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**MGMA**  
Medical Group Management Association  
Colorado

# Colorado Connection

*The Official Newsletter of Colorado MGMA*

## From the President

### CMGMA Members Say NO to Amendment 69



*By Eric Speer*  
**President, CMGMA**  
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Thank you to all of those who participated in our recent survey on Amendment 69, a bill that will create a single-payer system for the great state of Colorado. The survey response supported a resounding “No” to the amendment. There were 80 respondents, totaling almost 22% of CMGMA members.

92.5%, or 74 respondents were not in favor of the amendment. For those of you who have not heard of Amendment 69, I strongly encourage you to read it and educate your staff on the impact of the amendment on your practice. In general, the amendment will create a single payer that will levy its funds by increasing payroll taxes to the highest level of any state.

A 10% payroll tax will be applied to wages and other income such as K-1 income. This should cause concern for all independent practices as the physician owner will receive a 10% cut in income. In the survey, over 90% were not in favor of the payroll tax and many stated that this tax on physicians and the amendment’s take-it-or-leave-it governance would drive many doctors out of Colorado, exacerbating an already strained system with regards to access.

At first, the bill seems to improve access to care. However, members were concerned with the unintended consequences of the probable flight of physicians and many uninsured from surrounding states immigrating to Colorado straining the healthcare system. Our membership was also concerned with employers uprooting jobs from the state because of the unfavorable tax liability when compared to other states.

The amendment puts a higher tax on a skilled workforce as the new income tax surpasses their current premiums paid for health insurance. For example, if premiums were \$450 per month for an individual, they would have an annual premium of \$5,400. If that was the 10% tax on payroll, then the breakeven for this individual where they would not benefit from changing to Amendment 69 would be \$54,000. Therefore, anyone making more than \$54,000 would have less net income under Amendment 69 than in the current system. The skilled, higher-paid jobs are essentially paying the premiums for lower paying jobs. This amendment incentivizes employers to move higher paying jobs out of the state, reducing the generation of income taxes needed to support the amendment.

Members were also concerned with the lack of oversight with a 21-member board of trustees that would govern half of Colorado’s budget and healthcare funding. The board would be elected within three years representing the Coloradans based off of census data. The qualifications needed to be a trustee are yet to be seen and the board will have complete control of administering Colorado’s healthcare.

More than 55% of respondents have educated their practice on the impact Amendment 69 will have on their practice. I encourage 100% of our members to educate their employees. I also encourage our members to advocate in not supporting Amendment 69. Our members believe that there are many unintended consequences including the reduction in the physician workforce, adverse economic impact, employers moving higher-paying jobs out of the state, and a likely negative budget due to an unrealistic outlook.

## Upcoming Events

January 24, 2017  
**Legislative Reception**  
University Club, Denver



**2017 Fall Conference**  
September 14-15  
The Sheraton, Golden, CO

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

# How to Handle Staff Wars at Your Practice



**A suggested article from our Member-At-Large**  
**Chip Southern, MBA, MHA, CMPE**  
*Practice Administrator*  
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Like in every other profession, people working in healthcare possess unique personalities and there are times when staffers at your practice will just clash. Despite our best efforts to remain impartial and on the sidelines, continual tension between staff members starts to gnaw away at office morale. While this may be entertaining if we are watching the Kardashians, it can begin to affect patient care if we allow it to snowball out of control.

The most important item to realize as a doctor and/or owner (or administrator) in a practice is that you are the last to know the war that has been simmering below the surface for some time. The staff all want to make a good impression on you and tend to keep the drama to themselves. If they come to you to complain about another employee, chances are this battle has been brewing for some time and you are only hearing an over-dramatized rendition of events.

