

Peak News

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

PAHCOM Chapter of The Year 2009

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Improving Processes and Profitability by Reducing Waste

By Janet Burch, CMM

Part of a practice manager's role is to fly at altitude, to see the practice and its operations from 30,000 feet. From that vantage point, one can be removed from the daily activities and focus on significant issues affecting the industry. The knowledge that guides us through many of the daily activities in our organizations is a direct result of taking time to understand those external issues from 30,000 feet. Great in theory, but the practical application of this skill in a busy practice is often difficult to apply.

It's become almost a cliché...health care is changing rapidly. Unfortunately, downward pressure on reimbursement, combined with intensifying public scrutiny to consistently deliver optimum health care, are compelling reasons for practice managers to step back and rethink how their organizations perform in this changing environment. If you can't control reimbursement, are you actively controlling your expenses and maintaining profitability through efficient processes? Are you continually reacting to change, or does change present opportunity to improve the care and efficiency your organization delivers?

A recent Thomson Reuters white paper estimates that the US health care system wastes between \$650 and \$800 billion (that's billion with a "B") every year. The white paper identifies several areas where waste is uncontrolled—administrative inefficiency, unnecessary treatment, medical errors, and fraud. According to the white paper, the most significant areas of waste in health care are:

- Unnecessary care (40%)—unwarranted treatment in the form of medications and duplicate lab tests to protect against exposure to liability
- Fraud (19%)—fraudulent claims and kickbacks for referrals for unnecessary services
- Administrative inefficiency (17%)—redundant paperwork and systems
- Healthcare provider errors (12%)—avoidable medical mistakes
- Preventable conditions (6%)—uncontrolled conditions which are much less costly to treat when managed early
- Lack of care coordination (6%)—inefficient communication between health-care providers leading to duplication and inappropriate treatments

The overwhelming majority of healthcare providers do not willfully engage in fraudulent activities; however, the remaining areas identified in this white paper present opportunities to improve. With so many dollars at stake, even simple changes at the practice level can begin to make a difference. If every practice began pursuing these opportunities, the savings to the healthcare system could be quite significant. And, even more importantly from a practice management point of view, practices that learn to work more efficiently will see their own costs of providing care decrease.

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Improving Processes and Profitability by Reducing Waste

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Where to begin is an often cited question. Pikes Peak PAHCOM recently hosted a presentation by Frank Cohen, one of the country's leading experts in process improvement. Frank spent an entire day discussing not only the reasons why action is necessary now, but also how our actions to improve processes at the practice level can provide the impetus to make and sustain meaningful change. It was no coincidence that the Colorado Medical Society, El Paso County Medical Society, and Health Team Works (formerly Colorado Clinical Guidelines Collaborative) also attended this presentation.

Frank Cohen introduced basic process improvement concepts borrowed from other industries and adapted to healthcare. The first step in improving a process is to gain consensus that a problem exists. Once identified, map the process—ask questions, measure, and outline every step. Involve the people who currently perform the process. Next analyze the data. What did you discover? Now that you know what contributes to the inefficiency of a process, what ideas are generated to improve the process? Consider all ideas, implement changes, and repeat. Any process improvement project is a work in progress—just because an idea or solution to a problem has been implemented, you're not finished. Process improvement efforts have to be continually monitored and adjusted as needs and circumstances change. Building that kind of flexibility into your organization will help it control costs and be better positioned to adapt to whatever changes come next.

Beyond theory, there are process improvement projects underway in several cities in Colorado, thanks to the efforts of both the Colorado and El Paso County Medical Societies and Health Team Works. The "Practice Evolution Project" (PEP), targeting administrative inefficiencies, and "Improving Performance in Practice" (IPIP), whose focus is on clinical inefficiencies, are two statewide initiatives designed to teach practices to implement process improvement techniques. It is hoped that these pilot programs will help practices build a support network. These initiatives offer physician practices an opportunity to learn skills that will help them succeed both now and later in this unsettled health care climate.

For more information about PEP, IPIP, and how your organization might benefit from participating in process improvement projects, please contact Marilyn Rissmiller at the Colorado Medical Society or Carol Walker at the El Paso County Medical Society.

Breakfast Club [Opportunity Not Detention]

By Kathy Bosche, CMM

Unlike the movie in the 80's, Pikes Peak PAHCOM's Breakfast Club is about opportunity, not detention!

