OPERATIONS MANAGEMENT

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WHAT IS OPERATIONS MANAGEMENT in a medical practice?

Operations management in a medical practice consists of developing and implementing an effective business plan and managing daily operations. (MGMA)

FIVE STEPS FOR ELEVATING MEDICAL PRACTICE OPERATIONS

Physicians’ practices are facing many compelling pressures today, and at the end of the day though, most independent physician practices are just trying to see patients and stay afloat — focusing more on what’s happening next week rather than next year. Amidst all the day-to-day activities and competing priorities, it may seem easier to respond to issues as they come up rather than take an intentional approach to practice management.

However, it’s often said that failing to plan means planning to fail. Running a practice on-the-fly is a sure-fire way to miss opportunities, frustrate staff and patients, and limit financial viability. To avoid this, practice leaders must make a concerted effort to proactively manage — looking for ways to increase efficiency, enhance performance, and plan for change.

The following offers some key activities that can move a practice beyond reactive management and toward a tactical approach to optimizing business performance.

STEP 1: LEVERAGE YOUR MOST VALUABLE ASSETS.

A practice’s primary assets are its people, so leaders must make sure they are optimizing the skills and talents of their staff. To that end, you should closely review how tasks are assigned and delegated among clinicians and front-line staff, checking that every individual is performing necessary tasks that match her skill set. For example, there is nothing more frustrating for physicians than getting bogged down with a to-do list that prevents them from practicing at the top of their licenses. In fact, all members of the team should practice to the top of their license.

In order to avoid this, ask questions such as:

• Is there a way to use technology to automate certain activities and free up time for more direct patient care?
• Can we limit steps in a process so that the function runs more smoothly with less waste?
• Are there things physicians are currently doing that a nurse practitioner, medical assistant, or an administrator could just as easily do?

By taking a closer look at staff utilization and job function, organizations can create efficiencies, ensure reliability, and reduce organizational friction and stress.
STEP 2: REVIEW AND STANDARDIZE PROCESSES.

There are many recurring tasks in a medical practice. By standardizing these processes, an organization can not only increase efficiency and reliability, but also facilitate better personnel allocation and patient satisfaction.

Standardization drives reliability and accuracy by making certain an activity is completed the same way every time. For example, if an organization standardizes registration, eligibility verification, or claims coding, it can ensure staff collects all necessary information from patients, regularly submits clean claims, and efficiently receives all the money to which it is entitled.

By using consistent processes, practices also can ensure everyone understands his responsibilities and can cover for other people during vacations or sick days without decreased productivity. Patient satisfaction goes up because people know what to expect when they come to the practice and are not asked for the same information over and over.

To get started with standardization, meet with staff involved in a particular process and outline the current approach. Then, the group can pinpoint ways to streamline the effort, incorporate best practices, and enable consistency.

STEP 3: TAKE ADVANTAGE OF TECHNOLOGY.

A strong technology foundation can underpin both talent optimization and process standardization. For example, by using an EHR, clinical documentation tool or other clinical systems, organizations can free physician time and help them function at the top of their licenses. Similarly, using a revenue cycle management system can support greater standardization, and in turn generate clean claims faster, leading to speedier payment and increased revenue.

How a practice uses technology may depend on its size and experience, however. Larger practices have often internalized technology into their work flow and can focus on engagement initiatives, working to take advantage of patient portal capabilities, or use sophisticated analytics for population health management. Smaller groups may not be as far along and may need to prioritize ways to improve EHR proficiency. In either case, the key is optimizing the IT infrastructure currently in place by prioritizing efficient implementation, training staff how to use technology and weaving it into their work flow to support their day-to-day needs and goals.

STEP 4: PREPARE FOR NEW PAYMENT ARRANGEMENTS.

In addition to getting a handle on day-to-day operations, organizations should also be looking ahead at the healthcare changes that will almost certainly impact them. The shift from fee-for-service to quality- or risk-based payment, for instance, is one change for which every provider group should be preparing, regardless of size.

Before considering a risk-based payment arrangement, however, double check that everyone is on the same page about the organization’s vision and goals. To this end, leadership should bring all partner physicians together to gauge their perspectives and to level-set expectations. If there are competing visions for the future, it can spell danger for the survival of the business. For example, if one group wants to forge ahead and assume new levels of risk, while a more conservative faction believes in positioning the practice for sale to a health system, it may be time to reorganize the partnership.

