

American Academy of Ophthalmic
Executives[®] (AAOE[®]) presents:

Survival Skills to Thrive in a Small Practice!

By:

Debra Phairas, President
Practice & Liability Consultants

www.practiceconsultants.net

©Copyrighted 2014. Practice & Liability Consultants, LLC updated yearly 2022





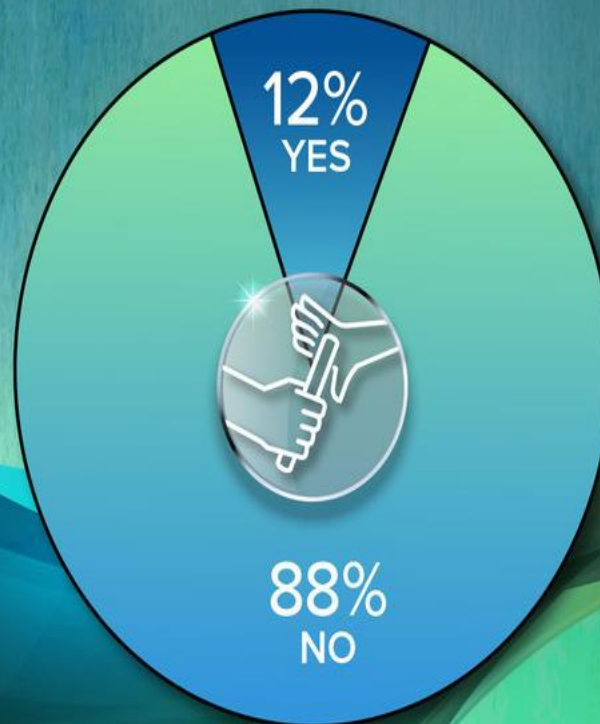
A Few Housekeeping Tips

- Enter your questions into the Q&A feature and not the chat box. Questions entered in the chat box may not get answered.
- The webinar recording and slide deck will be available next week in the Practice Management Video Library:
- <https://www.aao.org/practice-management/resources/videos>
- Your feedback is important. Please submit the brief webinar evaluation following today's presentation.





12%
of healthcare leaders
say their practice's
ownership status has
changed in the last year.



Medical Economics®

The humorous side of being a physician

October 19, 2020

<https://www.medicaleconomics.com/view/humorous-side-of-being-a-physician>



"I look at work burnout like more of a burnout lasagna: last week's workload layered on the past week's workload, layered on the previous week's workload, all smothered on top of this week's workload."



Employed physicians now exceed those who own their practices

MAY 10, 2019 American Medical Association

- ◆ In 2018, **47.4%** of practicing physicians were employed.
- ◆ **45.9%** owned their practices, according to a new entry in the AMA Policy Research Perspectives (PRP) series.
- ◆ Nearly **65%** of surgical subspecialists own their practices.
- ◆ Nearly **57%** of physicians work in a practice with 10 or fewer physicians.





Top Challenges facing MDs

Getting Paid what you deserve

- ◆ Medicare .05% increase per year
- ◆ Managed Care Contracts not paying what your contract rate is

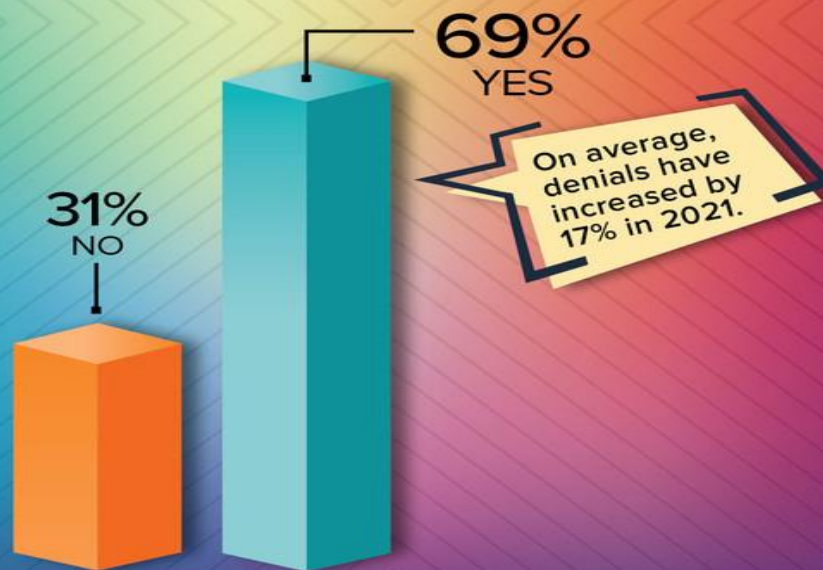
Found: The Future of Medical Bills

"The image below shows a bill from a Wal-Mart surgical unit circa 2028."





69%
of healthcare leaders
report their organization's
denials have increased
in 2021.



MGMA Stat poll. March 16, 2021 | Has your organization seen denials increase in 2021?
576 responses. [MGMA.COM/STAT](https://mgma.com/stat), #MGMASTAT



AMA STUDY

CATHERINE I. HANSON, VICE PRESIDENT
PRIVATE SECTOR ADVOCACY AND ADVOCACY RESOURCE
CENTER

■ ACCURACY Metric 5 Results Payment consistency (contracted payment rate adherence)

■ Aetna	70.78%
■ Anthem BCBS	72.14%
■ CIGNA	66.23%
■ Coventry	86.74%
■ Humana	84.20%
■ United Healthcare (UHC)	61.55%
■ Medicare	98.12%



Key Steps in Performing an Analysis: PPO Contracts

9. Perform Analysis of Top Ten Payors and Consolidate each of the Individual Insurance Plan Information on to Excel worksheets:

- One worksheet showing dollar comparison
- One worksheet showing % of Medicare comparison

Sample Excel worksheet for All Insurance Plans By % of Medicare

	Dr. Jane Doe - Tax ID XX-12345678						
CPT CODE	CPT CODE DESCRIPTOR	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
64721	Neuroplasty, medial nerve at carpal tunnel	93%	146%	115%	109%	131%	100%
25447	Arthroplasty, intercarpal or carpometal joints	103%	157%	105%	109%	148%	117%
26055	Tendon sheath incision	137%	241%	118%	319%	186%	108%
26160	Excision of lesion of tendon sheath or joint capsule	127%	221%	104%	353%	174%	85%
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	82%	135%	72%	109%	112%	68%
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single	85%	138%	78%	109%	118%	79%
29846	Arthroscopy, wrist, excision and/or repair of triangular fibrocartilage	124%	199%	107%	109%	173%	151%
25611	Percutaneous skeletal fixation of distal radial fracture	85%	135%	81%	109%	121%	81%
25620	Open treatment of distal redial fracture	88%	136%	87%	109%	127%	93%
23412	Repair of rotator cuff – Chronic	93%	136%	101%	109%	134%	112%
99213	Office visit – est	98%	138%	98%	104%	127%	70%
99243	Consultation	100%	139%	104%	104%	132%	78%
99212	Office visit – est	98%	139%	100%	104%	126%	69%
73100	X-ray, wrist, two view	100%	134%	103%	109%	133%	99%
73140	X-ray, finger, two view	100%	133%	102%	109%	133%	102%
99214	Office visit – est	98%	138%	99%	104%	127%	68%
99253	Consultation	108%	139%	118%	104%	146%	100%



Negotiating Contracts

1. Choose your top 3 plans that you would like to target
2. Determine what you would be willing to accept from the insurers
3. Contact plan representatives to start negotiation talks
 - Start with your provider rep but move up the chain of command



Top Challenges facing MDs

- ◆ Independence vs Employment
- ◆ “Resist the urge to merge or sell out simply because it’s in the headlines”
- ◆ “Evaluate the metrics of your practice and decide if it’s best to stay independent or merge”



Serious Considerations

◆ Do you like to be in control?

