

October 2018
Issue 16-049

MGMA
COLORADO

Colorado Connection

The Official Newsletter of Colorado MGMA

*Upcoming
Events*



**Personnel
Management:
Recruitment to
Termination**

**Tuesday, November 13th
11:00am-12:00pm**

**Speaker:
Kathy White, FACMPE, PHR**

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From the President

**Brenda Hulbert, MBA, RNBC, FAACVPR, AACCC, FACMPE
President, CMGMA**

Dear CMGMA
Membership,

I want to start by reiterating what I said at the Fall Annual Conference: Thank you for the opportunity to serve you and CMGMA as your President for 2018-2019. I feel a deep gratitude for your trust as well as a keen awareness of the responsibilities of the position. I stand here not as an individual but as a member of an amazing team. Each member of your leadership team gives countless volunteer hours to your organization and all provide an important and unique perspective of practice management. Large or small, system or independent, we all stand together to make our practices the best vehicle for excellent care. Practice management is no longer a Mom and Pop shop. As Practice Administrators, we have to be experts in the law, safety, banking, marketing, human resources, IT, and I am sure many more that I am not including. We are here at CMGMA to hopefully make your life a little easier by providing resources for each of these areas while assisting you to expand your knowledge base and help you take the next steps in your leadership future.

Over the past year as I served as President-Elect, I had the good fortune to work hand in glove with our outgoing President, Dr. Mike Fisher. Mike brought a unique blend of intellect, wisdom, management expertise, strong leadership, curiosity and more than a dash of good humor to his position. Remarkable progress was made during his tenure, including vendor and membership growth as well as the development of our Emerging Professionals group. He worked closely with MGMA to

develop a dual membership opportunity which we will hear more about as the year progresses. That was the “big stuff,” but Mike also managed to keep the organization running smoothly on a day-to-day basis. Despite juggling his CMGMA responsibilities with full-time academic and personal responsibilities, Mike still found time to attend to the daily nuances of keeping this organization’s wheels in motion. He answered hundreds of emails, conducted hours of phone calls, reviewed volumes of documents and so much more. We all owe him a great deal of thanks and admiration on a job well done for giving his energy and time and leaving a legacy that will have a profound impact on CMGMA. Hats off, Mike—just don’t go too far!

We have exciting things ahead of us this year. There are great Lunch and Learns planned and planning for the Fall Conference in Loveland, Colorado is already underway. The most exciting new venture of CMGMA is the launch of our Emerging Professionals group, led by Breanna Wong. This was the “vision” of Eric Speer, Mike Fisher, Bonny Brill and Breanna and together they have brought it to fruition. The goal of CMGMA is to assist and empower these young leaders to become influential leaders in our healthcare community through relationship building and education. The target is 20-30 year olds who are new to Health Care Management and we are excited to be a part of this.

For those of you who attended our great Fall Conference you heard me say that one of our goals as your executive leaders this year is to assist in providing you resources to be able to make decisions in your career path. Whether that be staying in your current position or

Continued on page 2

CMGMA

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A Message from our Secretary

**Tawnya Wartell, CPME, CPC****Practice Administrator****Colorado Cardiovascular Surgical Associates, PC****Secretary, Colorado Medical Group Management Association**

Flashback twenty-five years and I was starting my first job in the medical field. At the time, it wasn't a career, it was an income. Honestly, it was something I figured I'd do until I decided what I wanted to be when I grew up. I clearly remember telling a co-worker who was teaching me ICD-9 coding "make it quick I don't plan on doing this for a living". Turns out, I enjoyed it and it opened up numerous

exciting opportunities and roles within the practice. Fast forward, I have been a certified coder for 15 years and most recently have been the administrator for a successful cardiovascular surgical private practice for 6 years. Like most of us, I could not predict my future. I may have had a vision or goal, but 25 years ago I would have never thought I would be where I am now. I couldn't be happier.

It may not have been an easy path to find my career, but it has been a rewarding one. I have learned so much and grown personally and professionally. Most importantly, I've met some amazing people that have helped guide me, teach me and support me in my career. Thankfully, MGMA has been a great partner every step of the way.

I joined MGMA many years ago thinking it was an obligation of my role. But over the years, it has grown into so much more. I soon realized what a valuable organization it is. I started to attend more meetings, which led to conferences which in turn lead to amazing education and networking opportunities. This month I'm thrilled to be in my second year as a Colorado MGMA board member and on the path to be President in 2 years.

