



May 2020
Issue 16-054

MGMA COLORADO

Colorado Connection

The Official Newsletter of Colorado MGMA

Upcoming Events

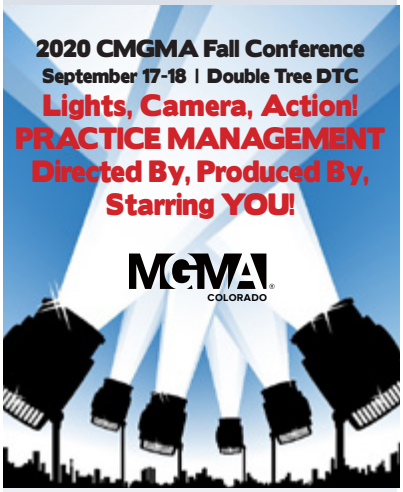
WEBINAR

CARES Act Provider Relief Fund: Important Information on Payments, Reporting and More

Tuesday, June 9th
11:00am-12:00pm

SPEAKER:
Jay Hutto, CPA

SAVE THE DATE



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From the President

Bonny L. Brill, CMPE, CMRS
Practice Manager, Colorado Colon & Rectal Specialists

Greetings and well wishes as we learn together how to safely re-open our businesses. Whether an independent practice, organizational member, hospital, or supplier of services, the way we bring back healthcare to a new norm will undoubtedly be worth sharing in the days to come. For those businesses that either never or partially closed, kudos to the managers and administrators who found themselves wearing many hats and spending exhaustive hours—consoling providers about financial ramifications, worrying about staff, caring about patients—always showing great dedication and leadership day in and day out.

The CMGMA Board of Directors thanks you for representing us well by demonstrating the professionalism it takes to face the struggles and ensure stability of your organizations. Many have had to swiftly put in place plans few of us thought would be needed, yet today are critical to survival—all while tending to our loved ones at home, too. As well prepared as we might have thought we were, there is room for improvement. COVID-19 has shown us that.

During COVID-19 Colorado MGMA has continued to offer timely, informative webinars thanks to M3Solutions' Kristina Romero, who manages our state chapter so expertly. She continues to work behind the scenes for us as we've postponed and rescheduled numerous CMGMA in-person events in accordance with stay-at-home orders, and out of respect for your time, your safety, and the overload of info available.

How we deliver healthcare and secure critical supplies has changed overnight. We thank our friends at Colorado Medical Society who, along with the governor's office, offered CMGMA members opportunity this month to participate in a mass purchase of PPE to help cover shortages.

The new frontier: Telemedicine in Colorado. I recently spoke with a CMGMA Past President, Janet McIntyre, MBA, FACMPE, who serves as an independent Colorado Health Institute (CHI) policy contributor. CHI, a Colorado non-profit, analyses evidence-based healthcare data to help lawmakers and others make key policy decisions. In its "Telemedicine in Colorado—The Jetsons, a Rapid Response to COVID-19, and the Big Questions Ahead," CHI identifies RAPID indicators, profiles several case

Continued on page 2

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From The President

continued from page 1

studies, and makes research recommendations regarding telehealth's future. I learned that almost 11% of Colorado households currently do not have broadband access when I took a moment to read CHI's overview. I hope you read it, too. [Click here for the complete article.] Please don't miss reading PhD, FACMPE, CPC Dea Robinson's complementing contribution "Is telemedicine the panacea to the pandemic?" also featured in this issue. Thank you, CMGMA members like Janet and Dea, for your commitment to furthering the profession of medical practice management.

The jury is out on whether telehealth increases utilization or spending…The billion-dollar question is whether Colorado is headed to a Jetsons-like future—or whether it will return to the recent pre-COVID-19 past after the pandemic passes.
– CHI May 2020

Beyond the pandemic....
What are Colorado MGMA's plans going forward? The popular Payer Day has been postponed until May 2021, where it will be held at the CU South Denver campus, unquestionably a great venue. We are looking forward to resuming monthly Lunch & Learns and Emerging Professionals events when appropriate to do so, and in formats that make sense. ACMPE certification, membership, and mentorship activities will begin to ramp up again this fall.

