



Peak News

Newsletter of the Pikes Peak Chapter of the Professional Association of Health Care Office Management, Colorado Springs, CO

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Identity Theft

By **John Chapman, B.A.**

Employees and employers are worried about it ... for good reason. Identity theft is the fastest growing crime in America. According to the Department of Justice, revenue from this crime has surpassed drug trafficking. It has been the #1 complaint for eight straight years with the Federal Trade Commission, which has estimated that 25% of American families fall victim each year.

While identity theft is often considered a financial crime involving mostly credit cards, the truth is far different. Credit card identity theft comprises merely 28% of the picture. Other forms include Social Security, Driver's License, Criminal, and Medical identity theft. Some of the common impacts are listed below, the majority of which often necessitate the involvement of attorneys and licensed investigators in order for the victim to fully restore their identity:

- *Depleted bank accounts
- *Inaccurate credit score
- *Inaccurate DMV record
- *Inaccurate background checks
- *Inaccurate medical profile
- *Cancelled Insurance
- *Increased Insurance Rates
- *False Arrest
- *Terrorism
- *Loan Denial
- *IRS Issues
- *Reputation
- *Collections
- *Legal Expenses

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While opinions of the average financial cost per victim range from \$1,500 - \$6,000, the most profound impact is the time individuals spend attempting to restore their identity - over 600 hours! The majority of this time must be taken during normal business hours, becoming an absenteeism and productivity issue for the employer - and much more. PrivacyRights.org cites numerous studies in which the emotional impact of identity theft has been found to parallel that of violent crime. An LSK study showed that employees with identity theft and other legal problems are absent five times more than average, use their medical benefits four times more than average, use sick leave twice as often, and experience a substantial reduction in their productivity.

More than 127 million records were breached in 2007, but data breaches are merely one way information can be compromised. According to a Michigan State University study, 51%-76% of identity theft originates in the workplace, normally due to employee error, not intent. A Computerworld study cites that administrative errors were responsible for 61% of data breach incidents. Employee training, a comprehensive written policy, and the appropriate electronic and physical safeguards can greatly reduce an employer's overall risk.

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Identity theft

Liability and compliance are also significant concerns for businesses. Laws such as FACTA, HIPAA, Gramm-Leach-Bliley, and the new Red Flag Rules require many businesses to implement specific policy and training safeguards designed to better protect and manage sensitive information. Regardless of whether these safeguards are *required* for your business is somewhat moot given today's litigious culture. According to CIO magazine: "If you experience a security breach, 20% of your affected customers will no longer do business with you, 40% will consider ending the relationship, and 5% will be hiring lawyers."

There are many steps all businesses can and should do to reduce risk. Performing these steps will demonstrate to law enforcement, your clients, customers, and employees that your company is taking all reasonable steps to combat this issue. Some of the main steps, culled from the FTC publication *Protecting Personal Information: A Guide for Business* and other sources, include the following:

- Appoint an Information Security Officer (or update the scope of this position)
- Implement a comprehensive Sensitive Information Policy
- Create a culture of security by implementing a regular schedule of employee training
- Ask every employee to sign an agreement to follow your company's confidentiality and security standards for handling sensitive data
- Have a mitigation plan or program in place

Medical practices are major targets for identity theft due to the volume of sensitive information present (both physically and electronically) such as Social Security numbers, dates of birth, financial, insurance, and of course medical information. In fact, medical identity theft is considered the fastest growing aspect of this crime. For a detailed analysis of medical identity theft, I would strongly recommend AHIMA's July 2008 practice brief entitled "Mitigating Medical Identity Theft" available via www.ahima.org.

Implementing identity theft safeguards does not need to be an expense. Several companies, including ours, will provide the training and documentation needed to assist your compliance and due diligence

efforts at little or no charge.

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### Try these tips to save time

Need to run a tighter ship so you can have a little more leisure time? The days that's a pretty common problem and goal. People work more hours and are spread pretty thin. But don't despair. Here are a few time management tips from Worklifebalance.com's (www.worklifebalance.com) CEO Jim Bird:

- **Use a daily planner.** Electronic or paper, it doesn't matter. Choose one that gives you at least one page per day, and then make sure you always keep it with you. Jot down your commitments as you go.
- **Get rid of your to-do list.** Why? To-do lists often end up being frustrating and futile, something you never quite get to. Instead, take your to-do list before you toss it out and transfer the items to a particular time and day in your daily planner. You'll be amazed at how much your stress level goes down and how much you accomplish when you do this.
- **Set aside a block time to return phone calls and answer e-mails.** Choosing early morning to this is often best since the other person will have the rest of the day to respond. Of course, urgent messages and phone calls should be returned in a timely manner.
- **When talking on the phone or in face-to face conversations, give the other person your full attention.** Don't page through your e-mail in-box or fill out your daily planner when you're talking to some. Make sure that your communication is clear and focused, which will reduce the need for clarification and other time-wasters in the future. Don't multitask when you deal with people. It never pays off.

