



October 2015
Issue 15-04

MGMA
Medical Group Management Association
Colorado

Colorado Connection

The Official Newsletter of Colorado MGMA

Upcoming Events



September 8-9, 2016
Fall Conference
Wyndham
Mining Exchange
Colorado Springs

For more
information, visit
www.cmgma.com.

From the President



By Paula Aston
President, CMGMA
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By the time this newsletter goes to print, we should all have about one month of ICD-10 under our belts. I'm keeping my fingers crossed that it will be another Y2K – a whole lot of fear which resulted in “just another day at the office.”

I would like to thank everyone who attended our annual conference in Breckenridge last month. The leaves changing, beautiful fall weather, gathering with friends and colleagues and the wonderful speakers all combined for an outstanding conference. Early survey reports state this is one of the best conferences in many years. I'd like to extend my sincere thanks to our former Education chair, Gena Weir, and her team who presented the attendees with a lot of knowledge and insight on the coming changes we're to expect. I had multiple people comment to me about what a conference it was. Additionally, we had record turnout from our vendors – without whom the conference would be dramatically more expensive. A round of thanks to all of you.

That being said, for those of you who didn't attend, and who don't know me yet, I'd like to do a brief introduction. I'm the Practice Administrator at South Denver Spine. I'm beginning my 4th year on the CMGMA executive board and I'm thrilled to be among such a great group of people.

During the conference, I put a challenge out to all of our attendees, as well as our entire CMGMA membership, to attend next year's conference and to bring a friend. Save the date now for our 2016 conference, which will be September 8-9 at The Mining Exchange in Colorado Springs. We're already putting in a great line up of speakers. In addition, to boost our membership numbers, I'm running a contest during my Presidential year. The member who refers the most new members to our wonderful organization by September 7, 2016 will receive a \$1000.00 gift certificate for a fabulous time at the world famous Broadmoor Hotel. I think that's better than an i-pad any day! So keep those referrals coming as the competition to win this is already growing.

My goal as President is twofold: 1. To continue to improve our organization, and 2. To grow our membership and create some new excitement within the organization. I've got some big shoes to fill in following Judy, who served for 2 years as President. Judy's knowledge and organizational skills has made great strides for CMGMA. I hope to continue what she has begun.

Our new executive board consists of the following people.

- Myself as President. Eric Speer – President Elect. Mike Fisher – Secretary.
- Judy Boesen – Immediate Past President. John (Chip) Southern – Member at Large.

I'd like to thank Peter Howell, who just finished his term as Member at Large. In addition, I'd again like to thank Gena Weir, who served as our Education chair for the past 4 years. Gena

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What Does Value Based Care Really Mean?

*A new term is making an impression on healthcare...."Value Based Care".
What does value based care really mean?*

By Reed Tinsley, CPA



Healthcare is evolving from a proficiency-based art to a data-driven science, from free-lance physicians to hospital-employed physicians, from one-size-fits-all community hospitals to vast hospital networks organized around centers of excellence. As more independent physicians begin to be hired by hospitals, the opportunity for large group practices and hospital consolidation grows. As consolidation expands, data and transparency become increasingly important, as a way to ensure that caregivers across the system are providing comparable care. All of this, of course, leads back to quality, which requires an effort to achieve standardization, reduce variation, and eliminate unpleasant surprises. It's analyzing processes, measuring outcomes, and changing practices until you get it right. At least that's the way the Harvard Business Review has reported it.

The key factors that every practice can take away from the Harvard discussion are:

- More employed physicians
- More data mining for information to re-think medical decision-making
- Practice consolidation with other practices should be realistically considered
- Cost control does not have to mean compromise of patient care
- Providers will be paid less to deliver better care

And therein lays the rub! How do you convince providers that it is in their interest to provide more cost effective and measurable care for less revenue?

The answer is probably in the age group of the providers. For new providers, time off can bring value to them and should be considered in employment agreements as part of compensation. For older providers, early retirement or part-time work is being considered by many of them. 20 years from now, most of the baby boomer providers will be retired and a new population of providers understanding new technology gains, and employment models will be equipped to embrace the Harvard scenario. Until then, the business of healthcare will struggle with what will give patients better outcomes, reduce cost and continue to define value differently. The gains will not be achieved through sweeping one time changes in protocols; but in consistent measuring and tweaking processes and changing habits that will bring meaningful change.

