment will be drafted tomorrow.
13. Tweet patients to take meds (especially meds that change: z-pack, coumadin.)
14. Tweet staff to turn payroll in, managers to look over payroll.
15. Tweet lab tech to go to exam room # for lab work.
16. Tweet x-ray tech to go to exam room # to escort patient to x-ray.
17. Send notice to patients when new info is on website.
18. Tweet patient that earlier appointment is available when patient no-shows.
19. Order lunch for physicians.
20. Announce new services, physicians, locations.
21. Let patients know when flu shots are available.
22. Remind patients about drugs (interactions, refills, take meds.)

23. Remind patients to take blood sugar, blood pressure.
24. Alert patient ride that patient is ready for pickup.
25. Alert referring physician that new test reports are available for them via the web.
- 26.. Tweet staff to give them inclement weather update.
27. Tweet patients to remind them of support-group meetings.
28. Tweet patient that last payment in payment plan is less or more due to EOB notice.
29. Tweet patients about drug recall.

What great ideas do you have for Twitter?

BEDSCAPES Reduce Pain and Produce Better Outcomes



I learned about this product on Twitter ([if you're not on Twitter yet, you're missing out on a lot of the conversation!](#)) and I thought it was too great not to pass it on.

BEDSCAPES “turn cubicle curtains into a nurturing therapeutic patient-friendly bedside comfort zone for the relief of pain, anxiety and insomnia.” BEDSCAPES are special bedside curtains used to create a “comfort cocoon” in patient rooms that have no visual access to the outside world or to nature. Patients can choose from a number of calming nature scenes printed on fire-retardant washable fabric, and to further enhance the experience, can choose to listen to recorded sounds (water, birdsong, wind) associated with the nature scene to complete the wonderful ambiance.

It has been proven ([see the research on the BEDSCAPES site](#)) that healing sights and sounds enhance recovery and reduce pain. Less days in the hospital? Less pain drugs? Better outcomes? I think so.

The BEDSCAPES President and CEO Yusaif August talks about the process to create a better patient experience:

As the work evolved, I decided to create improvements in the bedside environments so that patients would begin to feel a sense of “place” and of their own “space” and have an environment that helped them to relax in.

I was fortunate in finding the work of Roger Ulrich, PhD, which showed that patients with views of nature had better health outcomes than those who looked out at brick walls. I got in touch with Dr. Ulrich, who generously taught me how to choose nature scenes that were “biophilic” i.e. likely to tap a restorative response in people. I then found a way to get photomurals of these scenes indelibly printed on fabric that could then be hung on a cubicle curtain. I was again fortunate in being able to find a printing process that created images that were both launderable and fire retardant.

Very fortunate! And thus, BEDSCAPES were born.

Here are some other ways to use BEDSCAPES according to their website:

- For loved ones, friends and business colleagues when they are facing a tough time:
- Surgery, trauma, outpatient chemotherapy, rehab
- Extended convalescence at home
- Entering a nursing home
- The final days in a hospice
- When they are joyfully expecting the birth of a child
- When they are simply stressed out
- At work or at home (hung on the wall like a quilt, with the sound played through a cassette or CD player)
- The busy executive working late hours and weekends
- The CPA around tax time
- Here's my idea: I think BEDSCAPES should also be issued along with unemployment checks!

They even have a BEDSCAPE in a tote that volunteers and congregational visitors can bring with them to any bedside that needs the comfort. Does your organization have BEDSCAPES for your patients in your inpatient, outpatient or ambulatory care facility?

Photo credit courtesy of BEDSCAPES website.

Listservs vs Twitter: Are You

Ready to Make the Step into a Brief New World?



Brief But
Meaningful
Communication

One of the most valuable, if not THE most valuable, resource a healthcare executive has are colleagues and their collective experiences. The issues that we confront daily are what we need and want to discuss with our comrades-in-arms.

The listserv is the most direct way of sharing information between colleagues. I belong to a number of [MGMA](#) (Medical Group Management Association) listservs and to the [AAOE](#) (American Academy of Orthopedic Executives, formerly BONES) listserv. These listservs are amazingly helpful and I have more often been the benefactor than the provider of information there. But listservs have their limitations.

You have to be a member of these organizations to participate in their listservs. This is not unreasonable, as the infrastructure and management of a listserv is not without cost. As healthcare continues to get squeezed, however, managers will have to make harder choices about which resources and memberships they and their practices can afford. Membership requirements also screen the participants, which may be important to some. The screening, however, may limit the amount of participation and the diversity of participation. Healthcare is becoming global, as any medical practice competing for the medical tourism dollar will tell you.

