

Seven Deadly Sins of a Medical Practice

Don't let these mistakes kill your practice.

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The seven deadly sins of medical practice may not consign you to the flames of hell, but committing any of them will definitely affect your practice's success and profitability. The practice will suffer if: 1) the doctor is not accessible to patients; 2) you do not check your online reputation frequently; 3) you do not evaluate claims denials; 4) you do not take steps to make sure your practice shows up on the first page of a Google search; 5) you do not pay attention to overhead and staff turnover; 6) you do not start the day on time; and 7) you do not protect the practice against embezzlement.

1. The Doctor Is Not Accessible

The number one complaint that patients have regarding their healthcare is gaining access to the healthcare provider and long waits in the reception room or exam room to see the doctor.

The Affordable Care Act has added over 20 million Americans into

the healthcare system, but there has not been an appreciable increase in physicians to care for these additional patients. Consequently, the schedules of most practices are clogged, and patients cannot get speedy access to needed medical care.

The problem of access can be

cilitate patient access while preventing physician burnout due to repeating the same clinical advice to patients with the chronic conditions encountered on a daily basis. In the SMA model, several patients meet in a unique setting that allows patients to interact with others with the

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ameliorated by using physician assistants (PAs), medical assistants, and other ancillary providers. Recruiting new partners, using PAs and nurse practitioners (NPs), and seeing more patients in a workday are some ways that have been used in the past. For the most part, that does not solve the problems affecting most physicians and most practices. The typical clinic encounter model traditionally has been to simply increase the number of patients seen by limiting the time for each patient as well as having the physician start earlier or leave later, requiring additional overtime.

One model worth considering is the shared medical appointment (SMA). The SMA is designed to fa-

same condition or diagnosis. This innovative appointment type allows a 90-minute encounter with a pre-screened group of patients, usually numbering from 6 to 10 people, who may discuss difficult problems.

The SMA can be applied to appointments for many chronic conditions, such as diabetes mellitus, obesity, chronic obstructive pulmonary disease, congestive heart failure, and various organ-specific cancers (e.g., prostate, lung, breast).

Another option that is gaining traction in the marketplace, especially among millennials, is telemedicine. Although telemedicine has been part of the healthcare system for nearly

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20 years, many doctors—as well as patients—are skeptical about its implementation. Barriers to early adoption of telemedicine include cost of equipment, logistics of incorporating telemedicine into the workflow in the office setting, state laws that make telemedicine more difficult to implement, legal issues of offering telemedicine across state lines or obtaining licensure to practice telemedicine, and, finally, obtaining payment from payers for providing telemedicine.

2. Not Checking Your Online Reputation

Nearly every business, including medical practices, lives and dies by online reviews. Healthcare consumers are not much different when it comes to selecting providers. Many, if not most, patients these days prefer to have another patient's opinion on a doctor or a physician group or a hospital before scheduling a first appointment, particularly for treatment of any kind of serious, chronic, or potentially life-threatening condition.

The many review websites where patients can express opinions include RateMDs (www.ratemds.com); Vitals (www.vitals.com); Zocdoc (www.zocdoc.com); Healthgrades (www.healthgrades.com); UcompareHealth.com (www.ucomparehealth.com); Citysearch (www.citysearch.com); and Yelp (www.yelp.com).

Any positive comments or compliments must be captured at the time of service, such as when the patient is in the exam room. In my practice, we use a kiosk from ContextMedia (Figure 1) and have the patient complete a two-minute survey on the spot about his or her experience in the practice. This also provides a good place to leave a testimonial about their positive experience in the practice.

3. Not Evaluating Claims Denials

Medical billing is a complex, ever-changing industry, and the amount of information that a typical billing claim contains is staggering. With patient information, insurer information, provider information, and physician information, there is tre-



Figure 1: Patient survey kiosk.

mendous room for error.

