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FALL 2021
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MICHIGAN

NETWORKING YOUR WAY TO THE TOP

FALL CONFERENCE

September 30th & October 1st
Shanty Creek Resort
Bellaire, MI



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Practice Focus

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

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President's Message



By Susan Lutz

The MiMGMA Board is so excited for our Fall Conference which is quickly approaching. I will see many of you on September 30, 2021 – October 1, 2021, at Shanty Creek in Bellaire, MI. This will be our first in-person event in two years! Not only am I

excited about the great program we are planning, but also the fun networking opportunities. It will be great to catch up with old friends and make some new connections. I look forward to seeing you there!

Last summer, I mentioned that the Board was working on a full rewrite of the Bylaws that would be presented and voted on at the Fall Conference. I would like to provide an update on that project. The Board agreed that we needed more time to successfully complete this project. As the incoming Past-President, I have agreed to spearhead this project, targeted for completion and a member vote in 2022. Members will have the opportunity to review and comment on the Bylaws prior

to a membership vote. Stay tuned for more information on this in early 2022.

At the Fall Conference, the 2022 slate of officers will be approved, and Kenneth Rates will be moving into the position of President. Ken will do a great job and has many years of MiMGMA leadership experience. We are lucky to have him leading us into the future. I have had the pleasure of serving as President of MiMGMA for the past two years. It has certainly been a challenge to lead us through the pandemic. Like all other organizations, MiMGMA had to reinvent itself so we could still offer educational and networking opportunities when we were unable to meet in-person. I would like to give a huge 'thank you' to all members of the Board, committee members, business partners, and our Association Management for all the support they provided to keep things moving forward for MiMGMA in the past 18 months. Most importantly, I'd like to say 'thank you' to our members for sticking with us through this unprecedented time.

Again, I would like to say thank you for the opportunity to serve as the MiMGMA President. I look forward to the what the future holds for MiMGMA as we continue to support our mission of strengthening medical group management leaders. ■

Executive Director Update



By Debra O'Shea,
Executive Director MiMGMA

We are thrilled to welcome everyone back to in person events at our 2021 Fall Conference at Shanty Creek Resort at the end of this month. Amidst uncertainty, we

have worked hard to put together a program that is both fun and educational while keeping the safety of our attendees and vendors at the forefront of our minds.

This year's conference theme is Networking Your Way to the Top. After spending the last 18+ months navigating a new virtual world, it's safe to say that our networking skills have gotten a little rusty. Keynote speakers Greg Peters and Chrissie Zavicar will be there to help us reinvigorate our in-person networking tactics and maximize our virtual networking efforts via LinkedIn.

Our Fall Conference will feature many other exciting speakers and presentations. From human resource challenges and diversity, equity, and inclusion to fraud and financial relief and telemedicine, our sessions will touch on numerous hot topics and issues facing the healthcare industry today. Our full agenda, along with session descriptions, can be found within the Program Update section of this issue. We hope you'll make plans

to join us for the Fall Conference in Bellaire on September 30th and October 1st. If you have not registered yet, [CLICK HERE](#) to learn more and register now!

In addition to some great sessions, our Fall Conference will give attendees the opportunity to put their new networking skills to the test at our Networking Event. We will have food, drinks, and games to enjoy while spending time making new connections and catching up with peers you haven't seen in quite some time.

We are also looking forward to announcing our 2021 Administrator of the Year Award recipient at the conference. Due to last year's canceled Fall Conference, we did not have a 2020 award, so we are glad to be able to bring it back this year. Thank you to Dean Schink of Specialized Insurance Services, Inc for continuously supporting Michigan MGMA and allowing us to properly recognize our Administrator of the Year recipient.

I'd also like to take a moment to thank our Corporate Sponsors, Fall Conference Sponsors, and Business Partners who have continued to support us throughout the ups and downs of the past couple years. I encourage all who will be attending the conference to visit the vendor booths and thank them for their support.

