



IS TIME ON YOUR SIDE?

According to a 2007 study published by Texas A&M University, 392 videotapes of visits by elderly patients to 35 physicians in a variety of clinical specialties revealed that the average visit lasted 17 minutes and covered an average of six topics. For a primary care physician trying to generate respectable income, obviously time management is one of the keys.

With respect to time, there are two ways that it can be measured in a medical practice. The first is how much time does your patient actually spend in the practice? The second is how much time do the providers actually spend in face to face contact with the patients? The first question raises a number of issues about practice operations including the interaction of the staff with the patients in regard to registration and routine clinical processing, general patient flow through the facility, and ultimately patient satisfaction.

Save the Date! 2011 CPT Coding Update!

December 8, 2010, 11:30 AM - 1:00 PM
(Optional Q&A 1:00 - 2:00 PM)

NEW! Registrants representing certain specialties will receive an e-newsletter including specialty specific changes and coding tips.

CPT Update- Walk through the changes to CPT codes that affect most specialties and learn how to implement the changes in your practice.

Optional: Up to 1hr Q&A session to address specialty specific questions.

This conference will devote time to the topics you need for **compliant billing** in 2011.

Watch for registration details!

The second question regarding time focuses on your potential for revenue generation. The provision of healthcare is a service industry. You are providing services by way of diagnosis, treatment, prevention, and education to your patients. That's what you get paid for. In order to be most efficient, it is critical that you spend as much time providing those services as possible.

And now come the electronic medical records, or as they are more commonly becoming known, electronic health records (EHR), the panacea to save time. However, according to many studies and anecdotal accounts, most physicians estimate that they lose about 30% of their productivity as they learn to cope with the complicated new system. While some systems are not as cumbersome as others, any system that changes the way that things have been done for years is going to be a challenge. Whether you are using a touch pad, or typing the information into the EHR, your time is being utilized, sometimes not in the best manner.

As a solution to this, a growing number of physicians in all specialties have determined that scribes are at least a partial solution. The scribe simply follows the physician from exam room to exam room taking notes as the physician talks. Following touch screens with clinical algorithms certainly helps to speed the process, but even having the scribe type while the physician examines and talks with the patient has also been found to be helpful.

Of course, there are a couple of caveats associated with this solution. The scribe must be well versed in the vernacular that is commonly used within the specific medical practice. Taking someone who has worked with an internist and trying to place them in an orthopaedic practice is probably not a good idea.

Secondly, the scribe must become familiar with the technology itself, since he/she will be the individual largely responsible for entering the clinical notes and other data.

An interesting solution to these issues has been for some practices to hire medical, nursing or even pharmacy students on a part-time basis to fill the roles of scribes. In most instances since these are students, they are not expecting a highly competitive wage (\$8-\$12 per hour in most areas should do), nor do they expect benefits.

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Then it simply becomes a question of the math. If you can generate one more patient visit per hour, let's say a 99213 reimbursed at a Medicare rate of approximately \$62, and you work two three-hour sessions per day, that's a gross revenue of \$372 per day. Assuming that you are paying your scribe \$60 for six hours worth of work, your net profit is \$312 per day. Assuming you work eight clinical sessions per week (a total of 24 hours) and 45 weeks a year, with an associated cost of slightly under \$11,000, your net revenue could increase by \$46,000.

Of course we realize that this does not entirely offset the initial cost associated with acquiring the EHR and maintaining it. However, it does appear that there are some great possibilities here. In fact, these possibilities are so good that there are companies springing up around the country that provide scribes for medical practices. Specific among these are Emergency Medicine Scribe Systems in California, ScribeAmerica in Ohio, and PhysAssist Scribes in Forth Worth. Go figure, if private industry thinks they can make money off of providing scribes, what kind of margin could that potentially add to your bottom line?

MARYLAND LAW REWARDS PRIMARY CARE PHYSICIANS... AND JUST MAKES SENSE

A bill signed by Governor Martin O'Malley of Maryland, which goes into effect October 1, 2010, requires health insurance companies to pay primary care physicians in their networks more for seeing patients at night, during weekends and on holidays. The bill was passed almost unanimously by both sides of the state legislature (just one individual voted against it).



While we continue to read reports about the increased number of emergency department visits around the country (of particular note is Massachusetts where universal coverage has not stemmed a growing tide of ED visits), we can only observe that this is a law that makes a world of sense. It provides patients with the opportunity to have continuity of care through their primary care physician by taking away the temptation to use the emergency department as an alternative provider. It also provides the healthcare system the opportunity for fantastic cost savings given the estimate that a simple emergency room visit costs as much as six to ten times more than a visit to the doctor's office. Moreover, it takes the patients out of the emergency department.

GATESMOORE EMPLOYEES CELEBRATE LONG-TERM ANNIVERSARIES!

Congratulations to Barbara Keefe and Theresa Cheng for recently surpassing the ten year mark as employees with GatesMoore.

Barbara Keefe, Staff Accountant has daily interaction with a number of clients. Universally our clients comment on how they enjoy working with Barbara and appreciate the timeliness and thoroughness of her response to them. Over ten years with GatesMoore, Barbara's responsibilities have expanded as her knowledge base has expanded. We are very proud of her accomplishments and appreciate her day-to-day interaction with our clients.

Theresa Cheng joined GatesMoore following her graduation from the University of South Carolina at Aiken. She actually began in an administrative support position but her willingness to learn and her determination was recognized early on. For the past eight years, she has held the position of retirement plan staff accountant. She has received significant training over the course of her time with the company and has developed as a "go to" person for the day-to-day administrative functions related to managing retirement plans for our clients. Theresa combines elements of thoroughness and friendliness in her day-to-day dealings with our clients.

