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Medical News Brief

September 2021

Get Ready For Your Closeup - Embrace Telehealth

Many physicians have increased their use of telehealth during the COVID-19 crisis. Clinic visits dropped almost 60% in March and stayed there. In April, the Commonwealth Fund cited that about 30% of outpatient visits occurred remotely. The pandemic has accelerated the use of telehealth, and many physicians are finding it convenient, efficient and liked by patients.

Lay the groundwork

Of course, not all specialties, or even conditions, are well suited for telehealth. While psychology and psychiatry appear to be readily adaptable, areas such as orthopedic surgery and podiatry, as well as any medical condition that requires a hands-on approach, are clearly much less so.

Established patients are more likely than new patients to adapt well to telehealth, though much depends on the specific person. In addition, many states and insurance carriers require that the first visit with a patient be in person (unless circumstances make this impossible). It's wise to be cautious in using telehealth with new patients.

Privacy is another issue. Your telehealth platform should have strong built-in security features, but consider your physical location when conducting telehealth visits as well. Check whether anyone is within listening distance of conversations between you and patients, and be aware of other people who may be present near the patient's site. Those conversations are confidential, but the patient has discretion to determine who's in their home during the discussion. Also, it's important to tell the patient who on your staff is participating.

Have staff discuss technology requirements with the patient and get an informed consent

form signed before the telehealth visit begins. It's wise to clarify what you will do if there's a technology problem — try again or require an in-office visit? Make sure all parties understand insurers' current billing policies for telehealth visits, and inform patients they can stop or refuse treatment.

Assess and improve

Conducting telehealth visits is different from in-person interactions. Have you ever watched yourself do a consult on video? Consider background, lighting and what you're wearing. Determine whether you have any distracting quirks when on video that you didn't know about. Make sure you're looking at the camera and not the view screen when speaking to the patient.

There may be other ways to assess a patient's health remotely. Family members, if willing and able, might be able to assist in things such as taking pulse readings or temperatures. Certain types of musculoskeletal injuries can be evaluated using the Ottawa ankle and foot rules.

It's important to be willing to tell a patient that an issue is too difficult to fully evaluate remotely, and that it will be necessary for him or her to come into the office. If you have a sense that you're missing something by conducting a telehealth visit, act appropriately and in the patient's best interest.

Prepare for the new normal

It's possible that, when things go back to whatever the "new normal" is going to be, telehealth will go back to being an "extra service offering" rather than a core component of your medical practice. But it's also likely that if patients — and you, yourself — try it and like it, telehealth will become a significant part of your practice permanently.

The New Normal: Learning from the Pandemic and Preparing for the Future

Physician practices have had to respond to the COVID-19 pandemic in many ways, from limiting the number of people in waiting areas to greatly expanding their use of telemedicine to care for patients at home.

As the situation with the pandemic continues to evolve, your practice will need to refine its own efforts to function in this “new normal.” You may even want to consider making permanent changes to be better prepared for similar crises in the future. Here are some steps to consider, based on recent experience.

Evaluate your overhead

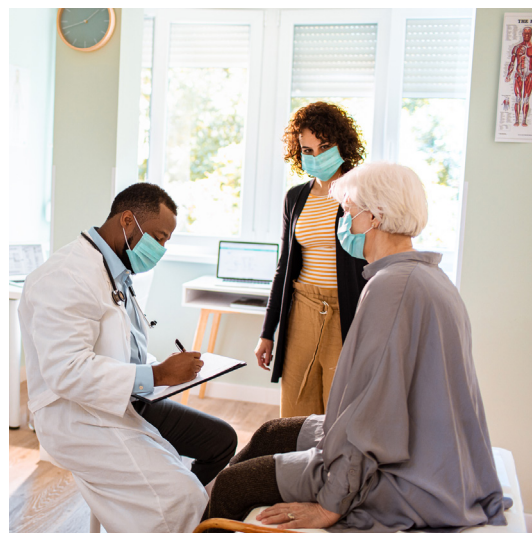
Although the typical number of patients varies from specialty to specialty, many medical practices saw business slow significantly during the initial weeks or months of the pandemic. This was not only because patients were urged (or forced) to postpone nonurgent care, but also out of fear of being exposed to the virus. In the meantime, physician practices — like so many businesses — found themselves trying to figure out how to pay the bills.

Some property owners and mortgage companies offered relief for limited periods of time. But one lesson to consider now is whether, the pandemic aside, your overhead is manageable. Are you operating out of a cost-effective space? If telemedicine is going to become a greater part of your practice, is your space still appropriate for your needs? Could you lower utility costs?

Stick with telemedicine

Although only time will tell, many believe the increased use of telemedicine during the pandemic will lead to increased use of the technology afterward. There is even the potential that Congress will feel pressure to address the reimbursement disparities in telemedicine.

If, like most practices, you’ve increased your use of telemedicine, expect this to continue — so gear up to get better at it. This may involve finding and implementing a more affordable and/or functional technology platform, as well as obtaining new certifications for telemedicine as required. (Some certification requirements were suspended during the height of the pandemic, but it seems unlikely this will continue indefinitely.) In addition, you and your management team will want to stay informed about the reimbursement aspects of telemedicine (providing clinical care remotely) and telehealth (providing a wider range of remote health care services, including nonclinical care).



Re-evaluate procurement

During the first weeks of the crisis, many medical practices had staff members who were unwilling to interact directly with patients for fear of catching COVID-19. One major and well-publicized reason for this was the lack of personal protective equipment (PPE). Physician practices, along with hospitals, of course, have learned tough lessons in the state of the global supply chain and how to obtain PPE. Be sure to document the steps you’ve taken to get the supplies you need and to continue improving your procurement processes.