Feel free to reach out to me at 800-314-7602 or INFO@MIMGMA.ORG with any questions you may have. I am wishing each of you a happy and healthy fall season! ■

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Administrator of the Year



By Sandy Sprague, FACMPE

We received several fantastic nominations for this year's Administrator of the Year award. Michigan MGMA has some truly amazing administrators, and we look forward to giving this award to one of them at

our Fall Conference later this month.

THANK YOU to Dean Schink, President of Specialized Insurance Services Agency, for once again sponsoring our Administrator of the Year Award. This award represents the highest honor MiMGMA has to offer its membership. The deserving recipient will be presented a plaque and generous check provided by our sponsor, Mr. Dean Schink.

The purpose of the award is to recognize a medical group practice administrator affiliated with the Michigan Medical Group Management

Association (MiMGMA) who has exhibited exceptional leadership/management proficiency and enhanced the effectiveness in the delivery of health care in his/her practice and community through a recent noteworthy achievement. This year's award brings a whole new meaning to "Administrator of the Year." In the midst of the COVID-19 pandemic, many of our administrators have been

forced to step up and take charge in an unfamiliar way, whether it meant rapidly implementing telehealth options for patients, staying up-to-date with constant legislative changes, or managing a newly remote workforce.

We are excited to recognize the accomplishments of our 2021 Administrator of the Year. If you'd like to celebrate the recipient with us in person, please make plans to join us at the Fall Conference at Shanty Creek Resort! ■



Dean Schink

Annual Election of Officers

It's once again time for the annual election of Michigan MGMA's officers for next year! Our 2022 Slate of Officers was recently announced via email, and the election is set to be held at the 2021 Fall Conference at Shanty Creek Resort.

We hope you've made plans to attend the conference and place your vote.

MIMGMA 2022 SLATE OF OFFICERS

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Membership Update



By Cindy Kinney, Membership Committee Chair

After a slow start to the year, we were excited to see our membership numbers holding steady for both June and July.

There are multiple ways our members can engage with the Michigan MGMA and we want to encourage you to be part of our community:

We have recently established an Academic Sub-Committee for all students and faculty members. If you are a current student or college faculty, please consider being part of this new committee and helping to bring your tools and programming that will align with your continued education and success.

Fall Conference will be here before we know it and we are looking forward to seeing everyone in person. There will be special membership renewal and new membership promotions with your conference registration. You will not want to miss this great event of networking, information and vendor connection.

If you are interested in being on a committee or are looking for ways to be more engaged, please do not hesitate to reach out.

I am more than happy to chat with you about all of the great opportunities Michigan MGMA has to offer. You can reach me at CINDY.KINNEY@BEAUMONT.ORG. ■

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What is the MSMS Program?

For the past 13 years, Fitzmaurice-Garvin has had an exclusive, contractual relationship with the Michigan State Medical Society regarding various Property and Casualty Insurances, Directors and Officers Insurance, and other applicable insurance products. We have now brought out a brand-new product—in collaboration with the Michigan State Medical Society, Hanover Citizens Insurance Company, and Fitzmaurice-Garvin Insurance Agency—that offers extremely deviated rates and a dividend program on Worker's Compensation policies.

What does the MSMS Program achieve?

Hanover Citizens and the Michigan State Medical Society have agreed to offer a product exclusive to our agency that offers extremely deviated rates and a dividend program on Worker's Compensation policies. In order to qualify, your practice simply needs a low claims history. While every quoted Worker's Compensation policy may see premium reduction up to 65%, the major savings occur with policies whose premium is around or above \$2,000 annually.

How can I join this program?

This program is exclusive, and solely offered from Fitzmaurice-Garvin, thus no other insurance agency in the State of Michigan can provide this program.

What's next...

Please visit and complete the following link for your exclusive review, or call Tanner J. Kaplan today at **231-947-9532**.