Data mining for better outcomes primarily means standardization. The disparity between treatments among same specialties for very similar patients can be far-reaching. The same diagnosis, the same patient geography and similar history can mean between \$18,000 and \$20,000 difference in treatment options. Finding ways to standardize care through data mining and discovering ways to enhance outcomes based on large volumes of data to analysis will bring the largest gains in cost cutting.

As a physician practice, how do you prepare for changing payment models and position yourself for future success in a changing healthcare environment? While seeking hospital employment is one avenue, I truly believe physician-to-physician consolidation is the better answer. This could be practices of similar size merging with one another and/or large physician practices rolling up smaller practices. In any event doctor, sitting on your hands and doing nothing is definitely not an option. As the old adage goes – "People don't plan to fail, they just fail to plan." So take a hard look at your practice and make some decisions about how to position it for the future of healthcare.

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Welcome New Board/Committee Chairs



Member-At-Large

Chip Southern, MBA, MHA, CMPE
Practice Administrator
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My healthcare career started over 20 years ago as a Paramedic in the Loveland area. After spending over seven years on the street I become the Director of the EMS department at Platte Valley Medical center in Brighton. While working for the hospital I took over several other departments and the Y2K project. In 2000 I became the Practice Administrator for Greenwood Pediatrics and have learned to enjoy the multiple challenges, hats, personalities... that this job entails. I have also learned that without the support of my cohorts my job would be significantly more difficult. It is my hope that by serving on the Board I can return the many favors given to me and help CMGMA grow.

On a personal note, I have been married to an incredibly supported wife for over 22 years; have a son at CSU and a daughter who attends Grandview High School. I love setting goals and am currently working on completing a marathon in each of the 50 states. If all goes well I will finish this goal in January, 2016.



Education Committee Co-Chair

Connie Dixon

CMGMA is an organization that provides insight, networking and help in all aspects of healthcare administration. We hope to continue to provide top notch speakers for next year's conference that will help others in their careers whether you are new or

a seasoned professional.

Connie Dixon has been working in Healthcare Administration and management for 23 years from Nephrology, Orthopedics, Allergy & Immunology, Internal Medicine, OB/GYN and multi-specialty. Connie majored in microbiology at Southern Utah University. Connie was a military officer's wife and has lived all over the US and in the Netherlands but has called Colorado home for the last 14 years. When Connie is not hard at work at her spine and orthopedic

practice she can be found in her garden, playing games, cooking and enjoying time with her family and 15 grandchildren.



Golf Tournament Project Manager

Scott Raberge

"Through input from the board I will coordinate the annual golf tournament. I will be evaluating different golf course venues along with their services, dates and times that would work the best for the chapter and its members. I will work to ensure we

have adequate participation from both our provider members and our corporate affiliates."

Mr. Raberge has been involved in the Colorado and national collection industry for over 28 years. He has served two terms as President of the International Credit Association where he earned the Distinguished Service Award. He earned the Certified Collection Agency Executive (CCA) designation through the ACA International. Scott has received both the prestigious William G. Follmer Bronze and Robert H. Reeves Silver Awards for his contributions to the Healthcare Financial Management Association (HFMA). Scott is also active in the American Association of Healthcare Administrative Management (AAHAM) where he has earned the respected Certified Patient Account Technician (CPAT) designation. Scott is serving his third term on the Board of Directors for the Colorado Medical Group Management Association (CMGMA). By continuously staying focused on the ever changing collection industry and following the myriad of rules and regulations associated with this industry, Mr. Raberge has proven himself to be a true resource to our valued partner clients. Mr. Raberge holds a Bachelor of Science in Business Administration from Regis University in Denver, CO.

- Save the Dates -

January 26, 2016
Legislative Reception
University Club, Denver



May 19, 2016
CMGMA Payer Day
Cielo at Castle Pines,
Castle Rock, CO

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*Interested in getting more involved with CMGMA?
We are always looking for an extra hand to help make
this association thrive. Please contact Kristina at
cmgma@cmgma.com to see how you can help!*

Executive Leadership Strategies (from the Dog)



By Mary Kelly, PhD

We live in a world that requires rapid responses, wise decisions, and strategic management of our resources. Our MGMA leaders today have to be able to simultaneously manage patients, staff, regulation changes, insurance mandates, and of course, our bosses.