Once everyone is aligned, organizations should then build knowledge around quality measure performance — and which areas make sense for value-based arrangements. Aim to better understand the cost model, too, think about how to quantify costs and streamline where necessary. Before taking a definitive step toward alternative payment models, leaders may want to bring in specialists or consultants to help with new contract arrangements and to transfer knowledge of new reimbursement methodologies in-house.

STEP 5: EXPECT THE UNEXPECTED.

Change is the one thing that’s certain in healthcare. Even while making concerted efforts to more effectively manage the practice, providers should also plan for the unexpected. Many new initiatives coming down the pike are fraught with uncertainty, and its good business strategy to mitigate risk wherever possible.

There is no perfect model for how to run a practice. How the above mentioned steps are prioritized will differ from organization to organization. The key is to be deliberate and avoid a seat-of-the-pants strategy. Moreover, practices must put their patients at the center of any management improvement efforts because, in the end, delivering optimal care that elevates outcomes and preserves satisfaction is the ultimate goal.

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Happy Holidays from all the Board Members of Maryland MGMA!
The Human Factor in Cybersecurity

WHAT YOUR ORGANIZATION CAN REASONABLY DO TO REDUCE RISK.

ELECTRONIC SYSTEMS HAVE revolutionized many aspects of health care delivery. Yet, they have also made the health care industry more vulnerable to malicious digital attacks. While security efforts are often focused on strengthening protections for software and operating systems, addressing behaviors of the end-users of these systems is equally important for organizations seeking practical methods to reduce the risk of a breach.

CYBERSECURITY IS MORE THAN PATIENT PRIVACY

Frequent cyberattacks on health care organizations over the past few years have resulted in a growing number of breaches and exposure or theft of patient records. Other consequences include disruptions to operations, financial cost to recover and implement corrective actions, and reputational harm to providers that can impact patient trust.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established national standards for the protection of confidential patient health information. Today, evolving cyber threats that include targeted attacks to expose vulnerabilities in how people interface with technology demonstrate the need to implement additional security measures above the minimum required by HIPAA. This is evident with the rise in ransomware that is often instigated with phishing scams in which a user receives a fraudulent message that can manipulate them into divulging confidential information in order to gain system access. This type of scenario can lead to the alteration or shutdown of systems that are central to providing care.

A SCALABLE APPROACH

Patient care depends on a proactive approach by health care organizations to better detect, prevent, and quickly respond to a potential security incident. The types of risks can vary depending on the nature of the services provided, to what end technology is integrated into care delivery, and organizational structure and policies. For any practice, but particularly for smaller or more resource-strapped practices, many practical solutions to improve security are free or have minimal cost. Here are some basic steps you can take to become more secure:

1. Ensure staff use strong passwords that are at least 10 characters in length, include upper and lower case letters, numbers, and special characters, and are unique to each system accessed. Passphrases can help make passwords easier to remember. For example, start with a phrase such as, “Mom likes apple pie!”. Then replace some of the letters with punctuation, special characters, and numbers to replicate the passphrase: “M0mlikes@pl1epie!”. This technique can be used by staff at all levels of the organization and should be used for administrative accounts that are often initially set up with default login information.

2. Implement multi-factor authentication where users provide a password and additional personally identifiable information to access a computer. This can include prompts for the user to respond to security questions like, “What is the maiden name of your maternal grandmother?”. It may also require that users possess a physical object to access a system, like a key card or token. Multi-factor authentication is a simple best practice to verify the user’s identity that enhances the protection of information stored electronically.

3. Regularly train staff to increase awareness and education about best practices including how to identify potential threats like phishing. Staff should be educated about how to identify these types of threats and encouraged to report them if they suspect they could have been targeted. Emphasizing specific areas of responsibility and assessing staff retention about security protocols can be beneficial and helps promote good habits that support prevention and detection, and ensures staff are prepared to respond if a breach is suspected.

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4. Create an incident response plan for detecting and managing suspected security incidents. Having a plan in place can help minimize the impact and protect the safety and security of your patients. An incident response plan should encompass processes to mitigate risks and potentially avoid a breach, including roles and responsibilities across the organization that can be reasonably understood and enacted. A good incident response plan should be updated regularly to account for emerging threat scenarios and changes within the organization.

Overall, creating an organizational culture that values risk-awareness and stewardship is a significant step towards improving security. Establishing a commitment among leadership to follow basic steps like those listed above is a good place to start. Reinforcement about best practices and reassessment of employees understanding will help ensure a strong security-minded organization.

RESOURCES
The Maryland Health Care Commission (MHCC) worked with stakeholders to develop the Cybersecurity Self-Assessment Tool (https://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/Cybersecurity_Self-Assessment_Tool.pdf). Practices can use this free tool to identify gaps in cybersecurity readiness related to people, processes, policies, and technology that make up their organization. The MHCC has also released other publications on its website that provide information about the current state of cybersecurity in Maryland.