Nancy McConnell joined Gates, Moore & Company 25 years ago. Nancy was the sixth employee hired at the time and was largely responsible for providing a lot of hand holding to our client base, which at that time was primarily solo and two or three doctor practices. Over the course of her time with the company, Nancy has worked with hundreds of physicians and hospitals ranging in size from solo practices to large multi-specialty medical groups to hospital-owned physician practices. She is certified in healthcare compliance, as well as being certified in coding. For the past eleven years Nancy has served as the President of Gates, Moore & Company providing leadership, guidance and support as we have grown to be a nationally recognized healthcare consulting and accounting firm.

Please join us in congratulating all three of these great folks for their dedication and service to our clients over the years!

THE MYSTERY OF ACOS

Recently, healthcare futurist Ian Morris speaking at the American Hospital Association’s Annual Leadership Summit summed up the opinion of accountable care organization shared by many in the healthcare industry:

“Everyone knows what unicorns look like. You know, unicorns: well-brushed manes, thick cords of muscle, magical horns on their forehead. No one has ever seen a real one in flesh and blood, yet somehow everyone knows how it would appear if they did.”

The same is true of accountable care organizations. Everyone, including the federal law makers who crafted the Healthcare Reform Law – thinks that they know what an ACO is basically supposed to look like. How many people have actually seen one though?

In a report from the American Medical Association entitled “Pathways for Physician Success under Healthcare Payment and Delivery Forms” an ACO is defined as: “Not a structure, or even a process, but an outcome – reducing or controlling the costs of healthcare for a population of individuals while maintaining, or preferably improving, the quality of that care.”

Despite all the mounting skepticism, maybe even cynicism, surrounding ACOs, they are moving forward on a number of fronts. Integrated delivery systems including the Geisinger Health System, multi-specialty group practices including the Cleveland Clinic, independent practice associations including Atrius Health in Massachusetts and virtual physician organizations including Community Care of North Carolina, all have what they are defining as accountable care organizations. Perhaps the oldest “accountable care organization” is the Kaiser Healthcare plan. However, in its definition it actually goes contrary to an ACO as defined by AMA above. Kaiser is a structured entity in each of the locations where it provides services, there are a number of processes in place related to patient interaction with their PCPs and the PCPs interaction with the specialists. However, just as in the AMA definition, there is an outcome that most often favorably reduces costs while providing a high level of quality care.



Flashback

Let’s go back now to the early 90s. Wasn’t the primary gatekeeper concept supposed to be the same thing? A patient couldn’t see a specialty physician (for the most part) without a referral from their primary care physician. The primary care physician was supposed to be individually responsible for controlling and coordinating the patient’s global access to care, treatment and prevention.

One of the biggest issues that caused failure with the whole gatekeeper concept was the patient’s desire to have direct access to the physician of their choice at a time and place that they chose. Has that changed in 20 years? At a recent meeting of the patient center primary care collaborative (PCPCC), we were fascinated by the fact that institutions, including many nationally known hospital and healthcare systems, physicians vis a vis their national association such as AAFP, AAP, ACOG, ACR (rheumatology), and large pharma were all well represented. The discussions and presentations presented many versions of “ACOs” as they have evolved around the country. Strikingly all of them focused on the structure and the processes involved. Many did present information relative to positive outcomes that have occurred among their patient populations. But grossly missing was a discussion of how to engage the patients in the entire process.

The rewards that are evident in the ACO process are more evident on the provider side than on the patient side. Should we be spending the cost savings that come through the implementation of ACOs on rewarding patients for staying healthier? Some insurance carriers are already doing this by, for example, charging patients who smoke a higher premium than for non-smokers. It is evident that we need to modify behaviors, but can the ACO, the new gatekeeper of the 21st century, accomplish that?

Company News

ALLAN KENNEDY JOINS GATESMOORE

We are pleased to announce that Allan Kennedy has joined GatesMoore as a Senior Consultant. Allan's primary responsibility will be developing our physician/hospital relations service line. Allan has worked previously as the President and Chief Executive Officer for Baptist Health Centers, Inc. in Birmingham, Alabama. There, Allan managed one of the largest hospital based physician networks in the country, employing over 165 physicians with a support staff of more than 600 employees. Allan's experience in this realm will support our efforts to facilitate physician-hospital relationships as more physicians become employees of hospitals and health systems. His experience provides us with a further depth of understanding in regard to ambulatory healthcare delivery and operations, finance, business development, acquisitions, and strategic planning. Please join us in welcoming Allan to our consulting department.



STEPHANIE STEWART JOINS GATESMOORE

We are pleased to welcome Stephanie Stewart as a staff accountant. Stephanie previously worked for a local CPA firm completing tax returns, performing monthly bookkeeping for accounting clients and preparing and reviewing financial statements. Stephanie is a graduate of Florida Southern College with a degree in accounting and sports management. Please join us in welcoming Stephanie to our great accounting department.

OLECHNY AND GRANT RECEIVE CERTIFICATION!

Please join us in congratulating Tynan Olechny, Senior Consultant and Barbara Grant, CPA and Principal for their achievement in becoming credentialed by the National Association of Certified Valuation Analyst (NACVA). In order to receive this certification, they were required to pass a very rigid test and to submit a several hundred page valuation report that was reviewed by a committee of NACVA experts. This wonderful achievement provides Tynan with the credential of Accredited Valuation Analyst and Barbara with the credential of Certified Valuation Analyst. We are proud to have these two certified valuation analysts available to perform valuations on medical practices and other healthcare entities.

Congratulations Tynan and Barbara!

Update: Practice Management
is published quarterly for clients by
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