



Peak News

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

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POSITIVE CHANGE NEEDED – NOW AVAILABLE

Editorial by Rudy Drautz, CMM

In this present day, one of the things that we can all agree on is “that we need change.” It doesn’t matter where we look [government, financial market, healthcare industry] we are all so very concerned and want to see change [Positive Change].

Hopefully, you will join me in recognizing some signs of positive change which are on the horizon concerning the training and grooming of medical assistants in our local community.

Thanks to Pikes Peak PAHCOM members who have been regulars of the Breakfast Club, important issues have been addressed with local training institutions along with a commitment on the part of these members to help groom those students completing training.

Almost two years ago, Debbie Carlson, CMM, Practice Administrator at Women’s Associates suggested that Pikes Peak PAHCOM considering having monthly meetings outside of the formal meetings to allow practice managers to discuss pressing management issues. This idea was quickly accepted and the third Friday of each month has become the date set aside for interested managers to come together to discuss issues.

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One concern that seemed to be common to this regular group of attendees was the lack of properly trained and motivated medical assistants and administrative support personnel.

Over eighteen months ago this group met with a representative of the Pikes Peak Work Force Center who assisted the Breakfast Club in providing contacts at the various training institutions in our area who offer medical assistant and administrative assistant programs.

Soon the group invited fellow Pikes Peak PAHCOM office managers to provide input toward to participate in developing a “syllabus” of what skills a medical assistant and administrative assistant needed in the way of specific training to be more marketable in the local medical community.

In addition to necessary training to perform tasks in their specific field, the group provided recommendations for training in professional qualities expected in the medical field. Included in this list were dress and appearance, showing up to work on time, possessing the proper tools needed for the job [i.e. medical assistants taking blood pressures wearing a watch with a second hand].

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POSITIVE CHANGE NEEDED – NOW AVAILABLE

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In addition to the above suggestions, the Breakfast Club group made a commitment to the schools to take an active part in the training by coming to the schools and sharing with the students what they can expect in the “real world”. This serves to motivate students while providing some realistic expectations. Several members of the Breakfast Club sit on the Advisory Boards of one or more educational institutions.

Another major concern for the schools was the reluctance of medical offices to accept students who must complete an externship of up to 160 hours before they are qualified to graduate. The Breakfast Club group met this challenge with a summary of what the externship training should include. It was agreed that the externship should be beneficial to both the medical office accepting the extern(s) as well as to the student. In the past some medical practices agreed to accept externs only to consider them as “free labor”. Externs performed jobs that no one else in the office cared to do. It is now agreed that a medical practice accepting an extern will commit to providing their extern as much diversified experience and training in their chosen field as possible.

The schools have committed themselves to ensuring that their externs are properly informed of the importance of their opportunity for hands-on training. Schools and students view the externship as if it is a probationary period in a real job. The training institutions further stress the fact that even if the medical office in which they are doing the externship does not hire them [because there may not be an opening], that their evaluator at that medical office can be very instrumental as a reference should they apply for jobs elsewhere.

The Breakfast Club indicated that in some circumstances, several office managers could work together to allow an extern to experience working in more than one office to help the student decide which medical specialty they would like to pursue.

At our November Breakfast Club meeting the group met with representatives of the two nationally recognized accreditation bodies to learn more about the process of credentialing medical assistants. The two organizations are the Certified Medical Assistant

(CMA) [AAMA.CertifiedMA(CMA)] and the Registered Medical Assistant (RMA) [AMT.RegisteredMA(RMA)]. The requirements for credentialing MAs are very similar. The applicant must be a graduate of an institution accredited by either the Commission on Accreditation of Allied Health Education Program (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). It is best if the MA takes the credentialing exam within the first year of graduation from training. At this point the MA has the benefit of current academic training coupled with real world application of their skills.

Why so much interested in having your MA become accredited? It appears inevitable that malpractice insurance companies will consider reducing premiums for offices with properly credentialed MAs. Reportedly COPIC is one insurance carrier considering a discount in rates. Practice managers can provide help for their MAs to become credentialed, to join a professional organization, and to maintain their credentials. Imagine the potential positive change this can bring to the MA, the practice in which he/she works, and for the health care industry.

Now it is time for the rest of us to take part in this “Well of Opportunity” that our Breakfast Club colleagues have “drilled and tapped” for us. Consider visiting the Pikes Peak PAHCOM member website and reviewing what has been done and what is now available to you. Consider becoming one of the offices that commits to training an extern or join an advisory board at one of the training institutions. Imagine the positive change you can make.