- If you answer yes, think very long and hard about how you will adjust to being an employee
- Larger organizations take longer to make decisions with more layers of bureaucracy
- You may still need to get involved with administration/personnel/etc, but may have no power to change anything



Serious Considerations

- ◆ Ask other physicians who are in the entity
 - What is the culture?
 - How happy are they?
 - Do you know your present office visit/hospital/surgery/procedure volume and how will this translate to WRVU compensation?
 - Will you be able to help choose/direct or fire staff that work with you? Will your office manager be eliminated?
 - What reporting of your productivity will you able to obtain and your rights to audit?
 - What if you were doing procedures now that add to your net income and these will be taken away to another specialty?



Serious Considerations

- ◆ Will you have to see Charity and Medi-Cal patients?
- ◆ Perform research?
- ◆ Is the compensation formula vague or very specific?
- ◆ Will you be forced to be in group with former competitors that you did not get along with?
- ◆ What is the composition of board that makes decisions?
 - Weighted toward physicians or hospital/foundation/University?
- ◆ Can you negotiate a 3-5 year guaranteed salary?



3 Centerpieces in Hospital-Owned Physician Group Compensation Plans

Written by Bob Herman | December 13, 2012 Social Sharing

Here are three common areas of hospital-owned group compensation plans and how much emphasis each area typically warrants according to the article:

- Individual production (WRVUs or collective revenues): 70 percent
- Individual performance (quality, safety, patient satisfaction, efficiency): 10 percent
- Team/organizational performance (profitability, quality, safety, patient satisfaction, efficiency): 20 percent

Must have National and Regional data

Provider Compensation									
2021 REPORT BASED ON 2020 DATA									
Ophthalmology for Western Section									
©2021 MGMA. All Rights Reserved. Data extracted from MGMA DataDive.									
All Practice Types									
Specialty	Group Count	Count	Mean	Std Dev	10th %tile	25th %tile	Median	75th %tile	90th %tile
Collections 0% TC	3	10	\$616,871	\$216,725	\$383,170	\$482,176	\$594,709	\$665,137	\$1,113,498
Collections to Total RVUs Ratio	1	1	*	*	*	*	*	*	*
Collections to Work RVUs Ratio	2	6	*	*	*	*	*	*	*
Compensation to Collections Ratio	3	10	0.569	0.168	0.271	0.463	0.562	0.736	0.785
Compensation to Gross Charges Ratio	5	17	0.274	0.105	0.127	0.236	0.254	0.310	0.437
Compensation to Total RVUs Ratio	11	24	\$25.48	\$9.94	\$17.03	\$21.53	\$25.25	\$27.07	\$30.23
Compensation to Work RVUs Ratio	24	64	\$63.51	\$21.80	\$47.28	\$53.99	\$58.98	\$66.03	\$80.05
Gross Charges 0% TC	5	17	\$1,588,164	\$667,603	\$730,302	\$1,013,045	\$1,474,547	\$2,161,359	\$2,540,593
Retirement Benefits	6	27	\$28,081	\$8,033	\$11,400	\$22,018	\$30,502	\$31,660	\$37,497
Total Compensation	34	168	\$394,123	\$183,841	\$232,822	\$269,518	\$377,614	\$468,898	\$600,933
Total Encounters	9	26	3,283	1,783	712	2,041	3,260	4,294	5,071
Total RVUs	11	24	19,606	7,305	13,854	14,825	18,569	22,073	30,181
Work RVUs	24	64	7,883	2,939	4,714	5,995	7,379	9,236	12,228
Work RVUs to Total Encounters Ratio	8	22	3.42	3.14	1.56	1.81	1.96	2.91	10.28




RVU DATA OPHTHALMOLOGY	Physician Work RVUs			Physician Compensation per Physician Work RVUs
	MGMA Physician Compensation and Production Survey 2021 General			MGMA Physician Compensation and Production Survey 2021 General
Mean	7,714			\$98.95
90 th Percentile	12,002			\$147.77
75 th -80 th Perc.	9,652			\$108.83
Median	7,245			\$88.49
20 th -25 th Perc.	5,123			\$71.11



Sample Salary based on WRVU

Ophthalmology Example

- ◆ Usually set at 80% of **Median** FMV Salary, may try to set at **25%** level of \$ per WRVU, but production expectation set at Median level
- ◆ Median Salary = \$377,614 - 80% = \$302,091 base salary
- ◆ Minimum WRVU of 7,379 median is 80% = 5,903 WRVU
- ◆ Any WRVU achieved over this level will be paid at \$ per WRVU for example \$88.49.
 - MD achieves 800 additional WRVU gets additional compensation 800 WRVU x **\$88.49** = **\$70,792** Plus base of **\$302,091** = **\$372,883** for the year close to median expectation.
 - What if expectation of productivity was at median level, but bonus at 25% \$ per WRVU? 800 x **\$77.11** = **\$61,688** plus base **\$302,091** = **\$363,779**
Difference of **\$9,104**



Private Practice Group vs. Hospital Foundation Model

Medical Group Administration		
	Private Practice Group	Hospital-Foundation
Culture	Physician driven	Hospital-Foundation driven
Profit-sharing	Physician determined	Hospital-Foundation determined
Governance and Strategy	Physician led	Hospital-Foundation led
Scope of Practice	Physician controlled	Hospital-Foundation directed
Physician Input	Valued by medical group	May not be sought/valued
Independence and Autonomy	Supported	May be Discouraged
Infrastructure	Physician determined	Hospital-Foundation oriented

Private Practice Group vs. Hospital Foundation Model

Medical Practice Administration		
	Private Practice Group	Hospital-Foundation
Hospital Admissions	Physician determined	Hospital-Foundation directed
Choices about physician and non-physician staff	Physician involvement encouraged	Hospital-Foundation determined
Bureaucracy	Minimal	Can be significant
Reproductive Medicine	Physician freedom to choose	Limited by Hospital requirements /religious affiliation
Clinical Policies/Procedures	Physician developed	Hospital-Foundation developed
Location/relocation of office practice	Physician determined	Physician may have no input/choice
Clinical Procedures	Physician determined	Hospital-Foundation determined
Referral patterns	Little change	Hospital-Foundation directed
Schedule	Physician determined	Hospital-Foundation determined
Physician Recruitment	Physician determined	Hospital-Foundation determined



Obtain professional assistance

- Have an experienced medical practice consultant/appraiser perform or counter the valuation, the financial/compensation/buy out methodology
- Have experienced CPA advise on tax ramifications
- Have experienced Attorney advise on legal implications/advocate/negotiate

• The DEVIL IS IN THE DETAILS!!!!



