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VOLUME 16, ISSUE 1
SPRING 2019
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THE WINDS
OF CHANGE

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MICHIGAN

MiMGMA'S SPRING CONFERENCE

Thursday, May 9 - Friday, May 10, 2019
Blue Water Convention Center, Port Huron, Michigan



Register Now at: www.mimgma.org/events/

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Practice Focus

Practice Focus is published four times per year by the Michigan Medical Group Association (MiMGMA).

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Michigan MGMA has a career center on our website WWW.MIMGMA.ORG

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MiMGMA welcomes the submission of articles for publication in Practice Focus. Submit article proposals to Debra O'Shea at INFO@MIMGMA.ORG

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Use the MiMGMA Support System



By Kim Parker

This is one of those mornings where I feel overwhelmed with my career choice as a medical manager, I am certain I am not the only one. Then I remember I have a large support system with Michigan Medical Group Managers Association.

As you continue to read through the Practice Focus you will meet a few of the people that contribute their time to make sure you have the best information to make decisions on running your office. One of the committees that is near and dear to my heart is our Reimbursement Committee (I know it is not politically correct to pick a favorite, but oh well). The committee has developed relationships with quite a few of the insurance representatives.

So, when you do have a billing situation that you or your staff can't resolve, please remember you have a support system within your membership to MiMGMA and the Reimbursement Committee. With our focus of making sure you get the best "Return on your investment," I can't think of a better way than to make sure all your claims are paid and paid correctly.



I am looking forward to seeing everyone at our 2019 Spring Conference in Port Huron. Mark the dates on your calendar May 9 - 10, 2019.

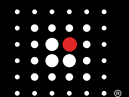
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Spring Conference, "The Winds of Change" Port Huron, Michigan May 9th & 10th

Our keynote speaker is Paul Long who will be helping our conference attendees Connect the Workplace and Life through F.U.N.

With his fun-loving attitude, infectious spirit and philosophy of "Fundamism," Paul's philosophy of Fundamism is a deliberate approach to happiness in the workplace, can be applied by anyone and is certain to move your team in the direction you desire.

Connecting the Workplace and Life Through F.U.N.

Two grown men, cat wrestling singlets and a social experiment. Paul Long leveraged his concept of Fundamism to become the Kansas City Royals' 2016 Fan of the Year while inspiring his employees, organization and an entire city!



See what's in store for you at our Spring Conference...

SPEAKERS

Paul Long

Lori Aemisegger,
University of Michigan

Bill Kowalski & Don
McAnelly, Rehmann

Josh Richmond,
Michigan State Medical Society

Jill Young

Jim Schafer, MPIE

TOPIC

Keynote Speaker: Fundamism

Crucial Accountability

Identifying & Stopping
Fraud & Embezzlement
in a Medical Practice

State Legislative Update

Telemedicine in 2019

Risk Management Strategies

*Plus, attend a special networking event
on the shores of Port Huron*



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Things to do in Port Huron

When you come to the Spring Conference you may also want to plan on one of investigating the rich history has to offer.

First, just outside the conference center, is the Thomas Edison Depot museum. This depot served as Thomas Edison's workspace when he was a news reporter. If you are interested in history, this is one of two museums within walking distance of the convention center. The second is the Huron Lightship Museum. This ship served as a floating lighthouse. Yes, a lighthouse on a ship! It was too expensive and too deep to build a lighthouse in many places, so this ship was anchored in Lake Huron and Lake Michigan to make ships aware of shoals. It also has a fog horn that you may hear as it sounds to passing ships on an occasion. It is permanently dry docked along the Thomas Edison Board walk.

Next, Port Huron has a downtown that



continues to revitalize. A beautiful theater in an historic building, small shops and eclectic eateries are all in the four block walk if you're downtown.

Port Huron is steeped in history,

and if you have the time, it will not disappoint. Try this website for additional information. WWW.AWESOMEMITTEN.COM/PORT-HURON-HISTORY-MITTENTRIP ■



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ACMPE Scholarship Fund



The ACMPE Scholarship Fund Inc. (SFI) is a program that supports individuals who, by virtue of experience, current position and future career plans, show potential to contribute to the medical practice management profession and the mission of MGMA.

Applications will be accepted through May 15, 2019. The selection process takes place from May to July. Recipients will be notified by August 1, 2019.

Requirements

Scholarship Applicants: Scholarship applicants must be enrolled in an undergraduate or graduate degree program relevant to medical practice management, including public health, business administration, healthcare administration and other related areas. The scholarships are not intended to support individuals pursuing degrees in medicine, physical therapy, nursing or other clinically related professions.

To be eligible to receive a scholarship, students must be enrolled in a degree program for the coming academic year.

Grant Applicants: Grant applicants must be certified through ACMPE and pursuing Fellowship. Additional eligibility requirements for each award are listed at mgma.com/scholarships.

Apply

The application for the ACMPE Scholarship Fund can be found at MGMA.COM/SCHOLARSHIPS.

Contact

Email SCHOLARSHIP@MGMA.COM with any questions.