Let me explain a little bit about "The Breakfast Club"... members of Pikes Peak PAHCOM are invited to attend these one-hour sessions where they are encouraged to discuss any subject pertinent to medical practice management. They meet the third Friday of each month, and have collaboratively developed a number of useful tools for managers. One such development of the Breakfast Club was a checklist for bringing a new doctor into the practice and ensuring that no necessary steps were missed in getting him/her credentialed with hospitals and insurance companies.

As we all know, hiring a recently graduated medical assistant (MA) can sometimes be challenging. There is rarely enough time to train them in the idiosyncrasies of "our" individual office before we expect them to hit the deck running. And some newly graduated medical assistants are convinced they have learned everything they will ever need to know.

So, in August 2007, the Pikes Peak PAHCOM Breakfast Club bravely engaged in assembling representatives from local trade schools who train medical assistants, along with key people from staffing agencies and credentialing organizations in an effort to better understand how MAs are trained and to give feedback to the schools about the skills and abilities that we really need MAs to have.

The first meeting yielded representatives from four schools and two consultants who were asked to speak on admissions criteria, resources they offer in and out of the classroom, and what Pikes Peak PAHCOM can offer to enhance and add value to their programs. Everyone was extremely enthusiastic and agreed to continue this dialog on a semi-annual basis.

From these early discussions, Pikes Peak PAHCOM members compiled a Standards of Behavior and developed a list of necessary Skill Sets that extern sites and prospective employers can present to candidates. Pikes Peak PAHCOM members agreed that member offices participating in these discussions would become the desired locations, the gold standard among extern sites, for student externs ready to engage in hands-on learning experiences. They agreed to create a teaching environment and to set similar behavior expectations for externs as they did for their own staff. Schools could be confident that the training experience for externs at PAHCOM sites would offer students a challenging and safe environment in which to practice their newly-acquired skills. In return, PAHCOM sites would receive students well-prepared for the physician office experience and future employment in health care.

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Breakfast Club [Opportunity Not Detention]

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Recommendations from subsequent meetings such as lengthening the program (at least two years), broadening the externships to include rotations in specialty offices, and encouraging volunteer time were given to the schools. In many cases, schools have been very responsive and have changed curriculum to better accommodate the needs of medical offices.

Members of the certifying bodies (AAMA and AMT) have provided valuable insight into the certification process. As a result of their presence at these meetings, nearly all Pikes Peak PAHCOM offices require certification as a term of employment for medical assistants. Because of changing student demographics, schools now include criminal background checks in their enrollment screening policies, just as potential employers do. Locally, many schools did not require students to have Hepatitis vaccinations or screening before sending a student to an extern site. As a result of these discussions, most schools now provide this or are in the process of making this change. Staffing agencies have asked that EMR training be a larger part of the curriculum so that the students are better prepared for working in "the real world".

Another huge benefit of this collaboration has been the opportunity Pikes Peak PAHCOM members have had to sit on the advisory boards of the participating schools. At this point, there are five members sitting on the boards of five different schools. This has allowed the membership to give back to the community in a way that can help improve the quality of healthcare for our patients.

When this collaborative group last met in April, we were pleased to have an ever increasing number of Pikes Peak PAHCOM members in attendance, as well as more schools represented. One representative, from a four-year college, came specifically to hear how the ideas could be incorporated into his institution's healthcare education curriculum.

Pikes Peak PAHCOM has committed itself to continue this very beneficial dialog into the future. There will be no shortage of topics, considerations, and changes to discuss as healthcare continues to evolve.

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## Surviving and succeeding in the midst of ever increasing change, complexity, and cost pressures

The pressures facing health care offices are intense and growing, yet they can be managed. From HIPAA to 'Meaningful Use' and beyond, change, complexity, and cost pressures are increasingly impacting most every health care office. These looming challenges can be turned into growing opportunities. Hopefully this will encourage and help you as you think through the impact these issues have on your office and how you will turn them to your advantage.

A famous scientist once said, ***"It is not the strongest of the species that survives, nor the most intelligent...It is the one that is the most adaptable to change."*** We live in a time when these poignant words are not just abstract theory but practical guidance in the running of our offices. Longing for the 'good old days' when life was simpler and more predictable isn't enough to change the reality. The timing, degree, and form of these issues will vary from office to office. However, they are increasingly becoming critical issues facing health care offices. Taking steps now to understand them and learn to address them will pay off big in the long term.