Add to that the complexity of diagnosis and procedure coding, and getting paid becomes an even greater challenge. With over 14,000 ICD-10 diagnosis codes; over 3000 ICD-10

would result in denials and re-work, but it also watches for more complex issues such as mutual exclusiveness, any comprehensive component, and medically unlikely procedures. Specialty practices that rely heavily on diagnostics can efficiently test their documentation of medical necessity. Users get alerts for every charge transaction that is contrary to current Medicare coverage rules and have the opportunity to correct them before submission.

Never forget that a denied claim means that someone is holding your money. The longer the entity holds your money, the more your cash flow will suffer, and you will not be as productive as you should be.

4. Not Being on the First Page of Google

Nearly two billion people around the world have social media accounts. Social media initially was a method for people to connect with friends and family; now it is considered (among other things) a necessity

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procedure codes; continuously updated CPT, HCPCS Level I and HCPCS Level II procedure codes; and all of the possible (and impossible) combinations among them, it's a wonder that the system operates as efficiently as it does.

Of course, for the claim to be approved, each piece of information must be accurate. Claim scrubbing is a process of validating the combination of data on a health insurance claim. This validation covers two key areas: 1) patient/insured/provider/insurer data; and 2) the actual services performed by the practice and submitted to the payer as documented in diagnosis, procedure, modification, and revenue codes.

Claim scrubbing can reduce and eliminate simple data errors that

for a successful healthcare practice. The goal of any social media campaign is to be on the first page of Google or any of the search engines that are commonly used by the public to find healthcare providers and medical information. There are methods you can use to arrive on the first page of Google, which will translate to more patients and better relationships with your existing patients.

The Internet is a powerful tool for physicians, and social media plays an important role in the changing healthcare environment. Seven out of ten Internet users access health-related information from the Internet, and patients are increasingly going online to research their doctors. The public is buying cars, finding financial

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planners, and finding other healthcare professionals such as dentists and podiatrists on the Internet and not in the *Yellow Pages*. Therefore, it is imperative for doctors to understand the search engine process and how they can achieve that first-page status on Google and even the Holy Grail of Internet marketing, the #1 position at the top of the Google page. There is a process for search engine optimization that every doctor and practice can use to achieve the topmost placement on Google, Yahoo, Yelp, and HealthGrades.¹

Remember—if you aren't on the first page of Google, you and your practice are going to be invisible to the potential patients you want to attract to your practice.

5. Not Controlling Overhead and Staff Turnover

Nothing can torpedo staff morale and add to costs more than employee turnover. A few non-monetary motivators that can enhance staff morale include the following:

- *Conduct regular staff meetings.* There is no better way to bring your staff together than to have creative staff meetings that produce positive changes in behavior, which translate to enhanced quality of care for your

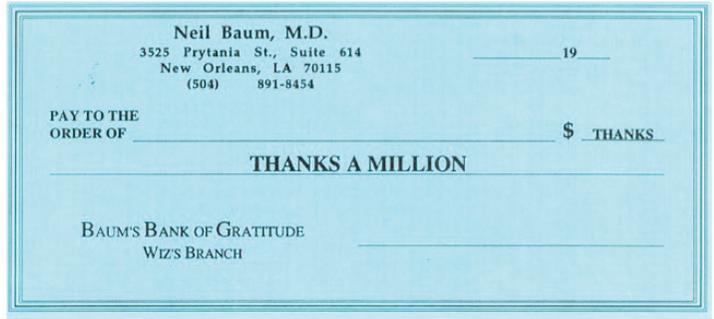


Figure 2: Thanks a Million check for employees.

patients. Start by circulating an agenda at least two days prior to the staff meeting. The meeting should have a note taker who records what takes place at the meeting and what action steps are to be taken when the meeting is over. The note taker prepares a “to do” list and circulates the assignments as soon as possible after the meeting ends.