<https://fg-ins.lpages.co/msms/>

Agenda

THURSDAY, SEPTEMBER 30, 2021

Time	Session
7:30-8:15 A.M.	Registration & Breakfast with Vendors
8:15-8:30 A.M.	Welcome <i>Susan Lutz, MiMGMA President</i>
8:30-9:30 A.M.	What is your LinkedIn persona? Hint: It's not like anybody else's <i>Chrissie Zivicar</i>
9:30-10 A.M.	Vendor Break
10-11:20 A.M.	Developing A High Quality Clinical Team <i>Marcia Powers, Rachael Schweiger, RN</i>
11:20-11:30 A.M.	Stretch Break
11:30 A.M.-12:30 P.M.	Defining and Building Your Diversity, Equity & Inclusion Goals <i>Rebecca Sequin-Skrabucha, JD, Melissa Tetreau, JD</i>
12:30-1:30 P.M.	Lunch with Vendors
1:30-2:30 P.M.	HR Panel - Addressing Your Biggest HR Challenges in Today's Marketplace <i>Amy Marshall, Marcia Powers, Rebecca Sequin-Skrabuchin JD</i>

2:30-3:30 P.M.	Healthcare Fraud <i>Brian Mahany</i>
3:30-4 P.M.	Vendor Break
4-5 P.M.	Keynote: Influence, Education, & Profit: Creating Connections with Success <i>Greg Peters</i>
5-5:30 P.M.	Break/Transition Time
5:30-8 P.M.	Networking Event

FRIDAY, OCTOBER 1, 2021

Time	Session
7:30-8:15 P.M.	Breakfast with Vendors
8:15-9:20 P.M.	MGMA Washington Update <i>Drew Voytal</i>
9:20-10:30 P.M.	Telemedicine & Compliance Panel <i>Joe Rivet, Janice Robinson, Dean Schink</i>
10:30-11 P.M.	Vendor Break
11-11:45 P.M.	Post Pandemic Financial Relief: Provider Relief Fund Reporting & The Employee Retention Credit <i>Matt Barczak</i>
11:45-12 P.M.	Prizes & Announcements
12 P.M.	Conference Dismissed

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Session Descriptions

Session 1

KEYNOTE: What is your LinkedIn persona?

Hint: It's not like anybody else's

Thursday, September 30, 8:30 – 9:30 am

Chrissie Zavicar

» Your LinkedIn persona isn't necessarily all of who you are, but it must be genuinely you. If it isn't genuinely you, users will see right through it. Learn the 3 key factors that make up your LinkedIn persona and that will attract the connections you want.

Session 2

Developing a High Quality Clinical Team

Thursday, September 30, 10 – 11:20 am

Marcia Powers, Rachael M. Schweiger, MBA, RN, CEN, CNML

» What does it take to develop a quality clinical team? Hear from nursing supervisor Rachael Schweiger and HR consultant Marcia Powers about the process. Topics to be covered include: Hiring, onboarding, implementation and competency, program and performance, and more. This session will give you the building blocks to create a high quality clinical team in your practice.

Session 3

Defining and Building Your Diversity, Equity, and Inclusion Goals

Thursday, September 30, 11:30 am – 12:30 pm

Rebecca Seguin-Skrabucha, JD, Melissa Tetreau, JD

» A comprehensive approach to DEI requires efforts at all stages of employment – recruitment, onboarding, retention, and promotion. We will discuss the creation and implementation of DEI objectives and outline the tools available to employers.

Session 4

HR PANELE: Addressing Your Biggest HR Challenges in Today's Marketplace

Thursday, September 30, 1:30 – 2:30 pm

Amy Marshall, Marcia Powers, Rebecca Seguin-Skrabucha, JD

» In today's unique workforce, practices must consider how to adapt to find

and retain the right employees for their organization. We have brought together a labor attorney, human resources consultant, and owner of a recruiting firm to talk about current issues and challenges in hiring and retaining staff for your practice.

Session 5

Healthcare Fraud

Thursday, September 30, 2:30 – 3:30 pm

Brian Mahany

» Join award-winning whistleblower lawyer and legal author Brian Mahany for an intriguing discussion on fraud in healthcare. This session is sure to leave you with a fresh perspective on fraud reporting that you can take back to your practice.