## ***As the leader of the healthcare team, how can staff wars be handled?***

- First, try to take a hands-off approach. These are adults and not children and as professionals, they should be able to make their own peace and compromise. I rarely step into these wars unless it is starting to affect how the practice is functioning. When staff members come to me and ask for my help, I try to make the involved parties sit down together for a discussion, between them only. The more thorough direction I give them in directly solving the tension, the longer lasting it will be I have found. If you jump in right away and make new initiatives to help people get along, they will start seeking your help for every dispute that arises. Do you really want to play kindergarten cop?
- It is imperative to listen to both sides of the story. Even if your "best" employee is giving you the details, you still need to listen to the other person. I have been surprised, even shocked, by acts that were done by those I considered outstanding workers. Remember you are dealing with humans and no one is perfect. Don't automatically discount an unbelievable tidbit someone tells you just because of the person involved.
- Investigate the allegations. Often, truth is very easy to discern by looking at all available facts and speaking to all involved parties.
- Be prepared to take action. If you must, issue warnings and make new office guidelines. You are the leader and the staff will be attuned to your authority. If they feel you will not take any action, they will not change. In my practice, depending on what kind of behavior is being covered, we often cut hours. If two staff members refuse to compromise and poison the atmosphere in the workplace, you cannot just sit back idly. The rest of the staff will become poisoned. Previously, I have had employees who made me hate going to work, at my own practice where I pay them their salary. Why make anyone's life so miserable?
- Don't give in to unreasonable demands just to make peace. Once, an employee insisted I change another employee's work schedule because she refused to work with her. It got to the point that she said she would refuse to work any hours when the other staff member was there. I ended up firing her because the employees cannot dictate how you run your practice. She was a very good employee but the workplace was much happier after she left and the others started working harder. Besides, who wants to be a baby-sitter for a diva employee?
- Have regular social functions for your staff. This allows them to get to know each other on a more personal level. This may be just lunch once a month in the office. Every summer, we take our staff plus one guest to Six Flags. We give them tickets and then we all meet up for lunch. They always come back best of friends for weeks following this event.

Whatever you decide to do, the least involvement you offer the better. But, when it lands at your feet and you are forced to take action, be fair to all parties and be firm. Don't we already face enough toxicity in the healthcare environment every day?

- By Linda Girgis, MD  
 Physicians Practice

www.physicianspractice.com

CMGMA

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*Time for Change: New Solutions for Healthcare Spaces*

