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

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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.

12% YES

88% NO

MGMA Stat poll, November 17, 2020 | Has your practice’s ownership status changed in the last year? 956 responses. MGMA.COM/STAT, #MGMASTAT
"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."
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.

On average, denials have increased by 17% in 2021.

MGMA Stat poll. March 16, 2021 | Has your organization seen denials increase in 2021? 576 responses. 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

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>CPT CODE DESCRIPTOR</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
<th>Plan E</th>
<th>Plan F</th>
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</thead>
<tbody>
<tr>
<td>64721</td>
<td>Neuroplasty, medial nerve at carpal tunnel</td>
<td>93%</td>
<td>146%</td>
<td>115%</td>
<td>109%</td>
<td>131%</td>
<td>100%</td>
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<tr>
<td>25447</td>
<td>Arthroplasty, intercarpal or carpometal joints</td>
<td>103%</td>
<td>157%</td>
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<td>109%</td>
<td>148%</td>
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<tr>
<td>26055</td>
<td>Tendon sheath incision</td>
<td>137%</td>
<td>241%</td>
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<td>319%</td>
<td>186%</td>
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<td>26160</td>
<td>Excision of lesion of tendon sheath or joint capsule</td>
<td>127%</td>
<td>221%</td>
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<td>353%</td>
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<td>Repair of collateral ligament, metacarpophalangeal or interphalangeal joint</td>
<td>82%</td>
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<td>72%</td>
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<td>Arthroscopy, wrist, excision and/or repair of triangular fibrocartilage</td>
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<td>73100</td>
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<td>118%</td>
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<td>146%</td>
<td>100%</td>
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</table>
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?
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

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<th>Specialty</th>
<th>Group Count</th>
<th>Count</th>
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<th>Std Dev</th>
<th>10th %tile</th>
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<th>Median</th>
<th>75th %tile</th>
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<td>Collections to Work RVUs Ratio</td>
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<td>Compensation to Collections Ratio</td>
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<td>10</td>
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<td>Retirement Benefits</td>
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<td>27</td>
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<td>$8,033</td>
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<td>Total Compensation</td>
<td>34</td>
<td>168</td>
<td>$394,123</td>
<td>$183,841</td>
<td>$232,822</td>
<td>$269,518</td>
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<td>Total Encounters</td>
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<td>26</td>
<td>3,283</td>
<td>1,783</td>
<td>712</td>
<td>2,041</td>
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<td>24</td>
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<td>14,825</td>
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<td>Work RVUs</td>
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<td>2,939</td>
<td>4,714</td>
<td>5,995</td>
<td>7,379</td>
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<td>3.42</td>
<td>3.14</td>
<td>1.56</td>
<td>1.81</td>
<td>1.96</td>
<td>2.91</td>
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<td>RVU DATA</td>
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<td>Physician Compensation per Physician Work RVUs</td>
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<td>MGMA Physician Compensation and Production Survey 2021 General</td>
<td>MGMA Physician Compensation and Production Survey 2021 General</td>
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<td>Mean</td>
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<td>90th Percentile</td>
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<td>75th-80th Perc.</td>
<td>9,652</td>
<td>$108.83</td>
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<td>Median</td>
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<td>20th-25th Perc.</td>
<td>5,123</td>
<td>$71.11</td>
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</table>
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

<table>
<thead>
<tr>
<th>Medical Group Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private Practice Group</strong></td>
</tr>
<tr>
<td>Culture</td>
</tr>
<tr>
<td>Profit-sharing</td>
</tr>
<tr>
<td>Governance and Strategy</td>
</tr>
<tr>
<td>Scope of Practice</td>
</tr>
<tr>
<td>Physician Input</td>
</tr>
<tr>
<td>Independence and Autonomy</td>
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<tr>
<td>Infrastructure</td>
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## Private Practice Group vs. Hospital Foundation Model

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

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<th>Sole Proprietor or Partner</th>
<th>Actual $</th>
<th>% to Revenue</th>
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<tbody>
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<tr>
<td>Expenses</td>
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<tr>
<td>Accounting</td>
<td>$5,000</td>
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<tr>
<td>Medical Supplies</td>
<td>$2,000</td>
<td>.3%</td>
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<tr>
<td>Rent</td>
<td>$25,000</td>
<td>4.1%</td>
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<td>Staff Wages</td>
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<td>Telephone</td>
<td>$10,000</td>
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<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>400,000</strong></td>
<td><strong>66.6%</strong></td>
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<td><strong>MD Net INCOME</strong></td>
<td><strong>$200,000</strong></td>
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## Corporation Profit Loss Report