**This article is provided courtesy of the February 2008 edition of *First Draft* which allows reprint permission to licensed subscribers.**

## Redirecting Our Focus

Editorial By Rudy Drautz, CMM

Over the course of the past eight years we have had to react to what has been going around us with a feeling that there is little that we could do.

As we reflect on what has taken place we can conclude that our fate is in the hands of others who know little about practicing medicine. This has been made more evident with the occurrences of the past six to seven months.

In December 2007 and January 2008 we once again were hopeful that we would not see cuts in the Medicare rates as had been planned. In January 2008, we were relieved a bit when we once again escaped a cut but learned that it was to be just until July 1, 2008. In late June of this year many of us were called to action to make phone calls to our Senators and Congressional Representatives to muster their support for HR 6331. At the last hour the Bill passed the House but fell two votes short in Congress. After the recess, Congress reconsidered the bill and it passed only to have President Bush veto it. It returned to both chambers of Congress where the veto was overridden. As a result, reimbursement rates are frozen for the remainder of 2008 and will increase 1.1 percent in 2009.

Closer to home, we faced lawmakers' attempts to raise the cap on non-economic damages in civil suits by 50 percent. If passed, the bill [S.B. 164] would have made it possible for large jury awards that, in turn, would have significantly raised malpractice insurance and other health care costs.

Again, through the efforts of the Colorado Medical Society and our own El Paso County Medical Society who collectively called us to voice our concerns to lawmakers, the bill was defeated.

Medical offices continue to be hostages to Insurance companies. They tell us what we have to do to get paid [referrals, pre-certifications, when and where the care can be provided, who can provide the care, how long and under what conditions the care is to be provided, on and on], how long it will be until we get paid, and what we can and cannot do when it comes to the contract. It appears that they know more about how to practice medicine than we do.

So what can we do? Continue to be pawns in what appears to be a game of chess or begin using our energy in a positive way to come up with ideas to turn this trend around. Perhaps this is a topic for us to consider at our Breakfast Club meetings?

In battle and in sports, we often hear the analogy "that a good defense is a great offense." Let us be part of an initiative to redirect our focus toward being in control of providing great health care!

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### "Quotes for inspiration"

#### On compassion

The whole idea of compassion is based on a keen awareness of the interdependence of all these living beings, which are all part of one another, and all involved in one another.

—Thomas Merton



### How to succeed as a leader

When you're a leader you need a set of guiding principles. Here are some suggestions from Alan Gregerman in *Lessons from the Sandbox*:

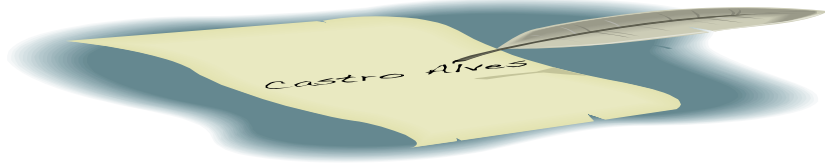
- If you want magic, you have to remember that leaders create the context in which real magic happens.
- You, as a leader, are the person who get's everyone's attention.
- It's your responsibility to capture the imagination.
- You are the one who has to give everyone their part to play — and the guidance and encouragement to accomplish what needs to be done.
- While you're expected to be decisive, it's important not to take yourself too seriously.

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**This article is reprinted with permission from the November 2007 of *First Draft***

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## President's Point of View



The Commonwealth Fund, a private charitable foundation that works to promote a better performing health care system, released its 2008 scorecard on the performance of the US health care system a few weeks ago. The 100-point scorecard measures 37 indicators including health outcomes, quality, access, and efficiency.

Of the 19 industrialized nations included in the scorecard, the US ranked 1<sup>st</sup> in health care spending, and 19<sup>th</sup> overall, scoring a dismal 65 out of 100. Just 2 weeks ago, a Harris poll revealed that 82% of the adults polled felt that the US health care system needs “fundamental change or complete rebuilding”.