Other sources include:
• MGMA’s fact sheet with action steps for Cybersecurity in Medical Practices; www.mgma.com/government-affairs/tools/cybersecurity-action-steps-for-medical-practices
• Top Ten Tips for Cybersecurity in Health Care from the U.S. Department of Health and Human Services; www.healthit.gov/sites/default/files/Top_10_Tips_for_Cybersecurity.pdf
• HITRUST’s Community Extension Program, offering free in-person events across the country to promote education and collaboration; hitrustalliance.net/community-extension-program

IN CONCLUSION
Some level of risk will always exist in a multi-layered, technology-dependent environment. The threat is especially real for the health care industry because of its unique access to personal information and the rate at which new technologies are being introduced. Mitigating these risks depends on the awareness, preparedness, and response practices established through the engagement of staff at all levels. Practices should consider utilizing available tools and resources to enhance security without relying solely on traditional and often costly external services and expertise.
PART 1: LEAN SIX SIGMA DEFINED
In today’s marketplace, the majority of organizations are looking to do two things: lower costs and maintain their competitive advantage. Lean Six Sigma is a process that can help achieve those goals when implemented correctly by improving efficiencies and eliminating waste.

What is Lean?
Lean Manufacturing or simply “Lean” is a popular methodical approach to streamlining both manufacturing and service processes by eliminating waste while continuing to deliver value to customers. Waste, in this case, is identified as a step or action that is not required to complete a process or a product in the case of manufacturing. At the completion of a successful Lean implementation only the steps required to produce a product or service that is satisfactory to the customer remain.

Many of the principles were first used in Henry Ford’s assembly line and more recently recognized when Lean Management Philosophy and Practices were introduced into the Toyota Production System.

What is Six Sigma?
Six Sigma is simply a method of efficiently solving a problem. It is named after a statistical concept where a process only produces 3.4 defects per million opportunities. The desired goal when implementing Six Sigma is that processes not only encounter less defects, but do so consistently.

Motorola introduced Six Sigma processes to its organization in 1986. Since then, it has saved organizations billions of dollars across virtually every industry.

So Lean Six Sigma is... Lean Six Sigma is a combination of the Lean Manufacturing and Six Sigma processes. Over 30 years ago, synergies between the two techniques were identified by consultants familiar with both and they began to use the different tools of Six Sigma, that are focused on improving quality, in combination with Lean, which is focused on removing waste.

Who Can Use Lean Six Sigma?
Because of its origin, a common misconception is that Lean Six Sigma can only be used for manufacturing. With the advancement of technology it is easy to see how it can be applied there. However, Lean Six Sigma can be applied to any industry or business process.

Doctor’s offices, accounting firms and other service industries have used Lean Six Sigma to streamline their processes, eliminate waste and improve the customer experience. The Lean Six Sigma Principles can also be applied to any sized company. In some instances, small and medium sized businesses can achieve the same success as large companies and they can move faster because a smaller number of people, fewer resources and less bureaucracy are involved.

Lean and Six Sigma complement each other. Lean accelerates Six Sigma, delivering greater results than what would typically be achieved by using one processed alone. Results of a successful application will be increased revenue, reduced costs and improved collaboration. By combining these two methods an organization gets a comprehensive tool set to increase the speed and effectiveness of any process. It applies to processes of any size organization and across all industries from a factory assembly line to the flow of paperwork at a law firm.

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PART 2: WAITING ROOM EFFICIENCY – IMPLEMENTING LEAN SIX SIGMA TO THE SCHEDULING PROCESS

I’ve always been one to try to streamline parts of my life. From childhood, I incorporated time management techniques into my daily routine and was not a procrastinator; I hated bottlenecks. So when I began to learn about lean six sigma (LSS), and ultimately go through training, I realized the LSS principles are in my DNA.

With that in mind, one day recently I took the day off of work and scheduled multiple doctor appointments. It’s a pre-tax season ritual with many of us accountants. It was a small challenge getting them all arranged, but I was able to get them in a logical sequence from a geographical and time perspective. The one that concerned me the most was the 2:00, which was preceded by a 1:00 about 15 minutes away. But the 1:00 appointment was a follow-up to a procedure that would require three minutes of the doctor’s time and was the first appointment after lunch. NO PROBLEM, right?