There are some simple steps we can take to begin managing change, complexity, and cost pressures. The first step is to embrace a lifetime of learning. This may range from seeking to learn from others at PAHCOM events to spending time regularly on the internet doing research or visiting the library. Mostly it involves accepting the fact that learning and growing are a part of the new reality. Another step is to gather the whole staff periodically to brainstorm ways to manage changes,

reduce complexity, cut costs, improve profitability, and improve patient service. Consider every idea and see if you can find anything you should apply from it. Another step is reviewing profitability of the services your office provides and optimizing your service mix and thus overall profitability. If we use these or any other approach, the important thing is that we each assume an attitude that we can manage these issues and turn them to our advantage.

When we begin seeing the pressures facing our offices as manageable realities, we will almost certainly begin finding ways to improve our offices. This may involve cutting costs, reducing unnecessary complexity, managing and preparing for changes, improving revenue, increasing patient satisfaction, and helping our staff spend less time with repetitive tasks and more time making further improvements. The steps we make may range from simple workflow changes to creating a web site with forms for our patients, to internet scheduling, to a full Electronic Health Record implementation. Regardless, if we take these steps after studying how they will impact the above issues, we will be far better off in the short and long term. As stated by the American College of Physicians' roadmap for EHR "Try not to adapt the technology to old and perhaps inefficient work patterns - but rather use the opportunity to leverage the ability of the EHR and its components to create efficiencies."

Hopefully this will encourage you to manage the ever increasing challenges and stimulate ideas for ways to do that.

**Article provided by PP PAHCOM Corporate Silver sponsor David Bowser of Agilize. You can contact him by email at [David@Agilize.com](mailto:David@Agilize.com) or call (719) 266-5056. You can also ask for their HealthOffice Newsletter.**

## **Semi Annual Trade School Meeting Update**

By Judy Boesen

The semi annual meeting of the PAHCOM membership and the trade schools was held on April 4, 2010. Representatives from Pima Medical Institute, Everest College, College of America, Remington College, University of Phoenix, Pikes Peak Community College, and Intellitec Medical attended as well as a representative from WSI Personnel Services and AAMA were in attendance.

Fourteen-office managers attended and described their experience with externs. All wanted to learn how they could make the experience better and more productive for everyone.

The trade representatives described their advisory board process and encouraged Pikes Peak PAHCOM representative on their board. It was noted that several of the schools have a MD on the advisory board.

Boni Bruntz, AAMA representative, gave an update on the process of CMA certification. As of January 1, 2010 CMA's must retest every 5 years from the date of their last exam to maintain certification. CMA's are required to complete 60 CEU's to qualify for the exam.

All schools now require their students to have started/completed series or have titer documentation of Hepatitis vaccinations before they are admitted.

All schools are conducting background checks on students. The general consensus of everyone in attendance is that everyone deserves a second chance; schools will notify extern sites if there has been a blemish on the background check. It would then be up to the site to decide if the extern qualifies for their structure. Boni Bruntz noted that there is an appeal process in place for students who have been denied because of drug screening.

The schools would like to have office requirements such as;

- Male vs. female candidates
- Random drug testing policy
- Background checks
- Tattoo/Piercing policy
- Cell phone policy

The schools also expressed that they would like offices to provide a training plan while the students are on site. Some of the offices have extensive training plans and some have informal plans. The PP PAHCOM membership will address this issue and will have a plan ready by the October 2010 meeting.

All the schools want to provide additional training to students for skill sets that don't meet the site expectations such as EKG lead placement.

Better communication between externship sites and the school is necessary so the school can address areas of concern early in the externship rotation.

A list of skill sets and standards of behavior developed by PHACOM members was distributed to all attendees.

The meeting was extremely productive and educational for all attending. The next meeting is scheduled for October 15, 2010. All members are invited to attend.

Thanks to Judy Boesen retired PP PAHCOM member who continues to graciously serve as our liaison with the local Trade Schools.

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Expecting Change?!

By Rudy Drautz, CMM

Some of you are breathing a sigh of relief after Congress voted to once again delay a cut in the Medicare reimbursements.

You may be feeling better for now, but you cannot forget that this process has once again been delayed until the end of the year.

