

HOW TO BE YOUR OWN CONSULTANT

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TODAY'S OBJECTIVES

- Learn about categories and specific items that should be reviewed by practice managers on a regular basis, based on the MGMA/ACMPE Body Of Knowledge
- Understand how and when to partner with outside vendors for support

“Consultants aren’t called into practices when things are going well. But they should be!”

– Lauren Harris

What does a consultant do?

Looks for opportunities and blind spots

Provides advice and a fresh perspective

Shares best practices

Validates current state

What kinds of projects are common?

Practice Start-Ups and Wind-Downs

Leadership Development/Coaching

Financial assessments

Operational assessments

Why be your own consultant?

Save costs

Build relationships

Validate/invalidate assumptions

Where to start?

The Medical Group Management Association (MGMA) Body of Knowledge (BOK) for Medical Practice Management serves as a repository of industry knowledge, a guide to practice management, and an assessment of competency and a learning tool. The 6 domains offer the perfect framework to begin to assess your practice.

The BOK also serves as the exam blueprint for MGMA members who pursue certification and Fellowship through the American College of Medical Practice Executives (ACMPE), the certification and standard-setting entity of MGMA.

Individuals who achieve the CMPE credential demonstrate a unique breadth and depth of knowledge in medical practice administration.

The domains of the BOK are focused on real, actionable topics that make a direct impact on the success of the practice.

Financial
Performance

-

Employee and
Provider
Satisfaction

-

Patient
Satisfaction



**HIGHLY PERFORMING
PRACTICE**

OBJECTIVE 1 - Learn about categories and specific items that should be reviewed by practice managers on a regular basis, based on the MGMA/ACMPE Body Of Knowledge

1-FINANCIAL MANAGEMENT

Financial management in a medical practice involves the development and maintenance of financial systems to ensure profitability.

“No margin – no mission”

KEY TASKS and CONCEPTS

- A/P: ensure segregation of duties exists and timely processing is completed
- A/R: ensure segregation of duties exists, ensure regular reviews are done against benchmarks, streamline cash collections processes, perform annual review of coding and documentation
- Payroll: ensure compliance with state law and clinic policies
- Budget: create annual operating budget and review performance monthly

- Revenue and expense allocation methods: ensure methods are used that establish productivity and compensation benchmarks for physicians and staff
- Payer contracts: ensure each are reviewed timely for rate increase opportunities, percentage of payer mix and any “hassle factors” from the plans
- Audit: schedule regular reviews of all financial workflows