I know my story is just one of many who have found value in MGMA. These stories, including mine should encourage you to get involved. If you are already a member, I hope you are taking advantage of the numerous benefits MGMA has to offer. I guarantee you won't regret it. Most recently, I was fortunate to attend the annual conference in Boston. It was a phenomenal 4 days packed with very applicable information. I would often walk away with little unexpected nuggets that I could put into practice immediately. Most of all, the key note speakers were astounding. I particularly enjoyed Simon Sinek and his presentation regarding his book, The Infinite Game. He is a captivating and influential speaker. It was truly an experience I won't forget.

I have so much to reflect on and even more to look forward to. My career is challenging and rewarding on its own but the experiences and people I have encountered through my MGMA membership is unsurpassed. Take in all MGMA has to offer and if you don't have a membership yet, call or reach out to any Colorado Board member. We are happy to help you through the process but most importantly, we are excited to be by your side helping you get the most out of your investment.

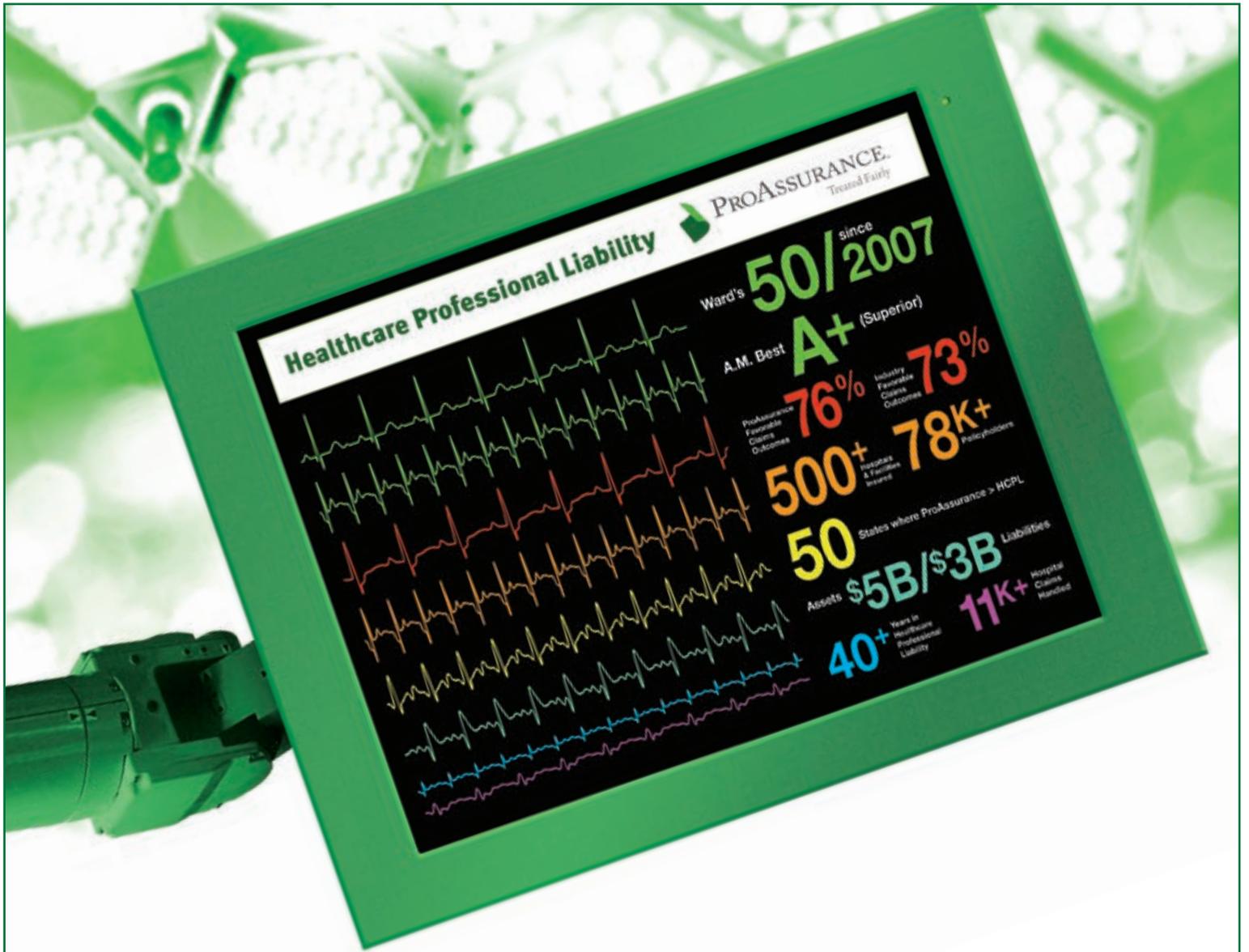
From the President

Continued from page 1

"taking the leap" we hope to assist you in doing so. We know that if you avoid your desires and passions because of fears, your health, financial security, and the strength of your relationships will suffer. We are here to change that.

Where do we go from here? You tell me! I am eager and willing to hear your ideas, your feedback and your vision for our organization. Please do not hesitate to reach out and share your thoughts. We are stronger as a collective community, and my ultimate mission as President is to serve as a voice and guiding force for our entire membership.

Welcome to our journey and welcome to the 2018-2019 CMGMA Year.



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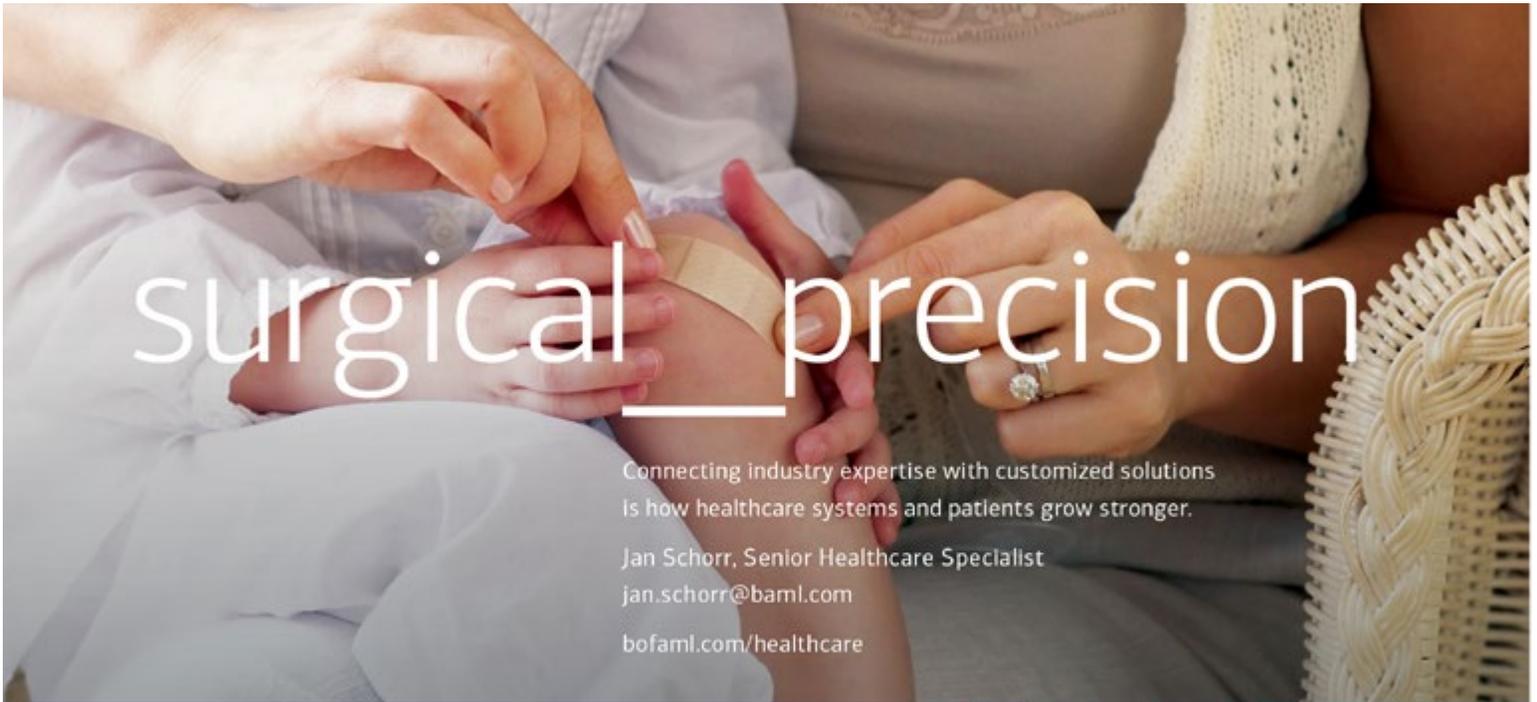


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New Opioid Prescription Laws are in effect. Do your physicians know the new requirements?