I arrived early at my 1:00, to ensure I was the first patient seen. I signed in at 12:20 and was the only person in the lobby. Another patient arrived around 12:45 and signed in and was called back before me, but I figure they have multiple doctors; I’m still first after lunch. I was called back about 1:05 and placed in a room to await the arrival of the doctor.

Numerous times I heard my doctor (who appeared to be the only doctor there) call over the paging system for assistance in the room next to me. About 1:25 I finally asked if I was going to be able to see the doctor in the next 5-10 minutes. I created a little bit of a stir in the office, especially when I found out they double booked appointments. They asked if I wanted to reschedule. No I don’t want to reschedule; I took the day off of work to take care of a bunch of things. I was here 40 minutes early: for over an hour now! The doctor finally came in and saw me at 1:35 and I walked out three minutes later rather agitated.

During those three minutes I asked him why I was not seen first since I was there at 12:20 and required an insignificant amount of time compared to the other patient. He said “I just take the patients in the order they tell me to.”

I walked out thinking, “What a great opportunity to implement the principles of Lean Six Sigma to the patient scheduling process”. It’s about making your customers happy and reducing waste. I was obviously not happy. And what a waste to make the patient with a three minute requirement sit in the office and wait 35 minutes past their appointment time. A better solution would be to see the short appointment first while the person having a 30-minute procedure could have been seen at 1:05. Two happy patients, instead of one annoyed patient. Not to mention I was there well in advance of the other person. While implementing the principles of lean six sigma to the scheduling process, a practice could incorporate both the arrival time and the length of face time into process when patients are double booked. Implementing certain procedures and policies could streamline the scheduling process and help to eliminate waste (bottlenecks, etc.) and improve patient satisfaction.

Happy customers are loyal customers that make referrals. Annoyed ones just write articles about their experiences.

Security Awareness Training

A NECESSARY AND POWERFUL TOOL TO PROTECT PATIENT DATA

OVER THE PAST SEVERAL years, I’ve spent considerable time with clients working to develop better IT policies when it comes to things like Acceptable Use, Privacy, Security, and Incident Response. These policies are all important and necessary, because if you don’t properly equip your staff with rules and guidance on the expectations for their handling of technology and by extension sensitive data, you can’t expect them to act responsibly.

But this goes beyond simple drafting of policy by management and acknowledgement by staff. Policies won’t necessarily educate users regarding the threats out there, or even more fundamentally, what some of threats mean to them. Moreover, policies are often stagnant. They are created to establish a guide for how people are supposed to act, but they do not necessarily speak to what a staff member might have to deal with on the most basic level of their day-to-day tasks. How is a staff member supposed to recognize a malicious email, illegitimate website, or applications that are not trustworthy? Even as an IT professional, I still run into new threats that I have to educate myself on, which means I have to continue to self-train on a regular basis.

If you look at the statistics, groups that have sophisticated and well thought out Security Awareness Training programs have fewer security incidents. This leads to real returns on investment for training products and services that really don’t cost very much, especially compared to the cost and impact of a major security incident. If you avoid one incident because of awareness that wasn’t in place before, the entire training program likely pays for itself. That’s why a number of compliance standards mandate a Security Awareness program.
In this article, I’d like to discuss ideas behind developing a Security Awareness Training program for your practice.

TRAINING CONTENT
The first step, whether it is coming up with a Security Awareness Training program or designing a fully functional networked computer system, is identifying what kind of data you are working with. As a medical practice, you are most likely primarily concerned with Patient Health Information (PHI) and financial information. So any training that you would implement should keep that kind of data in mind and in context. For example, it wouldn’t make sense to train on the Payment Card Industry (PCI) rules in an environment where nobody handles credit cards. However, for medical practices, general HIPAA/HITECH awareness is essential. We want staff to know the legal and regulatory rules to which the data they are touching every day must adhere.

However, looking only at compliance rules is not really seeing the forest for the trees. An end user who falls for a phishing scheme and gets hit with ransomware, or perhaps worse, unintentionally breaches information by volunteering patient information to an unauthorized user isn’t necessarily lacking in awareness when it comes to the concepts of HIPAA rules and compliance. These users need a basic education in responsible use of technology.

Therefore, the content for your Security Awareness Training program must speak to practical technology concerns. Start with looking at your workflow. What applications are end users working with? Are they installed locally on the PC or are they some kind of web application? How does staff usually communicate? Is the organization involved in social media? Is web browsing a major part of workflow? Does staff work remotely? Essentially, you need to create a “menu” of training that speaks to what they actually do day-to-day.