Also, our sincere thanks to the Breakfast Club core group of Debbie Carlson, Chris Hall, Judy Boesen, Sandra Robben-Weber, Janet Burch, Bridget Pieffer, Lori Trivelli, Susan Ogden and Steve Johanns for their commitment to this important matter.

Finally, any member is welcome to join the Breakfast Club on the third Friday of each month at the Durango Room, Memorial Administrative Center [MAC] 7 to 8:00 a.m. PAHCOM’S national office recognizes the educational content of Breakfast Club meetings and will grant CEUs for participation.



E-Prescribing – A Baby Step to Electronic Health Information Management

An editorial by Lori Trivelli, CMM

We have all heard multiple times and we all know that there is a better way to manage patient health information than on paper, but it's a bit frightening to venture out into that unknown territory. Not only that, but the cost of that venture can be astounding, as well as prohibitive, to the smaller practice. However, that being said, the Centers for Medicare and Medicaid Services (CMS) is pushing us out of the nest and offering a financial incentive to fly! Well, that was sufficient motivation for me to get going – show me the money!

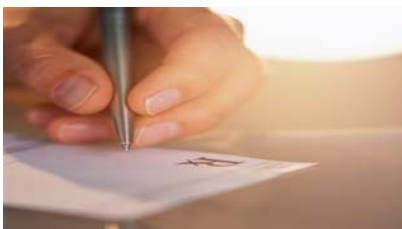
We do want to invest in an electronic health record system eventually, but are not in a financial position to do so at this time. So I began my search by looking for a stand-alone e-prescribing program. I was quite surprised to find out how few options there were, including within our own practice management software. I contacted numerous companies and the few that actually offered something I could use were very expensive or, if less expensive, they did not have a way to import our patient data. I had no interest in manually entering nearly 1000 patients and having to continually update manually as well.

I eventually connected with AllScripts through the SureScripts website. They do offer a program at no cost with a reasonable monthly maintenance fee per **practice**, not provider! You have several options for importing patient data. We chose to spend a little more on the front end to import active patients and have an ongoing update for additions and revisions. At this time, we have not fully implemented the program, as

we need to add workstations and provide user training, but I am confident that we will find it much more efficient and safer for our patients in the long run. Oh, and that 2% bonus payment will be a nice advantage also!

Stay tuned to the PQRI E-prescribing page on the CMS website for details about how to report the G-codes with your office visits - we didn't, we did, or we couldn't (i.e. scheduled drugs)- is how I think they are going to play out. (For more specifics, refer to PQRI Measure #125) Also, even if you don't get started e-prescribing right on January 2, 2009, but plan to in the first quarter, it would seem that you could report the G code for **not** doing an electronic prescription on those encounters to cover your practice under the reporting requirements until you get going. Or, since you only have to report on 50% of your patient encounters, you could start a little later in the first quarter and likely still meet the requirement. It's important to note that the office codes you have to report **do include 99211** as of this date.

So, I suggest that you look at the many advantages of e-prescribing for your practice and get on the bandwagon while it's still financially rewarding to do so! I'm certain that even more options will be available to providers soon. Just yesterday we heard that the El Paso County Medical Society is partnering with DocSite to help us do this as well! Good luck saying goodbye to most handwritten prescriptions!



Six tips to become a better listener

Let's face it: Being a good listener is not as easy as it sounds. We've all drifted off into our own thoughts when we're supposed to be paying attention to what someone else is saying. Maybe it's because the subject matter is boring or the person is speaking in a monotone; maybe we're distracted by some personal matters that worries us. Whatever it is, these tips can help improve our listening skills.

1. Listen more than you talk.
2. Stay focused on what the other person is saying – not on what you're going to say next. Don't plan a story you want to tell while the person is still talking.
3. Never finish another person's sentences.
4. Resist the urge to dominate the conversation (review tip No. 1.)
5. Give appropriate feedback, but don't interrupt.
6. Occasionally mirror back short summations of what the other person is saying to keep your mind moving on to other subjects and to assure the other person that you've understood what he or she has been saying.

This article is reprinted from the November 2008 edition of First Draft with permission.



President's Point of View

Politically, this has been a very active year in health care. We know that Medicare projections hold that the program will be insolvent by 2019. Health care costs are seemingly uncontrolled and fraught with errors due, in part, to inefficiencies of a paper recordkeeping system and an outdated payment system that rewards utilization. Medicare's demonstration project, Recovery Audit Contractor (RAC) program, has been so successful in identifying and recovering Medicare overpayments, that the program will be adopted in all 50 states no later than 2010. The rising numbers of uninsured and underinsured populations strain all available resources. And now, the largest segment of our population is entering its "golden years", when demand and consumption of health care resources are at their peak.