Kelli Oberndorf, Member-At-Large

As we are all aware, the opioid crisis has reached new heights and prescribers are taking on more legal responsibility to keep the population safe than ever before. The Colorado Medical Society has published the new regulations so we can educate our physicians, patients, and employees of the new laws to

help curb the opioid crisis in our state, and beyond. Here is what you need to know that may affect you and your organization.

What physicians need to know to be in compliance with new laws

By *Kate Alfano,*
CMS Communications Coordinator

Five bills that will change the way physicians treat acute pain passed the 2018 Colorado General Assembly and were signed into law by Gov. John Hickenlooper. Colorado, like virtually every state in the country, is struggling with ways to mitigate the medical and economic consequences of the opioid epidemic.

The suite of legislation – which included one additional bill that did not pass this session – was developed by the 2017 Opioid and Other Substance Use Disorders Interim Study Committee last summer with strong involvement and support by the Colorado Medical Society and many other stakeholders.

The bills include measures that increase funding for access to treatment, enhance misuse prevention, require health plans to cover certain FDA-approved drugs for medication-assisted opioid dependence treatment without prior authorization, and enact safer opioid prescribing.

“We tried to take on the opioid crisis as comprehensively as we could,” said Sen. Jack Tate, R-Centennial, who served on the interim study committee and sponsored Senate Bills 22, 24 and House Bill 1136. “There are limits as to what the state government can do and fund, and limits with regard to intervening in the clinician-patient relationship. Keeping all those things in mind we got a package of bills through that I think touches a lot of parts of the crisis where we can help.”

“Each of the bills doesn’t necessarily solve the problem of the opioid epidemic but for a crisis of this magnitude, a single piece of legislation can’t be expected to solve the problem,” said Rob Valuck, PhD, RPh, director of the Colorado Consortium for Prescription Drug Abuse Prevention and co-chair of the interim study committee stakeholder task force. “These five bills represent a meaningful step forward in the right direction by addressing a wide range of issues within the crisis, from prevention to recovery.”

Senate Bill 18-022: Clinical Measures for Safer Opioid Prescribing

Effective immediately, SB18-022 limits physician prescribing of opioid narcotics for certain patients. Patients within the following categories are exceptions and the new law does not apply to them:

- Chronic pain patients with a history of pain lasting more than 90 days or following transfer from another physician who prescribed an opioid,
- Cancer-related pain patients,
- Hospice and palliative care patients,
- Patients who undergo a surgical procedure with pain expected to last more than 14 days because of the nature of the procedure.

For all other patients, the prescribing physician must limit the initial prescription of an opioid narcotic to no more than a seven-day supply of the medication. For outpatient care, after issuing the first opioid narcotic prescription the prescribing physician must check the Prescription Drug Monitoring Program (PDMP) database before prescribing any further opioid narcotics for the patient. The prescribing physician may exercise discretion to prescribe a second additional seven-day supply of opioid narcotic medication to the patient.

After the second opioid narcotic prescription, the law no longer applies to any patient and further prescribing of opioid narcotics to the patient is guided by the physician’s judgment and medical indications for treatment of the patient.

“Prescribers at one point were a root problem [of the opioid crisis] – in part due to the active misrepresentations by a few drug manufacturers and the government’s establishment of pain as the fifth vital sign,” Tate said. “This situation has been reversed. Because of the concerted efforts of the health professions over the past five years to rethink and reeducate themselves, the prescribing of opioids in Colorado is now in a state of decline. As the health professions are the first to say that much more work needs to be done, they see SB 22 as affirming, buttressing, and accelerating this progress.”

“I think that physicians haven’t gotten enough credit for all the work they’ve done already at cutting back on the prescribing of opiates,” said Sen. Irene Aguilar, MD, D-Denver. “I’m sure the next steps won’t be very dramatic for most but for those physicians who may not realize how significant our opioid crisis is, I hope that the limit on initial prescriptions will help them rethink whether there might be a safer method of treating someone who has acute pain.”