Scholarships

Harry J. Harwick Scholarship

Sponsored by the American College of Medical Practice Executives

\$ Scholarship amount: \$3,000

Andrea M. Rossiter, FACMPE Scholarship

Sponsored by MGMA

\$ Scholarship amount: \$2,500

Leaders Scholarship

Sponsored by Academic Practice Assembly, Anesthesia Administration Assembly, Integrated Physician Services Executives Assembly, and in recognition of Ernest S. Moscatello; Edgar J. Saux, FACMPE; Robert W. "Win" Baker; Charles Wallace, MD; and past presidents of ACMPE

\$ Scholarship amount: First place \$5,000; second place \$2,500

Richard L. Davis, FACMPE/Barbara B. Watson, FACMPE – National Scholarship

Sponsored by North Carolina Medical Group Managers

\$ Scholarship amount: \$2,500

MGMA Midwest Section Scholarship

Sponsored by MGMA Midwest Section

\$ Scholarship amount: \$2,500

MGMA Southern Section Scholarship

Sponsored by MGMA Southern Section

\$ Scholarship amount: \$2,500

MGMA Western Section Scholarship

Sponsored by MGMA Western Section

\$ Scholarship amount: \$2,500

Richard L. Davis, FACMPE – Managers Scholarship*Sponsored by North Carolina Medical Group Managers*

\$ Scholarship amount: \$2,500

Oncology Practice Alliance Scholarship*Sponsored by Oncology Practice Alliance*

\$ Scholarship amount: \$2,500

2019-2020 Dedicated University Scholarships**Richard L. Davis, FACMPE – Appalachian Scholarship***Sponsored by North Carolina Medical Group Managers*

\$ Scholarship amount: \$1,000

Richard L. Davis, FACMPE – UNC Scholarship*Sponsored by North Carolina Medical Group Managers*

\$ Scholarship amount: \$1,500

2018 Grants**Richardson-Sargent Memorial Fund Grants***Made possible by a donation from the family of A. Leslie Richardson*

\$ Grant amount: \$1,000

The application for the ACMPE Scholarship Fund can be found at mgma.com/scholarships.

Email SCHOLARSHIP@MGMA.COM with any questions. ■

Get Certified!



By Robert Karam, FACMPE

What would it mean to you to have the background information coupled with your experience to be able to address virtually any professional challenge that comes your way? The review, analysis, training and attainment of certification

within the American College of Medical Practice Executives provides every individual the tools to do just that.

Nearly all of us have a wide range of experiences that allows for critical decision making in our professional lives. That experience, in concert with the many tools provided through ACMPE certification, provides you with the elements necessary to make overarching strategic decisions and planning.

Those decisions can profoundly impact the business of your practice, as well as your professional career.

It is often difficult to find the time to commit to taking the next step in our career path, however, every person that I know who has committed to certification, has realized significant self-gratification and accomplishment.

That accomplishment is not only personally enduring, it also commands respect from your peers and employers.

In today's health care management arena individual professionals are judged by the professional credentials and experiences they have achieved. Your professional history and ACMPE certification credentials will eloquently set you apart within the medical management profession.

Please do not hesitate to contact me regarding any element of Certification and/or Fellowship – my email address is RKARAM@PARAGONHEALTH.US. ■

Exam Facts

- The exams can be taken during the same exam cycle or separately, however, you must register for each exam individually. The exams can be completed in the order that works best for you.
- *Multiple Choice Test:* 175 multiple choice questions. The test is 3 hours and 15 minutes. Cost: \$165.00
- *Scenario Test:* 90 items consisting of multi-select, multiple choice, short answer or drag and drop questions covering 18-25 different practice administration scenarios. The Test is two hours long. Cost: \$165.00

Certification Dates to Remember

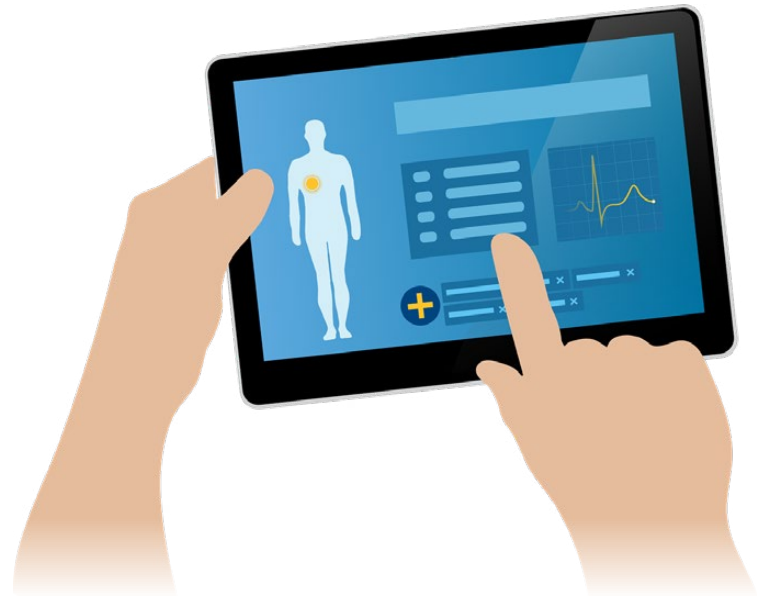
2019 Exam Dates	Registration Dates
June 8 - June 22	April 22 - May 6
September 7 - September 21	July 22 - Aug. 7
December 7 - December 21	October 21 - November 4