***“You will either step forward into growth
or you will step back into safety.”***

Abraham Maslow



Future Trends

- ◆ The membership/access model (\$200 per year)
- ◆ Employer coverage for the membership/retainer fee
- ◆ Full concierge model (\$1000 plus per year)
- ◆ Cash only practices
- ◆ Out of Network models
- ◆ House Calls/Urgent Care
- ◆ Micro Practice
- ◆ Virtual Visits



Merging

- ◆ Just like a marriage - Money the biggest reason for divorce
- ◆ Merging is a process and should not be rushed for economic, competitive or managed care pressures
- ◆ “Courage to communicate, confront and compromise”



Reasons to Merge

- ◆ Increased contracting opportunities
- ◆ Overhead reduction
- ◆ Call reduction
- ◆ Ability to recruit new doctors
- ◆ Ability to sell the practice



Reasons to Merge

- ◆ Spread capital equipment purchases
- ◆ Access to capital
- ◆ Hire a higher level administrator
- ◆ Provide better benefits for staff
- ◆ Spread management responsibilities of MD



Reasons to Merge

- ◆ “There but for the Grace of God, Go I”
 - Safety in numbers if MD is sick or disabled, the partners pitch in and cover the practice.
 - Remain in Control and Self – Employed



Top Challenges facing MDs in

- ◆ MOC Maintenance of Certification



Top Challenges facing MDs

- ◆ Embrace Remote Medicine
 - Telemedicine & Virtual Visits



Top Challenges facing MDs

Risks and Rewards of Team Care

- ODs and other Health Care Personnel
- Liability Issues



Analogy

“Physicians performing all work is similar to automotive engineers changing sparkplugs”

Frees up MD to perform more difficult work, expand the practice, increase net income



TEAM APPROACH

Optometrists – Collaborative Practice



Areas of Liability

- ◆ Allowing OD to see patient too many times w/o seeing an MD
- ◆ Access/Collaboration/Communication OD
- ◆ Review of charts
- ◆ Performance evaluations
- ◆ Continuing Education for OD



Top Challenges facing MDs

- ◆ Data Vulnerability
- ◆ Connecticut Hospital paid \$90,000 for stolen laptop with 9,000 Patient information
- ◆ HIPAA compliant emailing and texting




WHAT IS “BENCHMARKING”

- ◆ Comparing “Best Practices” key financial data with your peers to identify areas of strengths and weaknesses to improve your financial picture.



Prepare Better Profit Loss Reports

- ◆ Purchase Software, e.g.. QuickBooks
- ◆ Train Managers, or
- ◆ Explain to CPA its use as a management tool



Better-performing practices use benchmarking and patient surveys, study finds

- ◆ According to a recent report from the Medical Group Management Association (MGMA), better-performing medical practices use formal surveys to gauge patients' satisfaction with their practices.
- ◆ More than 30% of these practices benchmark the results to other practices, and more than 60% educate physicians about behavior. In addition, better-performing practices spend more on information technology operating expenses and reported less bad debt to fee-for-service activity per full-time-equivalent (FTE) physician



Sole Proprietor or Partner		
Profit Loss Report	Actual \$	% to Revenue
REVENUE	\$600,000	
Expenses		
Accounting	\$5,000	.8%
Medical Supplies	\$2,000	.3%
Rent	\$25,000	4.1%
Staff Wages	\$120,000	20%
<u>Telephone</u>	<u>\$10,000</u>	<u>1.6%</u>
<u>TOTAL EXPENSES</u>	<u>400,000</u>	<u>66.6%</u>
MD Net INCOME	\$200,000	33.3%



Corporation Profit Loss Report	Actual \$	% to Revenue
REVENUE	\$600,000	
Expenses		
Accounting	\$5,000	.8%
Medical Supplies	\$2,000	.3%
Rent	\$25,000	4.1%
Staff Wages	\$120,000	20%
Officer Wages	\$198,000	33%
<u>Telephone</u>	<u>\$10,000</u>	<u>1.6%</u>
<u>TOTAL EXPENSES</u>	<u>\$598,000</u>	<u>99.66%</u>
Corporation Net Income	\$2,000	.33%



Reducing Overhead - “Lean, Mean, Fighting Machine”

- ◆ Learn comparison data for overhead line item expenses
- ◆ Medical Group Management Association MGMA
(303) 799-1111
— www.mgma.com
- ◆ Practice Support Resources (816) 455-7790
- ◆ AMGA (703) 838-0033
- ◆ NSCHBC (800) 313-6242
- ◆ Specialty Society Studies



Develop More Detailed Expense Categories

- ◆ Separate staff from employee MDS/ODs
- ◆ Separate out benefits/payroll tax
- ◆ Separate office/medical supplies and office expense



Income and Expense Ratios

- ◆ How does the practice ratios compare to “norms?”
 - Have Manager or CPA prepare profit/loss reports with a column for each line item expense to be divided into actual total collections - % to collections
 - Staff and rent are the two largest expense categories



Evaluate Productivity

- ◆ Number of patients seen
- ◆ Number of new patients seen to measure practice growth
- ◆ Number of office and hospital visits
- ◆ Number of surgeries / procedures or high revenue generation
- ◆ Income generated by doctor

Monthly Productivity Report

Year:	Medical Practice of:					
Month:	1	2	3	4	5	6
	Monthly	Actual	Variance	Yr-To-Date	Yr -To-Date	Variance
	Budget	Monthly		Budget	Actual	
Physician Product.						
Office Visits						
Hospital Visits						
Ratio MD Office Hrs						
Ratio Staff / Pts.						
Staffing						