Typically, when I put together an agenda for training, it’s based on the organization’s specific operations. I try to take content that’s purely technical security, like how to recognize phishing emails, defining threats like malware, and explaining the role of encryption and what it means, and also toss in information about what to look out for when reading emails, browsing the web, or engaging in social media. We want the content to be broad, and not limited to a particular discipline of Security Awareness, but specific and tailored enough that the content within the training program still remains relatable.

You should also consider whether all users should get the same content or not. In some organizations it makes sense for certain users who have privileged access to special data to receive more robust trainings that speak more to specific concerns for their role.

TRAINING FREQUENCY
End users will “check out” of your training program if it’s not done the right way. They will look at training as a box to check off rather than a valuable tool to improve their awareness. Our end goal is to achieve better outcomes by improving user awareness, so it is essential that staff buy in to the program. It’s also important to recognize that awareness training, while important, is perhaps not the most exciting subject, and it can also be difficult to grasp depending on the specific subject matter.

So when coming up with a Security Awareness Training Program, I recommend spreading out some of the topics into a series of smaller, more digestible chunks. There are several advantages to this approach. First, this makes it much easier for end users to understand and learn. Also, individual trainings can be distinctly focused on a discipline, like technology terms or recognizing phishing emails, so that the material doesn’t blend together too much. Finally, I prefer agility when it comes to a training program. The content should have several broad goals, but should be flexible enough to update the content based on new threats, changes to the organization getting training, or other general changes to the world of technology.

Coming up with somewhat regular training sessions that gives a slow drip of a variety of information will create a much more aware workforce than other approaches in my opinion.

SECURITY TESTING
Every kind of awareness training should come along with basic testing. It doesn’t have to be the SATs, but we do want to make sure the audience isn’t zoning out on the training. Simple quizzes get the job done.

Furthermore, there are things we recommend outside of educational training that organizations can do like Phishing Testing. This is where fake phishing emails are sent to users. The simulated emails are designed to try to trick the user into responding or clicking through some kind of link in the same way a real Phishing attack might occur, but without the negative consequences. You can even redirect users who fell for the test to a landing page with tips on how to recognize that the email was not legitimate. Or you can put them into a small group to get additional basic training to reinforce and improve their awareness. One of the things I really like about Phishing Testing programs is that they speak to a current issue, something end users can relate to, and they can tie together not just awareness on Phishing but other Security Awareness concerns.

Like most things having to do with the implementation, management, and support of technology, there is no one-size-fits-all solution. My recommendation is to start thinking about your organization, what you do, and how you do it, and then develop a program of training and testing that fits practical concerns that speak to your staff, isn’t overwhelming, and delivers the results you are looking for. ■

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Pre-Visits Enhance Operations

ADMINISTRATORS ARE CHALLENGED with designing operational models that consider quality, safety, cost, and value while balancing clinician and staff satisfaction. This is no easy task in an environment that has rapidly changed to a consumer driven service. One strategy that has gained traction over the past several years is a pre-visit process.

Think about this: The simple act of relaying lab results takes an average of 7 phone calls between the patient and staff. Perhaps this a little more or a little less in your practice situation, but imagine the efficiency gained throughout the office if the clinician could discuss the results at the time of the face to face encounter. Patient, provider and staff satisfaction would be higher, call volumes would be lower, and efficiencies would be gained in assuring all components of the visit are in place and readily available.

Developing a pre-visit process is not onerous and can start at a very basic level. Most practices are probably already performing a basic pre-visit prep by checking benefits eligibility and checking for referrals prior to the visit. However, to maximize operational efficiency, have your team proactively identify processes that will have an impact on the clinical visit. For instance, an office’s pre-visit workflow may look something like this:

- Confirm appt, check benefits, eligibility, referral and auth status
- Complete updates to med lists, PMF histories, smoking status, etc.
- Obtain outstanding order results (lab, radiology, consults, records, etc)
- Obtain or perform disease monitoring services (labs, radiology, PFTs, etc.)
- Identify patient concerns to be discussed at the visit, needed refills, etc.

Keep in mind this can be accomplished via telephone or a nursing visit to the office. In developing your process, consider what takes time away from the clinician’s direct patient care and incorporate that into your workflow. The result is that the provider will have all necessary information at their fingertips during the clinical visit leading them to make medical decisions based on more complete information. Staff generally finds this workflow allows them greater time to spend with patients instead the hectic task of unexpectedly tracking down information during the office visit. If you practice has a chronic care management program in place, this might be the perfect opportunity to support those efforts and certainly could be beneficial with transitional care visits.