Session 6

KEYNOTE: Influence, Education, & Profit:

Creating Connections with Success

Thursday, September 30, 4 – 5 pm

Greg Peters

» You're not in sales, so why bother with networking? You shouldn't – unless you need to develop a stronger organization, connect with potential employees or vendors, create powerful strategic relationships, or increase your sphere of influence in your community or industry. If any of these goals (or any other involving contact with other human beings) is important to you, this session will give you the techniques and tactics to succeed. Participants will learn not only how to make first connections, but the tools to turn those five-minute conversations into long-term, profitable relationships. Take a look at the most successful people in the world and you'll see that they surround themselves with connections that can take them where they want to go. Networking is not just for sales. It's for anyone who wants to lead a life of significance.

Session 7

MGMA Washington Update

Friday, October, 8:15 – 9:20 am

Drew Voytal

» In a climate of significant legislative and regulatory changes reshaping the healthcare landscape in response to the COVID-19 pandemic, this timely program will present an update on the current state of federal healthcare policy affecting medical groups. Attendees will gain a deeper understanding of these changes and their impact on the day-to-day activities of medical group practices, in addition to being directed to clarifying resources. Specific topics include updates to the CARES Act Provider Relief Fund, Paycheck Protection Program, Medicare telehealth flexibilities, 2021 Medicare Quality Payment Program, and a host of other timely issues.

Session 8

Telemedicine & Compliance Panel

Friday, October 1st, 9:20 – 10:30 am

Joe Rivet, Janice Robinson, Dean Schink

» Bring all your pressing telemedicine & compliance questions and hear from the experts on topics such as program implementation, risk management associated with telemedicine, and billing & coding. Our experts include Joe Rivet, Esq., Janice Robinson, and Dean Schink.

Session 9

Post Pandemic Financial Relief: Provider Relief Fund Reporting & The Employee Retention Credit

Friday, October 1st, 11 – 11:45 am

Matt Barczak

» A new tax credit created in the 2020 CARES Act legislation that was expanded and extended by 2021 coronavirus relief aid measures is providing financial benefits to many healthcare practices. In this presentation, our speaker will give an overview of the Employee Retention Credit (ERC) and its impact on the healthcare industry.

FALL CONFERENCE

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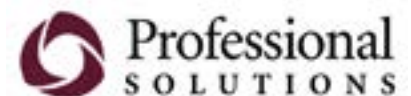
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Opportunity is Knocking: Get Certified Today!



By Sandy Sprague, FACMPE

It's a new day with new opportunities knocking on your door at MiMGMA!

If you are an active member of MiMGMA and have not yet completed your certification to become a Certified Medical Practice

Executive (CMPE), opportunity is indeed knocking on your door today! I would highly encourage you to open that door to discover what awaits you as a CMPE.

There are several resources available to prepare for the certification exams, such as study groups, webinars, books, practice tests, and others. The information on the exams is based on real life administration of a medical practice; you could be pleasantly surprised at what you already know.

Based on The Body of Knowledge for Medical Practice Management – 3rd Edition, the American College of Medical Practice Executives (ACMPE) exam competencies can help you assess your current level of knowledge in the six domains that define the scope of responsibility of medical practice executives.

Each section focuses on a different domain:

- Operations Management
- Financial Management
- Human Resource Management

- Organizational Governance
- Patient-Centered Care
- Risk Management

After applying and receiving program acceptance, applicants must demonstrate mastery of the principles outlined in our Body of Knowledge (BOK) for Medical Practice Management by completing two exam requirements:

Multiple choice exam: This 175-item, multiple-choice exam assesses your on-the-job knowledge of the broad scope of group practice management principles and practices as described in the six domains of the BOK.

Scenario-based exam: This exam may only be taken once you have logged two years of healthcare experience and earned your Bachelor's degree or 120 hours of college credit. The 90-item exam assesses in-depth knowledge of medical practice management principles, problem-solving and decision-making skills a candidate would need to handle and resolve real-world medical practice issues through 18-25 scenarios.

You are able to register for exams on-demand; you will receive notice to schedule in 24 hours. Exam registration will be eligible for one year from purchase date before expiring.

Reach for the gold standard in medical practice management; seize the opportunity before you today with ACMPE Certification!