PRACTICE
POINTERS

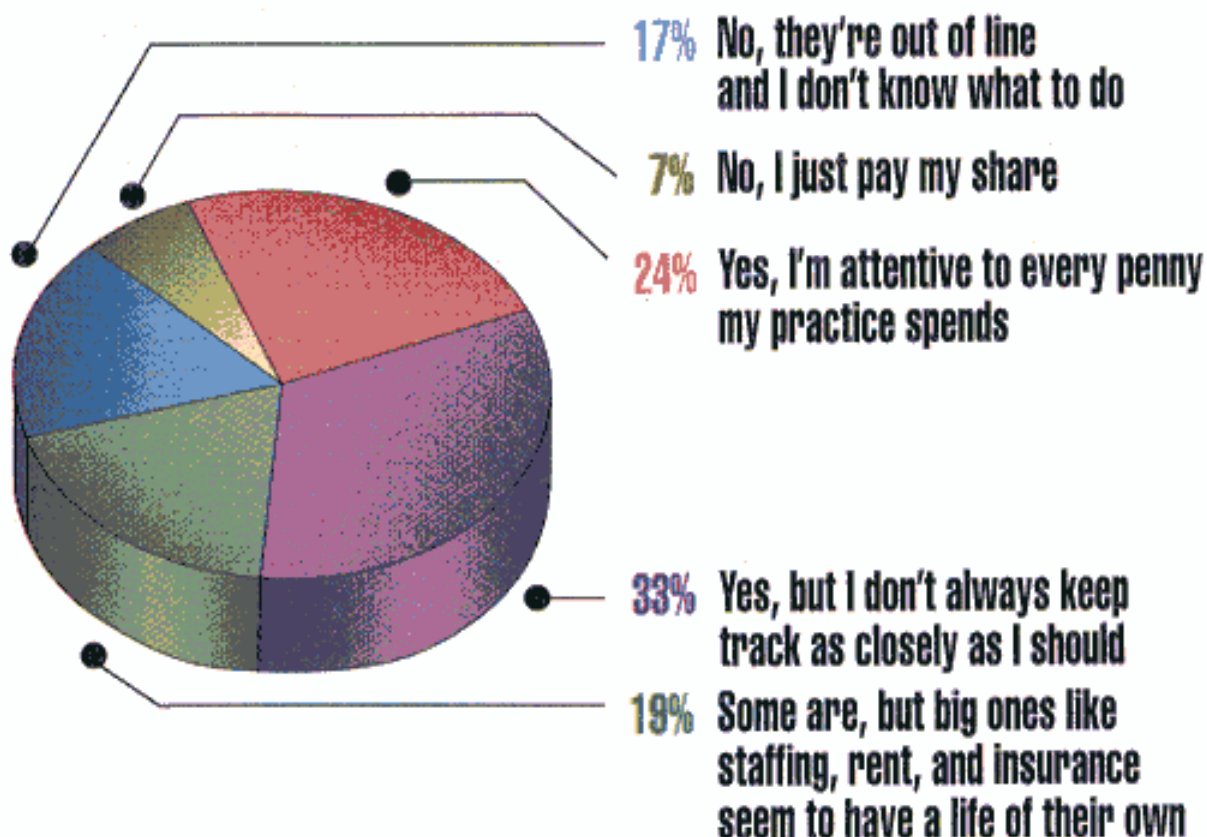
Stop

Could careless management be costing you "at least 12 percent of revenue," to quote one expert? Here's how to find and fix the nine most common dollar leaks.

By Deborah A. Grandinetti

Medical Economics

Are your practice expenses under control?





BIOFLASH

Ron Leuty covers biotech and sports business

✉ RLEUTY@BIZJOURNALS.COM

☎ 415-288-4939

🐦 @RLEUTY_BIOTECH

REAL ESTATE

A workplace alone is just not enough

Biotech workers want amenities such as a food court, pool tables, ping-pong and bowling alleys

Biotech real estate developers are rolling with the times, designing space for young, cash-flush companies desperate to hold on to talented employees who want more than a bench and a place to hang their lab coats.

Take HCP Inc., which is breaking ground on the second phase of its massive Cove at Oyster Point development in the sterile-and-scrubbed heart of the life sciences industry in South San Francisco. Along with two lab and office structures totaling 230,000 square feet, HCP's next stage of the potential 884,000-square-foot project includes 20,000 square feet of retail, attempting to fill a desperate need among biotech workers.

The first two-building phase, which will open in the third quarter, includes a marketplace-like food area on the ground floor as well as pool tables, table tennis and a two-lane bowling alley.

"It's really taking an urban-type downtown environment and bringing it to a suburban market," said HCP Executive Vice President Jon Bergschneider. "It's large space for people to break out and team build."

In the tech industry, such "amenity space" is commonplace in the tug-of-war to keep and attract fresh, young talent. Despite occasional events at individual companies — South San Francisco-based biotech granddaddy Genentech Inc. is



The Cove at Oyster Point is designed to attract and retain Biotech employees.

COURTESY OF HCP INC.

well known for its bi-monthly "Ho-Hos" get-togethers — biotech has mostly maintained a buttoned-down focus.

Biotech executives and developers say that is changing. Employees can be in their labs at any time of the day or night, and the east side of Highway 101 in South San Francisco is largely a food and entertainment desert, so they often jump in their cars at break time. But the growing millennial workforce is different, they say, wanting services within walking distance.

COVE AT OYSTER POINT

Total square footage: 884,000

1st Phase: 250,000 square feet to be completed in third quarter of 2016.

2nd Phase: 230,000 square feet of laboratories and offices, plus a four-story parking garage and 20,000 square feet of retail space. Ground broken on Jan. 29.

Tenants: CytomX Therapeutics Inc. and Denali Therapeutics Inc.

BIZARRO *Piraro*

Why do you guys always hold your hands like that?

WE USE OUR FINGERS
TO KEEP TRACK OF HOW
MUCH YOU OWE US.



Dist. by Universal Press Synd.

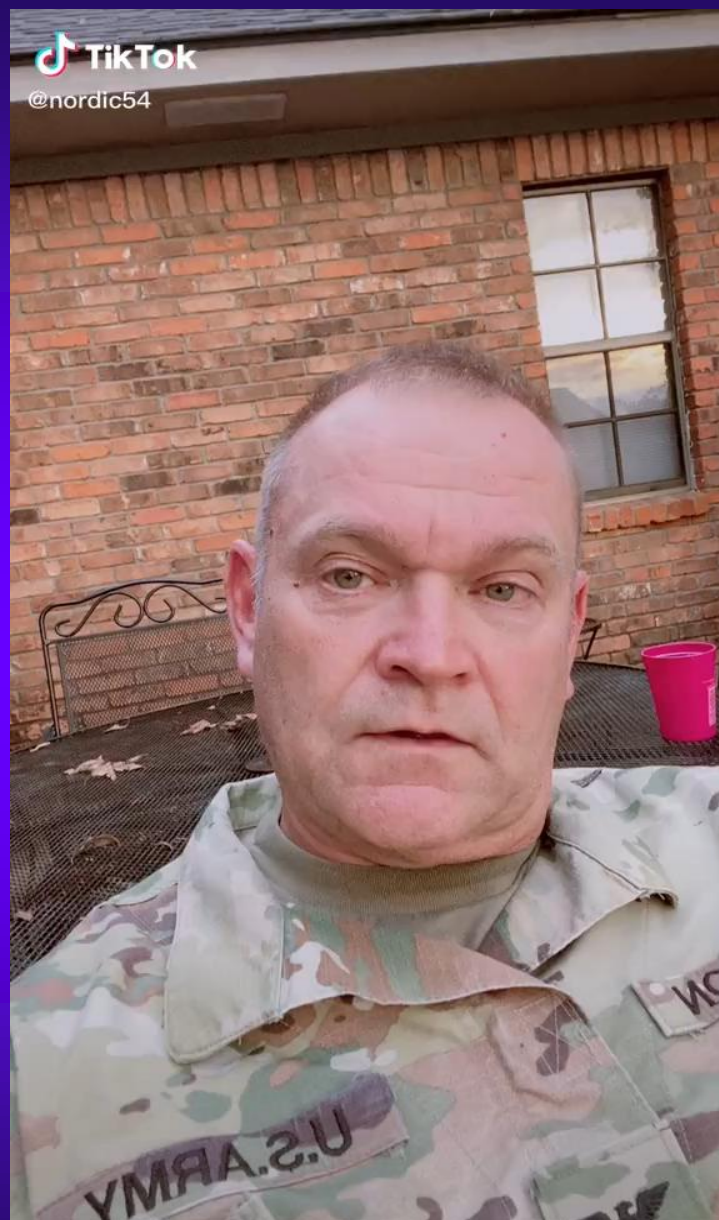


Medical Economics **How to survive in independent practice Aug 2014**

- ◆ Most practices lose 12% of billings
- ◆ Improving internal billing practices is generally better than outsourcing billing altogether.
- ◆ “There are some fundamental flaws in how a billing service can work,” “If a billing service is going to get 5% of what is collected, how much effort is it going to put into chasing \$100?”