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<td>Accounting</td>
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<tr>
<td>Medical Supplies</td>
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<td>.3%</td>
</tr>
<tr>
<td>Rent</td>
<td>$25,000</td>
<td>4.1%</td>
</tr>
<tr>
<td>Staff Wages</td>
<td>$120,000</td>
<td>20%</td>
</tr>
<tr>
<td>Officer Wages</td>
<td>$198,000</td>
<td>33%</td>
</tr>
<tr>
<td>Telephone</td>
<td>$10,000</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$598,000</strong></td>
<td><strong>99.66%</strong></td>
</tr>
<tr>
<td>Corporation Net Income</td>
<td>$2,000</td>
<td>.33%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Year:</th>
<th>Medical Practice of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month:</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Budget</td>
</tr>
</tbody>
</table>

### Physician Product.

### Office Visits

### Hospital Visits

### Ratio MD Office Hrs

### Ratio Staff / Pts.

### Staffing
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
Are your practice expenses under control?

17% No, they’re out of line and I don’t know what to do
7% No, I just pay my share
24% Yes, I’m attentive to every penny my practice spends
33% Yes, but I don’t always keep track as closely as I should
19% Some are, but big ones like staffing, rent, and insurance seem to have a life of their own
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, 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 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.
Why do you guys always hold your hands like that?

WE USE OUR FINGERS TO KEEP TRACK OF HOW MUCH YOU OWE US.
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?”
<table>
<thead>
<tr>
<th></th>
<th>This Month</th>
<th>Last Month</th>
<th>Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smith</td>
<td>Jones</td>
<td>Brown</td>
</tr>
<tr>
<td>Production</td>
<td>$65,059</td>
<td>$55,267</td>
<td>$59,872</td>
</tr>
<tr>
<td>Adjustments</td>
<td>$55,316</td>
<td>$56,448</td>
<td>$40,558</td>
</tr>
<tr>
<td>Receipts</td>
<td>129,645</td>
<td>115,963</td>
<td>103,850</td>
</tr>
<tr>
<td>Refunds</td>
<td>$3,549</td>
<td>$2,514</td>
<td>$2,874</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>25,145</td>
<td>14,785</td>
<td>24,798</td>
</tr>
<tr>
<td>Gross collections ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net collections ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total AR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in AR</td>
<td>98</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>MGMA avg.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged AR</td>
<td>$131,487</td>
<td>$41,325</td>
<td>$33,811</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGMA avg.</td>
<td>45%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Total operations expense</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Overhead percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGMA avg.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.”

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?”
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
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.
- Have Content Management to change easily
- Home site needs Key Words for search engine optimization
Websites should be "Responsive" for tablet and mobile.

40% of websites are viewed with a mobile device.

https://mixpanel.com/trends/#repo
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 faucibus eget. Sed dictum est et augue convallis imperdiet.

Sed blandit quis quam sed hendrerit. Praesent lacinidunt tellus imperdiet ipsum egestas, vel elementum turpis.
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 26th street.

Hearing Aid Center
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?

- 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
“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”
What You Don’t Know About YOUR DOCTOR COULD HURT YOU

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
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

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>90%</td>
</tr>
<tr>
<td>Scientist</td>
<td>83%</td>
</tr>
<tr>
<td>Firefighter</td>
<td>80%</td>
</tr>
<tr>
<td>Military officer</td>
<td>78%</td>
</tr>
<tr>
<td>Engineer</td>
<td>76%</td>
</tr>
<tr>
<td>Nurse</td>
<td>76%</td>
</tr>
<tr>
<td>Architect</td>
<td>72%</td>
</tr>
<tr>
<td>Emergency medical technician</td>
<td>72%</td>
</tr>
<tr>
<td>Veterinarian</td>
<td>71%</td>
</tr>
<tr>
<td>Police officer</td>
<td>67%</td>
</tr>
</tbody>
</table>

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