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## Keep A Close Eye on Your Staffing to Avoid Shortages

A medical practice can end up short-staffed for many reasons — including unexpected illnesses, accidents or family emergencies, maternity leaves, firings, or unexpected resignations.

Chances are, over the length of your practice's life span, you'll face a staffing shortage at least once, if not several times. How you deal with it can have a big effect on revenue, workloads, staff morale and quality of patient care. Here are four strategies for dealing with staffing shortages.

**Cross-train employees.** Not everybody can be cross-trained in a medical practice, but many positions can be. Back-office staff can be trained to temporarily handle front-desk positions, for example. Many practices train every staff member for at least one additional job — and in some cases, two. The best way to approach this is to tell staff up front when you hire them that they should expect cross-training to be part of their employment.

Areas that lend themselves well to cross-training include front desk and billing and collection duties. There are few, if any, downsides to it. Cross-training employees instead of resorting to temp agencies could save a practice thousands of dollars annually.

**Turn to temporary staffing.** Sometimes cross-training can't completely resolve the problem. In these cases, bringing in temporary staff is a relatively quick but expensive solution. Temp agencies often cost medical practices 50% more than regular staff — which typically is even more expensive than paying an existing staffer overtime. Another downside, many physicians say, is that a temp employee's loyalty is to the agency's contract, not the practice.

That said, many temp staff are highly skilled and flexible and can be a great asset in a tight spot. They also can help keep your permanent staff from becoming burned out while dealing

with a temporary staff shortage.

**Use float pools.** Traditionally, a float pool refers to nurses working in a hospital who may be moved from department to department as required. In the context of a private medical practice, a float pool typically consists of known employees you can draw on during shortages for a limited time.

Often, staffers from the float pool have jobs elsewhere but are interested in extra income. They could be former employees who worked out well, but left the practice for a variety of other reasons. They also could be friends of your current staff or colleagues. Stay in touch with former employees that you liked and, when they leave, ask whether you can call on them in cases of staffing shortages and emergencies.

**Be vigilant.** This may seem overly simplistic, but it just means that, now that you're aware of the potential problem, you should watch out for it and have a plan ready. For instance, if an employee is going on maternity leave, you generally know in advance and have plenty of time to prepare. It's even possible that the employee may be interested in some flexible hours during the leave period.

In addition, if a staffer is exiting your practice, finding out why could generate practical solutions. For instance, are they looking for more flexibility, better pay, a change of scenery — or are there personality issues? If you can work out a solution that satisfies all concerned, you can avoid the ensuing staffing shortage.

**A strategic response.** Staffing shortages will occur — especially in small to midsize practices. But with careful planning, it's possible to respond strategically to shortages without putting undue stress on remaining staff while still providing top-level patient care.

## Sidebar: Bedside Manner Matters

For some physicians, a sympathetic bedside manner comes easily. Others have to work on it a bit more. But bedside manner isn't something confined to the relationship between physician and patient. It also can exist between patients, their families and the entire medical staff. One approach to improved bedside manner within your practice is to adopt the HEART method:

**Hospitality.** Patients are your guests. Give them the four-star treatment.

**Empathy/Enthusiasm.** Put yourself in the patient's position. What would you want?

**Attitude.** Everybody who comes in contact with patients needs to have an appropriate attitude.

**Appreciate patients.** Respect. Everybody deserves your respect, but your patients in particular deserve it. One way to earn respect is to give respect — and patients will respond to it.

**Timeline.** Make staying on schedule a priority. Explain delays to your patients and apologize if necessary.

# Staying Solvent in a Consumer-Driven Culture

Consumerism in health care can be defined in several different ways, but primarily involves people treating health care as if it were a retail business. The so-called "Amazonization" of health care places a premium on convenience and price transparency. One implication of this phenomenon is that patients who don't find what they want in your practice may be quick to shop around for an alternative physician or practice. Here's a look at how to cope, and thrive, in an increasingly consumer-driven health care environment.