MiMGMA Announces Partnership with GVSU

MiMGMA is excited to announce that we are forming a collaborative relationship with Grand Valley State University. Grand Valley's practice management curriculum is a natural fit with the educational and networking opportunities offered by MiMGMA. Through this partnership we hope to find ways to support students who we hope will become emerging leaders in the field of Practice Management.

Our partnership involves the following areas:

- **Internship Programs:** Collaborate on an internship program. As members we hope you will consider hosting an intern. More information will be forthcoming.
- **Research Project:** Co-Sponsor a research project about Electronic Health Records (see story at right).
- **Advisory Board:** Malissa Becksvort, MiMGMA's Past President has agreed to join the GVSU's Industry Advisory Board to represent MiMGMA. ■



GVUS Research Study

*By Raymond J. Higbea, PhD, FACHE
Associate Professor of Health Administration,
Grand Valley State University*

Healthcare organizations may reap substantial benefits when transitioning to electronic health records (EHR), such as decreased costs and improved care.

However, severe unintended consequences from implementation and design of these systems have emerged. Poorly implemented EHR systems may endanger the integrity of clinical or administrative data. That, in turn, can lead to errors that may jeopardize patient safety or decrease quality of care. Poorly designed EHR systems and processes can significantly increase the mental workload of clinicians, thereby increasing frustration, reducing user satisfaction, and causing unproductive workarounds.

Grand Valley State University researchers have reviewed over 300 sources of literature identifying how EHR implementation and design impacts the categories and subcategories of provider centric (design, workload, and implementation), patient centric (care coordination, patient safety, and quality), and health outcomes (patient-provider relationship).

These GVSU researchers have collaborated with MIMGMA to develop a brief survey and interview designed to understand how EHR design and implementation affect the work and patient outcomes in physician offices. ■



Administrator of the Year

Administrator of the Year... is that how your organization would identify you?

Do you know of a colleague that fits that description? If so, the MiMGMA Administrator of the Year Award Committee would like to hear from you!

Administrator of the Year nominees must be employed as an administrator or office manager. They must be an active member of MiMGMA; have exceptional leadership and management skills; and have enhanced the proficiency in the delivery of health care in their practice and community through a recent, noteworthy achievement.

For more information please visit mimgma.org to obtain the 2019 MiMGMA Administrator of the Year nomination form. The nomination deadline is August 1, 2019. The winner will be announced at the Fall MiMGMA Conference at the Mission Point Resort on beautiful Mackinac Island September 30 and October 1. Please mark your calendars for this conference! ■



MiMGMA's Mentorship Program

Advancing Leaders! This is what MiMGMA is all about! MiMGMA offers a Mentor/Mentee Program that is available to administrators/office managers who would simply like to build an additional support system or provide the basis to assist another administrator.

The mentor/mentee relationship is one that can benefit both parties and can bring gratification to all involved.

To quote Terence F. Moore, "Leaders are learners, and mentors can be invaluable in helping someone maximize their potential. These leaders

build a cadre of people they can turn to for advice."

If you are interested in being a mentor or if you would like to be mentored; visit our website at mimgma.org and review the Mentor/Mentee program available to the MiMGMA membership. ■

Third Party Payer Day

Spring is upon us! Yet, it is not too early to mark your calendars to attend the annual MiMGMA Third Party Payer Day (TPPD) to be held Friday, November 8, 2019, at the Soaring Eagle Casino and Resort in Mt. Pleasant, Michigan.

For those who are familiar with this one day conference, you need only to be aware of the date and location and it is on your calendars; it is that beneficial and important to attend!

For those who may not be familiar with TPPD, it is a full day conference where office managers/administrators, coders, and billers are encouraged to attend and hear updates from representatives from the major payers in our state. In the past, we have even

had a couple of physicians attend! Medicare, Medicare Blue, Blue Cross Blue Shield, Medicaid, Availity, United Health Care, Priority Health, and Altarum are just an example of those who are scheduled to speak at this year's conference. Others will be speaking as well!

The morning is comprised of general sessions with numerous breakout sessions scheduled for the afternoon. Many offices find the value or return on their investment in this event so high that they send more than one representative to allow their staff to hear as many speakers as possible.

More information will be shared on the MiMGMA website at MIMGMA.ORG. ■



Questions about the stories on this page? Contact Sandy Sprague, FACMPE, at ssprague@greatlakeseyeinst.com or (989) 793-2820.