Please visit the MGMA.ORG website for additional information regarding certification or contact Sandy Sprague, FACMPE, ACMPE Forum Representative for MiMGMA. ■

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Fall Reimbursement Update



By Joe Rivet, Esq.

2022 ICD-10-CM Guidelines

The current [ICD-10 code table](#) and [Coding Guidelines](#) have been posted by CMS. The FY2022 ICD-10-CM Coding Guidelines has several updates including how to code for laterality when not documented by the attending

provider and report the new ICD-10-CM code U09.9. U09.9 is a sequela (late effect) code used to report when the patient no longer has COVID-19.

COVID-19

The PHE has been extended. The extension continues to all applicable waivers for an additional 90 days.

Quarterly Update to the National Correct Coding Initiated (NCCI) Procedure-to-Procedure (PTP) Edits, Version 27.3 CMS published the fourth quarter PTP edits. The file of the update will be available around August 17, 2021.

Medicare Physician Fee Schedule FY2022 Proposed Rule

CMS is proposing to make several changes to: split/shared E/M visits, critical care services, telehealth, appropriate use criteria, physician assistants, and colorectal screening tests.

Split (shared) E/M visits:

- The provider who provides the substantial portion (more than half of the total time) of the visit would bill for the service.
- Applies to: new, established, initial, subsequent, and prolonged services.
- A modifier will be required for split/shared services.
- Both providers must be documented in the medical record. The provider who performed the substantial portion of the service must sign and date the medical record.

Critical Care Services:

- CMS is looking to adopt the AMA's definition of critical care services including bundled services.
- Allow critical care services to be furnished concurrently to the same patient on the same day by more than one provider representing more than one specialty and the service can be performed as a split (shared) visit.
- No other E/M can be billed for the same patient on the day as a critical care service when furnished by the same provider, or by the same provider in the same specialty and same group.
- Cannot be reported during the same time period as a procedure with a global surgical package.

Telehealth Services

- The only expansion is related to mental health services.
- Requiring a face-to-face in-person visit within 6 months of a virtual mental health telehealth visit.

- Requiring an in-person visit on 6 months intervals.
- Allowing for audio-only.

Appropriate Use Criteria (AUC)

- Continue to delay the implementation of AUC to January 1, 2023 or January 1 following the year which the PHE ends.

Colorectal Screening

- Phasing out coinsurance by 2023 for colorectal screenings which become diagnostic tests.

The fact sheet can be found [here](#). The proposed rule can be found [here](#).

FDA Issues Emergency Use Authorization for Tocilizumab

The FDA announced Tocilizumab has been [added](#) to the emergency use authorization list for monoclonal antibody treatment. Tocilizumab will not be purchased and distributed for free by the federal government. This product is used to treat severe COVID-19 hospitalized adults and pediatrics over the age of two.

Billing for tocilizumab requires reporting both the product and the administration. The product is reported with Q0249, and the first administration is reported with M0249 and the second administration is reported with M0250. You should only bill for tocilizumab on a 12x type

Continued on page 12



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of bill (TOB). The Medicare payment rate is approximately \$450 for the administration of the COVID-19 monoclonal antibody product.

Surprise Billing – Part I

The [Interim Final Rule](#) (IFR) was published in the Federal Register on July 13. The IFR will be published in two parts. It is expected the second part will be published sometime in October. The federal law will provider balance billing protections beyond Michigan's balance billing protection laws.

The IFR addresses the notice and consent requirements. Notice must be posted in patient common areas including on the provider's website. The notice and consent must be available in the 15 most common languages in the providers area. The consent must be retained for 7 years.

Among the numerous rule requirements, a qualifying payment amount (QFA) must be established using the criteria set out in the rule by health plans and third-party administrators. It remains to be seen how providers will know when a billed amount is paid at a QFA as currently there is no applicable reasons code.

CMS posted notice and consent form templates which can be adopted for use by providers [here](#).

Transitional Care Management (99495, 99496)

The Department of Health and Human Services – Office of Inspector General (OIG) published an audit report covering transitional care management (TCM) codes. Overall, the OIG found a high rate of compliance.