House Bill 18-1003: Opioid Misuse Prevention

The most important actions of this broad-scoped bill are that it extends the work of the 2017 interim committee for two years by establishing the Opioid and Other Substance Use Disorders Study

Continued from page 6

Committee and it directs the center for research into substance use disorder prevention, treatment and recovery to develop and implement continuing medical education activities to help prescribers of pain medication safely and effectively manage patients with chronic pain, and when appropriate, prescribe opioids.

“We’re glad the committee will be around for two more years so they can keep doing this job for a meaningful length of time,” Valuck said. “We expect they’ll be able to figure out virtually everything the state could do and try to do it.”

“We’re looking for even more engagement, especially from the physician community,” he continued. “CMS has been involved since the beginning. We’re hoping to see even more engagement from the component societies of CMS and the specialty societies. The more doctors step up in leadership positions and help lead the solution, the more successful we’ll be.”

Of the need for medical society involvement, Rep. Brittany Pettersen, D-Jefferson, said “We need them at the table so legislation isn’t passed that has unintended consequences. We also need their help with outreach and education about the bills passed during this last session. There is a lot of misinformation out there and the medical societies can help inform physicians.”

HB18-1003 also establishes the following specific measures to combat opioid misuse in Colorado:

- Requires the governor to direct the Colorado Consortium for Prescription Drug Abuse Prevention to report to the General Assembly on recovery services and approaches in other states;
- Authorizes school-based health centers to apply for grants to expand behavioral health services to include substance use disorder treatment and requires the Department of Public Health and Environment to prioritize funding to the centers that serve communities with high-risk factors;
- Directs the Department of Health Care Policy and Financing to award grants supporting substance abuse screening, brief intervention and referral programs; and
- Establishes programs to prevent youth addiction and support youth whose family members experience addiction.

The law takes effect July 1.

HB18-1007: Substance Use Disorder Payment and Coverage

This legislation requires all individual and group health benefit plans to provide coverage without prior authorization for a five-day supply of at least one FDA-approved drug for medication-assisted opioid dependence treatment for the first request within a 12-month period.

Under the bill, insurers cannot take adverse action against a provider based solely on a patient satisfaction survey relating to the patient’s satisfaction with pain treatment.

The law takes effect Jan. 1, 2019.

HB18-1136: Substance Use Disorder Treatment

This bill adds residential and inpatient treatment coverage as well as medical detoxification services to Colorado Medicaid to serve individuals with substance use disorders, including those with co-occurring mental health disorders. The State Department has to seek federal approval no later than Oct. 1, 2018.

SB18-024: Expand Access Behavioral Health Care Providers

The final bill introduced from the 2017 interim study, it amends the Colorado service corps program by expanding the availability of behavioral health care providers in shortage areas in the state by establishing a system for school loan repayment and a scholarship for providers trained in addiction counseling.

“Behavioral health care providers” comprises licensed and certified addiction counselors; licensed professional counselors; licensed clinical social workers; licensed marriage and family therapists; licensed psychologists; licensed physician assistants with specific training in substance use disorders; advanced practice nurses; physicians certified or trained in addiction medicine, pain management or psychiatry; and candidates for licensure as an addiction counselor, professional counselor, clinical social worker, marriage and family therapist or psychologist.

“We know that the opioid epidemic reaches into all areas of Colorado, both urban and rural, and across all socio-economic classes,” Tate said. “Unfortunately, treatment for mental health and substance use disorders is not as widespread. With SB 24, the state will devote \$2.5 million toward incentivizing behavioral health care providers to go into areas of the state where care is not readily available and also toward funding important addiction treatment training.”

The law takes effect July 1.

“I’m pleased with the progress we made passing five bills in our opioid package and securing funding increases for treatment in the budget,” said Rep. Chris Kennedy, D-Lakewood, who sponsored or co-sponsored each of the opioid bills. “The steps we’ve taken will reduce overprescribing and increase access to treatment and recovery services across Colorado.”

The interim study committee has been authorized to operate for two more years. “I think we have a huge opportunity to set the groundwork to be a leader nationally in the way we address the epidemic,” said Pettersen, who also said she is chairing the committee for a second year. “I am really proud of what we’ve been able to accomplish but it is just the first step and I am committed to having doctors at the table as we continue the conversation.”