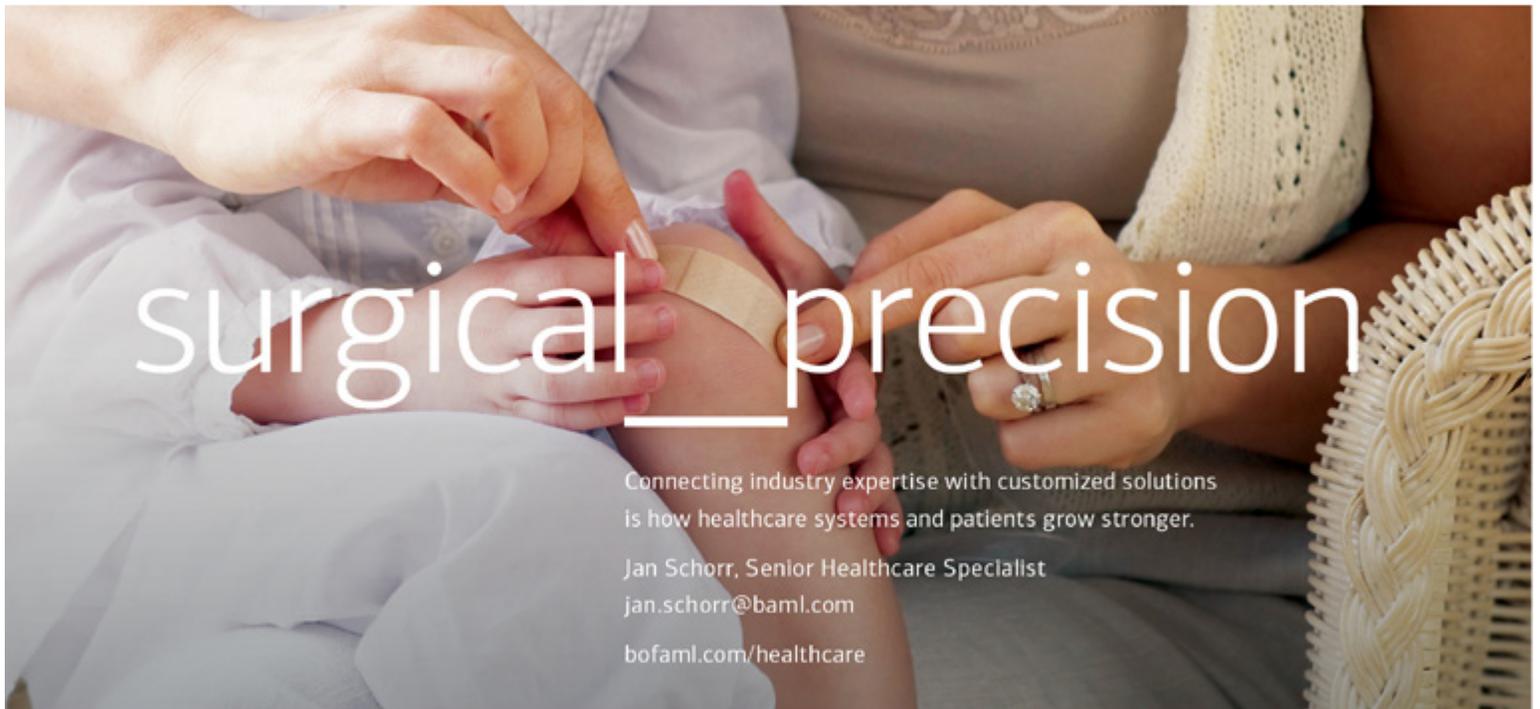
November 7

*MACRA: Essential Strategies in Economic Reform*  
**Adelle Allison**

December 14

*Getting Ready for 2017:*  
*The Reimbursement Landscape for Medical Practices*  
**Elizabeth Woodcock**

Webinars are FREE for CMGMA members! Visit our website to RSVP today.



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Jan Schorr, Senior Healthcare Specialist  
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# Congratulations!



*Congratulations to Mary Jo Heins, recipient of the 2016 Lifetime Member Award*



*Congratulation to our Legislative Liaison Melissa McCormick for being selected MGMA Legislative Liaison of the Year by National MGMA. Melissa will be awarded at the National MGMA conference this month. We are so proud of her and thankful for her hard work and dedication to CMGMA!"*



*Paula Aston passes the gavel to new CMGMA president, Eric Speer*

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# COCKTAILS *and Learns*

**October 26**  
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**CoBiz DTC**  
**4582 S. Ulster**  
**Ste. 209**  
**Denver**

## *Business Combinations:*

### *Mergers, Acquisitions, Affiliations - What you need to know*

This presentation will include an interactive look at trends in mergers, acquisitions, and affiliations of medical groups. Specifically, it will provide participants with an opportunity to explore questions related to:

- **When should groups consider a merger, acquisition, or affiliation?**
- **What types of organizations or entities might be interested in medical groups?**
- **What types of arrangements are available and when do they make the most sense?**
- **What can a group hope to gain from such an arrangement?**
- **How does the process work, and long does it typically take?**
- **Other topics of interest (e.g. trends in valuation, governance, etc.).**

This presentation will provide you with the tools and information necessary to be more informed and better prepared in the event that your group chooses to explore entering into a formal relationship with another entity.

### *About our speaker:*

**Matt Sturm**  
*Senior Manager*

As a healthcare consultant for over 13 years, Matt has focused his career on improving access to high-quality clinical care, especially for life-threatening conditions. To this end, he has concentrated on working with health systems to enhance their care delivery models. Matt's passion for healthcare and his clients' patients is evidenced by his deep expertise in strategic and business planning, service line

development, and mergers and acquisitions.

Matt is a firm leader in business transactions and leads the firm's Transaction Advisory Services practice. Matt has facilitated over 60 complex business transactions among hospitals, health systems, and medical groups. To every engagement he brings a track record of developing innovative solutions to complex problems, ultimately finding a way to get the deal done while providing pragmatic counsel to ensure that the arrangement will be durable.

Cocktails and Learns are FREE for CMGMA members! RSVP at [www.cmgma.com](http://www.cmgma.com)  
Refreshments will be provided by Colorado Business Bank



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# Skills for More Effective Employee Evaluations

*A suggested article from our Corporate Affiliate Representative*



**Mick Kasher**  
Practice Manager  
Pediatrics West, PC  
Denver, CO

Use a technique familiar to your training and experience. Look at each employee's performance the same way you approach diagnosing a patient. For example, if you like using the traditional "S.O.A.P." approach, apply the same

technique when you review a staffer's work.

