

July 2015  
Issue 15-03

**MGMA**<sup>®</sup>  
Medical Group Management Association  
Colorado

# Colorado Connection

*The Official Newsletter of Colorado MGMA*

## Upcoming Events



September 24-25, 2015  
**Fall Conference**  
Beaver Run Resort  
Breckenridge



2016  
**4-CORNERS  
MGMA CONFERENCE**  
APRIL 13-15, 2016  
DOUBLE TREE & ALBUQUERQUE  
CONVENTION CENTER  
ALBUQUERQUE, NM

## From the President



**By Judy Boesen**  
**President, CMGMA**  
[Judy-boesen@comcast.net](mailto:Judy-boesen@comcast.net)

I hope everyone is having a wonderful summer. It is nice to have warm weather and a little less rain.

For those of you who were unable to attend our payer meeting in May, Colorado MGMA and Pikes Peak PAHCOM (Professional Association of Health Care Office Management) collaborated to provide an event that was a huge success for attendees, payers and vendors. Marguerite Salazar, our insurance commissioner, gave an informative and entertaining keynote address. She left us with valuable information regarding her office and how it can help our practices. The event was so positive and well received we will have another co-sponsored payer day next year. We had 13 of the Colorado payers represented who provided valuable information, contact information and presented how they will meet the triple aim in health care. It was also great to meet some of the payer representatives in person, and get contact phone numbers. This year's event was held at Cielo's at Castle Pines in Castle Rock. The venue was just gorgeous with so many positive compliments; we will schedule it again at this location. If you have to pick and choose educational events, this is one to put on your calendar. Watch your weekly connection and future newsletters for more information regarding this event in 2016.

**Margaret McGuckin** is doing a wonderful job providing lunch and learns. The June topic was on CG-CAHPS. For those like me who weren't sure what CG-CAHPS was and wondered what that means to you, this helped put it in perspective. CG-CAHPS is a patient satisfaction survey which is mandated by Medicare. This year groups of 100 providers or more must participate and report this survey information. However, like all Medicare mandates this survey is coming to your practice in the near future. The survey is a part of the VBPM which went into effect for all physicians in 2015. The important thing to know is that we cannot use our current surveys. The survey must be a certified survey and administered by a certified vendor. The survey results will be published by Medicare for patients to use to determine which physicians have the highest patient satisfaction rates. The core components of the survey are:

- Access to Care
- Provider Communication
- Test Results & Office Staff
- Overall Provider Rating

There are other questions that are included depending on your specialty, practice certifications, whether the practice belongs to an ACO, etc. I would encourage everyone to learn more about this new requirement for your practice.

**For more  
information, visit  
[www.cmgma.com](http://www.cmgma.com).**

*Continued on page 4*

## STUDENT LIAISON

# Creating a Thriving Workplace



By **Nicole Meyer**  
Student Liaison

Across industries, employers are looking for sustainable ways to attract and retain skilled employees. In the healthcare sector, this fact is magnified by an already short supply and increasing demand for services.

The healthcare industry represents around 17 percent of the U.S. economy and is expected to grow as the population ages. While there are certainly efforts to increase the number of trained professionals, administrators can stay ahead of the curve by giving themselves certain competitive advantages in attracting Millennials to their companies.

In the next five years, Millennials will represent 40% of the workforce according to a recent Forbes article. In ten years, trends show that this group will total 75% of the workforce. With this in mind, managers would be hard pressed to not see the business case for creating strategies to attract the best and the brightest. Before you outsource your wellness program to another health coach who will create a weight loss competition for your employees, let us look at what truly builds a sustainable culture.

According to research done by the Intelligence Group, Millennials are looking for employers who:

1. Offer meaningful work
2. Offer a collaborative work-culture
3. Support work-life balance

With this in mind, leaders must be systematic in their approach and take steps to build a corporate culture that embraces these values while creating performance objectives that demand accountability.

Start by surveying your current employees to get a feel for what they think of the current culture. Are they satisfied with their employment? Do they have faith in leadership? Do they feel that they are providing the best care possible? Once you have a sense of the current climate, consider your corporate mission and look for ways you can foster camaraderie while challenging employees to reach for a greater goal.