Good news: CMGMA 2020 Fall Conference, scheduled for September 17 -18 at the Double Tree, Denver Tech Center, is tentatively on for now! In a recent poll of CMGMA members, two thirds of respondents indicate they are either *highly likely* or *likely* to attend in person. Depending on what we cannot predict, be assured if/when we convene the conference, it will be delivered with appropriate social distancing and in accordance with local, state, and federal guidelines. We are also exploring alternative options and will relay information to you as quickly as we can. Dear friends and colleagues, I cannot wait for us to be together again soon.

Superess unum erimus, et fortior sit!
Translated: Together we will survive and be stronger!

Is telemedicine the panacea to the pandemic?

By Dea Robinson, PhD, FACMPE

Attention toward the mechanics of healthcare due to the pandemic has administrators adding new questions to their daily routine, such as if their hospitals or physician practices have sufficient PPE, or perhaps more importantly, what should my new staffing ratio and who should be in that ratio? And recently another question has emerged in relation to healthcare services as hospitalizations from COVID19 diagnoses have declined, and that is how to get ambulatory care back to a sustainable normal and what is the potential role of telehealth in the future? Additional considerations is if the practice should continue telemedicine, and will the demand be higher than in-person visits. Another perhaps less considered question is if the majority of all patient encounters shift to virtual visits, how will this effect physician satisfaction and wellbeing which is already being tested.

National benchmark data captured across all specialties between February 1st and May 17th (Commonwealth Fund, 2020) provide some important information about telemedicine and ambulatory visits. During the pandemic, ambulatory visits decreased by 60% while telemedicine visits experienced a fast 15% uptick of all healthcare visits over five weeks. For telemedicine enthusiasts, the rapid telehealth increase was encouraging; however, since April 19th (the height of telemedicine delivery during the pandemic), this rate has decreased and started to plateau. The rebound of visits across all specialties is actually attributed to ambulatory, in-person visits instead of telemedicine visits. As any good medical administrator knows, there is variation from practice to practice and from region to region. In addition, specialty and procedural visits have not experienced the resurgence yet and will be dependent on the state, and county guidelines.

Colorado healthcare leaders are struggling with the same issues as other states across the country, and the governor's office has assembled a response team inviting experts across the state to answer the following question: Will Coloradoans embrace more telehealth or rebound back to ambulatory visits? While requirements for HIPAA-compliant electronic devices have been relaxed and allowances for phone call consultations are reimbursable visits, there remains the question of connectivity between physician and patient. Most patients have a phone; not all patients have computers with cameras and bandwidth in rural areas—the areas most vulnerable to lack of access to care.

Finally, there remains the question of what is best for the patient, and the provider to provide quality care. I received an envelope in mid-March with my familiar PCP's return address stamp. I stared at it for a moment and had a gut feeling that this letter with my name on it was not good news, and I was right. My PCP who had practiced over 25 years, with a good portion of those years as my physician, was closing her practice effective April 27th. My initial visit with my 'new' PCP, whom I have known for years and shared the space with my former PCP, shared some interesting sentiments about the entire situation. He said her decision to leave was attributed to the hemorrhaging losses, and she did not have time to recoup the thousands of lost primary care reimbursement dollars, so she took down her shingle of many years. As I queried my 'new' physician about his use of telehealth, his response was "it's a joke". Afterall, physicians go to medical school to connect with patients in real time, in a real, not virtual environment.

As we consider the future permanence of virtual visits, the rebound of in-person visits, and rescheduled elective surgeries and procedures, let us not forget the support that our physicians and clinical staff need from administrators to preserve the patient-physician connection—in whatever environment it will occur.

Mehrotra,A., Chernow, M., Linetsky, D., Hatch, H., Cutler, D. The impact of the COVID-19 pandemic on outpatient visits: A rebound emerges. (May 19, 2020). https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits

UPCOMING WEBINAR

Register today at www.cmgma.com

CARES Act Provider Relief Fund: Important Information on Payments, Reporting and More

Tuesday, June 9th from 11:00am-12:00pm

ABOUT THE WEBINAR:

The CARES Act's $100 billion provider relief fund has certainly helped those on the front lines of COVID-19. Yet it also raises questions about how the money can be used, which expenses qualify, reporting requirements, and whether funds should be returned if they're not needed.