Monthly Flash Sheet for ABC Medical Clinic

	This Month				Last Month	Last Year
	Smith	Jones	Brown	Total		
Production	\$65,059	\$55,267	\$59,872	\$180,198	\$175,648	\$166,542
Adjustments				\$55,316	\$56,448	\$40,558
Receipts				129,645	\$115,963	\$103,850
Refunds				3,549	\$2,514	\$2,874
Cash on hand				25,145	\$14,785	\$24,798
Gross collections ratio				72%	66%	62%
Net collections ratio				101%	95%	81%
Total AR				\$375,678	\$380,654	\$335,485
Days in AR				98	95	90
MGMA avg.				70		
	Current	30 days	60 days	90 days		
Aged AR	\$131,487	\$41,325	\$33,811	169,055		
Percentage	35%	11%	9%	45%		
MGMA avg.	45%	25%	10%	20%		
Total operations expense				\$75,645	\$70,587	\$59,466
Overhead percentage				59%	61%	58%
MGMA avg.				48%		





Reducing Staffing Costs

- ◆ Mergers
 - Reduce FTES per MD by sharing staff
- ◆ Medical Assistants/Techs
 - Use Per Diem staff esp. MA/Techs
 - Train well

Scribes



FTE Full time Equivalent / MD

- ◆ What is your total staff payroll as a percentage of gross income?
- ◆ What is your Full Time Equivalent staff ratio to physician?
- ◆ Varies by Specialty:
 - 2.01-7.08 FTE/MD

Zoom Virtual Receptionist





Ruby Receptionist

◆ <https://www.ruby.com/>

Simply put, a ringing phone or a static web page means missed opportunities.

Engaging your customers is critical to the survival of your business, but so is having the time to serve your customers. Investing in your customers' experiences ensures whoever engages with your business feels heard, secure, and eager to share their positive experiences with others—but you may not be able to deliver that experience every time.





Reducing Staffing Costs

◆ Overtime

- Personnel Policies must state overtime has to be authorized
- Consider charging the MD/provider who runs staff into overtime

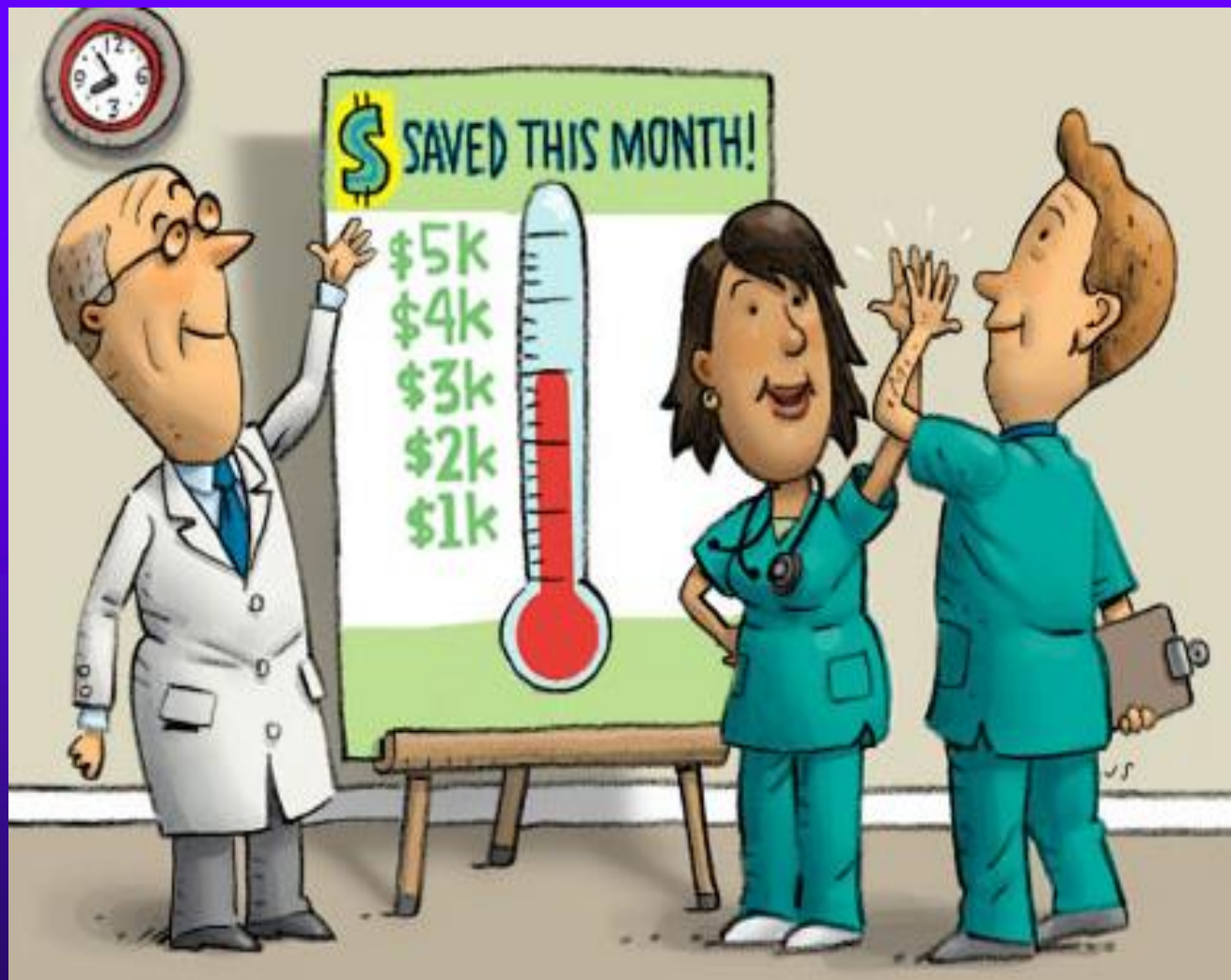
◆ Benefits


- Evaluate plans/costs every year for employee only



Reducing Staffing Costs

- ◆ Create job descriptions
 - hold staff accountable, e.g., A/R ratios
- ◆ Use Interns, College Students/Med Students
- ◆ Create incentives
 - reward staff for ideas that make or save the practice money





Peter Drucker's brilliant 47-year-old idea could transform healthcare

“The most successful organizations will cultivate a culture of decision making on the front-lines, by instituting processes and methods that support and encourage it.”

Dunn, Lindsey. “*Peter Drucker’s brilliant 47-year-old idea could transform healthcare.*” Becker’s Hospital Review. September 17, 2014.
<http://www.beckershospitalreview.com/healthcare-blog/peter-drucker-s-brilliant-47-year-old-idea-could-transform-healthcare.html>



Office Space

◆ Rent

- Extend hours
- Share space - cost per MD goes down
- Billing/ A/P move to less costly space
- Medical Records Room still have charts? Move off site to storage and repurpose the space
- Negotiate leases carefully

Storage Units – Get rid of old equipment etc. in storage





Seminars & Webinars

- ◆ Keep attending AAO/AAOE programs!
- ◆ Take advantage of **online CME** for physicians, midlevel providers, clinical staff and managers.