By taking ownership of your corporate culture, you can begin to craft a vision that encompasses corporate wellness with professional development and promotes employee engagement and productivity.

For more information on how you can thrive in the ever-changing field of healthcare, join us for the 2015 Fall Conference. More information is available at:

<http://www.cmgma.com/?page=14Fall>

## Lunch & Learn

July 29, 2015

Location: DTC CoBiz Bank conference room, 2nd floor

Time: Noon - 1pm

Topic: **Professionalism and Conflict in the Office.**

Join Dennis Boyle, M.D., Physician Risk Manager, Risk Management, COPIC, for an interactive discussion on how to talk with docs who are not doing well and may be acting out. You asked for this topic as follow-up to the well received April Lunch and Learn:

Accountability and Conflict Management Roundtable. Come prepared with your stories/scenarios and we'll get tools and tips from the experts!

## CMGMA

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Computer Concepts Inc.,

With over twenty-years of healthcare and technology experience we are often questioned by customers on the best way to minimize costs. Every year the costs of supporting the changes to healthcare technology increase, while patient reimbursement seems to decrease at every turn. This doesn't take into account other factors like the new ICD-10 situation, which is like a tsunami heading towards the beach, or the stage 3 meaningful use criteria of 2018 calling for more technology than ever.

How are practices to keep up with all this?

Computer Concepts Inc., demonstrates a cost reduction by consolidating your internal IT healthcare resources to as few vendors as possible. Imagine consolidating with a single partner that specializes only in healthcare technology? A vendor that knows your medical applications, your latest interfaces to the various labs, various system and network setups, and the HIPAA security needs. A company that knows how difficult it is to explain to the Physician's why they should do this, or what it provides for.



Because of our vast experience and the needs of our various practices we continue to grow with better service and support offerings. For the past decade we have seen an increase in customers migrating over to our locally owned Healthcare Private Cloud Service. This service takes away many problems our single and multi-site customers experience by providing a complete support system for all their onsite and offsite needs.

Keeping costs low, staying compliant and finding someone that understands the industry is a difficult task but not impossible. The value of having an IT company that specializes in healthcare supplement or even manage your technology is worth the call...



Please visit our website for all the services and healthcare vendors we support at

<http://www.computerci.com>

## From the President

Continued from page 1

Our **webinars** continue on a regular basis. June's topic was "Managing Up". The speaker focused on managing those coworkers who do not report to us. In this era of integrated healthcare, organizations have become much more complex requiring a higher level of management skill. Today's healthcare managers are truly caught in the middle of multiple, often-competing priorities emanating from many directions. Successful managers must certainly have the ability to effectively engage and direct those who report to them. Managers must also be able to engage with "knowledge workers," such as physicians, advanced practice professionals and other licensed staff who cannot be "bossed" in the traditional sense. Equally important is the manager's ability to influence their peers in various departments of large bureaucracies in order to get what their practices need to continue functioning optimally. Also critical is the manager's ability to influence busy higher-level executives, some of whom know very little about the medical practice business. It seems we will never know enough and must always learn more.

On a lighter note, our annual **Golf Tournament** is coming up on **July 28** at the **Ranch Country Club** in Westminster, CO. We

start with a 1 PM shotgun. Take some time from the office this year and have some fun with your colleagues. The event will close with a dinner and recognition awards. Registration is open on line at [http://www.cmgma.com/events/event\\_details.asp?id=637961](http://www.cmgma.com/events/event_details.asp?id=637961) . I hope to see you there.

In September we will have our annual Conference in Breckenridge. **Gena Weir** and her committee have done a wonderful job with the program. This newsletter highlights the conference program. I know everyone needs a break and what better place but Breckenridge in the fall. Registration is open on line; [http://www.cmgma.com/events/event\\_details.asp?id=643224](http://www.cmgma.com/events/event_details.asp?id=643224) .