**Pursue helpful strategies.** A key piece of the puzzle is customer service. It's true that patients come to a physician to feel better. But to make sure they choose you to accomplish that goal (rather than choosing another physician or practice), you'll need to maintain, or even improve, the quality of your customer service — including all aspects of the patient's overall experience. You'll want to:

- *Improve patient flow and cycle time.* Patient flow concerns how quickly, efficiently and effectively your practice meets patient care demand. Your practice needs to focus on keeping the movement of patients into and out of the office as smooth and painless as possible. Analyze bottlenecks, staff appropriately, perform triage and prioritize services.
- *Leverage technology.* Technology and patient service don't have to contradict each other. It's simply a matter of ensuring the technology doesn't get between the physician and the patient. Use patient portals and make it easy for patients to fill out forms or make appointments. Some portals are easy to use, others not so much, so it's important to test-run the software before purchase.
- *Personalize care.* Patients want convenience, but they also want to know that you care about them as people. From the first interaction between the patient and your staff, empathy should be primary. When patients describe their symptoms, respond with sympathy and show your concern. Follow up with them after they exit the office visit as well.

**Know your patients.** Each medical practice's patient mix is unique — for instance, a rural practice likely has a different patient mix than one located in a university town or a metropolitan area. In addition, a practice with a specialty or emphasis, such as geriatrics or sports medicine, will attract patients with specific characteristics and medical issues. For example, a younger crowd may want convenience and a quick in-and-out. That convenience may include a wider range of practice hours or weekend visits.

On the other hand, an older patient population may want a slower pace to their appointments. They may highly value a longer visit in which the physician slows down and focuses on them. Some patient populations may want a great deal of input into their care — while others may just want to be told what to do.

It's important to ascertain what your patients want and need — and give it to them to the extent possible. To determine this, it's wise to ask — perhaps by giving each patient a card on which to check boxes prioritizing what they value most. Choices could include Web-based appointments, appointments within 24 hours, or extended evening, early morning or weekend hours.

**Understand the drawbacks.** Physicians who begin to think of themselves as commodities may get into a downward spiral of increasingly lower profitability, focused simply on being cheaper and faster. But part of the consumer and customer service you'll need to emphasize is that you'll provide the highest level of patient care — while making it a positive overall experience for your patients.



# How's Your Revenue Cycle?

Do you know whether your practice's revenue cycle management system is functioning at its peak potential? If not, your practice might be headed for trouble. To keep your practice financially healthy, you may want to assess the system's strengths and weaknesses to make sure it's operating in a way that will maximize revenue and minimize waste.

**A system review.** A good way to approach a system review is to determine whether it includes all the components of a top-class system and how well they're working. At least once a year, assess the practice's strengths and weaknesses in a variety of revenue cycle functional areas.

For example, many practices struggle with patient collections. Ask yourself questions such as: Does the practice determine patient eligibility consistently and accurately? And does it collect all appropriate co-payments, deductibles and overdue balances? To accomplish these tasks, the practice must have clear policies that are uniformly enforced.

**An ideal coding process.** The goal of an ideal coding process is to maximize revenues without committing compliance violations. Doing so calls for close communication between the doctors performing the medical services and the staff assigning codes to them. So, how close to that ideal does your practice come, and how well do the physicians and coding staff interact?

When the practice learns that a claim has been denied or that a payer has taken any other adverse action, it must take corrective action to reverse the denial and prevent similar denials in the future. Does the practice have in place a systematic appeals procedure that's triggered automatically and addresses the denial problem effectively?

Nearly all payers allow claim submission, claim status inquiry, and eligibility and benefit verification by electronic means. Most enable prior authorization, claim payment and remittance advice via electronic transaction, as well. Every practice should work to take advantage of these opportunities to increase accuracy and productivity, while reducing costs.