Discounts

- ◆ **Pay bills on time - 2% net**
- ◆ **Malpractice insurance**
 - Negotiate group rates
 - Take advantage of any discounts offered by your malpractice carrier by completing risk management surveys, attending seminars or on site audits
- ◆ **Local/State Medical Association/AAO/AAOE discounts for insurance/services**



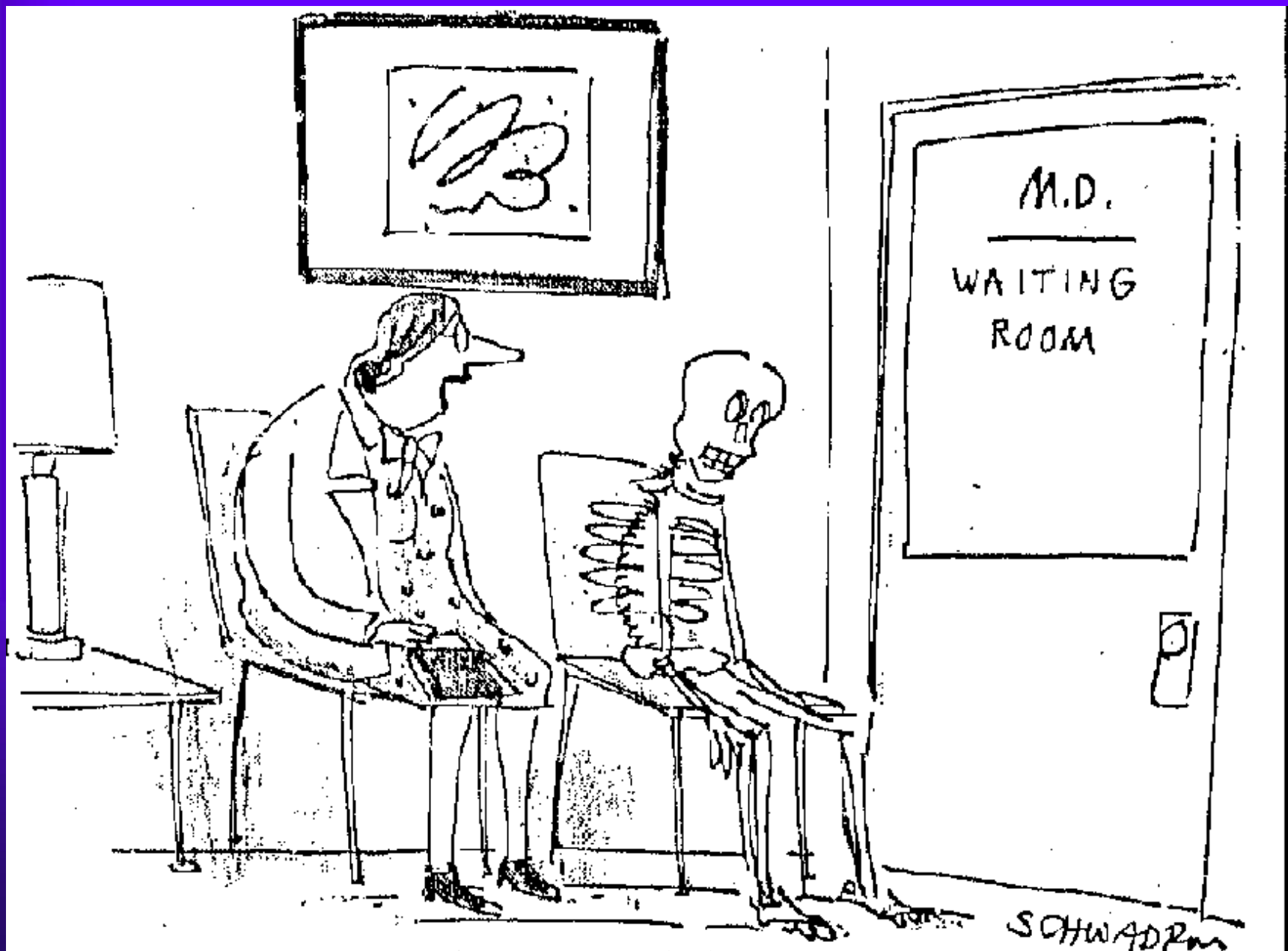
Medical Records



- ◆ Have Patient forms on website: Patient History, Registration, etc. prior to appointment
 - Reduces time at front desk and speeds patients back to exam room
 - Reduces demographics errors for billing



“These EHR formats are an indecipherable headache to try and wade through. I miss the old days when the doctor's writing was all we had to figure out.”



"Have you been waiting long?"



Patient Waiting times

Which cities, states have the shortest physician wait times?

Beckers Hospital review March 24, 2016

- ◆ **Wait time and patient ratings are correlated.** Physicians with higher ratings on Vitals' website had shorter patient wait times. Here is a breakdown of the wait time from the highest rated physicians (5 stars) to the lowest rated physicians (1 star).
- ◆ 5 stars — 12 minutes and 56 seconds
- ◆ 4 stars — 18 minutes and 19 seconds
- ◆ 3 stars — 21 minutes and 40 seconds
- ◆ 2 stars — 26 minutes and 11 seconds
- ◆ 1 star — 33 minutes and 1 second



Eliminate Clutter

- ◆ Shred or move to storage all unnecessary paper
- ◆ Organize files neatly, saves time looking for things







Paul Sweigert, MD FACP

is proud to announce and welcome you to his new
Internal Medicine practice beginning Monday,
March 2, 2015.