To use TMC codes, the TCM services apply to beneficiaries with medical or psychosocial conditions that require moderate or high decision making from an inpatient setting to the patient's community setting. The TCM codes are to only be reported once per month by a provider and there can be no overlapping care management services billed during the same month.

The complete audit report can be found [here](#).

CMS Publishes 2022 IPPS Final Rule

CMS published a draft of the first part of the [FY 2022 IPPS Final Rule](#) for Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH). CMS will crease operating payment rate for acute care hospitals by 2.5% for 2022. The inpatient hospital payment rates for FY2022 based on FY2019 data prior to the COVID-19 PHE. There is also a one year extension for new technology add-on payments for 13 technologies that were slated to be discontinued for FY2022.

The LTCH-PPS payments are to increase by approximately 1.1%. LTCH-PPS payments for 2022 for discharges paid the site neutral payment rate are expected to increase by 3.0%. The CMS fact sheet of the rule changes can be found [here](#).

CMS Publishes FY2022 Inpatient Rehabilitation Facilities (IRF) Final Rule

CMS is updating the IRF PPS payment rates by 1.5% for FY2022. CMS has also made changes to the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP). IRFs that do not meet reporting requirements will be subject to a 2.0% reduction in their annual increase. The CMS fact sheet of the rule changes can be found [here](#).

CMS Publishes FY2022 Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS) Final Rule

CMS finalized the IPF payment rate update to 2.0% and the outlier threshold increate to the total IPF payment to 2.1% for FY2022. CMS adopted policy changes related to displaced residents from IPF hospital closures and closures of IPF teaching programs. The policy changes align with changes under the IPPS rules which were finalized in FY2021. The CMS fact sheet of the rule changes can be found [here](#). ■

2022 Proposed Rule – Ambulatory Surgical Center Prospective Payment System (ASC PPS)

CMS is proposing a number of changes starting with updating the ASC rates by 2.3%. There are several significant changes which include, but not limited to:

- Eliminating the inpatient-only list and adding back in the 298 procedures previously removed from the list in 2021.
- Adopting into regulation the five criteria formerly used in determining whether a procedure should be removed on the inpatient-only list.
- Increasing civil monetary penalties for non-compliance with price transparency requirements based on the number of licensed hospital beds to determine the per day penalty. Below is the proposed application of the CMP daily amounts for hospital noncompliance.

Number of Beds	Penalty Applied Per Day	Total Penalty Amount for full calendar year of Noncompliance
30 or less	\$300 per hospital	\$109,500 per hospital
31 up to 550	\$310 - \$5,500 per hospital (number of beds times \$10)	\$113,150 - \$2,007,500 per hospital
>550	\$5,500 per hospital	\$2,007,500 per hospital

- Maintaining the 340B drugs at ASP minus 22.5%
- Seeking comment regarding how to shape regulations for the new provider type – Rural Emergency Hospital.

The proposed rule can be found [here](#). Comments to the proposed rule are due by September 17.



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5 Ways to Improve Your Small Business Cybersecurity Today



By Ian Richardson, Doberman Technologies

In today's small business world, one of the top risks is having a malicious third party gain access to your company's network, launch a cyberattack against your organization, hold your data for ransom, and take a copy of that data for further malicious purposes.

There is no combination of security that "guarantees" your organization will not fall victim to a cyberattack, but there are some intentional steps you can take today to improve your chances.

1. Implement passphrases instead of passwords

The first step in improving your small business cybersecurity is to stop using passwords, and instead use passphrases. A passphrase is exactly that – a series of words versus a single word, or jumble of characters. Humans remember phrases well – there is a reason why quotations are easy to recall. When you utilize this natural human ability, you make it easy for your organization to have much longer "passwords" to systems – TheQuickBrownFoxJumpsOverTheLazyDog is quite a long password, but easy to remember.

The all important "why" of doing this is that the longer the password, the harder it is for a hacker or malicious tool to break. A 7 character password (abcdefg) takes approximately .29 milliseconds to crack with modern technology. Meanwhile a 12 character password (abcdefghijkl) would take around 2 centuries, assuming the password was properly formed. Doing a long passphrase functionally removes the ability of a hacker to break or guess the password, outside of social engineering techniques.