Topics of Conversation in Lansing



By Diane Bristol
MiMGMA Legislative Liaison

After several winters of escaping the ills of our Michigan winters, I wasn't so lucky this year. A nasty bronchitis bug has invaded my lungs and has decided to take up residence.

Hopefully spring will grace us with its presence soon. I have no patience with being a patient!

"Interesting" is about the only word I can think of to describe the legislative situation in both our state and country. Our state has a Republican legislature and a Democratic administration. Our federal government has a split legislature with the Democrats controlling the House and the Republicans controlling the Senate. Consequently, I'm not sure what will be accomplished in this cycle.

On the state side, most of the talk is over auto insurance reform and fixing the (bleep) roads. Of course, the medical community is getting a large share of the blame for the high cost of auto insurance as it is the last area where there is still the ability to get paid for actual charges – no fee schedule. As to the



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roads, the last tax increase we had hasn't been fully implemented yet. I've been told one of the biggest problems we have is the lack of contractors and lack of road materials. As we all know, the old adage of "supply and demand" increases costs.

Personally, I continue to wonder when the insurance industry will realize that the cost of prior authorization is just as burdensome to them as it is to us. When statistics show a very large percentage of prior authorizations are granted, it just seems to me that the process is a waste of time and money.

Another topic of conversation in Lansing is the time change. As we recently moved our clocks ahead an hour, several lawmakers are proposing to do away with the seasonal switch.

On the federal level, a recent *Washington Times* article suggested that, with the stroke of his pen, the President could do away with former President Clinton's executive order that requires translation services for those with limited or no English language skills. Seems this costs the government billions of dollars. That has been a costly measure for the medical community as well, as many times the cost of paying for translation services far outweighs any reimbursement for medical services. I've asked national MGMA to keep an eye on that one.

We will have legislative updates at our 2019 MiMGMA conferences. Josh Richmond, MSMS, will provide a state update in May in Port Huron and we have requested an update from national MGMA in September on beautiful Mackinac Island. Stay tuned... ■

New Member Spotlight

Meet Diane Nardon of Tenet Physician Resources

Ken Rates, our Member Services Chair caught up with Diane Nardon recently.

Ken: Diane, tell us a little bit about your position and what makes it unique?

Diane: At Tenet Health, we are separate from the hospitals. Tenet Physician Resources (TPR) employs the physicians. Each market has a CFO for their Medical Group while the TPR has a National CFO based in Dallas, Texas. For the Detroit Market we are known as the DMC Medical Group. My role is to supervise the preparation of the financial statements for the Medical Group. I am heavily involved in the operations for the Central Billing Office as well as working closely with Revenue Cycle Management.

Ken: What made you decide to enter the field of practice management?

Diane: I started as a Senior Staff Accountant in property and casualty insurance after graduating from Walsh College. Shortly after that I became a Controller for two separate, limited liability HMO organizations. I then became the Director of Finance and Operations for Oakland Physician Network Services, a private Physician Organization in Oakland County. In June of 2018 I joined the DMC Medical Group.

Ken: Why did you decide to join MiMGMA?

Diane: At the DMC we use quite a bit of data from MGMA. I wanted to be able to access information directly. I have slowly begun to get acclimated to all that is available.

Ken: What do you hope to get out of your membership with MiMGMA?

Diane: Growth and learning are probably the biggest reasons I joined MiMGMA. I see the value in the data. I enjoy digging into the why and how and I believe that the data you provide will give me a great basis for analysis. I also enjoy the networking and learning from others and finding new and different ways to do things. I would like to become involved in the administration and promotion of the organization and any Michigan events. I am looking forward to sharing my knowledge and experience as well as mentoring others. I am looking forward to the spring conference in Port Huron and getting to know fellow members.



Ken: Do you have your CMPE or FACMPE certification?

Diane: I do not. I am certified through HFMA as a CHFP. ■

New Member Name: Diane Nardon

Title: Director of Finance, CFO Detroit Medical Center Medical Group

Practice/Employer: Tenet Physician Resources

Education: Central Michigan University BA in Business Administration; Walsh College MS in Accountancy

Wellness is more than apples in the break room.

Wellness is about forming healthy habits in all areas of our lives: health, finances, emotions, careers, relationships. A wellness program that addresses all these factors can reduce healthcare costs, boost employee engagement and foster a healthy, productive culture and workforce — and Keyser has it.

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Member Services Update



by *Kenneth Rates*
Chair, Member Services Committee

Well, we survived the Polar Vortex of 2019 in Michigan. Despite record-level temperature lows, the Member Services Committee hunkered down and focused on delivering the high value expected of a MiMGMA Membership.

Exciting changes are in store for 2019. For starters, we are bringing back an event to the East Side of Michigan in May. Our Spring Conference, The Winds of Change, is being held in Port Huron.

Our speaker line-up is outstanding so make sure you check out Winds of Change conference article in this issue for more specifics.

Also new for 2019 is our New Member Spotlight. Each of our members has a unique and different experience within the field of practice management.

We can, and should, learn from each other. With this new piece the Member Services Committee is hoping to shed some light on the background and current role of a new member. We are very excited for this new edition.