Working with people and getting them to do what you know they need to do is a vital component to running any successful organization, both in hospitals and in practices.

Leadership is the reason countries, companies, and organizations either succeed or fail. In all realms of leadership, there are guiding principles. In today's arena, it can be a dog-eat-dog (although that would be very bad behavior) world.

There are thousands of books about how to lead people. Some classics have been around for hundreds of years, or maybe it just seems that way. But the problems facing managers and leaders today demand a different approach. Some problems might include:

"Work ethics have gone out the window."

"My new hires aren't getting along with my experienced people."

"People are not working together as they should."

"I can't get employees to care about what we do here."

"People are frustrated and discouraged with all of these changes."

Sound familiar? These and other complaints reflect real problems, and they manifest themselves in lost productivity, employee frustration, diminished communication, and slow or mixed responses back to customers.

What is a manager or supervisor to do?

Reward good behavior. It sounds so easy and so simple, yet most managers don't reward people when they do great work. Instead, they just give the high-performing worker more work. Most supervisors provide only the required yearly feedback, spending 10 or 15 minutes repeating tired lines about how valued the employee is to the organization. A year later, the process gets repeated, with very little real feedback, advice, or career help.

The rest of the time, employees are often ignored by their managers unless there is a major problem. In many organizations, "feedback" is synonymous with negative counseling. When you are called in to go see the boss was your first reaction a delighted "Yippee!" followed by wild enthusiasm? Probably not.

Good behavior is seldom rewarded or acknowledged as it should be. Positive reinforcement is sadly lacking by many managers.

How do you reward employees?

Rewarding employees is best if it is for a specific action, is meaningful to the employee, and does not come at the expense of others. Saying thank you and acknowledging the contribution is far important than a material token of appreciation, but if you can actually reward someone tangibly, that is fantastic.

A few suggestions for rewarding employees:

- 1) Time off
- 2) Cash
- 3) Public recognition or profiling
- 4) Gifts such as mugs, pens, \$10 gift certificates to Walgreens or Starbucks
- 5) More training opportunities to help employees advance
- 6) Help employees get promoted by endorsing them to other senior managers
- 7) Bring in lunch for the office team
- 8) Write a sincere thank you note

When gifting, people need to feel as though the reward is about them. Giving a non-sports fan a pair of Broncos or Rockies tickets isn't a reward.

Hold People Accountable. Go ahead and ask your friends at your next social gathering. "How many people in your workplace feel as though their efforts at work are appreciated? If people work hard, are they somehow rewarded for their results? Or do hard workers just get more work?"

A manager's natural inclination is to give the people who always get good results the hardest and most visible projects. When you really need something done right, on time, and within budget, you give it to John, your hardworking, reliable worker, even though it is Steve's job.

The people who do the terrific work often get punished by being assigned more work, while paradoxically, those who don't do their jobs as they should get rewarded with fewer responsibilities and easier schedules.

This is unfair, both to the reliable worker and the co-worker who is not pulling his fair share.

Reward good behavior. Provide helpful feedback in a helpful way. Hold people accountable for their responsibilities. Be consistent.

If every time I did something really well my boss gave me a treat, like a mocha latte, I'd be encouraged. Inspired. Enthusiastic. Cheerful. Also caffeinated, but eager and ready to do more work.

Visit www.ProductiveLeaders.com/MGMA for more of Mary's resources specifically for MGMA.

Mary C. Kelly, PhD, CSP is CEO of Productive Leaders, author of *Master Your World: 10 Dog-Inspired Leadership Lessons to Improve Productivity, Profits, and Communication, In Case of Emergency Break Glass!* and *15 Ways to Grow Your Business in Every Economy*. She retired from the active duty Navy as a commander, and is professor at the US Air Force Academy.

She loves coffee and her dogs. Mary also loves MGMA and anything medical. Visit www.ProductiveLeaders.com/MGMA for special MGMA materials. Mary can be reached at 443-995-8663 (o/m), Mary@ProductiveLeaders.com.



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From the Immediate Past President



By Judy Boesen
Judy-boesen@comcast.net

As I begin my year as the immediate past president I want to thank the all the members for allowing me to serve this organization for the past 2 years as your president. This is a wonderful organization and has so many wonderful people working on behalf of the membership. My responsibilities this year as immediate past president, is to act as historian and to chair

the nominating committee for new board members.