Your board is also busy planning next year's events. One of our highlights in the planning is a co-sponsored Legislative Reception with HFMA. Stay tuned for more information. Keep watching the newsletter and weekly connection dates and times.

A member salary survey will appear in your email soon. Please take to time to complete the survey so your board can plan meaningful events for you. Health care gets more and more complicated everyday and we need each other to manage the maze of requirements to keep our practices successful.

See you in Breckenridge!!!



# DUST OFF YOUR GOLF BAGS CMGMA *Golf Tournament*

Tuesday, July 28th • 1:00pm Shotgun Start

The 10th Annual CMGMA golf tournament will be Tuesday, July 28th at The Ranch Country Club. We will have an afternoon shotgun start, followed by an enjoyable awards dinner. Cost for Active members and Vendors will be approximately \$95, which includes green fees, golf cart and dinner. There is still time to register! We look forward to seeing you there!

[Click here](#) to register today.

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## ACMPE Update

*Isn't it time you move from nominee to CMPE, or from CMPE to FACMPE?*

**By Mike Fisher, DBA, FACMPE,  
CMGMA College Forum  
Representative**

MGMA has made the learning process increasingly more attractive with tremendous assistance at both the state and national levels.

### For the Certification as a Medical Practice Executive (CMPE)

We have exciting news to share with you! Thanks to the hard work of our dedicated volunteers, a national study group webinar series was piloted in June. Weekly webinar sessions are offered for those interested in board certification and preparing to take the board certification exams.

There are 8 sessions in the series:

Just click on the link: <http://www.mgma.com/store/pages/board-certification-study-group-series>.

You may be a bit late for some of these; though participating when you can provides a head start for the next round of webinars.

- July 7: Human Resource Management
- July 14: Risk Management and Patient Centered Care
- July 21 and 28: Financial Management (runs for 2 weekly sessions)
- Aug. 3: Essay exam overview and critique

All sessions will be held:

- 10 am MT
- 11 am MT
- 12 pm CT
- 1 pm ET

The sessions are open to anyone interested in certification or planning to take the certification exams, and ***there is NO registration fee***. Interested individuals can register for the bundle of 8 sessions, or individual sessions. Those who register will also have access to a dedicated Board Certification Study Group Member Community where they can ask questions, post messages and interact with the content experts/presenters during the series of sessions.

You have two more opportunities to in 2015 to sit for the CMPE exams:

#### Exam Window

August 17 – 29

November 9 - 21

#### Registration

June 29 – July 14

September 24 – October 6

Registration including registration deadline information is located on [www.mgma.com/exams](http://www.mgma.com/exams).

### For the Fellow of the American College of Medical Practice Executives (FACMPE)

- Purchase and submit your application online for a one-time \$250 application fee.
- Once approved, choose between writing a professional paper or three case studies.
- Please note that ACMPE will sunset the case studies option in December 2015.
- Submit a proposed topic and outline to the ACMPE Professional Papers Committee for approval.
- Once the committee approves your outline, you can begin working on your final manuscript.
- Submit your final manuscript to the ACMPE Professional Papers Committee for approval.
- The ACMPE Certification Commission and the MGMA Board vote monthly to confer and award the FACMPE designation to individuals who have completed the requirements.
- Once awarded, ACMPE will send official notification of your advancement.

To be a part of the 2015 Fellows Class, August 14, 2015 is- Final manuscript deadline. Start planning for next year if you can't make the deadline in 2015.

#### Fellowship information

- Fellow status is the highest level of distinction you can reach in the medical practice management profession; it is a rewarding journey that will yield great professional and personal growth.
- By authoring a professional paper or three case studies, you will empower other professionals in the field with rich insights and powerful examples of real-world issues facing today's group practices.
- Throughout the process, you will have the support of Association staff, colleagues and those who have al-

Continued from Page 6

ready achieved Fellowship to guide you through the program. Additionally, your CMGMA Forum

- Representative provides personalized support.
- Volunteers such as Fellowship mentors and Professional Papers Committee graders are also available to ensure your success.
- To ensure that your contribution provides maximum value, the submission process for your topic and manuscript includes review and suggestions from a team of ACMPE **Fellows**.