1100 Trancas Street, Suite 240
Napa, CA 94558
Phone (707) 927-5322
Fax (707) 927-5463



Visit redbikemedicine.com

1100 Trancas Street, Suite #240
Napa, CA 94558



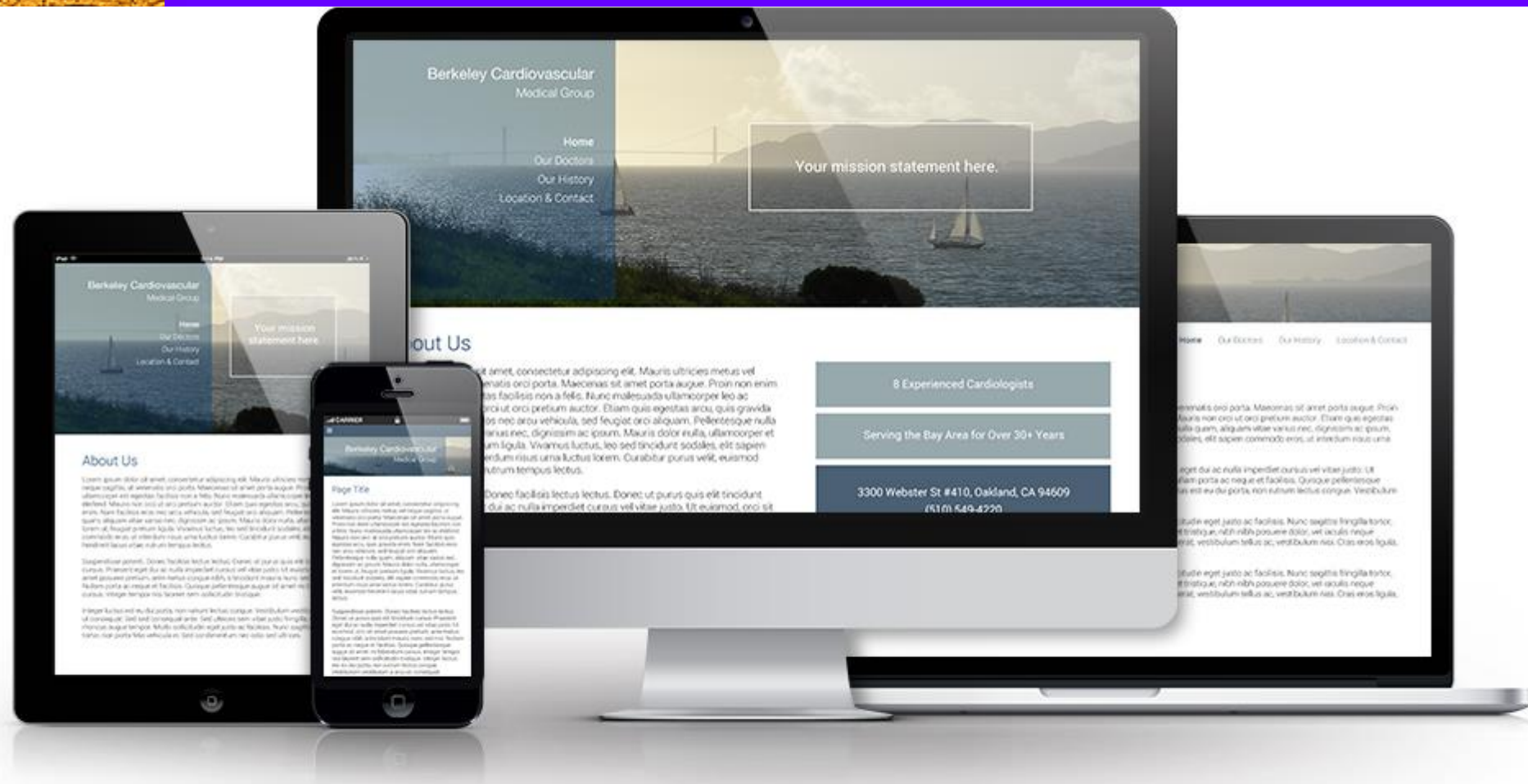
Website/SEO/Internet marketing

- ◆ Don't advertise in Yellow pages, invest in website and Search Engine Optimization
- ◆ Have Content Management to change easily
 - don't pay developers
- ◆ Track other marketing efforts and reduce if no return on investment.

Websites



- ◆ Have Content Management to change easily
- ◆ Home site needs Key Words for search engine optimization





DR JOHN
SELLE

[Providers & Staff](#) [Locations](#) [Insurance](#) [FAQ](#) [Videos & Resources](#)

A balanced, integrative, and holistic approach to health and healing.

My Care Philosophy

I am a doctor of osteopathic medicine (D.O.) who uses a balanced, integrative, and holistic approach to health and healing. I explore non-pharmaceutical options whenever possible and seek to create a dialogue with patients to better understand their health concerns. By working with patients as a team, we together craft a personalized plan aimed at optimizing health. The office utilizes an electronic health record (EHR) and a website featuring a personal health record (PHR) and secure e-mail to maximize communication with both patients and caregivers. We make every attempt to schedule same day, urgent appointments whenever possible. I also utilize a handful of osteopathic manipulative treatment (OMT) techniques for selective musculoskeletal conditions.



Lorem ipsum dolor sit amet, consectetur adipiscing elit.

Suspendisse vehicula blandit turpis, ac aliquet purus iaculis eget. Sed dictum est et augue convallis imperdiet.

Sed blandit quis quam sed hendrerit. Praesent tincidunt tellus imperdiet ipsum egestas, vel elementum turpis.



[Providers & Staff](#) [Locations](#) [Insurance](#) [FAQ](#) [Videos & Resources](#) [Privacy Policy](#)

© John Selle MD 2014



2961 Summit Street, Oakland, CA 94609 510.465.0941

Need help reading? [Click here](#) to toggle Large Text Mode.

[Home](#) [Appointments](#) [Clinical Info](#) [Doctors](#) [Location](#) [Mission Statement](#) [Phone & VM](#) [Policies](#) [Video Library](#)



Welcome to Summit ENT

Summit, Ear, Nose, and Throat (ENT) Medical Associates is a medical practice with a location in Oakland, California. Our doctors are Board Certified Specialists in the field of Otolaryngology, Head, and Neck surgery. We have the latest knowledge and technology for diagnosis and treatment of diseases of the ear, nose, and throat, and related structures. We offer medical and surgical treatment as well as hearing testing, hearing aids, and allergy testing and treatment. Our professional staff operates as a team, and we take pride in each staff member's training and capabilities. We want you to have confidence in them and let them serve you fully. This site is designed to inform you about the practice and our procedures, and to anticipate your questions. The goal is to let us serve you better as informed patients. There is also a library of clinical information on various topics related to ear, nose and throat problems.

The Summit ENT office is located in the Pill Hill section of Oakland at 2961 Summit Street, close to the Summit Medical Center hospitals. There are several parking lots near the office. We recommend the Peralta lot, which can be entered from 29th street.

Hearing Aid Center



[View our Video Library](#)





Rating Sites

Most reviews about physicians are positive



Journal of General Internal Medicine

- ◆ Examined 300 MDs and 33 sites
 - 88% positive reviews
 - 6% negative
 - 6% neutral

Be proactive about handling patient complaints



- ◆ Provide a forum for patients to address their concerns on your website, and encourage patients to use it.
- ◆ Develop a policy for handling complaints.
- ◆ Utilize a patient satisfaction survey.

What can you do about negative online reviews?

CMA Medical Legal library



- ◆ Don't over react
- ◆ Don't respond back publicly – Always maintain patient confidentiality
- ◆ Try to work with the patient and resolve issues – the patient can remove a negative review

What can you do about negative on line reviews?

CMA Medical Legal library



◆ “ Our practice takes patient concerns seriously. Federal laws preclude us from responding to patient concerns publicly. If you are our patient, please contact our office directly at ----- so we can address your concerns confidentially”



MAY 2011 BEST NEW WASHERS, DRYERS & LAWN MOWERS

IS PET
INSURANCE
A RIP
OFF?

REVERSE
MORTGAGES
DOES IT REALLY
WORK?

Consumer Reports

What You
Don't Know
About
**YOUR
DOCTOR
COULD
HURT YOU**


PLUS
The Fight for
**SAFER
FOOD**
BY ERIC SCHLOSSER

Botched surgeries, substance abuse, sexual misconduct—doctors on probation can still practice medicine, and they don't have to tell you.

How to make a safe choice.