“The opioid crisis is very much one of those issues that thankfully isn’t partisan at all,” Aguilar said. “I hope going into the next session that more focus is put on treatment and looking at some of the social determinants that contribute to this issue.”

This article originally published by Colorado Medical Society- July 1, 2018

SAVE THE DATE

2019 COLORADO MGMA CONFERENCE



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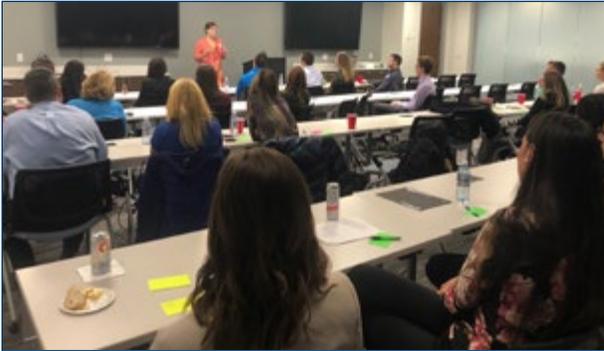
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CMGMA launched its Emerging Professionals Group



CMGMA has long wanted to better engage and mentor healthcare professionals newer to the industry. With a goal to empower people in their 20s and 30s to become influential leaders in our healthcare community, CMGMA launched its **Emerging Professionals** group on October 17th at the Denver Tech Center offices of Eide Bailly—the U.S.'s nineteenth largest accounting firm and prominent healthcare consulting firm.

Breanna Wong, Centura Health, and Kelsey Hancock, Medix, kicked off the program they helped organize. Both were instrumental in inviting their peers to attend. Kim Woods, TheDoctorsCompany, the nation's largest physician owned medical malpractice insurer, introduced important insurance information healthcare professionals need to be familiar with. Eide Bailly and TheDoctorsCompany sponsored the event attended by more than forty people.

Themed "The Business of Medicine—Career Alternatives & Opportunities", CMGMA member and recognized speaker Michele Olivier, CPC, CPMA, shared FIVE LESSONS she has learned throughout her career:

1. Breathe
2. It's a Small World—Never Burn a Bridge
3. Do the Right Thing
4. Fear becomes Growth
5. Consider what you **HAVE**, then what you have to **DO** in order to **BE** who you want to be

The evening closed with CMGMA President Elect Bonny L. Brill, CMPE, CMRS, reinforcing

the power of networking, and the importance of CMGMA membership. She invited Emerging Professionals to join CMGMA for \$99. Note: Several large healthcare systems including Centura, HealthOne, and UHealth offer organizational memberships at no charge.

The event provided great insight and conversation around the business of medicine for all professionals alike—regardless of their experience or roles in healthcare.

CMGMA's Emerging Professionals next event will be mid-January, and will feature yet another exciting venue and evening of education and networking. Once again it will be open to everyone, but will focus on the Emerging Professional.

Have your staff members or colleagues contact Kristina Romero, CMGMA executive director, at Kristina@m3solutionsllc.com if they are interested in joining CMGMA and its Emerging Professionals group.

Thank you to our sponsors!



There are no shortcuts to reaching your full potential. But we do know a really good path.

**CMPE DECEMBER
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OPEN OCT. 22 - NOV. 6**

Board Certification Requirements

Show an entire profession your commitment to the business of medical practice administration. Start your Certified Medical Practice Executive (CMPE) pursuit by following the current program criteria outlined below and take note of the enhanced requirements due to take effect in 2019.

NEW PROGRAM ENHANCEMENTS BEGIN IN 2019

MGMA is excited to announce new enhancements to the ACMPE board certification program due to take effect on Jan. 1, 2019. [Learn more about the new pathway to your CMPE.](#)

CURRENT PROGRAM CRITERIA — EFFECTIVE THROUGH DEC. 31, 2018

To apply for board certification, you must:

- Be a current MGMA member. **Not a member yet?** [Join us.](#)
- Have two years of healthcare management experience.
- Have six months of experience in a supervisory role.
- Pay a \$250 application and processing fee.



CONGRATULATIONS to Eric Speer, FACMPE and Rebekah Phillips, FACMPE for achieving ACMPE Fellowship. ACMPE Fellowship is the most prestigious professional designation in the medical practice management community. Fellows demonstrate they are the thought leaders capable of identifying key improvement areas for the sustainability and success of an organization. Eric and Rebekah were presented as Fellows at the MGMA18 Annual Conference in Boston this month.

