

Tips and More Tips

The author shares some of her favorites.

BY LYNN HOMISAK, PRT



To Our Readers: *There are no foolish questions. Chances are if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: Practice Management Tips

Dear Lynn, I am a 3rd year podiatry resident getting ready to graduate in 2 months. I'm in the process of gathering all that I can in terms of practice management before I start on my own. Any tips?

Congratulations on your upcoming graduation and your goal to achieve management preparedness. There are so many "tips" to share with new practitioners that it's hard to pick just a few. Following are some of my favorites to help get you started. Put those that cannot be implemented just now on hold for the future. They won't go bad.

- Feedback is only a request away. If you know your patient has had a satisfying experience, ask for a referral of his/her friends and family or an online recommendation.

- Take control of your schedule. Instead of telling patients, "You can just call us to reschedule," make a point of getting them IN the schedule and have them call if they need to cancel or change. It allows for better

tracking of appointments and better documentation.

- Seeing is believing. Take 5... and sit in your reception and treatment room chairs. Be aware of what your patients see when you keep them waiting. How can you improve?

- Keep \$10 gift cards on hand in the office to give to patients to brighten their day, if it's their birthday, to say, "Thank you for waiting" or if you inconvenience them by rescheduling their appointment the last minute.

- Meet with your billing office (or service) at least monthly to review summary reports of revenue, accounts receivable aging by payer, write-offs, appeals and denials. Be in the know.

- Set practice goals and attach action plans on how to reach them. Then follow up for successful implementation.

- Perception is reality. As such, refrain from calling your reception area your "waiting" room.

Your reluctance to train a new staff member should not be the reason to keep a bad employee.

- When new patients sign and return their financial policy, staff should verbally inquire if they have any questions about it before accepting their signed document. Patient understanding helps to reduce confusion, increase collections and acceptance, and build better patient relations.

- When doing patient benefit checks or pre-authorizations, sort outgoing calls according to insurance companies, so when calling Blue Shield, for example, information on multiple patients can be obtained with one call or via one website.

- Don't just put your values into a static document (Mission Statement) and forget them. Put your values into action and live them.

- Have a written 9-1-1 Emergency Plan (and do occasional test-runs) that address "what ifs", i.e., medical emergencies, weather disasters, accidents, computer crashes, and belligerent patients.

- The #1 reason for claim denials is INCORRECT DATA ENTRY. Paying more attention to detail minimizes data entry errors, promotes cleaner claim submission, and results in on-time claim payments—reducing unnecessary costs.

- Put patient registration forms on your website for new patients to download, which will increase your chances of receiving a much more comprehensive patient history (and

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don't discriminate against the elderly.)

- Review all EOBs and EOMBs for accuracy of claims processing. Appeal errors immediately.

- Offering effective staff incentives to propel human productivity starts with knowing who the staff is. Take a personal interest in your staff by learning more about them.

- Before hiring new staff: 1) Take them to lunch and observe their interaction with service people. Likely, they will treat your patients similarly. 2) make sure they meet and interact well with ALL the staff before giving them the job!!

- Aim to please your patients by conducting annual patient satisfaction surveys and be sure to follow through with any complaints.

- Staff performance reviews help to develop staff productivity. They should not be used as a dumping ground for wrong-doings and should be more about looking forward than looking back.

- Patients should always be set up in the treatment chair with BOTH shoes and socks removed before the doctor enters.

- Adopt a policy whereby only complaints that are accompanied by two or three solutions will be heard. It limits whining and encourages mindful thinking and helpful solutions.

- Offer an option which allows patients to book or request their ap-

- A simple 5-minute joint (doctor-staff) huddle each morning to review the schedule together allows for an anticipatory mindset and a much more productive patient flow.

- Every office should have an up-to-date employee manual that clearly outlines and defines policy. It states how the office is expect-



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ed to operate, how everyone is expected to behave.

- Fit the right person to the right job, and they will do it well.

- Beware of time wasters, anything from excessive social time with patients to dealing with conflict to the everyday disorganized office layout is responsible for causing inefficiency. A minute here, a minute there can be costly when you add it all up!

- Be sure to put embezzlement

ineffective marketing companies or strategies before evaluating your options, costs, and potential ROI. Usually, it's the simple, fundamental things that reap the biggest rewards.

- Have detailed, written job descriptions for each staff position and add (and verbally discuss), "And any other unlisted task required of you" as the last task entry to address the toxic "it's not my job" excuse.

Re: Should She Stay or Should She Go?

Dear Lynn, One of my staff is no longer working to her full potential. Her co-workers are complaining that they have difficulty working with her and lately, even patients are voicing some negativity. I've threatened to replace her but to be honest, I can't be short staffed right now. With things as busy as they are, who has time to train a replacement?

It sounds like she has created a little job security for herself. Your do-nothing decision has led her to believe that you really didn't mean what you said about replacing her; that you'll get over it in a day or two and things (for her) will go back to

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pointments online. 54% of consumers said this process would be more convenient for them.

- Patients scheduled too far in advance often cancel or fail to show, leaving a hole in your schedule. Get them in ASAP.