As you read about a fellow MiMGMA member try and remember their face or their name. If you see them at one of our events take a minute to approach them and welcome them to MiMGMA.

We say it all the time, but it is true; the real value of a MiMGMA membership is the people that make up the chapter.

Finally, and perhaps the biggest change in 2019, is the structure of individual memberships.

We at MiMGMA want to deliver as much catered value to each member as possible. As such, memberships will move from a calendar year expiration date to an anniversary expiration date.

This means that you, as a member, will receive a full year of maximum benefits, regardless of when you join. Please consider attending the Spring Conference for an official update. ■

Welcome New Members!

New Member Name	Month Joined	Practice/Employer
Zachary Smith	October 2018	Grand Rapids Ophthalmology
Adam Frezza	November 2018	Marlette Regional Hospital
Shellie Bliss	January 2019	Marlette Regional Hospital
Diana Nardon	January 2019	Tenet
Lisa Loomis	January 2019	Great Lakes Surgical Associates
Kim Talerico	January 2019	Huron Gastroenterology Associates
Jennifer Schott	February 2019	Alliance Obstetrics & Gynecology
Stephanie Idzior	February 2019	Mission OB Gyn



#Metoo Risk In The Medical Practice

By Tom Ealey and Cynthia Kruse

The Supreme Court and the Equal Employment Opportunity Commission (EEOC) have provided clear definitions of sexual harassment and have outlined employer responsibilities. Sexual harassment can occur with any gender combination and with multiple harassers and/or multiple victims.

While male-harassing-female incidents account for most of the harassment, employers are equally liable for any of the four gender combinations. Sexual harassment must be gender based. If someone is abusive to all sexes equally the abuse is not sexual harassment (bullying is a problem in health care settings).

The conduct has to be deliberate, repeated, and unwelcome. A onetime slip of the tongue, occasional bad manners, or accidentally offensive behavior is not sexual harassment. All bad behavior should concern management. Practice administrators should check on applicable state laws and every practice needs a qualified law firm on speed dial.

So how do we define sexual harassment?

Quid Pro Quo

Quid pro quo is Latin and roughly translates to “this for that.”

In the context of sexual harassment, it translates to “give me sex or else!” “Or else” means what?

- No Job
- No Pay Raise
- No Promotion
- Supervisory Mistreatment
- An Undeserved Positive Result from Cooperating with the Harasser

This is the crudest type of sexual harassment. Despite our rule on repetitive conduct, a single gross incident can qualify as harassment. The intimidation factor may forestall timely reporting of this conduct, or the incident may become known throughout the practice, and there may be a need for immediate intervention.

The *Kindergarten Rule* applies – keep The kindergarten your hands to yourself.

This type of sexual harassment is vile, intrusive and intimidating. It is the type that a jury can very clearly understand and is very much a power play and can be subject to severe sanction. Favoritism to an employee is a violation of the rights of non-favored employees.

Hostile Environment

Hostile environment harassment can be less blatant but more personal and just as damaging.

This type of harassment occurs when persistent conduct is offensive to a “reasonable person,” specifically the victim. If the alleged victim is female, the standard is the perceptions of a “reasonable woman.”

A hostile environment is defined as a sexualized environment hurting concentration and productivity, causing personal embarrassment, interfering with normal working relationships,



and is generally disruptive. This conduct may be directed at a single worker or at a group of workers.

The U. S. Supreme Court has given some guidance on hostile environment.

- Key indicators are:
- Frequency of the unwelcome conduct
- Severity of the conduct
- Conduct was physically threatening
- Conduct was more than offensive, became humiliating
- Conduct interfered with productivity
- Conduct disrupted employment rights

These issues have a side effect of pushing employers into dress codes and conduct codes, usually expressed in policy/procedure and the employee handbook. Uniform requirements can ameliorate some of the dress issues. Training should address of these both codes and organizational policies on sexual harassment.

Due to a real and perceived power difference, physician conduct must be exemplary and above board at all times.

Employees of either gender who cannot conduct themselves in a proper manner should be counseled about propriety in the work place (a practice administrator or physician executive should have a third party in the room when delivering such counseling).

Vigilance and relentless attention to supervisory issues are the foundation of protecting the employees and the organization.

Prevention

Prevention starts with adequate policies-and-procedure statements, backed by thorough and regular training. Senior leadership must create a culture of courtesy and respect. Legal advice should be obtained from licensed legal counsel. ■

Tom Ealey is a professor of business administration at Alma College, an experienced practice administrator and consultant, training leader and an MGMA member. EALEY@ALMA.EDU

Cynthia Krause, MBA, LSW is a retired practice administrator and regional practice supervisor for a large health system. CJK2013@MSN.COM. Jean Ealey RN contributed to this column.