Despite the Healthcare Reform Bill being passed earlier this year, things are not expected to get better anytime soon. Rather than waiting for another storm, perhaps the medical community can unite and develop a reasonable solution to this problem which has been ongoing for more than a decade. In these tough economic times we all know that we have to control expenses. Congress keeps saying that in order to bring the cost of medical care to a reasonable level, changes need to be made to the current Medicare reimbursement system.

Most agree change is needed. However, if we continue to leave this change in the hands of our elected officials, we will undoubtedly see more delays and eventually a substantial cut in Medicare reimbursement.

Because we have to manage the daily operations of the practices we represent, we must be proactive in designing and directing the change we want. Perhaps it is time for our membership to begin thinking about practical solutions to this enormous and imminent concern. If you have ideas about how we as a PAHCOM Chapter can be a catalyst in bringing about change, contact any member of our Executive Committee [their names and phone numbers are listed on page 8].

President's Point of View

Aside from the familial and intimate, the dictionary's definition for the word "relationship" contains two very appropriate phrases. The first definition states that a relationship is "a connection, association, or involvement". The second definition describes a relationship is "an emotional or other connection between people".

How fitting that these definitions identify this group of health care managers! Our backgrounds and our roles in health care might differ, but as professionals in health care management, there is much we have in common—a strong connection between people. The association to which we belong, PAHCOM, connects us to others who share common problems, who manage similar situations, and who have common goals. What sets this group apart from other professional associations is the emotional connection we have with one another—we intuitively know that anybody who does this job deserves recognition, support, and to keep company with only the best in the industry.

Within that framework, I would like to take this opportunity to thank all of you who are involved with this association. In our roles, thank you is simply not something we hear often enough. In your organizations, you are the leaders, the problem-solvers. You arrive early, stay late, and give more of your personal time than you like to admit (your families will vouch for that). When you're not at work, you're thinking about work. You have broad shoulders and backbones made of steel. We cannot perform this job at this level of commitment, in isolation, and remain sane.

This connection we have with one another has led more than two dozen of you to take the CMM exam...not because you have to, but because you want to challenge yourself professionally. Congratulations to our newest CMMs, Debbie, Denise, Ellen, and Tammy! Your hard work, with a dash of encouragement from your peers and families, helped you achieve your goal.

Many of you within the group strive to make a difference by volunteering time to help this association organize people and events—speakers, payers, educators, facilities—all important ingredients in this group's success. You carve hours in your schedules where none exist. You write articles, reach out to members and sponsors, and attend to every detail of every event from start to finish.

Some of you have found new ways to stretch your skills through job changes, additional education, and other opportunities that our connections provide. A closing door is a vehicle for change. Sometimes that closing door is the signal to stop looking backwards and instead look forward to discover new doors ready to open. Our close-knit network can provide support during times of transition.

Several of you share your passion and use your use your knowledge of health care management to improve the lives of others. You volunteer, you raise money, and you build your relationships with the broader community. Your selfless dedication to these many causes is a reflection of the type of professional this association has the good fortune to attract.

Beyond our membership are the supporters of our profession. We are incredibly fortunate to have professional relationships with individuals who represent the companies that make our organizations run efficiently. They deliver the goods and services we need to manage our businesses and serve our patients. Without their support, we would find it difficult to open our doors to the people who need us most.

Members, you are awesome in your intelligence and drive! Thank you for your dedicated efforts to run successful organizations and for your desire to grow professionally. Executive Committee, you are the engine that keeps this train moving. Through your determination to provide members opportunities for education, certification, and networking, the group's mission can be fulfilled. For that, I am eternally grateful. Sponsors, thank you for your generous support of our group. You make a profound difference in the management of our organizations by supplying us with every item and service we need to give our patients the best care possible.

Relationship is a small word, but it makes such a powerful statement. Enjoy the rest of your summer—it passes all too quickly!

Janet

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SAVE the DATE! Breakfast Club is sponsoring Pikes Peak PAHCOM's first Regional Payer Forum on Wednesday, August 25th at the Clarion. This all-day event will provide a payer perspective of health care reform—how issues in this year's legislation will affect your practice and how to navigate the current systems. Plan now to attend!