**Fellowship Requirements**

- Be a current national MGMA member.
- Have earned the Certified Medical Practice Executive (CMPE) designation.
- Pay a one-time \$250 application fee.
- Complete outline and final manuscript.

Please don't hesitate to contact Mike Fisher at [mfisher@regis.edu](mailto:mfisher@regis.edu) or 303.870.3214 for further information.



# Cocktails & Learn

**August 25, 2015**  
**4 - 6pm**  
**Eide Bailly Training Center**  
**440 Indiana St., Ste. 200**  
**Golden, CO 80401**

**Content Marketing for Healthcare.**

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**Ron King, President,**  
**Vanguard Communication**



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# Patient Tracking & Follow Up

## What You Don't Know Can Hurt You

By **Laurette Salzman, MBA, CPHRM,**  
**ProAssurance Senior Risk Resource Advisor**

Lapses in patient care, including follow up, can lead to dire consequences beyond those to patient well-being. Substantial malpractice settlements and verdicts have been paid as a result of “lost” diagnostic reports and physicians’ failure to review and follow up.

Patients who miss or cancel appointments risk undetected and untreated medical conditions, threatening continuity of care. If the patient later experiences an illness or injury, he or she may hold you responsible. The best way to prevent such lapses—and the corresponding malpractice allegations they create—is to develop written policies and procedures. The goal is to effectively track lab and diagnostic tests, as well as missed appointments and referrals.

### Lab and Diagnostic Tests

Establish a tracking system that documents and follows patients referred for diagnostic imaging or laboratory testing. An effective system will verify the:

- test is performed;
- results are reported to the office;
- physician reviews the results;
- physician communicates the results to the patient;
- results are properly acted upon; and
- results are properly filed.

It is important the physician or allied health professional (AHP) review, authenticate, and date all diagnostic test results as soon as they are available—*before* filing. When test results are abnormal, it is important to let the patient know both the results and the need for follow up. If the patient does not follow through as advised, it is prudent to make—and document—repeated efforts to encourage the patient’s return.

### Cancellations and No-Shows

Tracking missed or cancelled appointments will help you improve patient care and reduce liability risk. When patients miss or cancel appointments, attempt to reschedule and document both the reason for cancellation and each of your efforts to reschedule.

We suggest the AHP review all missed or cancelled appointments and discuss them with the physician to determine if follow-up is necessary. More aggressive follow up may be necessary for patients with urgent conditions. Document all such efforts in the medical record.

### Consultations/Referrals

Plan to develop an effective system to identify and track patients who are scheduled for referrals and consultations. Document in the patient’s medical record all recommendations that a patient see a specialist for consultation or continued care. Include any letters or other communications between physicians in the medical record.

### Types of Tracking Systems

Tracking systems do not have to be complex or expensive; they just have to work. Many medical practices use simple and inexpensive methods, such as logbooks. Others utilize tracking functions provided in their electronic medical records system. For more information, contact a ProAssurance Risk Resource advisor (call 844-223-9648 or email [RiskAdvisor@ProAssurance.com](mailto:RiskAdvisor@ProAssurance.com)).



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*This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.*

# Medical Record Retention: How Long is Long Enough?

By Gregory James Smith, Esq.

Keeping accurate medical records on all patients and safeguarding those records are important responsibilities for health care professionals. Your patients depend on you to manage this function carefully as these records are critical for their current and future care. Just as important for your practice, medical health records are legal business records that must be maintained following federal and state regulations to ensure that the information is accurate, complete and available when needed. The medical record is critical



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in a medical liability action and its loss may considerably harm a provider in the defense of a claim.

As an attorney who works with medical practices in Colorado, I am often asked how long a medical record must be retained. Like most experienced attorneys, my answer is: *it depends*.

While that can be frustrating to hear, it

is important to understand this answer is necessary because there are various nuances and considerations, including the competency, age and medical condition of a patient. The good news is that there are several organizations that offer guidance on best practices in medical records retention and handling. The sources referred to in this article include both Colorado and federal law. Physician practices outside of Colorado should be guided by the law of the state where they practice.