The Dark Web: A Simple Explanation

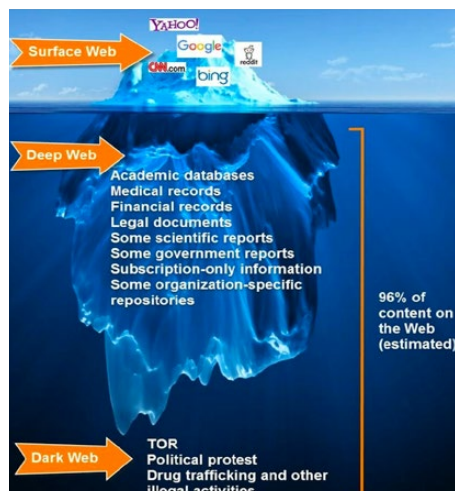
By Ian Richardson, Doberman Technologies

So, a lot of people have ‘heard’ of the Dark Web, but don’t really know what it is.

I’ve got a helpful diagram below that really dives in and explains this graphically. If you think about the traditional “Iceberg” analogy – The web you use every day (Google, Email, your practice website, etc.) is only about 4% of the whole internet.

Things not readily accessible, like your company network, your line of business applications (EHR, Practice Management, ERP, CRM, etc.), and third-party SaaS based applications are the “Deep Web” and not readily accessible.

The very bottom of the iceberg, hidden from view, is the “Dark Web”. You can’t



find it via a google search. You can’t stumble across it accidentally. You need special tools and training to even be able to access the Dark Web. Nothing good

happens in this area of the digital world – crime lives here. Prostitution, Drugs, Gambling, Human trafficking, and other nasty items are what takes place here.

One key item that occurs here is the selling of stolen data and credentials – So if you have an email and password that was stolen during a security breach, or if your business had its own security incident, chances are the data / credentials will end up here.

A solid step in your security plan is to monitor the Dark Web (there are tools out there that do this for you) to see if you, or anyone on your team, ends up for sale down there, and to respond immediately if you find evidence of potential credential / data breaches accordingly.

Keep safe out there. ■

For more information on keeping yourself safe from the Dark Web, or whatever else is keeping you up at night, reach out to Ian @ Doberman by calling: 517.978.8324 option 2, or contacting him at IAN@DOBERMAN.NET

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#Social Media In The Medical Practice

By Tom Ealey and Cynthia Kruse

This column is an excerpted from an article from MGMA's Connection magazine

Social media creates risks for the practice – reputational risk, employment law risk, morale risk, and regulatory risk. There are no easy answers and law and management practices are constantly evolving.

HIPAA

Health care employers have special risk issues with HIPAA privacy. There is a risk of HIPAA violations through misuse of social media and particularly with the use of smart phone cameras and videotaping.

There are regular media reports of injudicious use of cameras in health care facilities by staff. Training must be thorough and discipline must be swift when employees violate policies. Physicians are not exempt from the rules, which can create difficult situations for practice administrators.

Cameras are not the only danger of the smart phone. Gossip can now go around the world in a second, which has implications for both HIPAA and for employee relations.

Employer-Employee Relations

Social media provides a means for employees to engage in “concerted activity” protected under the National Labor Relations Act (the “NLRA”). This affects union and nonunion workplaces. Social media can impact physician practices by providing disgruntled employees instant access to each other and to the general public.

The doctrine of employment-at-will

The doctrine of employment-at-will provides employers with substantial discretion to terminate employees, even for no cause. However, an employer’s power to terminate an employee for social media activity is limited by certain “protected activity,” as defined by Section 7 of the NLRA.

provides employers with substantial discretion to terminate employees, even for no cause. However, an employer’s power to terminate an employee for social media activity is limited by certain “protected activity,” as defined by Section 7 of the NLRA.

This raises important questions. What specific social media employee conduct constitutes protected activity? When are employers entitled to sanction or terminate an employee for social media activities?

Smack downs on the Practice

Complaining about the boss and the company is as old as work itself, but complaining with a nearly infinite Internet audience is something new.

In the American Medical Response case, an employee ripped a supervisor on Facebook and the employer terminated the employee. The National Labor Relations Board (NLRB) found in favor of the employee, because by sharing the Facebook post with other workers the communication was concerted action.

Employee-versus-Employee

Bullying used to require some person-to-person contact, now such behavior can be done online, and after work and on weekends. What was formerly done person-to-person or on the phone can now be blasted out for the entire world to see. Such misconduct should be prohibited, but policing is tough. Policing this conduct has always been difficult, policing cyber bullying and gossip online is even more difficult, but very necessary.

Monitoring Social Media

Questions: 1. Should the practice screen social media accounts before hiring and 2. Should the practice monitor employee social media use? Some employers monitor perspective employee social media accounts to analyze risk factors before hiring, other employers monitor social media

activity of current employees during the workday to regulate productivity, while other employers monitor the social media accounts of current employees outside of work hours to protect confidentiality and trade secrets.

Caution must be used to ensure that social media monitoring does not reveal information that could potentially violate protected aspects (race, religion, sex, disability, etc.) of employment practices under Title VII.

Medical practices should have written social media policies regarding both social media activity by employees and employer monitoring.