The beauty of implementing a pre-visit workflow is that it is custom to your individual practice and patient needs. Best practice is to take a team approach to evaluating the possible workflows. Include feedback from clinicians, medical assistants, and receptionists alike. Start at a very basic level and grow your process as patient, staff, and clinician acceptance expands. Measure your progress and adjust the workflow as necessary.

Pre-Visits could be a solution to creating operational efficiency in your practice and, as a bonus, aligns with MIPS as a clinical practice improvement activity, and arguably adds value to your patient encounters.

New Member Corner

Please join us in welcoming the following new Maryland MGMA member who joined between October 1, 2017 and November 30, 2017:

- **Cheryl Gundry, CPA**
  Healthcare Data Management, Inc.
- **Paul Jaravata**
  University of Maryland Faculty Physicians, Inc.
- **Tess Punjwani**
  University of Maryland Faculty Physicians, Inc.
- **Barbara Spector**
  Chesapeake Oral Surgery & Dental Implants
- **Donna Tritapoe**
  The Urological Center, P.A.

CALLING ALL MEMBERS

Refer a New Member for Your Chance to Win a $100 Gift Card

Do you have colleagues who would benefit from Maryland MGMA’s educational programs and benefits? Please encourage them to join as a member. During each quarter of 2017, we will hold a drawing for a $100 gift card from those who referred at least one member during that quarter. Simply instruct the person to enter your name on the application as the person who made the referral.

Direct your referrals to the Membership tab at www.marylandmgma.com. Membership questions may be directed to Stacy Stewart at the Maryland MGMA office – 443.966.3875 x131.

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2018 CPT Updates

INTEGUMENTARY SYSTEM: The code for chemical cauterization of granulation tissue is revised to remove reference to sinus or fistula and to direct that use of chemical cauterization to achieve wound hemostasis is not reported with code 17250. Cauterization to achieve hemostasis is included in the code for wound care, excision or repair. 17250 Chemical cauterization of granulation tissue (ie, proud flesh)

ENDOVASCULAR REPAIR OF AORTIC ANEURYSM: Eight codes are deleted, four revised and 16 new codes added. The new codes bundle a range of related services into the repair codes, including pre-procedure sizing and device selection, non-selective catheterizations and radiological supervision and interpretation. Code series expanded for repair of iliac artery and exposure of the femoral and iliac arteries for delivery of endovascular prosthesis. 34701-34716

X-RAYS OF CHEST AND ABDOMEN: In order to increase the flexibility and accuracy for coding customized exams, 2018 brings 7 new codes based on number of views taken. Example: 71045 (Radiologic examination, chest; single view). 71046 (Radiologic examination, chest; 2 views). 71047 (Radiologic examination, chest; 3 views). 74018-74021 describe the new abdominal x-ray codes.

COGNITIVE ASSESSMENT CARE & BEHAVIORAL HEALTH: 99483 Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient & 99484 Care management of services for behavioral health conditions at least 20 minutes of clinical staff time directed by a physician/ QHCP per month. Psychiatric collaborative care management, BHCM activities, in consultation with a psychiatric consultant, and directed by the treating physician, 99492 initial 70 minutes first calendar month & 99493 Subsequent visit first 60 minutes in a calendar month & +99494 each additional 30min per calendar month. Bone Marrow: A new code was created to describe a diagnostic bone marrow procedure that bundles biopsy and aspiration into one code 38222 & a new add-on code +20939 for bone marrow aspiration for spine surgery, (when performed through a separate incision). Arterial needle or catheter introduction: Code 36120 (Introduction of needle or intracatheter; retrograde brachial artery) is deleted while code 36140 has been revised to read: “Introduction of needle or intracatheter, upper or lower extremity artery.

ESOPHAGECTOMY: 43286 Esophagectomy total or near total with laparoscopic mobilization of the abdominal mediastinal esophagus and proximal gastrectomy with laparoscopic pyloric drainage procedure if performed with open cervical pharyngogastronomy or esophagogastronomy ie laparoscopic transhiatal esophagectomy. 43287 Esophagectomy distal two thirds with laparoscopic mobilization of the abdominal and lower mediastinal esophagus with proximal gastrectomy with laparoscopic pyloric drainage & 43288 Esophagectomy total or near total with thoracoscopic mobilization of the upper middle and lower mediastinal esophagus with separate laparoscopic proximal gastrectomy with laparoscopic pyloric drainage procedure if performed with open cervical pharyngogastronomy or esophagogastronomy i.e. thoracoscopic, laparoscopic and cervical incision esophagectomy McKeown esophagectomy tri-incisional esophagectomy.