2. Stop reusing passwords across websites

The next step in improving your small business cybersecurity is to stop reusing passwords for multiple websites. When you reuse passwords, one compromise of the password allows the malicious actor to combine that password with your email (the most likely username for a website) and automate attempts against the most common 500 websites on the planet over the course of a day.

In the risk mitigation world, there is the concept of a risk versus a constraint. Both hamper your business and can bring harm – the difference between the two lies in your ability to control or affect the risk/constraint. A risk is completely outside your control – you cannot dictate a third party's cybersecurity policies, procedures, and habits. A constraint is a pair of metaphorical handcuffs on your

organization – it is a "choice" your organization has made that is reducing your capacity in some way – a constraint on your business.

While you cannot control if a third party organization falls victim to a cyberattack (a risk), you *can* choose to not reuse the same password to access both your bank account and your office supply vendor (a constraint).

3. Develop common sense policy and procedure around security

On your journey to improve small business cybersecurity, few things can be as impactful as something that everyone in the organization can do. Universal actions mitigate a risk, no matter who is involved. The first action items in this post are examples of a common sense policy and procedure your organization can adopt. Other policies and procedure can be around using company resources for personal business, when company resources will function / be accessible, security requirements around "bring your own device" (BYOD) access to company resources, training requirements, and more.

Making sure that your organization's policies are accessible and easy to comprehend, while also clearly defining "why" they exist can improve adherence and adoption – No one wants to be the reason a cyberattack was successful on your organization.

4. Train your company on the importance of cybersecurity

Getting everyone on the same page around your small business' cybersecurity strategy will help you improve that stance. According to Bridge(1), a leading learning management system, after one hour, people, on average, retain less than half of the information



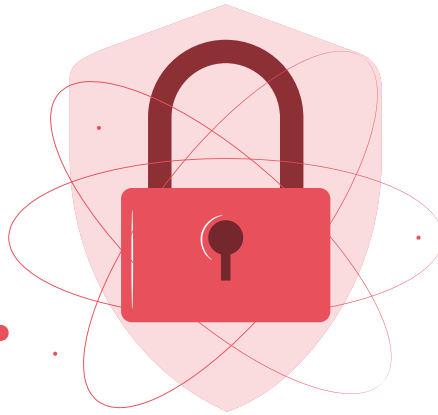
presented. Over 70% is gone in a day, and 75% is lost after six days.

Mentioning that cybersecurity is important to your organization once creates a false sense of completion and safety in your leadership team's head. Implement a consistent internal marketing system around security, best practices, and their importance organization wide. Manage this system, and analyze it for gaps.

In today's environment, you're either working proactively to improve, or becoming the next victim.

5. Remove administrative rights to computers

Few things can impact your small business cybersecurity as much as the removal of administrative rights from your staff's computers. Administrative rights is a special term in I.T. – it means you can install and run software on the machine without “asking” to. When your user has administrative rights, it makes it so they don't have to stop before doing things on their machines – If Adobe or Microsoft had an update, they could install it and move on with their day. While this sounds like benefit, the risk far outweighs the productivity savings.



Does your employee know how to recognize false emails? Do they have knowledge on the approved application lists for your organization? Do they know how to recognize the difference between fake and legitimate upgrade or threat messages on their pc? By allowing frontline staff to make independent I.T. decisions when they're not trained I.T. professionals, you expose your organization to massive risks.

Removing these rights ensures that if a malicious actor sends a fake upgrade notice to your staff, they will be prompted for an administrative log in before being allowed to run the fake upgrade – which then allows your I.T. team a chance to catch the attack before it is launched.