Potential employer risks including reputational harm or disclosure of confidential information must be balanced against an employee’s expectation of privacy. When in doubt consult your employment lawyer.

Management Actions

Developing policies and procedures is of paramount importance. ■



It's personal: Marketing to build your practice in the digital age

By Andrea Eliscu BS, RN

When the topic of medical marketing comes up, most physician practices think websites, social media, advertising, brochures and billboards. These can play an important role in building and sustaining your practice, especially if personalized to reflect your unique brand. However, as technical advances sometimes make healthcare seem impersonal and in a constant state of flux, your most important marketing tools are the personal relationships you develop — with your patients, your referral sources and your own staff.

Despite our increased “connections” thanks to patient portals, EHRs and mobile devices, people feel more disconnected than ever before. Patients are becoming more empowered, and physicians want to control their own destinies. It's time to bring things back to a personal level.

Return to relationships

Much like being a good doctor, developing relationships to support your practice is an art and a science. It requires the right mix of creativity and thoughtfulness combined with disciplined tracking, reporting and action. It means examining the touchpoints you have with each of your core stakeholders — patients, referral sources and staff — and looking for ways to improve upon the experience they have with your practice.

While their individual needs may be different, they all have choices. If you don't fulfill their expectations, they will move on to find someone who will. And if an experience is especially negative, unhappy stakeholders are also likely to share their

opinions not only within their own circles, but also on social media and online review sites, doing further damage to your practice.

On the flip side, positive experiences, especially if unexpected or unique, also can create favorable sharing within a community, cultivating advocates and ambassadors who organically grow your practice.

The keys to cultivating enduring relationships are basically the same whether personal or professional:

- Connection
- Communication
- Trust and loyalty
- Commitment

Connection: Dare to care

Too often, healthcare today has become corporate, cold and indifferent. Patients share that they feel like “a number,” that no one cares about them as a person. What are some ways you can spark and sustain caring connections?

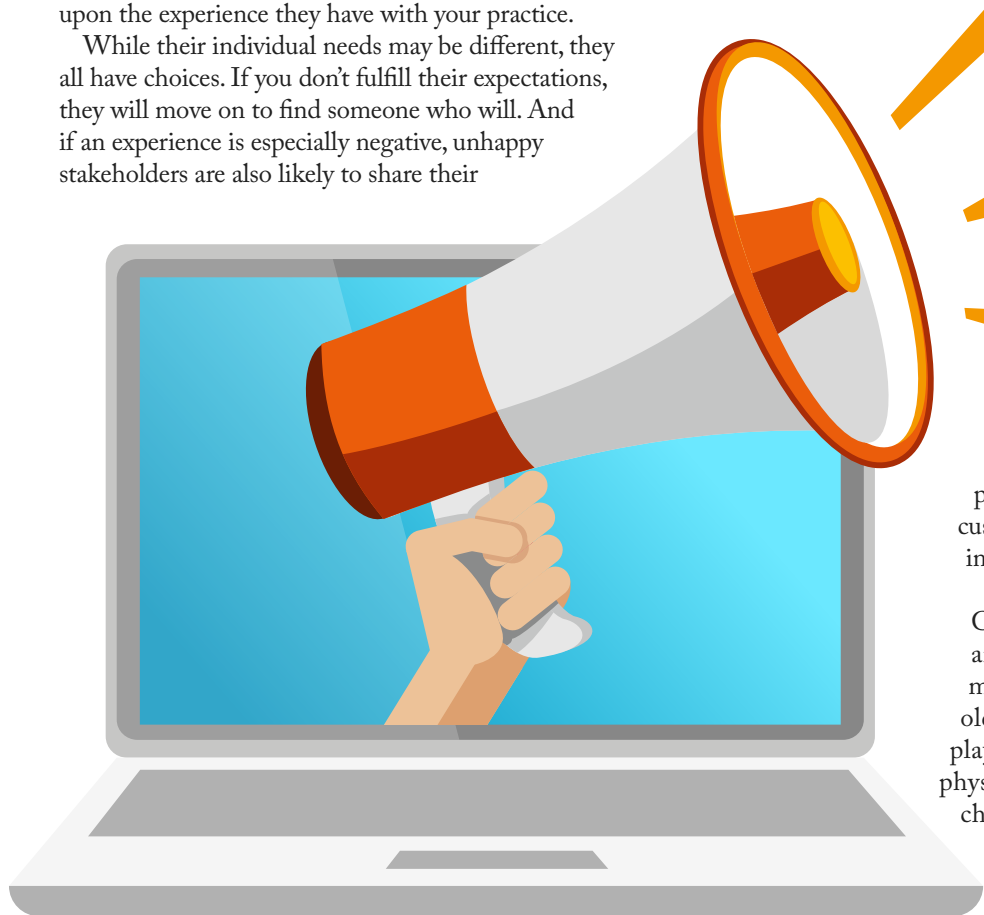
Extend an extravagant welcome and make a first impression

• **Make new patients feel welcome** and cared for from their very first phone call throughout their initial visit. Then go a step further. Send a handwritten note on a card with your practice name and logo a few days later. Thank them for choosing and trusting you. Reassure them of your commitment to their care.