RATINGS LEXUS RX, HONDA CIVIC, LINCOLN MKX & BMW 7 SERIES

MAY 2011
CONSUMERREPORTS.ORG

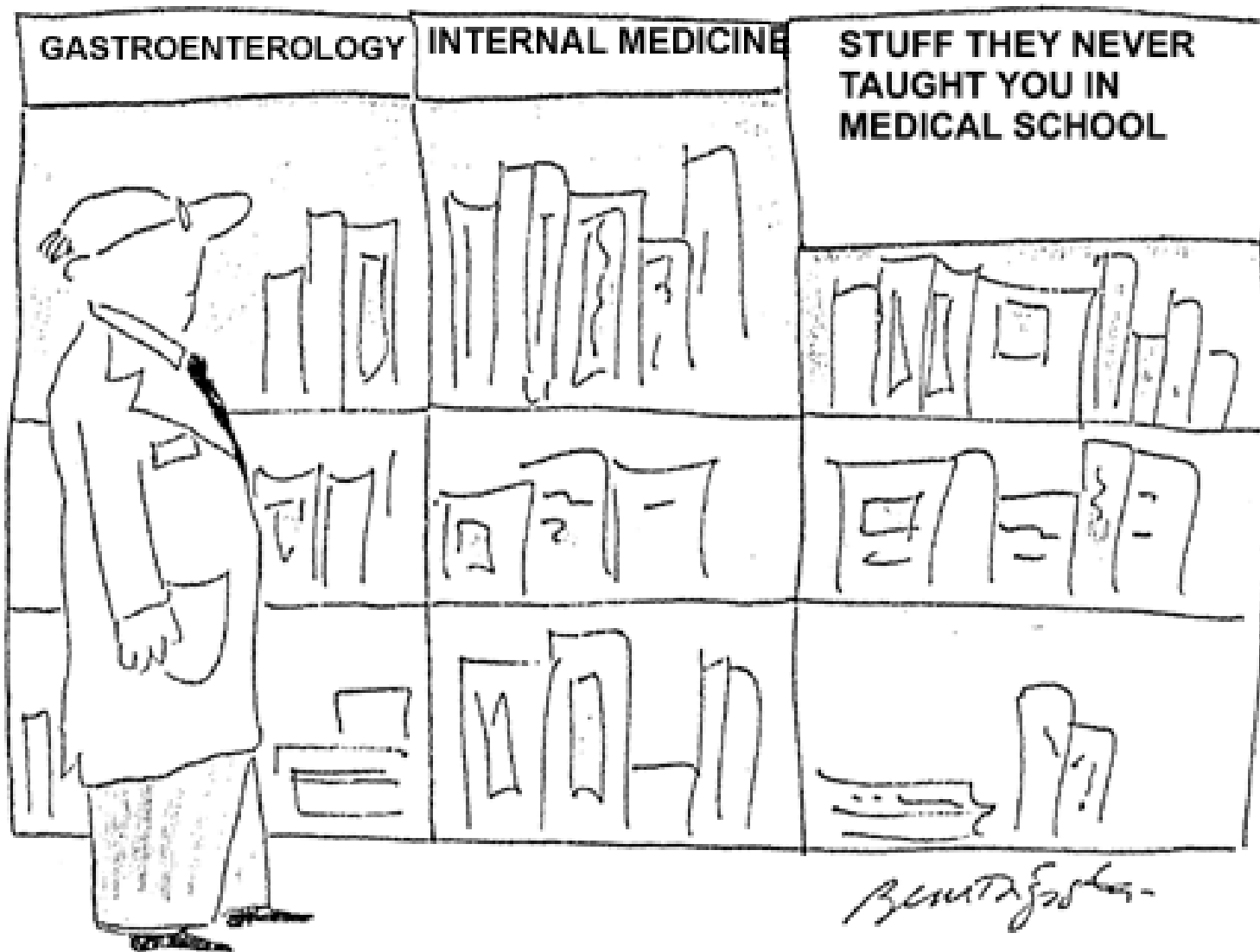


38% Conduct Research Prior to Seeking Out a Physician

Kyruus recently released a report on consumer behaviors when searching for a healthcare provider. Here are some key findings from the study:

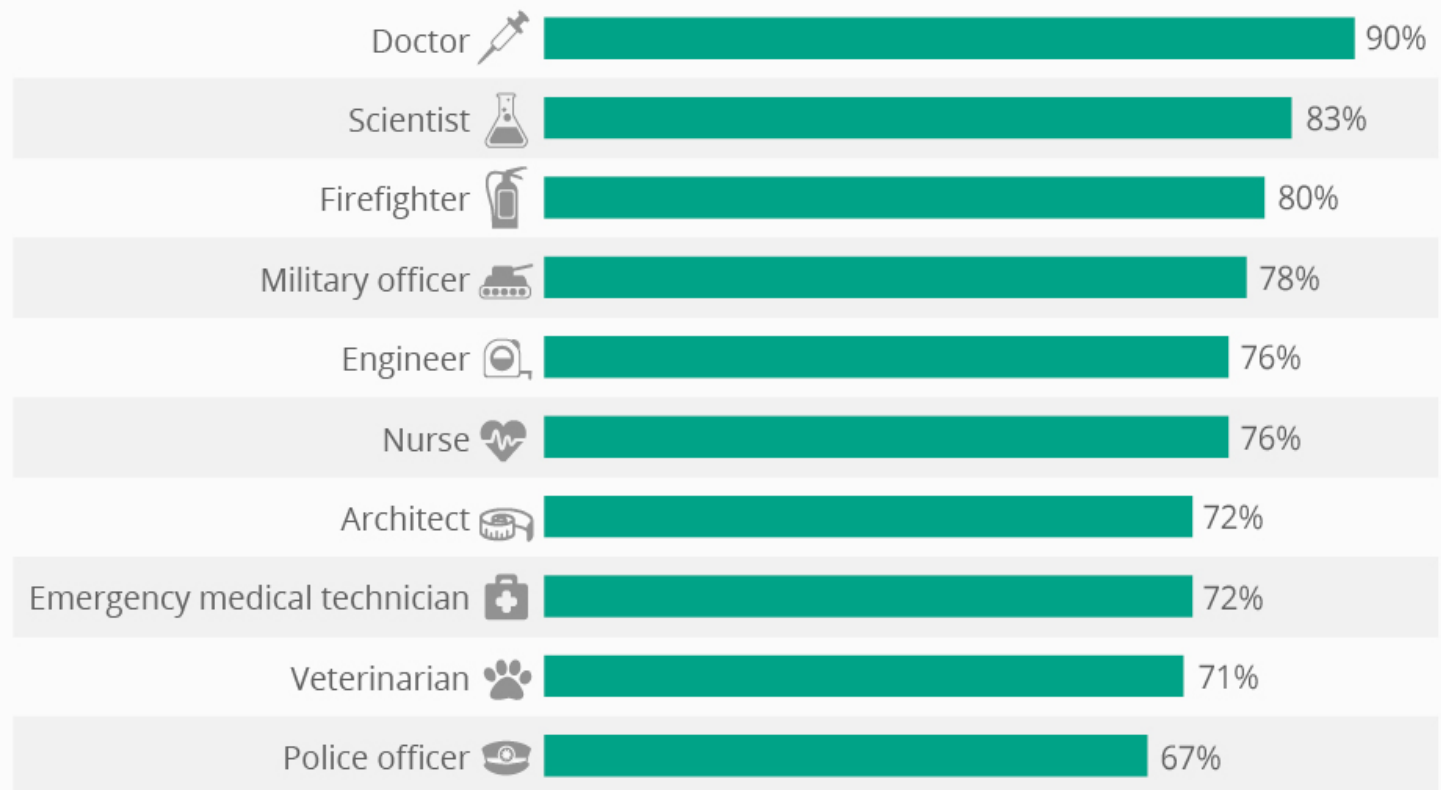
- ◆ Prior to seeking out a specific physician, 38% of consumers conduct healthcare-related research.
- ◆ Almost three quarters of these consumers are looking for information about specific physicians.
- ◆ 90% of respondents say it is important to confirm that their healthcare is covered by their insurance.
- ◆ A physician's clinical experience with the patient's specific condition was important for 85% of consumers.
- ◆ 14% of consumers book appointments through an online resource.
- ◆ Over half of consumers (58%) book appointments through a phone-based resource.

Source: [Kyruus, October 26, 2015](#)



The Most Prestigious Professions In America

% of people finding the following occupations prestigious in 2016



Source: The Harris Poll



Thank you for Attending!

♦ If you have questions:

Contact Debra Phairas, President

Practice & Liability Consultants, LLC

(415) 764-4800

dphairas@practiceconsultants.net

www.practiceconsultants.net