## PIKES PEAK PAHCOM MEMBER LIST

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

Welcome our newest members: **Pamela Dashner**, **Brenda DeLuca**, **Eileen Engelbrecht**, **Jennifer Queen**, **Grace Trujillo**, **Michael Waller**, and **Karen Wheeland**. We are pleased to have all of 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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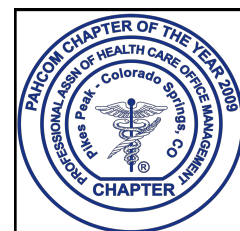
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**Together we can reach great heights. !!!!!**

**If you know of others who would benefit by being a member of Pikes Peak Professional Association of Health Care Office Management invite them to one of our meetings.**

**Please note that four of our members recently added the CMM [Certified Medical Manager] suffix to their name after successfully passing the exam in May of this year. Congratulations to Debbie Adams, CMM, Ellen Howell, CMM, Denise Straub, CMM and to Tammy Wasinger, CMM. Your achievement adds to the professionalism of both you as individuals as well as to Pikes Peak PAHCOM.**

**If you are interested in obtaining the distinction of CMM contact anyone on our membership list with the CMM suffix after their name.**



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Sincere thanks to all of our Corporate Sponsors whose sponsorship allows us to bring quality programs to our PP PAHCOM members.

**Our newest sponsors are Bank of Colorado, BC Services, Home Instead Senior Care, Lewan & Associates, and Lynn Institute of the Rockies.**

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

Who to Contact:

Corporate Liaison, Debbie Carlson, CMM 632-8118  
Membership, Susan Ogden, CMM 634-1532  
President-elect, Stephen Johanns, CMM 578-5176  
Secretary, Kathy Bosche, CMM 442-6984  
Treasurer, Lori Trivelli, CMM 475-5065  
President, Janet Burch, CMM 955-7240

**Sharing Knowledge in Health Care Management**

## PP PAHCOM News and Events

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**Wednesday, August 25, 2010**

**7:00am-4:00pm**

**Clarion Hotel (I-25 & Bijou)**

**Regional Payer Forum**

The Breakfast Club hosts Pikes Peak PAHCOM's first Regional Payer Forum. If you've missed the Quarterly Payer Meetings in Denver, you'll be happy to know that the payers are coming to Colorado Springs. With changes on the horizon, plan to spend the morning learning about payer responses to legislative changes, and the afternoon reviewing existing procedures.

**September 14-16, 2010**

**PAHCOM's 22nd Annual Conference**

**Orlando, Florida**

No meeting planned as local members "Experience the Magic of PAHCOM" in Orlando. This year's annual conference promises three days of intense learning with an agenda that covers the spectrum of current health care management topics including the legal side of EHR & HITECH and "What Congress Did To Your Practice". It's not too late to register. Visit [www.pahcom.com](http://www.pahcom.com) for more information.

**Friday, October 29, 2010**

**Annual Membership Meeting**

Know someone who might benefit from membership? Recruit the most new members and win the grand prize!

**Friday, November 19, 2010**

**Managed Care in a Changing Environment**

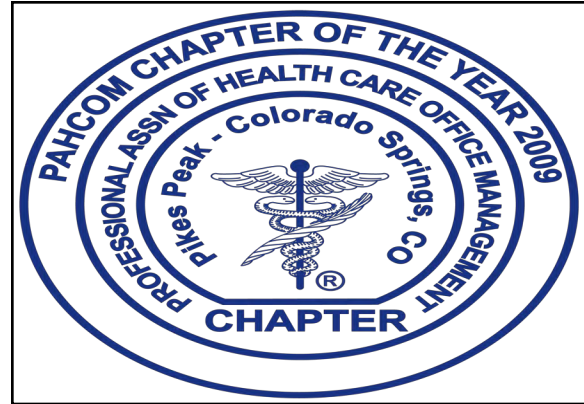
**RT Welter & Associates**

The art of contract negotiation may be changing. Stay tuned!

**Wednesday, December 8, 2010**

**Annual Holiday Breakfast & Auction**

What's American History got to do with this event? Lots! Mark your calendar and save the date!



## PEAK NEWS

Volume 9, Issue 2 July 2010

WE'RE ON THE WEB!

[WWW.PIKESPEAKPAHCOM.COM](http://WWW.PIKESPEAKPAHCOM.COM)

**BE SURE TO VISIT THE MEMBERS ONLY  
PAGE!**

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!