Jay Hutto, CPA and partner at James Moore & Company, will address these concerns and more in this presentation. He'll discuss the HHS restrictions, what we know and don't know regarding reporting requirements on provider relief, as well as the importance of having detailed supporting information available for a possible audit. Areas to be covered include:

- How payment amounts are determined, approved or rejected
- The terms and conditions of the payment
- What we know and don't know regarding reporting requirements for payments, lost revenue and expenses
- Tax implications
- Revenue recognition for payments
- … and more!

ABOUT OUR SPEAKER:

Jay Hutto, CPA – Partner, James Moore & Co.

Jay has over 25 years of experience providing a wide range of accounting services. The leader of the firm's Healthcare Services Team, his work includes tax services, revenue cycle enhancement, business valuations, auditing and assurance, and more.

Webinars are FREE for CMGMA members!

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2020 CMGMA Fall Conference

September 17-18 | Double Tree DTC

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MGMA® COLORADO

From the Past President

By Mike Fisher, DBA, FACMPE

President, CMGMA

Managers and leaders are undoubtedly uncomfortable without adequate and correct information to effectively conduct business. The novelty of Covid-19 presents innumerable unknowns and that forces us to use our best heuristics, our most well-developed intellect, and our most discerning evaluation and synthesis of facts.

This very tiny capsid does not have a purpose. It is not alive. It is just a mindless sack of nucleic acids with proteins extending from its envelope; proteins folded in just the right way to disrupt and destroy human cells. We have no natural immunity to Covid-19, though many healthy and younger individuals appear to generate an antibody response to adequately keep the virus at bay. Too many older and/or co-morbid sadly morph from a healthy status to ventilator to death more quickly than we can emotionally and, in some overwhelmed communities, logistically process.

The question remains: has this coronavirus cause more global harm economically or via morbidity & mortality. Academicians will have plenty of time to study and argue those issues post Covid.

The immediate crisis demands that we continue to sustain our hospitals and clinics until we return what will arguably be coined a "new normal". Not knowing the challenges' intensities or durations is what causes our angst.

The coping mechanisms I . . . and undoubtedly most of you . . . have employed include:

- maintaining constant surveillance of published updates,
- managing PPP funds conservatively and in lockstep with current recommendations,
- separating the wheat from the chaff . . . fact from fiction and speculation,
- assuring measured responses made by our employer/client,
- informing staff about available benefits in the event of furlough or permanent layoff,
- providing assurance to key personnel of their value to the practice/department,
- supportively quashing unsubstantiated rumors that spread like wildfire,
- encouraging all to recognize the importance of social order and rule-of-law,
- and most importantly, taking time to nurture and protect our families and ourselves.

Colorado has fortunately passed the apex in mortality and morbidity. However, this bug may prove bi- or tri- modal depending on environmental and behavioral factors. In the meantime, our return to a steady state depends on three attributes: what we are legally able to do, what we can financially afford to do, and what we are willing to do.

There are significant challenges for displaced workers and both small and large businesses . . . including those delivering healthcare . . . who must identify the most feasible avenue toward economic recovery.

This is an excerpt from a recent e-mail shared with colleagues:

> My hope: The 2008 recession exposed $65+ trillion of phantom wealth. The annual global GDP was ~$65 trillion a decade ago. So, wealth claimed that did not actually exist was about the same as what the world produced in an entire year.
>
> Covid-19 caused the world to abruptly hit the pause button. Financial markets have lost substantial paper value only because Wall Street responds irrationally, like an immature child. One tag line from a world leader and financial markets rise or fall daily.
>
> Our economic fundamentals remain strong and will recover relatively quickly once Covid-19 is no longer a threat, transforming to the biggest story in recent memory with an ample exchange of blame during this election year.
>
> That stated, I cannot express how much my heart breaks for those whose livelihoods have been destroyed or whose lives have ended because of this very, very small, albeit persistent, intruder.