- Instead of informing patients that the office is closed due to a "Staff Meeting", post a sign that says, "Staff Training in Session." Education is a win for patients too.

safeguards in place for financial accountability.

- Attend risk management courses to continuously stay informed. Malpractice companies will sometimes give discounted rates for doing so.

- Staff can make or break a practice. Treat them well and they will be an asset to the practice.

- A good marketing plan is worthwhile; however, don't leap into

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normal. This avoidance is easily labeled as weak management and passive approval of her behavior. Make a decision to do what's best for your

train a new assistant may not sound very industrious. In fact, you may even experience some patient time loss. However as your staff becomes more proficient in what they do, because of this one-on-one guidance,

Re: When Can or Can't I Discharge a Patient?

Dear Lynn, What are some common reasons for an office to discharge patients from their office? Rude behavior? Not paying their bill due? Non-compliance with treatment plan? When you discharge a patient, do they have to sign a form or do you just send them a letter? Does it need to be registered mail? If so, do you have a sample form you can email me?

If your problem staffer does not come around and you find you need to hire new staff, make the time for comprehensive training.

business. Of course high performing staff are an asset to a successful practice. When they fall behind on their jobs, other team members are being affected and patients are complaining; you must take disciplinary action. Start with verbal and written warnings and a discussion with her regarding her productivity and attitude. If there is no improvement after these corrective measures, a discontinuance of her employment is in order. If you avoid addressing this, other staff will soon rebel, follow suit, or worse, quit. Change does not happen by wishing it so; rather, by taking action steps towards that end. Your reluctance to train a new staff member should not be the reason to keep a bad employee.

Do you recall the ad campaign for an oil filter company, promoting car maintenance: "Pay me now, or pay me later"? Their point was, in order to save a \$5,000 engine repair you should wisely invest \$50 in an oil change. Similarly, staff training is maintenance for your practice. The only thing you encourage by minimizing staff training is mediocre service, possible damaged equipment, jeopardized patient relations, more employee mistakes, and increased employee turnover—all ironically contributing to higher (and maybe even lost) expenses! And as you experienced, staff unrest!

If your problem staffer does not come around and you find you need to hire new staff, make the time for comprehensive training. Temporarily reschedule patients if you have to. It's that important. Of course, the idea of taking YOUR valuable time to

the time spent will be more than recovered and even translate into increased revenue and a more progressive, professional workplace. In the end, the payoff will be worth it.

The reasons are varied, but yes, you hit on several of them. Following are several situations where discharging your patient is acceptable, even justified. These include patients who:

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8 Steps to Discharge a Patient

- 1) Have a rational discussion with your patient and inform him/her of your impending action to end the relationship [documenting this discussion as well, in your records]. It is recommended that you have a witness present.
- 2) Take the high road and manage the process ethically and without malice.
- 3) Send a certified [return receipt requested] letter to the patient notifying him/her of the termination. Keep a copy in the patient's chart, and include a note to indicate the date the letter was mailed and by whom. It is suggested to also send a copy to the patient's insurance company.
- 4) In it, describe specifically the reason[s] for this decision and state that as of [date] you will no longer provide care to them. [This date must be at least 30 days from the date of your correspondence.]
- 5) Encourage the patient to find another doctor to continue care; recommend that s/he contact your local medical society [provide name and phone #] for a recommendation.
- 6) Offer to send a copy of the patient's notes [with proper signed authorization] directly to the physician of his/her choice. Be careful not to include any derogatory comments that might be misconstrued as defamatory (or any billing info).
- 7) If the letter is returned to you because the patient refused to accept it, keep the unopened letter in your chart as proof of your intent to inform and send them a copy of the same via regular postal mail.
- 8) Finally, be sure to communicate these actions to your staff to prevent them from re-scheduling this patient—if that should occur, it might appear that you are trying to restore the relationship, contrary to the letter the patient received. •

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- Do not comply with treatment or fail to keep follow-up visits
- Repeat appointment abusers—i.e., cancellations, no-shows.

must be postponed or not allowed. For example, you must postpone releasing a patient under your care who is currently in a critical phase of treatment. The same goes for patients who are covered by a pre-paid

to receive a sample letter should email me at lynn@soshms.com.

Please note: BECAUSE OF THE SENSITIVITY AND LEGAL ISSUES SURROUNDING THE TERMINATION OF A PATIENT, IT IS ALWAYS ADVISABLE TO CONSULT WITH A LAWYER REGARDING THE FINAL CONTENT OF YOUR LETTER BEFORE SENDING IT. **PM**

It is important to note that, in some cases, discharging a patient must be postponed or not allowed.

- Drug seekers or prescription abusers
- Verbal abusers—including improper language, rudeness, threats of (or actual) violent behavior, physical harm, anger that threatens the safety and well-being of staff.
- Non-payers—outright refusal to pay after services were delivered.

It is important to note that, in some cases, discharging a patient

healthcare plan. As their physician, you must request and wait for the insurer to authorize their reassignment to another physician. Finally, you are prohibited from discharging a patient if the reason is connected to AIDS or HIV discrimination.

“8 Steps to Discharge a Patient” (see sidebar) contains part of a previous article I wrote for *PM* on discharging a patient. Readers who wish



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