Even though it's an election year, no one candidate can move these kinds of mountains. It will take considerable effort from all health care stakeholders—patients, employers, providers, insurers, and the government—to effect change. And, change is sorely needed. Our current system is unsustainable.

On the list of health care stakeholders, we fill 4 of the 5 roles. Sure, we provide care, but we are also patients, employers, and voters. Even so, can we do anything significant to improve the situation?

The first step in fixing a problem is admitting there is a problem. As providers, it's time to take a close look at the efficiency of our organizations. Is there duplication and waste? Have we built obstacles into our workflow that impede access to care? How do we collect information and disseminate it? If we continue doing things the way we've always done them, should we be surprised when we continue to get the same results?

As patients, do we accept responsibility for our own actions? Not smoking, avoiding alcohol and recreational drugs, exercising, eating a healthy diet, and taking safety measures—these are all within our control.

As employers, do we offer health insurance, help fund HSAs, provide wellness benefits, and encourage our employees to maintain healthy lifestyles?

And, as voters, do we exercise our right to vote and be heard? Our legislators need our input—we are their eyes and ears within the system. Our state and local medical societies, specialty societies, and professional associations have their fingers on the pulse of our health care delivery system and are wonderful resources for health care managers. And, as health care managers, our grassroots efforts guide these organizations to better represent our patients' interests and the interests of our providers.

Educate yourself about the issues and become part of the solution. If you don't, who will?

Carpe diem,  
Janet



## PIKES PEAK PAHCOM MEMBER LIST

Pikes Peak PAHCOM proudly recognizes its members and its corporate sponsors.

Welcome to our newest member: **Celine Ruiz**, Women's Associates, PC. We're pleased to have you join us!

We extend our sincere gratitude for the confidence renewing members have placed in this association by referring new members. Our Chapter is successful because of you.

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**Together we can reach great heights. !!!!!**

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**Sharing Knowledge in Health Care Management**

**PP PAHCOM News and Events**

**September 16–19, 2008**

**PAHCOM 20th Annual Conference in St. Louis, MO**  
PAHCOM celebrates its 20th birthday in St. Louis with an impressive list of speakers and timely health care management topics. It's not too late to join the celebration. Visit [www.pahcom.com](http://www.pahcom.com) for details.

**Breakfast Club (no September meeting)**

**Memorial Administrative Center**

We will not meet in September to allow members to attend PAHCOM's annual conference. The schedule will resume at 7am on the third Friday of the month beginning in October.

**October 2, 2008 5:30 p.m. to 7:00 p.m.**

**Annual Membership Drive**

**Memorial Administrative Center**

Know someone who might benefit from continuing education, networking, or certification? Share your secrets of success and introduce them to PP PAHCOM at our annual membership drive. Food and prizes provided.

**October 28, 2008 7:30 a.m.–4:30 p.m.**

**DoubleTree Hotel**

**Financial Management 101**

**Jennifer O'Brien, Karen Zupko & Associates**

Save the date! This is one of our most popular workshops, whether you're a rookie or seasoned veteran. Watch for the conference brochure to be mailed in mid-September.

**November 19, 2008—8:00 a.m. to 10:00 a.m.**

**Legislative Update - Edie Sohn and Marilyn**

**Rissmiller with Colorado Medical Society.**

**Memorial Administrative Center**

Join us as we try to make sense of 2008's legislative impact and learn what's in store for 2009.

**PEAK NEWS**

**WE'RE ON THE WEB!**

**WWW.PIKESPEAKPAHCOM.COM**

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PP PAHCOM relies on several communication channels. In addition to our web site, newsletters, and member e-mails, we enjoy professional relationships with members of the local and regional health care community. The El Paso County Medical Society, Colorado Medical Society, COPIC, Memorial Hospital, and MDNews have been especially generous with their resources in marketing our events. To these very special friends, our heartfelt thanks!

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Share The Knowledge

It is a known fact that PP PAHCOM managers are creative. Each of us works diligently to make our organizations more efficient, save time and money, develop new business, and satisfy patients. There are great health care management ideas out there, and we want you to share what you're doing. Here's the format. Include your name, your organization's name, and describe your management tip in 300–500 words. Explain the issue or problem you identified, the steps you took to resolve the issue or problem, and the outcome of your actions. Submit your completed tip in Word format to Editor, pppahcomnews@aol.com, subject " PP PAHCOM Management Tip".

Submit your management tip to PP PAHCOM. If we publish your tip, not only will your colleagues benefit from your experience, you could win a \$50 gift certificate!