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UPCOMING WEBINAR



Register today at www.cmgma.com

Personnel Management: Recruitment to Termination

Tuesday, November 13th from 11:00am-12:00pm

Hiring the right person for the job does not reduce the likelihood of costly staff turnover. Staff turnover, sooner or later, is inevitable. The best-run practices anticipate this and provide for the best onboarding possible to ensure long term commitment. Those that take the time to hire the right people, develop them and reward them for work well done will minimize the costly effects of turnover by keeping the talent they have and keeping them productive. This presentation will provide details of effective recruitment, employee development, and management for the medical practice. Participants will be able to identify pertinent laws associated with Human Resource Management. This presentation covers laws regarding recruitment, hiring practices, personnel management and recording keeping.

Session Objectives:

- Identify key elements of effective recruitment and onboarding
- Understand the basic labor laws and their importance in managing staff
- Identify best practices for managing employee performance

ABOUT THE SPEAKER:

Kathy White, FACMPE, PHR has worked in healthcare administration for over 25 years. She has worked both in small practice setting as well as in upper management for hospital own/managed practices up to 30 physicians. Kathy served as Director of Operations for HCA managing MSO operations for 30+ practices in southeast Tennessee. After 18 years in practice management and operations Kathy accepted a position in practice management consulting for State Volunteer Mutual Insurance Company (based in Nashville, TN) in 2006, where she provides consulting in operations, finance, compliance and human resources. Kathy is a board certified medical practice executive, a Fellow in the American College of Medical Practice Executives and certified as a Professional in Human Resource Management.

CMGMA webinars are FREE for members! \$25 non-members

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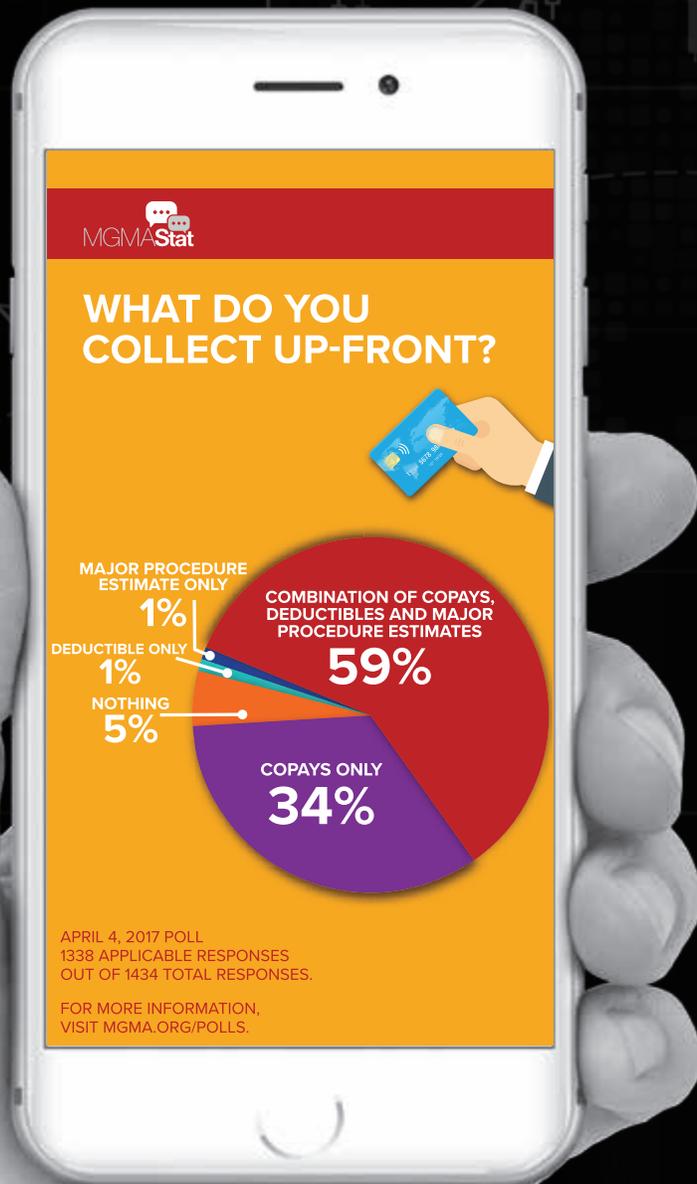


Thank you to Dr. Mike Fisher for your leadership and dedication to CMGMA



Join MGMA Stat

Curious to see if other healthcare professionals are experiencing the same issues you face? Get answers to your most pressing questions. When you sign up for MGMA Stat, you will benefit from industry polls and data-rich articles on a weekly basis via text message.