One of my goals last year was to compile a history of the organization. I contacted as many past presidents as I could find and asked them to tell me about the organization during their presidency. I heard from many of the past presidents and I can attest that we have come a long way. The early boards worked very hard without the benefit of an Executive Director until a few years ago. They were all volunteers and did everything that Kristina does for us as well as the other duties of the board. The history gathered from past presidents is included in this newsletter.

CMGMA HISTORY

CMGMA has been providing educational services to Colorado MGMA members since **1949**. Not much is known about the early days of the organization but in **1982** at the urging of National MGMA Colorado MGMA filed articles of incorporation with the state of Colorado to organize as a 501(c) (6) organization. The first board of directors were; Charles Redwing, Grand Junction, Charles Perry, Greeley, John Strehlow FACMGA, Denver and Joan Hodges Denver. According to Charles Redwing, the first multi-day state conference was held in Durango. Since 1982 the organization has had **26 presidents** with some serving more than 1 year as president or in other offices. The commitment to the executive board is 4 years with many members serving as committee chairpersons before moving to the executive board

The organization has had many dedicated volunteers over the years. It was and continues as an organization of volunteers that are required to work very hard on behalf of the members. Education has always been the focus of the organization as well as advocacy, and networking. Educational events were provided 3-4 times per year, with the board members responsible for everything including but not limited to finding a venue, developing marketing materials, finding speakers and vendors, registering attendees and probably cleaning up after conferences, not to mention all the financial responsibilities of an organization. In **1993**, educational and finance services were moved to national MGMA, which gave the board some help

with the educational events. At that time national MGMA was helping all the states with those services.

By **1999** the educational and financial tasks were again handled by the board. The board members had to be willing to put in long hours and lots of energy to accomplish all the tasks. In **2000** the board started a search for a management company. The first management was hired in **2001**.

CMGMA was not the largest state organization by it had the reputation nationally as a progressive organization and board members were often asked for advice and input on how to make other state MGMA associations stronger

By **2000** CMGMA had about a 100 members with about 60 members attending the events and conferences. At this time CMGMA had 3 conferences a year spring, summer and fall.

2001 was the advent of the CMGMA newsletter. Also that year, the finances of the organization were increased with monies found by national MGMA that belonged to Colorado. One can only assume that when national MGMA turned the back financial management of the state organizations, not all funds were distributed.

2002, was the first year attendance at a conference reached 100 attendees. There was a huge effort to increase membership at this time. Another significant event in 2002 was an effort to get Wyoming and Hawaii to form a state association. Although that was not completed that year a future board

completed the task.

2003. Vendors were increased from 5 to the current conference level. COPIC and Denver University were early sponsors. Wyoming MGMA had established but was a very small group so they were encouraged to join Colorado MGMA. Multiple breakout sessions were introduced at 2003 conferences. At this time outreach to all parts of the state was the focus, trying to encourage participation from the western slope and mountain regions.

2004 was the start of keeping a historical record of the profitability and attendance at conferences. The board was able to go back to 1998 with the information that was available. The last summer conference was held in 2004. QuickBooks was implemented in 2004 and financial services outsourced to a 3rd party. Remember until 2001 the board members did everything without any administrative help

The first legislative reception was held in **2007**. This was a very active year for legislative accomplishments with the passage of Senate Bill 79. CMGMA and Colorado Medical Society joined forces to accomplish this legislation. If you don't remember what Senate bill 79 did, it required all health plans to use the same contract template, and allow practices to pick which products they want to participate with. The current mission and values was authored that year as well.

2010 CMGMA conducted a special payer survey, developed the board organizational

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grid showing the reporting structure of the committee chairs to specific board officers and enhanced the website to allow online registration and payments. The process of finding a new management company was started.

The first 4 corners conference was held in Albuquerque NM in 2010. The was a regional conference sponsored by Colorado, New Mexico, Utah and Arizona MGMA affiliates. The conference is held every 2 years in the spring and rotates between sponsoring states. The 4th 4corners conference will be held in April 2016 in Albuquerque. Utah has not participated in the conference since 2010

2011, CMGMA hired the current management company, M3, introduced the vision map to the board strategic planning sessions.