Improving your small business cybersecurity is a process – the landscape is constantly changing, the threats are evolving, and it is difficult to keep staff engaged in a topic that is confusing and complicated. These 5 actions can help you improve your posture today – but they're not silver bullets. If you would like help on navigating cybersecurity, and small business I.T. in general, Doberman is here to help. Schedule a free 1 hour consultation today by clicking the button below. ■



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Maximize Your Profitability Through Real Estate



By Fred Schaad, CARR

Let's start with some basics:

1. Unless you own a mobile clinic, you will need an office space to see patients
 2. A practice's office lease or mortgage is typically its second-highest expense
 3. In today's economy, maximizing profitability is not only a desire, but it's also essential for most practices to stay in business
- Now let's dig in further. If you own a practice, you most likely have an office. That office carries with it many expenses: the most obvious is the monthly rent or mortgage. With an office space also comes staff and payroll as well. These two items are not only needed to have a practice, but are also the two highest expenses for most practices. That being the case, only one of them is really negotiable. You may decide to cut staff, but when it comes to payroll, you either pay people what they are valued at, or they go somewhere that will pay them.

Real estate however, is 100% negotiable. You can decide if you want to be in an office building, retail center or medical office building. You can decide if you lease or own. You can determine the size, location, and amenities your space will offer. You can choose to be in a stand-alone or multi-tenant building. You can determine the length of lease, concessions you ask for, economic terms, business terms, etc.

So if real estate is your second highest expense behind payroll, and if there are so many options and choices to make when it comes to your office space, how can you maximize the opportunity?

Maximize opportunity

To start, you need to understand how the game is played. As a healthcare professional, the playing field is not level. You are a healthcare professional who might engage in 2 to 6 commercial transactions in your career; whereas most landlords and sellers negotiate professionally for a living. You specialize in your field; they specialize in their field. If the outcome was based upon understanding medicine or providing a health related service, you would probably win.

However, the process and outcome are instead based upon comprehensive real estate market knowledge, authoritative posturing, and negotiation expertise. Winning requires having more options, understanding the correct timing, posture and negotiation tactics that landlords use, and in many cases, being able to withstand the stress and conflict that many landlords and sellers use to exploit unsophisticated tenants and buyers.

Let's focus on a few of these concepts. If you start the transaction at the wrong time, you lose leverage and posture. If you don't know the market, you are simply begging or bluffing. If you can't handle conflict, you will most likely receive even more pressure and stress from the landlord or seller to make you uncomfortable and force you into making a decision that you will regret.



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And even if you could overcome all of these, without professional representation you are going to be viewed as a novice and are not going to receive the respect that is necessary to achieve the most favorable terms available to you.

Nearly all landlords and sellers hire or consult with professional commercial real estate brokers to give them even more leverage so they can win. Why? Because they understand what is really on the table when it comes to each negotiation. For them, if they give up unnecessary concessions or go lower on rates than they need to, it costs them tens to hundreds of thousands of dollars of profit per lease. The reality is, those are the same items you are trying to maximize and capitalize on.

Large national tenants and buyers understand this concept as well. If you polled fortune 500 companies, you would find they either hire professional representation on every transaction, or they have a team of in-house professionals who are trained and equipped to maximize the opportunity. They understand the potential upside or downside involved in every transaction, and they are committed to getting the best possible terms in every transaction.

Commissions

Most doctors and administrators don't understand that commissions in commercial real estate are typically paid the same as they are in residential real estate: by the seller or landlord. This means representation does not cost the practice more money. Fees are set aside in advance and are either used to provide each party with representation, or the landlord or seller keeps that money or gives their broker a double commission.

If you are looking to maximize profitability, start by understanding how much is on the line with your lease or mortgage. Then, make the choice to hire representation that is 100% free to you. Select a commercial real estate broker that understands healthcare, only works for you as the tenant or buyer, can help you find the most options, has the strongest game plan, and who can take and absorb the conflict and confrontation that is inherent in every negotiation that involves a lot of money. In doing so you are positioning yourself to win.

The bottom line is there are tens to hundreds of thousands of dollars available to either be won or lost in every commercial real estate transaction; especially with healthcare real estate. Your profitability affects your patients, your staff, your family, and many others. Maximize every commercial real estate opportunity by taking advantage of the best resources available to you. Winning on your next commercial real estate transaction can transform your practice! ■

CARR is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money; while ensuring their interests are always first.

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