How does it work?

- Every Tuesday, participants receive a polling question on a specific healthcare topic via text message
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- Poll results and related content with actionable tips are delivered via text message within 48 hours

What is the value?

- Get credible insight on the most important topics around the business of healthcare
- Receive timely data and resources to help with practice management challenges
- Benchmark your performance relative to your peers

Join MGMA Stat by texting **COMGMA** to **33550** – it's that easy.

5 THINGS YOUR MEDICAL PRACTICE'S WEBSITE MUST HAVE

Have you ever run an online search for other medical practices and found an assortment of clunky, outdated websites?

When it comes to web design, it's not uncommon for medical practices to be a few years behind . . . However, marketing is just as important for practices as it is for any other business. A great website will help you attract new patients, and it can also serve as a source of valuable information for current and potential patients alike.

When designing a new website for your practice, there are 5 areas that need your attention if you want your site to be successful.

Let's dive right in!

1. An attractive, efficient, responsive design

With regards to design, there are 3 specific boxes that you want to check.

First, your site needs to embody what your practice is about. This means that it needs to be consistent with your practice's brand and its message. Keep your design modern, clean, and in line with your practice's style guide.

Next, your design should be efficient – not only in the way that patients will need to navigate your site, but also in making sure that your site loads quickly and without issues.

Finally, your design should be mobile-friendly. Mobile isn't just the future; it's also the *present*. Today's patients are smartphone users, so your site will need to accommodate people who wish to browse your practice's site via their phones, tablets, and other handheld devices.

2. Complete, updated contact information

Managing your practice's contact information is no easy task. Chances are, your practice is featured in a number of different places online – social media platforms, local listings, ads, articles, and of course, your own website.

When it comes to your website, specifically, your contact information should be both thorough and accurate. Additionally, it shouldn't only serve as a footnote at the bottom of your site's home page. Create a "contact" page on your site that patients and potential patients can easily find.

Remember, the more difficult you make it for patients to contact you, gather information, or book appointments, the less likely it is that they will take action.

3. Optimized content

Search engine optimization (SEO) is paramount to the success of any website, and your practice's site is no exception.

Ideally, your practice should aim to create and maintain a blog that you can use to generate original content and circulate it online. This provides a golden opportunity for your practice to reach more and more patients by ranking for specific keywords.

However, if your medical practice is unable to create original content, you should still massage your site's copy to be keyword-rich and optimized for search engines.

Then there's technical SEO. Having a site that is free of errors and bugs is crucial for search engines to be able to crawl your site properly.



When all of these factors are integrated, you will improve how high you're able to rank on the web's most popular search engines.

4. A clear, focused "services" page

You don't want your patients or potential patients to be left guessing about the services that your medical practice provides. Make sure your "services" page is easy to find, easy to navigate, and easy to digest.

Your patients should know exactly what it is that you specialize in, and they shouldn't have to read through pages upon pages of verbiage to figure this out. For each service, present a problem and position your team of experts as the solution.

In the event that a patient reads through your "services" page and considers booking an appointment, a strong call-to-action or contact form will allow him or her to take that next step.

5. Patient forms

Finally, your website should never become a dead end. You should constantly be encouraging patients to take action, whether it's through picking up the phone, booking an appointment, or submitting a form online.

Include contact forms wherever it makes sense to do so – after descriptions of each of your different services, on your "contact" page, or even following a blog post. Keep things simple by only requesting the information that is absolutely necessary. This might include the patient's name, phone number, email, and a short description.

Similarly, you should also be looking to make things *easier* for your patients. Use your website to post resources and forms that your patients can print and complete prior to visiting your office.

If you are in the process of designing or rebooting your practice's website, focus on these 5 areas and make your website a powerful tool for your practice!

FilmMED <http://www.filmmed.com/> is a team of medical marketing experts specializing in Growing Practices through Web design, branding, video marketing, reviews and search engine marketing. They set their clients apart from the competition and implement new solutions to keep them at the forefront of technology and marketing. FilmMED holistically analyze medical brands and help them get healthy and stay happy.