2013 was another active year regarding legislation. CMGMA with Colorado Medical Society proposed legislation to standardize the prior authorization process for prescription medications. It requires that insurance plans that do business in Colorado have a stan-

dard form for all medications and a standard response time for approval of authorizations. The legislative process is slow and it took time in **2014** it work out the details of the bill for an effective date **1/1/2015**. The last spring conference was held in 2003. That was a result of a member survey which indicated that getting away from the office for 2 days multiple times per year was not financially or time feasible. Instead the membership asked for shorter half day events that were topic specific.

2015 legislative action was again front and center as CMGMA with Colorado Medical Society joined resources to kill an "Out of Network Bill" that would have prohibited practices from balancing billing patients for out of network services. However, that bill is not dead yet and will be active in the 2016 legislature. The board composition of committee chairs was reorganized to be event specific and allow more volunteers and less time commitment for volunteers. Instead of committee chairs the board is composed of 5 executive voting members and 10 liaisons' and project managers. The current board structure includes; executive members (member at large, secretary, president-elect, president and immediate

past president). 10 liaisons and project managers (vendor liaison, legislative liaison, ACMPE liaison, student liaison, fall conference project manager, lunch and learn project manager, payer day project manager, golf tournament project manager, and salary survey project manager. There is 1 project manager/liasion to be determined as the organizations needs change. 2015 was also the first co-sponsored event with another professional management organization. Pikes Peak PAHCOM (Professional Association, of Health Care Office Management). The event was held in Castle Rock at Cielo's and was a huge success.

CMGMA is a state affiliate of national MGMA and through the years has had a huge influence on practice administration. It is through the volunteers and their dedication that so much has been accomplished. Membership has grown to over 400 but there are many practice administrators who may not know about CMGMA or know the value it can provide to their practice. The organization is still an all volunteer organization with administrative support from our management company. The benefits of serving the organization are "priceless".

SAVE THE DATE



Rise Above

2016

4-CORNERS

MGMA CONFERENCE

APRIL 13-15, 2016

DOUBLE TREE & ALBUQUERQUE CONVENTION CENTER

ALBUQUERQUE, NM



www.4cornersconference.com

From the President

Continued from page 1

is now our new ACMPE liaison. Connie Dixon and Karen Davis are co-chairing the Fall conference planning. Margaret McGucken continues her role as our Project Manager for the lunch and learns. Scott Rabarge is our new Golf Tournament Project Manager. Jan Krause continues as our Survey Project Manager. Tarra Gerlach continues as Vendor Liaison. Nicole Meyer continues as the student liaison. John Milewski will begin our new position as co-chair of our new payer day conference, which is co-sponsored for our Pahcom friends.

Finally, Melissa McCormick will continue as our fabulous legislative liaison. She has asked that I remind you all to save the date for our upcoming annual Legislative conference which will be held on January 26, 2016. Once again this will be at the University Club downtown. This year should prove to be bigger and better than many in the past as we are co-sponsoring the event with HFMA. This year, more than ever, we need to keep our members engaged in pending legislation that could have major impacts on our respective practices.

I am extremely grateful for the opportunity to serve as your CMGMA President. I look forward to a fun, educational and exciting new year. I would love to hear your thoughts, ideas, concerns or just to meet you. My email is listed on page 1.

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THE NONADHERENT PATIENT:

How to Approach Situations When Patients Don't Follow Advice

By *COPIC's Patient Safety and Risk Management Department*

Most medical practices are familiar with patients who don't always follow the advice given to them. Providers often order tests or make recommendations and then may not be aware of whether or not the patient is following through. Noncompliance was the descriptive term used in the past, but has fallen out of favor. Nonadherence is now preferred because of its patient-centered connotation. Nonadherence is still a challenge for the patient and the clinician and can occasionally present a liability risk.

HOW TO HAVE THE DISCUSSION

Having frank discussions with patients and being nonjudgmental can be an effective way to find out more about the patient's perspective and reason for nonadherence. Ask your questions in an open manner and explore the reasoning behind a patient's nonadherence. Is the patient not convinced around what he or she needs to do? Or does the patient lack the confidence or ability to follow through? Patients are also likely to react more positively to treatment if they are involved in core decisions and if they understand that the advice given by their physician is personal, and not a one-size-fits-all solution.

As well, patients should be made aware of resources available to help them implement and follow proposed treatment plans or lifestyle changes. When it comes to prescribed medications, affordability is often a factor in nonadherence. Physicians should diplomatically ask patients if this might be an issue and can propose less expensive, but effective, alternatives. Side effects may also concern patients, and physicians should discuss the possibilities beforehand so patients understand what action might need to be taken.