Listservs can also take time to read and delete or store. I

Healthcare! 140 Ways to Use Twitter in Healthcare



If you remember, [MMP recently had a post about Twitter](#), and some ideas I had about the use of Twitter in a medical practice. Since then, Twitter has exploded onto the healthcare scene. Last Sunday I participated in an online Twitter online meetup discussing social media in healthcare. The Twitterati (those who twitter) included medical students, physicians, payer representatives, consultants, patient advocates, patients and me. The long and the short of the discussion was that the world of healthcare, full of traditionally slow technology adopters, has amazing potential for using social media to reduce waste, improve efficiency, allow staff and caretakers to give more time to patients, and possibly reduce healthcare costs.

Phil Bauman, “a Registered Nurse with a background in critical care, drug safety, accountancy, finance, treasury operations, and recruiting” wrote the following in his blog post of January 18, 2009:

HEALTH CARE SHOULD BE THE LEADER IN MICRO-SHARING

With 26 letters in the alphabet arranged within 140 characters, there are over 1.2×10^{198} possible character combinations. Of course, the number of meaningful sentences is far less than that but a point stands out: there's a virtually infinite number of short pulses of (meaningful) information that Twitter can facilitate.

*With that kind of power, **health care should be a leader in micro-sharing**, not a lagger.*

Phil put together a very impressive list of 140 Healthcare Uses for Twitter. Here are a few of my favorites:

1. Disaster alerting and response
2. Maintaining a personal health diary
3. Emitting critical laboratory values to nurses and physicians
4. Issuing [Amber alerts](#)
5. Environmental alerts: pollen counts, pollution levels, heat waves, severe weather alerts
6. Updating patient family members during procedures

[Click here to see the entire list, which is also available in an eBook, and in SlideShare.](#)

Just in case you missed the first article, here is a recap on using Twitter:

- Go to www.twitter.com and sign up for FREE (choose a name and a password)
- You can use Twitter on the web or on your phone – you can look at it once a day (you don't have to look at it and respond to it instantly.)
- Once you're signed up, you can start "following" people and they can "follow" you. I am following people who have interesting things to say about healthcare, and also people who are writing blogs like me.
- Start by following me (@mpwhaley) and I'll be glad to follow you.

If you'd like to use Twitter and need some help, email me at marypatwhaley@gmail.com and I'll be glad to talk you through it.

Learn This: Twitter, Social Networking, and Micro-blogging



Twitter is a combination of two concepts, **social networking** and **micro-blogging**. When combined, they create a fascinating way for people to communicate and keep in touch. Let's explore social networking and micro-blogging individually first.

Social Networking

This is the Myspace, and [Facebook](#) you've heard so much about. You already know what networking is – you create, build, and maintain personal and professional relationships to meet people, find opportunities, and learn new things. Successful practice managers are constantly networking to be in the know

and stay ahead of the curve. Now add the social aspect of it to the equation. *Social* networking means starting with people you already know, and using that as a jumping off point. Take your existing network of contacts and digitize them to build an on-line community.

Think about your contact list in your address book, email, phone, or Blackberry. You have everyone in there: colleagues, friends, family. What if you also had access to the contact lists of everyone in *their* contact lists? There would be duplicate entries but there would also be a lot of people in this “friends of friends” list that you didn’t know before.

You would probably see a lot of new names and faces, some of whom you might want to talk to about your organization, their organization, your product, their service, their hobbies, even ask out on a date!

When you walk into a room and see a friend talking to someone you don’t know, you go and say hello to your friend, and introduce yourself to the stranger- **you are building your network by social networking!**

The differences between various social networking sites ([see the MMP post on LinkedIn](#)) will be explored in a later article, but all social networking sites have one thing in common – they are designed to help you meet new people through common friends, interests, pasts, and goals.

Micro-blogging

It’s blogging, but smaller. But what’s blogging? “Blog” is short for “web log”, and it is keeping an online journal of writings, pictures, and other multimedia, as well as news items and content found on the web. Some blogs are just

places where people write about their feelings and activities so other people can read them. Some blogs are focused on a topic- like ManageMyPractice.com focuses on health care administration. But all blogs are simply websites that are updated by their authors fairly frequently around some common theme.

How does blogging become “micro”? By shrinking it down to its bare essence and relaying the heart of the message, communicating the necessary. How could this be of use to you?

What if you set up a system where your kids received updates when you were going to be home later than usual from work, telling them they were allowed to have a soda with their homework before TV, and what would be for dinner when you arrived? Or maybe your kids need to update you when their plans change. What if all your colleagues were updating each other about the goings-on at a professional conference so they could decide on the fly which events to attend, and share their experiences, and decide where everyone would be meeting afterward.

Anything that could be helped by contacting an entire group of people quickly with short message could benefit from micro-blogging.

Twitter puts it all together

Twitter takes these two concepts, and merges the whole shebang with your mobile device. **Twitter lets you easily microblog to your social network over your mobile device.** You don't have to use a cell phone or a Blackberry to use Twitter- you can send and receive updates over the web, and through a variety of third party providers.