- *Dole out lots of recognition.* Napoleon said he could conquer the world if he just had enough red ribbons to give out as rewards and recognition. In my practice we have ABCD—or “Above and Beyond the Call of Duty” awards. My credo is praise in public, pan in private. When I catch an employee doing something right, my

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office manager or I send a thank you note to the employee's home address, making sure that it arrives on Saturday. I have a nice way to say “thank you” to employees who go the extra mile and exceed our patients' expectations of our practice. I write a “Thanks a Million” check (Figure 2). You will be amazed how appreciative employees are that you not only recognized their superior service, but that you took the time to put it writing. I think this written recognition raises the bar for outstanding service from other employees as well.

- *Surprise the staff.* Whenever you can provide an unexpected perk for your staff members, you can be sure that they will appreciate the gesture. For example, two employees were absent for a week. In spite of being shorthanded, we were able to function at our regular speed and capacity without affecting the quality of care we provided to our patients. To thank the staff members for their extra effort, I arranged for a massage therapist to visit our practice on Friday afternoon at 4:00 PM, and everyone received a 15-minute massage as a way of saying thank you.

Encouraging your staff to develop team spirit makes good business sense. When your employees have a personal investment in problem-solving and decision-making

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ing, they will go the extra mile for the patients and the practice.

6. Not Starting on Time

There is no greater sin than beginning the day by seeing patients in the clinic 30 or even 60 minutes after their designated appointments. This not only aggravates patients, but unsettles the staff, because employees now have to start making excuses to patients.

In the near future, physician compensation is going to be tied to patient satisfaction. Nothing can negatively impact a patient satisfaction score more quickly than to start seeing patients more than 15 minutes after their designated appointment.

Of course there will always be delays that are reasonable and justified. But it is never permissible for the doctor to routinely arrive 10 or 15 minutes after he or she is supposed to start seeing patients and then start reading e-mails and returning routine phone calls.

Not starting on time is a deadly sin that can be avoided with a little attention to detail and making it a habit to prioritize putting patients first.

7. Not Protecting Against Embezzlement

It is estimated that approximately one in six physicians will be the victim of embezzlement. This often comes about due to a lack of business training, because few doctors receive any education about the business of medicine during medical school, residency, or fellowship.

The best protection is prevention. Perform a background check on all potential employees, which includes a credit check and a criminal record check on all employees who will handle money.

It is also important that you value your employees and make sure they know it. Be sure your employees are paid at competitive wage levels. To get an idea of what the current pay standards are, survey local offices yearly or refer to the practice payroll benchmarks.

Provide usual and customary benefits for your locale. Employees whose pay and perks are comparable to area norms may be less likely to feel they deserve more than they're getting and will be less like to "help themselves." Be familiar with your state's labor laws regarding exempt versus non-exempt employees, and pay overtime in accordance with your state law.

Many physicians do not learn the basic principles of accounting control. As a result, it is too easy for staff to take money. Most embezzlement in medical practices is carried out by someone working alone, so the two key principles are these:

- No one person should have control over the entire cash transaction process.
- Duties involving money should be distributed to two or more people. That way, collusion would be required for embezzlement to occur, which is less likely.

A policy should be in place where the same staff person should not open the mail, record the checks, balance out at the end of the day, post the payment, make the

bank deposit, and reconcile the bank statement. Even in a small office, these tasks can be divided between two or more staff members. The doctor should perform unannounced random spot checks by matching the daily scheduled patients against posting and deposit slips.

Bottom Line

Avoiding these seven deadly sins is important for any medical practice. The list is not limited to seven sins; others are also important to avoid. However, this a good point of departure for any successful medical practice. **PM**

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¹ Clarke A. SEO 2017: Learn Search Engine Optimization With Smart Internet Marketing. Simple Effectiveness Publishing, 2016.



Dr. Baum is a physician in private practice in New Orleans. His major area of interest and expertise is practice management; he has spoken nationally to doctors and medical staffs about practical ideas that every physician can adapt into his or her practice. He has written over 1,000 articles and six books. One of his books, *Marketing Your Clinical Practice—Ethically, Effectively, and Economically* has sold over 125,000 copies and has been translated into Spanish.