NERVE REPAIRS: Surgeons who perform nerve repairs with allografts will have a new primary and an add-on code. 64912 (Nerve repair; with nerve allograft, each nerve, first strand [cable]) & 64913 with nerve allograft, each nerve, each additional strand [List separately in addition to code for primary procedure]).

CY 2018 MPFS CONVERSION FACTOR IS $35.99
THERE IS MUCH FEAR and uncertainty right now related to healthcare reform. Many physicians are wondering if the complexity of running their medical practice might be too much. Hot topics include burnout and repeal and replace (and delay) the ACA, MIPS and MACRA, mergers and acquisitions and the retirement of our boomer physicians. Other physicians want to remain independent and they emphasize coming together with other groups to form collaborative care networks for strength in numbers as fifteen physicians have more influence when dealing with hospitals and payers than four or five. Your hard working physicians need trusted resources and leadership to help them navigate in these turbulent, consequential and complicated times.

Mastering the professional competencies and six domains outlined in the Body of Knowledge (BOK) provides the framework for the certification exams and successful medical management which will help lead your practice to a soft landing in 2017, a year that fulfilled promises to be odd in many ways — not just mathematically.

Validate your unique qualities and competencies that every successful medical practice executive must possess.

It used to be enough to go to college, pick up a few skills, and ease onto a career track. But now that information is updated hourly and is available anywhere to anyone, everyone must keep learning. And one thing we know about learning is that you can’t do it if you aren’t motivated. But if you are motivated, the opportunities abound.

Get certified!

The process for earning the Certified Medical Practice Executive (CMPE) credential is based on a body of knowledge specific to our profession. You won’t find another medical practice management certification program as robust and clearly defined.

We at Maryland MGMA can help you lead your practices and advance your career with tools to become certified using the method I refer to as easy as a pie: Assess Plan Implement Evaluate. Using the foundation of the BOK will result in skills applicable to real life circumstances.

In 1943, Harry Emerson Fosdick, then the pastor of New York City’s Riverside Church, published a book called On Being a Real Person. He argued that “the primary command of our being is, Get yourself together, and the fundamental sin is to be chaotic and unfocused.” We are all born, he wrote, with different selves, tastes, talents, fears, competing desires, and possibilities. Over the years, our job is to integrate our many parts, which entails choosing the goals and tasks we consider most important. Three types of people, Fosdick observed, emerge from the struggle: those whose lives remain scattered and ineffectual; those who focus on a low purpose, like money or status; and those who, finding a vocation guided by a high purpose, corral their conflicting selves “sufficiently to make a concentrated impression on the world.”

With that being said, we have vast opportunities to make a tremendous positive difference in health care today by investing our time, effort and good work to being the best leaders in the industry and mastering all elements of practice management.

One of the most fundamental skills is operations management, which is 29
% of the weighted objective questions. Operations management requires the understanding of business operations and effective management of a medical practice.

Operations management performance objectives are outlined in the book:
1. Demonstrate knowledge of industry benchmarks, best practices and total quality management techniques for process improvement.
2. Demonstrate knowledge of master budgets, employment law, healthcare rules/regulations and the ability to apply project-management techniques to support the strategic plan.
3. Demonstrate skill to establish and coordinate processes for purchasing and asset management.
4. Demonstrate skill to provide a high quality and safe environment.
5. Demonstrate knowledge of communications, marketing and community relations.
6. Demonstrate knowledge of how information technology supports business needs and organizational goals.
7. Demonstrate the skill to monitor physician conduct and performance expectations.
8. Demonstrate knowledge of compensation plans, revenue allocation methods, expense allocation methods, and merger and acquisition agreements that establish productivity and compensation benchmarks for physicians and staff.
9. Demonstrate the skill to monitor physician conduct and performance expectations.

Please challenge yourself to consider how you might answer this OPERATIONS MANAGEMENT essay scenario:

• You are the administrator for a medical practice.
• Your physicians would like to hire a new service in the practice.
• Describe the process you would use to address this request.

The rewards of certification include validation that you know how to manage a medical practice in difficult situations and have mastered the various domains essential for success. Mastering The Body Of Knowledge and all 6 knowledge domains will benefit the practice and your career.

HOW DO YOU DEVELOP AND IMPLEMENT AN EFFECTIVE BUSINESS PLAN AND MANAGE DAILY OPERATIONS?

If a picture is a thousand words, please take a minute to consider what this one is saying as it relates to operation management.

Serving as your ACMPE representative for this final year and believing that we are truly stronger together, I encourage you to pursue the goal to certification so that you may experience painless operation management.