If you want to get started, go to the Twitter homepage at www.twitter.com, and click the green button that says “JOIN THE CONVERSATION”. You will create a username and password, and start adding contacts and you’ll soon be able to make your first micro-blog post (they call them “tweets”).

On Twitter, anyone you want to receive updates from is someone you are “following”, and anyone who is receiving your messages is one of your “followers”. You can also send messages directly to just one user, or set up groups of people to receive certain updates – your co-workers don’t have to see your notes to your kids, and vice-versa. You can also do fun things, like upload a little picture of yourself to be your icon that people will see when they are on Twittera.

Now it’s time to supercharge your cell phone

But you don’t have to ever go to the site if you don’t want to! The real power of Twitter is that it can let you do all these short internet communications (micro-blogging) right from your cell phone. Basic text messages that you may already use on your cell phone (called “[SMS messages](#)”) can be used to send and receive messages from Twitter. Just link your Twitter account to a mobile phone in your Twitter settings, and then you can send your updates as text messages to 40404. Incoming Twitter messages from the users you follow will show up as incoming texts from Twitter, but with labels to show you which user the update is from. You can also customize your mobile updates, so you only get messages from certain users. If you follow some people who are heavy updaters, you might get tired of constant alerts of new text messages. Also be sure you understand your cell phone’s text

messaging plan – Twitter is free to use, but if you don't have unlimited messaging on your phone, it could be easy to run up a big bill.

Once you have your Twitter up and running on your mobile phone things get really interesting, as now you've basically turned your cell phone service into an internet chat room. And in terms of business, that gives you near constant connection.

Twitter users are often the first people to know the newest information, and love to post updates about it online. It's an interesting way to see what's new in the world – finding out what people are talking about literally "right then".

Plus it creates an interesting crowd of which to ask questions: What's going on tonight? Can anyone recommend good seafood on the north side of town? Is anyone getting anything out of this conference?

The brilliance of Twitter is that it so easily connects people on all different types of computers and cell phone platforms.

Twitter can seamlessly create networks of people communicating for mutual benefit, and provide an interesting new way to keep on top and keep in touch.

To Recap:

1. Social Networking = networking with your friends' friends
2. Micro-blogging = little missives without all the niceties and all the heart
3. Twitter = #1 + #2 (little missives to your friends' friends' friends)
4. How can you leverage this technology to make your practice more efficient and productive?

Note from Mary Pat: How can Twitter be used in a medical practice setting? Here are a few ways – I'm sure you can think of others. If your doctor is running late, use direct messages to Twitter patients to let them know right away that

they can arrive later or reschedule their appointment.

Likewise, when an earlier opening is available, Twitter a patient to see if they could fill your appointment time.

Twitter your doc to let him/her know about schedule changes that would affect what s/he is doing right now.

And to get you started on Twitter, my Twitter name is "Mary_Pat_Whaley."

Field Trip: Camping, Blogging, Vlogging, Twittering,

✘ My husband and I are away this weekend attending blogging camp. No, we're not at a logging camp, we're at blogging camp. If you remember, hubby and I both launched blogs in July (you're reading mine right now,) so we're newbies trying to learn more and meet others who are blogging. My passion is taking interesting ideas from other worlds and applying them to mine. Here are a few things I'm taking away:

- I just joined Twitter. This means I can communicate with others and they know what I'm doing and I can find out what they are doing via text messages. As I explore this more I'll write about it. I'd like to use Twitter at MGMA in San Diego in October. **If anyone out there is going to MGMA and using Twitter, please get in touch with me by leaving a comment, or emailing me at marypatwhaley@gmail.com.**
- Some who know me will say I am obsessed with toilet paper dispensers and hand towel dispensers and they

would be correct. My theory is: If you're not paying attention to the tissue and hand towel dispensers (the little things) in your practice, you probably aren't paying attention to the big things. More on this topic later as I am building out a new site for my practice and will write about making design and fixture choices in the future. Anyway, the conference we're attending is being held at CubeSpace which is a very cool place where folks can come and use workstations and technology. The bathroom here has a very cool hand towel dispenser (picture above) that you work with your forearm! I will be checking it out for my new office.

- Backchannels are the new intranets. I am working on a knowledge management tool for my practice to help document important information that tends to be lost when staff leave the practice. I got some different ideas about accomplishing this goal from camp.
- The camp presentations were also streamed live and I learned a little about vlogging (video blogging.) The last time I thought about making an orientation video I was told it would probably cost \$10,000! With some practice, I think my staff and I can make "videos" for just about any topic. We can do video tours of our facilities for our website, we can film our meetings for absent staff, we can do narrated PowerPoint presentations.

Whew. So much technology, so much fun!