## A Record Life Cycle

The life cycle of a medical record begins when information is created and ends when the information is destroyed. The goal for health care practices is to manage each step of this cycle to ensure record availability. Creating and using information may seem relatively easy. However, various issues arise when maintaining information, including space, the labor-intensive nature of storing and retrieval of data, cost, and internal policies for record disposal.

Health information can reside in multiple storage media and locations creating the need for a clearly defined record retention plan. According to American Health Information Management Association, at a minimum record retention schedules must:

- Ensure patient health information is available to meet the needs of continued patient care, legal requirements, research, education and other legitimate uses of the organization.
- Include guidelines that specify what information is kept, the time period for which it is kept, and the storage medium on which it will be maintained.
- Include clear destruction policies and procedures that include appropriate methods of destruction for each medium on which information is maintained.

## Regulations and Guidelines

There are both federal and state regulations regarding record retention. For example, under the federal False Claims Act, any health care provider that participates in Medicare, Medicaid or other federal funded health care program is potentially liable, and these charges may be pursued for up to 10 years. Providers should keep health information for at least the period specified by the state's statute of limitations or for a sufficient length of time for compliance with laws and regulations.

To be absolutely safe, medical records would be retained forever. However, for most practices this is simply not feasible or necessary. The Colorado Medical Board (formerly the Colorado Board of Medical Examiners) has surveyed the rules and its guidelines of other state medical boards and insurance liability carriers to develop guidelines for medical records retention.

The board recommends providers:

- Retain all patient records for a minimum of seven years after the last date of treatment, or seven years after a patient turns 18 years old, whichever occurs later.
- If a practice is to discontinue or a provider has died, letters should be sent to patients seen in the last three years notifying them. Providers may also take out notices in newspaper or other media as well as notify patients if records are to be transferred to a new provider.
- If there is litigation or a board investigation, retain the records until resolution of the matter.
- Best practices should be applied in destroying records so that patient confidentiality is maintained.
- Contact their insurance carriers for record retention guidance as well.

In addition, organizations with special patient populations—such as minors, behavioral health, or research patients—must be clear on other regulations that may apply. For example, the Food and Drug Administration requires research records for cancer patients be maintained for 30 years.

## Active, Inactive and Destroying Records

Identifying and maintaining active and inactive records is an important step in the successful maintenance of a filing system. Each organization should determine a “line in the sand” (usually a discharge date) that signals the time at which a record becomes inactive. In making that determination, consider the following:

- How often are the records accessed?
- What is the total retention requirement?
- What is the size of the record?
- What are the physical constraints?
- What activities or functions require routine access to the record?

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Each type of medical record media has a preferred destruction method. For example, paper should be burned or shredded, while microfiche requires recycling and pulverizing. Regardless of the record type, providers must maintain documentation of the destruction of health records permanently and include the following: date of destruction, method of destruction, description of the disposed records and inclusive dates. When medical records are destroyed in Colorado, it must be done in a manner consistent with CBME policy 40-7 and 40-8 as well as in a manner that maintains patient confidentiality.

*Gregory James Smith is a health care attorney at Caplan and Earnest, LLC. He works with medical practices in Colorado on matters such as mergers, acquisitions, entity organization and operation, and contracting and regulatory compliance. Contact him at 303-443-8010.*

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# CMGMA 2015 FALL CONFERENCE