WHAT TO DO WHEN A PATIENT IS NONADHERENT

Recommendations on how you should respond and document a nonadherent patient are outlined below. While it isn't reasonable to expect you to do these with all patients, your response should be commensurate with the risk involved in each patient's situation. A patient with a suspicious mass may require all of these while an abnormal test with little risk of an adverse event may only require a chart note.

1. **Chart note**—A note like “Colorectal cancer screening risk/benefit discussed,” during an annual exam is invaluable when defending allegations around such screenings. If you

have a discussion exploring the reasons for nonadherence, include these reasons and what you talked about in the medical record.

2. **Documented phone call**—In cases such as a positive fecal occult test or an abnormal lipids in a patient with known coronary artery disease, calling the patient directly is advised to explain the recommended plan in easily understood language and the risk of not following through. Of course, document the discussion in the medical record.

3. **Letter/return receipt requested**—In cases such as an abnormal mammogram with a high-risk interpretation or an abnormal suspicious radiologic image, you may want to make a call and then state the recommended plan and the risks of not following through. In addition, you should consider a “return receipt requested” letter and keep a copy of the letter and the confirmation of receipt by the patient.

4. **Document around tracking**—Missed appointments or not following up on referrals are also forms of nonadherence. Physicians may want to implement what are commonly called “tickler” systems. A tickler system reminds the physician and staff of a pattern of missed or cancelled appointments, non-receipt of test results or consultants' reports, or failure to follow up as directed by the physician. A physician may also want to consider creating a checklist that triggers electronic reminders, flags cancellations, initiates follow-up letters for missed appointments or tests, and monitors nonadherence so that efforts to follow up by contacting patients is documented in the medical record.

5. **Terminating the relationship**—You may also consider terminating the physician-patient relationship when the nonadherence is severe. In this type of situation, you should offer to forward the patient's records to another provider and consider a written letter to such a patient. Terminating patients for nonadherence can be a difficult situation and present some risks so it is recommended that you contact your medical professional liability provider for guidance.





MGMA October Webinar

October 27, 2015

12:00 - 1:00 pm

"Leaning In: Skills for Emotional Resiliency"

REGISTER NOW:

<https://attendee.gotowebinar.com/register/3830848414125716737>

The increasing pressures of our work and personal lives can leave us exhausted and wondering if we are really ever enough. We lose our joy. In this seminar I will use brain science, psychology and spirituality to help create a foundation for developing heightened emotional resiliency, which is the ability to hold on to your deepest self while you roll with the punches. We can each learn to enjoy a sense of inner calm and confidence when the storms of life hit hard.

Webinar Objectives:

- What is emotional resilience and why does it matter?
- What are characteristics of an emotionally resilient person?
- What are the blocks to emotional resiliency?
- How can I nourish a healthy, emotionally resilient and positive posture in life?

About the presenter:

Ellen Haroutunian is a psychotherapist, life coach, spiritual director and writer, with a focus on awakening and strengthening the truest self. Through her private counseling practice she has spent almost two decades listening to personal stories and helping people to see the movement of God in their lives and to grow towards emotional wholeness, integration and deeper spiritual formation. As a former nurse, she is passionate about all human flourishing, and takes an integrated approach to include support in physical, mental and spiritual health. She has two grown children and lives in Lakewood, CO with her husband Aram, two ex-racing greyhounds and two non-racing cats.

Breakfast & Learn "Morning Meeting"

October 28, 2015

7:30 am - 8:30 am

CoBiz DTC

Top 5 IT Security Risks for Healthcare

In this presentation you will learn what the top 5 IT security risks are and the best way to prevent them. We will discuss anti-viruses and malicious software, intrusions, passwords, encryption and backup and contingency planning. The best way to prevent an attack is to be prepared.

Speaker:

Chad Clark,

**A+, Network +, Server +, Security +,
MCP – Chief Information Officer**

About Chad

Chad has been in healthcare IT for 10+ years. He is the owner and operator of 180 Network Solutions, myODIEbackup.com and Alliance Forms Management. He has earned his Bachelor's in Information Security Systems from ITT Technical Institute as well as several industry related certifications. He is also a Microsoft Certified Partner. Chad is dedicated to providing medical practices with the most reliable and cost effective HIPAA compliant systems and services.

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