Kem Toliver has graciously accepted the position as your new ACMPE Maryland Representative for 2018 and she will be invaluable with her years of experience and passion for teaching and sharing. Her contact information is kem@medrevenuecycle.com and (301) 249-8500.

FACMPE and CMPE Certification: Value — Without Question

Please visit the member only resources to take advantage of the benefits on the Maryland MGMA website at www.marylandmgma.com for ACMPE study information and to register for the upcoming testing dates as you enrich your career knowledge.

You are certifiable and we can help. Take the test! “Tell me and I forget. Teach me and I remember. Involve me and I learn.” Ben Franklin

Penny Doherty is a Maryland ACMPE representative and the Practice Manager at Allergy & Asthma Associates, P.A.. She got certified in 2009. You can too! For help and inspiration, contact her at pdoherty@annapollendocs.com or pennydoherty@mac.com.

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<th>2018 EXAM DATES (NATIONWIDE COMPUTERIZED TESTING)</th>
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<td><strong>EXAM DATES</strong></td>
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<tr>
<td>MARCH 10 – 24, 2018</td>
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<td>JUNE 9 – 23, 2018</td>
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<td>SEPTEMBER 8 – 22, 2018</td>
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UPCOMING EVENTS

STAY TUNED FOR MARYLAND MGMA’S 2018 EVENT CALENDAR.

JANUARY 12, 2018
Webinar: Telemedicine
12:30 – 1:30 pm

JANUARY 18, 2018
In person Event - “New Year New You” / Staff Engagement
8:00 – 11:00 am

JANUARY 31, 2018
Eastern Shore Meet and Greet
5:00 - 7:30 pm
Peninsula Regional Medical Center

FEBRUARY 9, 2018
Webinar: TBD
12:30 – 1:30 pm

MARCH 9, 2018
Webinar: TBD
12:30 – 1:30 pm

Mark Your Calendars!

MAY 4, 2018
Spring Payer Day

OCTOBER 11-12, 2018
State Conference

Dates and locations of events are subject to change. Please visit marylandmgma.com for registration links and the most up-to-date information about our events.

HAVE A JOB OPENING?

Don’t forget to utilize Maryland MGMA’s Career Corner. Members may post jobs for free and the non-member fee for a 30-day posting is very affordable at $150. If you are searching for a new position, or if you have an opening, please visit our Career Corner for more details.

MarylandMGMA.com > Resources > Career Corner

SOMETIMES THE BEST resource for knowledge is your peers. We encourage our Maryland MGMA membership to share their stories with us to help make our communications relevant and timely. The Marketing Committee is looking for input on content for our website, newsletter and broadcast emails, including:

- **Maryland MGMA Member News**: Promotions, career changes and more – we want to recognize the accomplishments of our members.
- **Topics for our MediNews articles**: We want to know what topics are important to you – what you want to read about.
- **Authors for our MediNews articles**: Want to submit an article to the MediNews? Send it to the Marketing Committee for consideration and we may include it! A good example of an article might include a best practice that you have implemented at your company that worked for you, and would like to share with the group.

To submit your input or article, please email info@marylandmgma.com. Thank you in advance for your input!
Creating a Partnership That Works

Proximal has realized recovery rates nearly double the industry average. Many of our clients have never sought the services of a debt recovery agency. Others have tried “big national agencies” only to find confusing fees, poor customer service, and less than favorable recovery results. Proximal attributes its success to:

- A great skip-tracing department
- Trained collection professionals
- State-of-the-art technology
- Easy to use patient portal
- Company Ethics and Philosophy
- Specialization in Medical collections
- Fees that you can understand
- Quantifiable results

Medical Collection Experts

Having a company like Proximal handle your medical collections lets your patients know that you are serious about getting paid for what you are legally owed. Our collection professionals understand the financial complexities your patients encounter and have a wealth of knowledge with health insurance protocols.

Easy for Your Practice and Patients

One of the keys to successful collections is providing access for the debtor to pay at their convenience. Our patient portal provides 24/7 access to make payments and check balances online.

Measurable Results

Through the use of our client portal, you can run reports and check progress. As part of our services, we provide monthly progress reports on all of your placements.

Call us today at 410-494-7932 to learn how Proximal can help your practice.
We deliver value.

Nixon has been satisfying medical practices like yours since 1967. We provide, launder and deliver a complete line of customized healthcare apparel, patient gowns, linens, towels, floor mats and other patient preferred products.

We’re the largest and fastest-growing medical wear and linen rental service company in the Northeast and mid-Atlantic.

Let us show you how we can deliver the best overall value. **Call us at 866.300.5608** and we’ll come to you.

www.nixonmedical.com