# **SURVIVE & THRIVE**

## IN THE EVER-CHANGING FIELD OF HEALTHCARE

## AGENDA

### THURSDAY SEPTEMBER 24, 2015

- 8:30am Registration Desk Opens
- 9am-10am New Member and Past Presidents Brunch
- 10am-11:45am ***Mastering Patient Flow: Moving from Volume to Value to Survive and Thrive***  
**Keynote Speaker, Elizabeth Woodcock, MBA, FACMPE, CPC**
- 11:45am-1pm Mountainside Outdoor Lunch and Business Meeting
- 1pm-2pm ***Washington Update***  
**Jennifer McLaughlin, MGMA Government Affairs Representative**
- 2pm-3pm Breakout Session A  
***Acuity Factoring: A Model for Quantifying Complexity***  
**Frank Cohen**
- 2pm-3pm Breakout Session B  
***ACMPE Preparation; How to become Certified and Thrive!***  
**Mike Fisher, FACMPE**
- 3pm-3:30pm Break in Exhibit Hall
- 3:30pm-4pm ***30 Tech Tips in 30 Minutes***  
**Miranda Bender**
- 4pm-5pm ***10 Mistakes We Keep Making as Practice Managers***  
**Kyle Matthews**
- 5pm-7pm Networking Reception in Exhibit Hall

### FRIDAY SEPTEMBER 25, 2015

- 7am-8am Breakfast in Exhibit Hall
- 8am-9:30am ***Evidence-based Management for Healthcare Professionals***  
**Frank Cohen**
- 9:30am-10:30am ***Tribal Leadership***  
**National MGMA CEO, Dr. Halee Fisher-Wright, MD, MMM, FAAP, CMPE**
- 10:30am-11:15am Break and Prizes in Exhibit Hall
- 11:15am-12:30pm ***Master Your World: 10 Executive Leadership Strategies to Improve Productivity, Profits, and Communication for Medical Group Managers and Staffs***  
**Mary Kelly, PHD**

# CONFERENCE INFORMATION

## CONFERENCE FACILITY

### Beaver Run Resort

Breckenridge, CO

Make your hotel reservations by calling:

1-800-525-2253 and reference

CMGMA 2015 Fall Conference.

The hotel group block closes on August 23.

Room	Rate
Hotel	120.00
Deluxe Studio	130.00
One Bedroom Suite	150.00



## CONFERENCE REGISTRATION

### Early Bird Special!

Early Bird expires August 15 – CMGMA Members-\$150, Non-Members-\$240.

August 16 - August 19 – CMGMA Members-\$165, Non-Members-\$265.

*Special discount for practices registering more than one attendee!*

Additional attendee rate for CMGMA Members - \$99, Non-Members \$200

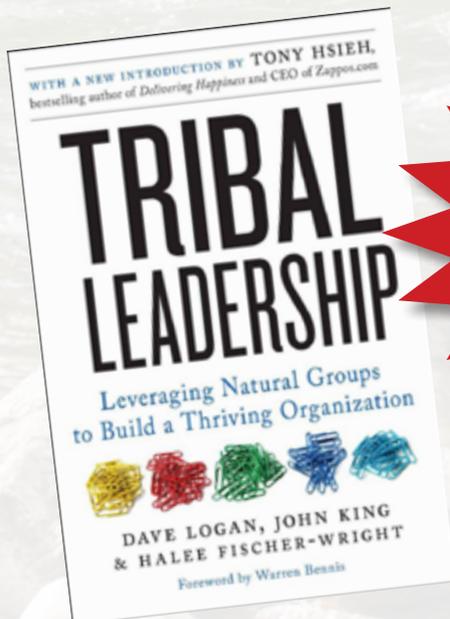
Join CMGMA today by visiting our website at [www.cmgma.com](http://www.cmgma.com). Annual membership dues are only \$99!

## REFUND POLICY

Cancellations received prior to August 20, 2015 are subject to a \$50.00 processing fee. Cancellations cannot be refunded. Substitutions from within the same group are acceptable. Please submit requests for cancellation or substitution in writing via email to: [kristina@m3solutionsllc.com](mailto:kristina@m3solutionsllc.com)

## ACMPE CREDIT

This two-day program is eligible for 9 American College of Medical Practice Executive (ACMPE) Credit Hours.



Each attendee will receive a copy of Dr. Fisher-Wright's book, *Tribal Leadership: Leveraging Natural Groups to Build a Thriving Organization*.