**Precise measurements.** In a modern medical practice, business performance is measured with precision by gathering and analyzing the right kinds of data. If there are problems, correct metrics will point to the causes.

To keep revenue cycle functions operating at peak effectiveness, it's essential to gather, report and analyze numbers about their performance. For the practice as a whole, these data points are critical:

- Gross and net collection percentage,
- Accounts receivable aging, including accounts over 90 days,
- Collections percentage by payer,
- The percentage of co-payments collected at time of visit,
- Number and percentage of patients with accounts receivable balances,
- How quickly visits/procedures are billed,
- Average days between claim submission and payer reimbursement,
- Percentage of insurance eligibility verifications vs. total scheduled patients,
- Average number of missing charges vs. services rendered (actual and CPT mistakes),
- Percentage of denials vs. total claims filed,
- Percentage of denials appealed successfully vs. total denials, and
- Average days between receipt of payment and payment posted.

Report these numbers monthly in an easy-to-understand format (dashboard, for instance) so you can identify and correct problems. Most of the problematic data points will be obvious, but certain trends can indicate more serious underlying issues.

**Culture of financial awareness and respect.** Successful management of the revenue cycle also depends on fostering a culture of respect for and awareness of the practice's finances. When this cultural value exists, the workplace is transformed. Employees see how their work supports, and is supported by, other staff members. Each person's role contributes to the common financial purpose of the practice. Employees envision a single, integrated system that serves patients, collects compensation and efficiently manages revenue.

**Assess and evaluate.** There's no possibility of improving your revenue cycle unless you're willing to periodically examine it and test it for possible weaknesses and potential problems. Only then can you make the necessary changes to ensure the system is working optimally. A professional financial advisor can assist you in making this evaluation and developing solutions.



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## What Do Millennials Want From Their Medical Care?

Now that they've largely reached adulthood, Millennials are becoming an influential segment of the culture. As both patients and consumers, they need to be reckoned with on their own terms. It's a given that Millennials grew up with the Internet, social media, instant messaging and mobile devices. This has had a significant effect on how they operate in regard to health care. Here are some tips to understanding, and meeting the needs of, this group of patients.

**Digital access.** This generation is deeply in support of telemedicine, such as video chats, with a Salesforce.com survey finding that 60% wanted it. Many also have expressed an interest in using a mobile app for setting up appointments, reviewing records and managing preventive care. Millennials also are big users of wearable devices that can share data with their doctors. As a response to these factors, boost your use of digital technologies, such as websites, patient portals, social media and apps.

**Varied sources.** More than any other generation, Millennials research various sources — often online — not just relying on their physicians for medical information. As most doctors know, this can be helpful but also may be an obstacle to good health decision making. Encourage these patients to use good sources and, when in doubt, to ask you. In addition, Millennials are more likely to trust patient reviews on the Internet and may go online to rate your practice.

**Cost transparency.** Millennials are much more likely than other age groups to ask for discounts or cheaper treatment options and research their health care costs. Consider posting costs on your website for some of your most common services. Also offer online payment options.

**Lack of primary care physicians.** In a 2017 Employee Benefit Research Institute (EBRI) survey, 67% of Millennials had a primary care physician, lower than Gen Xers (78%) and Baby Boomers (85%). Some analysts think this is because Millennials are shifting to taking control of their own health care. Or it may simply be that this age group is a healthier demographic and isn't bothering to visit doctors until they're sick.

In any case, Millennials don't like to wait for appointments and are more likely to go to a retail clinic for immediate service if it takes too long to get an appointment. You may need to offer a variety of office hours, such as early mornings, late evenings and weekends, to avoid losing patients to walk-in clinics. This may require that your practice hire more physicians, physicians' assistants or nurse practitioners to offer more flexibility.

Millennials are, of course, growing older and their needs may change over time. But they're currently driving a consumer trend in health care that demands easier access, convenience and flexibility.