The world has changed considerably during the past three months. My speculation has not.

Financially strong and well-managed medical groups and health systems will endure. Those who were already on the financial or operational cusp pre-Covid may fail. It is our responsibility as managers and leaders to best influence the former and avoid the latter.

To all my valued colleagues, be safe, be well; and hope to see you soon.

Mike

Preparing for healthcare's "new normal" —

Managing and leading through and after the COVID-19 crisis

By Owen Dahl FACHE, CHBC, LSSMBB
Independently Contracted Consultant MGMA Consulting

It is important to have a perspective of your role in your organization: Are you managing, leading or both? In a crisis, the tendency is to manage — to get through the issue or the day. This has been essential at least in the initial phase of the COVID-19 pandemic. You have had to address patients, employees, suppliers, payers and so much more.

Do you find yourself staying in this crisis mentality due to issues that constantly arise? Do you have time to stop and think about the future? Can you do both or do you delegate and free up time to do what you do best and/or what your organization needs?

A manager works with and through resources to accomplish a desired result. You may manage resources [e.g., personal protective equipment (PPE)] to an optimal level by distributing and sharing based on the biggest need. But that's only part of the equation. A bigger and equally important (if not paramount) concern is how you manage the team. During this crisis it is essential to maintain high-quality staff, reduce their level of anxiety and prepare them for the future.

In times of crisis, managers should keep these key ideas in mind:

- Don't always react; act as necessary. How effective are you when you react to a situation as opposed to being prepared to address it through thought and awareness? There are on-the-spot decisions that have to be made, but if you reflect on most of your decisions, thoughtful processing leads to better outcomes.
- Delegate. According to former U.S. Sen. Byron Dorgan, "You can delegate authority but not responsibility." This speaks volumes about how you approach a situation that would benefit from others' help or may require others to act. We must delegate authority and responsibility to those who need it at the appropriate time.
- Be flexible. There may be similarity in 80% of situations and the opportunity to build based on past experiences. The other 20% require new actions based upon new circumstances. It is important to recognize these situations and to adapt your approach to managing them or an individual.
- Listen. We often talk about communication and sharing information about the practice with staff. This is essential. But it is equally important to listen to staff and their situation. Listening is a skill we often don't practice because we're too busy. Employees have concerns about their family and the future; they need an outlet to meet their needs.
- Include yourself in the narrative. Don't be afraid to share your concerns and situation with the staff. After all, you are human.
- Trust yourself and others to make it through.
- Look ahead. Think about today, tomorrow and next year when you are dealing with each issue.

Leadership is somewhat different. Leaders offer direction as well as many of the points noted above. As Warren Bennis put it in Learning to Lead: A Workbook on Becoming a Leader. "Managers do things right while leaders do the right thing." This suggests that planning for the future is an essential part of being a leader. That means being optimistic and realistic at the same time.

The three-phase plan presented by federal officials for reopening the country outlines potential changes for businesses, schools and other organizations coming in a matter of weeks or months. What happens during that time and after is anyone's guess, but now is the time for practices to develop a full-scale plan for recovery.

Identify and accept that there are barriers to the future, which include "the way we've always done it" (TW2ADI). The independent nature of each physician breeds the belief that their way is always the best way.

Still, most practices will need to review key processes, such as patient access concerns.

- If your practice is currently only handling telehealth visits, this could be a time to consider changes to your front office and waiting area to optimize that space when patients return.
- With a new mix of virtual visits, your practice likely will need to revisit scheduling and wait times.
- If you rapidly adopted telehealth technology, it's time to start thinking about long-term needs and reimbursement, to optimize further use and development.

This list could be huge, and leaders should identify and prioritize the practice's future needs now before the surge in deferred care comes later this year.

In assessing the response to COVID-19, it is also important for a leader to accept that there have been failures. This is not to dwell on negative outcomes, but rather to use them as learning opportunities. Focus on what can be done to improve and lead your practice into the future.

The leader and the manager aren't necessarily different people; they are different roles that one individual can play, and individual strengths will vary. One is not better than the other, and both roles are necessary to transition your practice to the new normal.

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