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# Scheduling Tips: Making the Most of Your Day



By Elizabeth W. Woodcock,  
MBA, FACMPE, CPC

If you're struggling to make it through the day, it's an opportune time to determine how well your appointment schedule is functioning – or not. Your appointment schedule is the backbone of your practice, yet it's often

left to the lowest paid employee to manage. Isn't your scheduler really the director of business development for your practice? Unlike many businesses, the vast majority of the expenses of a medical practice are fixed. Therefore, the profitability of a practice is almost solely determined by how effective you are at managing patient volume with your existing infrastructure. Indeed, recognizing the importance of the schedule to achieving your desired level of productivity, patient service and profitability is the first step. Consider these strategies to ensure that you're optimizing your schedule:

**Never start with a new patient.** Avoid commencing the day with a new patient, who is more likely to be late – or not show up at all. Even if the new patient presents on time, he or she consumes longer at the front office thereby delaying the patient's clinical intake and care. Always start with an existing patient, ideally with a simple or basic complaint.

**Freeze a handful of slots for acute needs.** Patients or referring physicians often call you to be seen (or see one of their patients) on short notice. Depending on your specialty, you may need to reserve a couple of slots a day to accommodate these acute issues – or maybe even all of them – for same-day add-ons. Measure your own patient demand across a few weeks to determine the right number of slots. If you can't accommodate the demand in your schedule, consider converting some of the requests to nurse visits, or book the patient with an advanced practice provider working in partnership with you. Or, consider a strategy deployed by an internist I met recently – he holds a "five-minute clinic" each day from 1 to 2 p.m. The slots are actually longer than five minutes – his templates holds six slots during that hour – but the name establishes expectations with patients regarding the limitations of complaints – and time.

**Doublebook – strategically.** Determine your overall no-show rate, but dig a bit deeper to monitor which slots can be overbooked. For example, referrals from the emergency department could be candidates for doublebooking, or perhaps hospital post-discharge visits. In addition to visit types, there may be particular patients who can be doublebooked. For example, a patient who has no-showed twice in the past six months is likely to not show, or one who scheduled an appointment 12 months ago but shows a non-working number

on the report from your automated reminder system. Doublebook these probabye no-shows. Or, if you can't (or don't want to) predict the no-show but have two or more patients fail to arrive each day, doublebook two slots a day – 10 a.m. and 2 p.m.

**Start on time.** The beginning of the day is important, but it's often the early afternoon that causes the most trouble for a practice. Scheduling five 1 p.m. patients with only one receptionist who returns from lunch at 1 p.m. is simply never going to work! Consider staggering employees' schedules so that the front office is always covered during business hours, and stagger patients' arrival times as well (e.g., 12:45, 12:50, 12:55, etc.). Finally, crosstrain employees so that a medical assistant (or someone else) can come greet, register and arrive the 1 p.m. patients. Without a concerted effort, the office is doomed to run behind from the moment you open!

**Give arrival – not appointment – times.** Telling a patient that he or she has a 1 p.m. appointment with Dr. Jones stamps a certain expectation in his or her mind. A reminder to come in 15 minutes early to "fill out paperwork" does little good – and who really sees the doctor at his or her appointment time anyway? Decide when you want to see the first patient – and then give arrival (not appointment) times. If you want to be in the exam room at 8 a.m., give the patient a 7:45 arrival time. After all, it is your time – the billable provider's time – that is the practice's greatest asset.

**Monitor your scheduled but not arrived rate.** No-shows are a nuisance, and should be managed. However, an often overlooked opportunity is the number of patients who cancel. Cancellation rates hit 30% or more of total appointments booked, causing a significant amount of rework – and often wreaking havoc if the actions occur at the last minute. Research has shown that cancellations are largely driven by the appointment lead time. The longer you schedule in advance, that is, the higher the likelihood that the appointment will need to be changed. For appointments scheduled 12 months in advance, that rate is more than 50%. If you are scheduling a follow-up visit more than three months out, consider recalling the patient instead of giving him or her a specific appointment. Most practice management systems have a recall function, which will prompt you four or five weeks before the recommended timeframe for the appointment to communicate with the patient to schedule a date and time. Although it doesn't eliminate all of the work, your missed appointments – no-shows and cancels – will definitely drop.

Hear more about these tips at Elizabeth's session at the fall conference!

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