Congress acted this summer to forestall a 10.6% reduction in reimbursement that would have had a devastating effect on most of our practices, affecting not just Medicare reimbursement, but Tricare, Medicare Advantage plans, and all managed care agreements built on RBRVS. Congress' plan, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), outlines specific improvements that will phase in over the next few years, including value-based purchasing, Medicare's pay-for-performance initiative. And, don't forget PQRI and e-prescribing. These opportunities can mean more revenue in 2009 and beyond.

The 2009 Medicare conversion factor is \$36.0666 which is actually less than 2008's \$38.0870. The good news, however, is that the budget neutrality adjustment that was applied to work RVUs in 2008 will now be applied to the conversion factor. This actually has a positive effect on many evaluation and management codes paid by Medicare...we're nearly back to where we were in 2006, and in some cases, a little ahead. Take a close look, though, at your other agreements, especially as plans comply with Colorado's SB79. Is it really necessary for a commercial payer to comply with budget neutrality? Those aren't taxpayer dollars at stake, so keep your eyes open.

Human resource management, the largest expense in most of our budgets, is also undergoing change. Forget Americans with Disability Act (ADA) and concentrate your attention on ADA Amendments Act (ADAAA). ADAAA, effective January 1, 2009, expands the scope of ADA by broadening the definition of "disability". This legislation removes the "substantially limits" language from the original ADA and more clearly defines major life activity. According to Allen Smith, JD, with the Society of Human Resource Management, "someone with an impairment can be regarded as having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment is not one with an actual or expected duration of six months or less". Employers with 15 or more employees will need to spend more time on the interactive processes needed to identify reasonable accommodation since more employees will be covered by this amendment.

Transparency in physician credentialing goes into effect January 1 with the Skolnik Act. Educational presentations at both hospitals and the Brown Bag Teleconference offered by the Colorado Medical Society earlier in November gave insight into the requirements of this important and far-reaching legislation. If you missed these presentations, you can listen to the recording of the Brown Bag teleconference on the Communities of Practice site hosted by the Colorado Medical Society. Preparation now will save countless hours of frustration in May 2009.

In addition to your providers, have you taken appropriate steps to confirm the credentials of your employees? Liability carriers in two states now recognize standards for medical assistants that include certification by AAMA or registration by AMT as proof of education and skills. These carriers offer discounts on premiums for providers who have taken steps to safeguard their patients and maintain strict standards in hiring qualified employees. Colorado is not yet one of those states, but who knows what the future holds?

Best Holiday wishes to you all!
Janet

PIKES PEAK PAHCOM MEMBER LIST

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

Welcome to our newest members:

Kelley Gamblin , Kelli Phelps, and Jennifer Russell. We are 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.

Debbie Adams, Dr. Laura Feldman, DO,PC
Julie Ballweber, Cardiognostics of Colorado Springs
Cathy Bandt, Consultant
Candia Beethe, Centennial Health
Judy Boesen, Colorado Otolaryngology Associates
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Valerie Velasquez, Women's Associates, PC
Joy Wade, Gerald Hamstra, DO
Meg Wagner, Southern Colorado Vascular Surgery
Amy Wark, Pikes Peak Cardiology
Rich West, Front Range Orthopaedics
Karen Wheeland, RN, Andrew R. Elias, D.O., P.C.
Arlene Zimmerman, CMC, Colorado Springs Family Practice.

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.



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



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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

Tuesday, December 9, 2008 7:30 –10:00 a.m.
Memorial Hospital Pyramid room (note change)
Holiday Breakfast with Annie Moats
Donations for the Empty Stocking Fund accepted.

Friday, December 19, 2008 7:00–8:00 a.m.
Memorial Administrative Center
Breakfast Club

Tuesday, January 6, 2009 8:00–10:00 a.m.
Memorial Administrative Center
Medicare PQRI and e-Prescribing with Dr. Mark Levine,
Centers for Medicare & Medicaid Services, Colorado

Friday, January 16, 2009 7:00–8:00 a.m.
Memorial Administrative Center
Breakfast Club

Tuesday, February 10, 2009 8:00–10:00 a.m.
Memorial Administrative Center
Annual OSHA Update with George Flynn, Regional OSHA
Office

Friday, February 20, 2009 7:00–8:00 a.m.
Memorial Administrative Center
Breakfast Club

**Pikes Peak PAHCOM extends its sympathy
to the Fitzgerald family and Front Range
Orthopaedics in the tragic loss of Edward
Fitzgerald, MD.**

PEAK NEWS

WE'RE ON THE WEB!
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](mailto: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!*