Be prepared for residual effects

It’s widely believed that many people have delayed getting health care during the pandemic, partly to avoid the virus and partly out of concern for overworked medical facilities. This has left many physicians worried that the COVID-19 pandemic will soon be accompanied by a second, hidden pandemic of additional afflictions — one caused by bad diets, lack of exercise, unfilled prescriptions, increased stress and ignored medical conditions. Many people losing jobs — and, therefore, health insurance — will likely exacerbate matters. In fact, cardiologists have already noted lower hospital volumes for heart attacks, and neurologists have reported seeing fewer strokes. Most likely, this is because people have been avoiding going to the hospital — even in the worst situations. And these sorts of health care conditions, as well as less severe ones, are probably going to come home to roost.

So, it’s important to be prepared for longer hours — as well as additional staffing and PPE to handle a potential influx of patients as COVID-19 cases perhaps ebb but others surge.

Flexibility — and creativity

As you more than likely know, it took incredible courage, flexibility and a certain amount of creativity to continue treating patients when the COVID-19 pandemic first hit. It also required expanding the role of health care providers to consider many nonclinical factors — such as anxiety, medical illiteracy, transportation, housing and food insecurity. As we carry on into the new normal, look for opportunities to improve every aspect of your practice.

Make the Most of Patient-Facing Technology

Loosely speaking, there are two types of practice infrastructure. The first type is obvious — your office building, examination rooms and even patient workflow. But another type of infrastructure is patient-facing technology, or the technology that your new or current patients first encounter when dealing with your practice. Mostly, this refers to your phone system, website and patient portal. The importance of these technologies shouldn't be underestimated.

The phone system

Some phone systems can be enormously expensive. But there are plenty of low-cost, highly sophisticated systems, often as part of an outside service. Service is key, because the patient's ability to call and be immediately transferred to the appropriate professional is enormously important. Do you know what a patient hears when they call your office? Call in and actually listen to the message. Is it robotic? Is it gloomy or upbeat, cold or welcoming? Is it a reflection of how you want your patients to feel about your practice? The phone system is often the last thing physicians upgrade in their practice, but it's typically the first thing a patient uses.

The website

Think about how your website looks. Does it make your office appear modern? Does it provide information in a streamlined format? It's important to:

- Make sure your website is professional and updated regularly,
- Use best practices, be clear and easy to use, follow HIPAA regulations and be accessible under Americans with Disabilities Act (ADA) requirements,
- Use quality photographs of you and your staff that show you as both competent and approachable, including photos of physicians and staff interacting with potential patients,
- Be mobile friendly,
- Make sure essential information is easy to find, and
- Add online forms to streamline check-ins.

Given the current trends toward telemedicine during the pandemic and going forward, consider having videoconferencing capabilities built into your website if you don't already have them or, at the very least, promote your practice's telehealth capabilities.

The patient portal

From the perspective of the medical practice, a patient portal has three components:

1. To advertise for new patients,
2. To communicate with existing patients and increase engagement, and
3. To provide information patients need to make healthy changes.

Features vary greatly from one patient portal to another, but may include the ability to:

- Securely view and print part of the patient's medical record,
- Exchange secure email with health care providers and staff,
- Request prescription refills,
- Schedule nonurgent appointments,
- Check patient benefits and coverage,
- Update patient contact information,
- Make payments, and
- Download or complete intake forms.

Perception is everything

Each of these pieces of patient-facing infrastructure should project professionalism. Using these technologies can help you control all aspects of how your practice is perceived and create many potential ways patients can interface with you.

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Should You Outsource Your Billing?

Deciding whether to handle billing in-house or hire an outside billing company is an important decision for any medical practice. While it's true that not all physicians or their staffs have the experience, training and temperament to handle billing internally, it's important to understand that a billing company typically takes 6% to 9% of the monies they handle. This article takes a look at the drawbacks — and benefits — of outsourcing billing.

What are the drawbacks?

In addition to the percentage fees on all billings, most billing companies charge a set-up fee ranging from \$500 to \$3,000 — or more. One purpose of the fee is to discourage medical practices from transferring to a competing billing company and having to pay the fee again.

In addition, a billing company contract typically locks your practice into a specific time period. In the event you become dissatisfied with the company's services during that time, it will be hard to break the contract because you'll have to prove the company wasn't measuring up to industry standards that aren't necessarily well established or stringent. Also, many billing companies outsource their work overseas. Troubleshooting may require spending time on international phone calls at your expense.

If your billing company requires payments to be sent directly to the company, instead of to your practice, it may cause your practice to lose control over your funds — even before deciding whether the billing company performs up to your expectations. And it's important to keep in mind that each medical specialty has its own billing quirks and nuanced coding. So, if you outsource your billing, check references and ensure it

has experience within your specialty.

Finally, the most common complaint about billing services is that they don't chase the money. Because they're paid on a percentage basis, they tend to focus their energy and resources on handling bigger customers and bigger claims. In other words, there's a tendency to chase low-hanging fruit instead of more challenging claims.

What are the benefits?

Billing is complicated, and, given the increasing complexity in the health care field, it probably won't get any simpler going forward. For your practice to handle billing internally, you would require at least one skilled, well-qualified individual on your team to stay up to date with billing procedures, attend seminars regularly and keep up on coding changes and modifiers.

Further, billing isn't a learn-on-the-job endeavor — nor is it taught in medical school. The learning curve is significant — and for new physician practices, there's already an overwhelming number of things to learn. To simplify practice management, you'll likely need to hire an experienced billing service.

Outsourced billing can free up team members to focus on responsibilities more connected to your core mission of providing medical services. This, in itself, can create savings. In addition, many billing companies' coders and billers are professionally certified and know how to streamline your practice's billing processes. Having a professional, high-quality billing service that you can trust may eliminate numerous headaches and worries.