• **For referring physicians,** recognize and thank them after they make an initial referral. Send a handwritten thank-you note separate from the patient report or letter. Provide your personal cell phone number and encourage them to call or text anytime.

• **For staff,** provide a structured, comprehensive orientation to your practice. Outline your expectations and include customer service training. Empower them to share insights and ideas.

• **Ask and then listen.** Everyone has a story. Get to know new patients, referral sources and staff. Ask questions to find out what is most important to them. Maybe the 16-year-old patient with a torn ACL is also a baseball player pursuing a college scholarship. A referring physician who is new to town may have young children and needs recommendations for schools. Your new medical tech may aspire to earn his or her nursing degree in the next few years.



• **Remember and acknowledge.** Once you've welcomed and listened, remember. And you can cheat on this one. Make notes in your patient files or referral database, and use this technology to help you ask related questions at the next visit or to prompt you to send a notecard to recognize a significant life event or accomplishment.

In this world of indifference, dare to be different. Dare to care.

Communication: Stay connected

Communication can determine whether any relationship ultimately lives or dies. Once you have sparked new connections and know what is most important to them, determine ways that you can communicate to add value to those relationships. Here are a few ideas:

• **Schedule outreach to your top referral sources.** Plan time each quarter to talk with them, in person if possible. Ask about their current experiences, challenges and goals. Share yours as well. Explore ways you can work together or help each other.

• **Create and send timely health news.** This can be in the form of an e-newsletter, letter, postcard, blog or whatever works best for your target audience. Use this news as fresh content for your website and social media channels. Highlight current health concerns, preventive tips, new treatment options or the latest research. Spark questions and conversations. For referring physicians, highlight a new study, clinical trial or case report.

• **Share important news about your practice.** Whether it is a new or retiring physician, a new office or a new service such as extended hours, educate all your stakeholders in a timely fashion. And always tell your staff first. Find ways to reinforce the initial communication throughout your practice, such as through waiting room posters, exam room flyers, email, outbound phone calls/reminders and on-hold messages, etc.

Communicate regularly with your stakeholders in ways that make them feel valued and informed. This will position you as both a trusted resource and a leader, strengthening the relationships that support your practice.

Trust and loyalty: Listen, learn, adjust

We live in an era of skepticism. Social media and allegations of fake news amplify this feeling of uncertainty, and people are finding it harder to trust. Combine this with the constant changes to our healthcare system, and physician practices have their work cut out for them.

This makes each of your one-to-one relationships and interactions even more important. Here are some ways to build trust and foster loyalty:

• **Be honest and transparent.** When you make a mistake (and we all do), own up to it. And then sincerely apologize. We all have bad days. Be proactive in your communication when patients arrive or are waiting, apologize from the heart, keep them informed, offer to reschedule and assure them that this is not the norm (and make sure it is not). You will be surprised at how forgiving they can be. You can even go a step further with a handwritten note or give them a \$5 gift card for a cup of coffee on you for their inconvenience.

• **Never lose focus on the patient experience.** At least once a year, involve your staff in evaluating ways to personalize and improve patient experience.

• **Measure satisfaction.** Do this for patients, referral sources and staff. Then based on the feedback you receive, make necessary changes to improve. And don't forget to tell the appropriate stakeholders when you have.

• **Never take longtime stakeholders for granted.** You know who they are, or at least you should. These "ambassadors" for your practice, whether patients, staff or referring physicians, rave about you and refer their friends, family, neighbors and colleagues. Personally recognize and thank them. When they truly need something, go out of your way to accommodate them, even if you need to bend the office rules a bit. Take their call or see them after hours. Work them into the daily schedule. Quickly facilitate their prescription refill request. Don't charge the 24-hour cancellation fee when they have an emergency.

Listening, learning and adjusting — that is how you build trust and loyalty.

Commitment: Avoid complacency

It is all too easy for established medical practices to settle into feelings of comfort, security and satisfaction. After all, you've done the careful, hard work of building your brand and the relationships that support it. It would be so nice to simply coast.

The problem is the world is constantly changing, especially in healthcare. What worked yesterday or even today may not meet the expectations for tomorrow. Patients are more discerning in their decisions. Physician referral patterns shift. Competitors are looking to capitalize on your weaknesses as well as new opportunities you may have overlooked.

Make sure you are inquiring, adapting, improving, evaluating, thanking and striving to make the human connection. Never stop nurturing the relationships that will sustain your success.

Make it personal and manageable

The bottom line: Creating a successful medical practice means building better relationships. It requires work, but it doesn't have to be overwhelming. Stratify and prioritize. Pick five to 10 relationships to start and focus on those for the first month. Then pick another five to 10 more the next month. It is about quality over quantity and creating healthy relationship habits throughout your practice. Make your interactions personal and people will share their experiences with others. Do the right things the right way and the effects will scale. ■

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