## Subjective

Asking for employee input can revolutionize your evaluation process. Have staffers rate themselves — perhaps giving each one a blank evaluation form to fill out. When asked, workers usually rate themselves lower than their supervisors do.

Listen carefully to employees' self-evaluations for clues about:

- how they feel regarding the practice in general and their specific jobs
- what specific ways they think they need to improve
- what hinders them from achieving top performance
- how you can become a more effective boss

## Objective

When first setting up your performance evaluation program, work with staffers, supervisors and managers to come up with measurable performance standards for each position. You'll find it easy to measure some standards — like answering the phone within three rings or processing 25 insurance claims per day. Other criteria pose a challenge: How do you measure a receptionist's good judgment in potentially difficult situations, for example?

For less "scientific" performance standards, rely on your own observations and reports from supervisors or co-workers. In a solo or two-doctor practice, a physician might work closely enough with most employees to pull it off. But if you practice in a group, don't try to act as the primary reviewer for an employee with whom you have little contact — trust that person's direct supervisor.

Record your data and observations for each employee on a performance review form designed for that position. Most boilerplate forms for general business need a lot of work before you can use them effectively in a typical medical office.

Create performance review forms that reflect the areas covered

by each position's job description. Design forms that guide you through the performance standards you developed for each position.

Scoring can present a challenge — especially for performance standards that don't rely on "hard data." However, scoring is a part of the process. Think of each performance level as indicating how satisfied you are with each person's work:

- Significantly below standards
- Disappointed
- Needs improvement — concerned
- Meets standards — satisfied
- Exceed standards — pleased
- Significantly exceeds standards

## Assessment

After scoring how well the employee meets standards in each area of responsibility, create a summary "diagnosis" of his/her performance. Watch for trends and tendencies. See if you can identify the worker's greatest strengths and most troublesome weaknesses.

Schedule an appointment with the worker to go over your evaluation of his/her performance. Chart progress (or lack of it) since the last review. Specifically discuss goals you set at that time — has the worker met, exceeded or fallen short?

## Plan

Obviously, it does little good to simply deliver a performance score without creating a future plan for improvement. Even excellent employees need a plan that goes beyond "keep up the good work!" Work with them to identify interests and opportunities for additional training and expanded responsibilities. Don't let a good worker grow stale.

Provide each employee with a copy of personal goals to work on. Have him/her sign a brief statement on the file copy that says s/he received the evaluation. If the employee disagrees strongly about any part of the evaluation, allow him/her to write a note to go into the file with the evaluation. Work hard to impress workers with your objectivity and fairness.



*By Reed Tinsley, CPA*

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*We would like to welcome and introduce our new CMGMA Board Member, Secretary Brenda Hulbert*

Brenda Hulbert, MBA, RNBC, AACC, FAACVPR, FACMPE Chief Executive Officer South Denver Cardiology Assoc, P.C.

A native of Des Moines, Iowa, Brenda Hulbert received her Diploma in Nursing at the Iowa Methodist School of Nursing and her Bachelor of Science in Nursing at Metropolitan State College in Denver. She worked in both general nursing and critical care areas at Presbyterian Hospital, St. Anthony Hospital, and Swedish Medical Center.

Brenda was asked to start a Cardiac Rehab Program in the South Denver area, a position she held until 1995, when she assumed the Administrator position at South Denver Cardiology Associates. During her tenure at South Denver Cardiac Rehab, Brenda earned a Master's Degree in Business Administration. She has further expanded her business and education credentials by earning a Certificate in Strategic Healthcare Management from the University of Denver and completed her coursework for a Doctoral Degree in Higher Education/Strategic Healthcare Management from the University of Denver.

Brenda has received a number of awards, including the prestigious Denver Business Journal "Woman of the Year in Healthcare 2000". She has been named "Volunteer of the Year" for the American Heart Association and has been nominated for the Florence Nightingale Excellence in Nursing Award. Brenda is Board Certified in Cardiac Rehabilitation and Cardiac and Vascular Nursing. She is a Fellow in the Association of Cardiac and Pulmonary Rehabilitation and a Fellow in the American College of Medical Practice Executives. In 2010 she became the first nurse in the country to become an Associate in the American College of Cardiology. In addition to her responsibilities with South Denver Cardiology Associates she has served on several Foundation Boards, including South Denver Heart Center Foundation, and is active in many professional organizations.

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