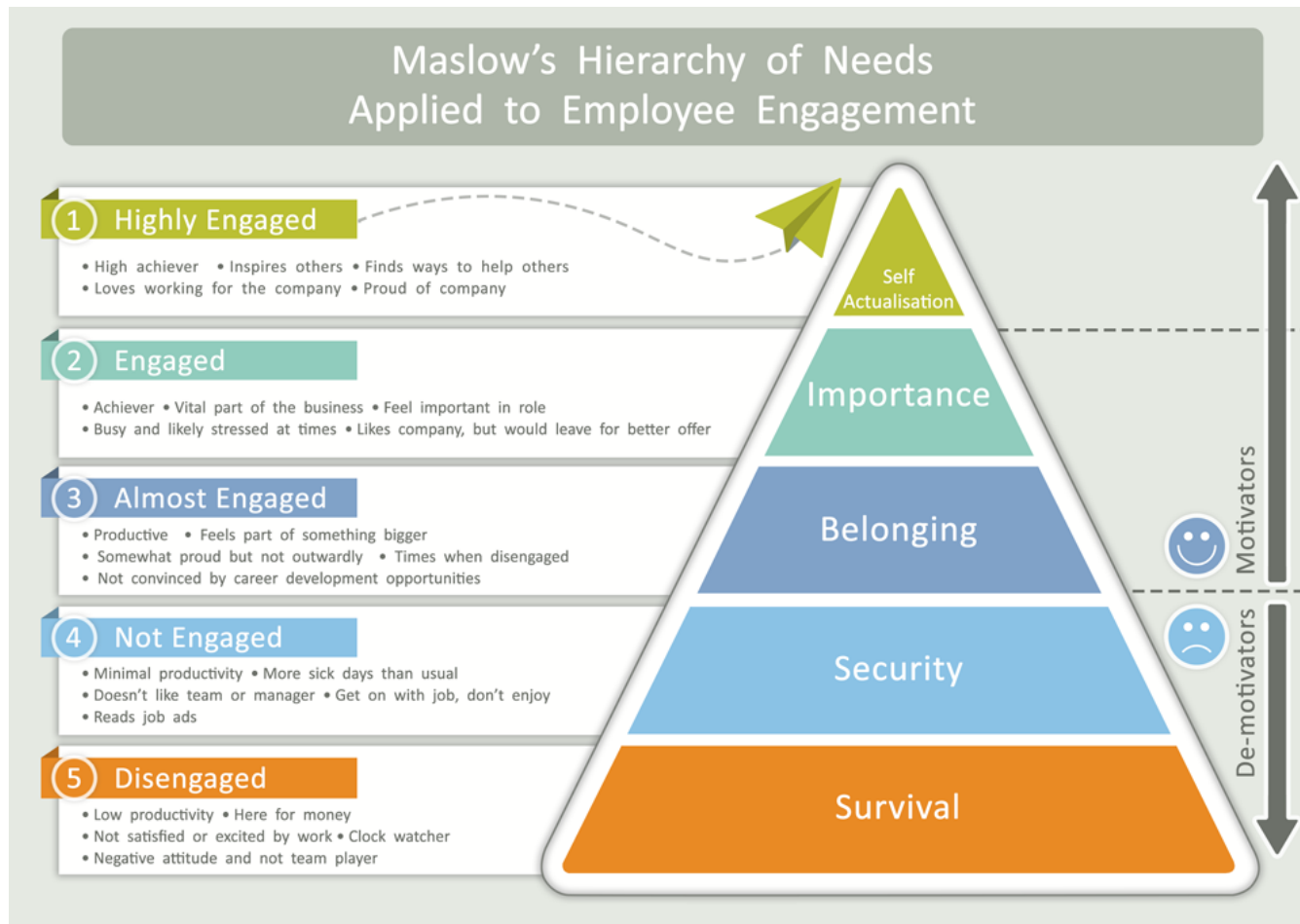
2-HR MANAGEMENT

Human resource management requires demonstrating effective staffing strategy, recruitment and retention planning, training, a performance evaluation process, a personal commitment to enhancing your knowledge base, and compliance with employment law.

KEY TASKS and CONCEPTS

- Staffing plans: recruit in alignment with job descriptions, skills assessments, Mission/Vision/Values and business need
- Staff training and development program
- Provider compensation plan: ensure it drives owner and employee incentives and supports the organization's goals
- Evaluate types of employee benefit plans annually

- Staff retention and recognition plan: onboarding, employee satisfaction surveys, EAP



How do we create strong work relationships and create psychological and social safety?

- Show appreciation and respect for others
- Speak well of your team members
- Careful listening
- Be positive
- Develop trust with your colleagues by keeping confidences and keeping your word
- Create team-focused goals and accountability
- Maintain consistent communication

3-OPERATIONS MANAGEMENT

Operations management in a medical practice consists of developing and implementing an effective business plan and managing daily operations.

KEY TASKS AND CONCEPTS

- Process Improvement: establish ongoing PI program and include all stakeholders (such as Lean, PDCA, Six Sigma)
- Purchasing and asset management: develop inventory control plan, ensure purchasing hierarchy, leverage vendor relationships
- Safety: ensure compliance with OSHA, ADA, biohazardous waste, hold regular staff safety committee meetings and document minutes

- Facilities Management: assess, identify and resolve facilities and maintenance issues in a timely manner
- Outsourced Relationships: ensure existing contracts are regularly reviewed for compliance, timeliness and quality, assess opportunities for new vendor relationships regularly
- Communications/Marketing: develop a marketing plan in alignment with the corporate image and branding strategy, maximize technology to outreach to prospective and existing patients

- IT: develop a technology plan, policy and budget, manage information integrity

-Ensure compliance with release and storage of information policies, follow security and confidentiality rules according to HIPAA

-Create a technology disaster management plan that safeguards office and patient records, establishes a data backup and recovery plan, determines key personnel and responsibilities and identifies a regular process of validation, testing and correction as needed

*BUT WHAT DOES ALL THIS
REALLY MEAN?*



SAMPLE PHONE/APPOINTMENT OPERATIONS ASSESSMENT QUESTIONS

Are your phones routinely answered in less than three rings?

Does your phone tree route your callers to the appropriate person who can assist them?

Are the number of lines adequate to handle both peak and regular volume?

Are patients kept on hold for an unreasonable amount of time?

Do we ask caller's permission before putting them on hold?

Are phone reports routinely monitored to evaluate abandonment rates, hold time and phone traffic in general?

Are voicemails responded to in a reasonable timeframe, and always by the end of the day?

Is there a consistent, professional and friendly script for staff answering the phone?

Are all staff trained on the phone system, to include how to transfer calls?

Are patients who are transferred outside of the clinic given the phone number to which they are being transferred in case they are disconnected?

If applicable, are voicemail prompts courteous?

How and by whom are nurse phone calls handled?

How are phone calls handled before and after hours?

Are there blocks on phone lines you don't want patients to call in on?

Are appointment requests handled in a streamlined fashion, such that patients don't have to wait or provide information more than once?

Is your appointment availability reasonable (e.g., within two weeks)?

Does the clinic monitor appointment availability at minimum once a quarter?
Are the directions to your clinic clear?

Do you provide assistance with public transportation and/or parking, to include where to park and how long parking will take?

How are appointment no-shows handled?

Are patients' charts reviewed to determine the urgency of contacting a patient who no-showed?

4-TRANSFORMATIVE HEALTHCARE DELIVERY

Understanding the latest innovations for care delivery models, payment models, organizational models and emerging technologies.

KEY TASKS AND CONCEPTS³²

- Care Coordination: develop policies and procedures for managing referrals, authorizations, scheduling and communication with referring providers
- Care Models: clinical integration, PCMH, ACO, CCO
- Quality Initiatives and Measurements: define and recognize industry quality standards and contract requirements, create a benchmark target and evaluate performance quality
- Payment Models: bundled, value-based care, alternative payment, MIPS, MACRA, wraparound, cost reporting

5-ORGANIZATIONAL GOVERNANCE

Organizational governance in a medical practice consists of developing and supporting long-term strategies and setting the strategic direction of an organization. It involves the ability to facilitate the corporate legal structure, define policy and define and support the organization's culture.

KEY TASKS AND CONCEPTS³⁵

- Mission, Vision and Values: develop and review annually with all stakeholders
- Legal Structure and Governance: ensure compliance with corporate bylaws, organizational policies and procedures, develop committees as needed
- Provider Conduct and Performance Expectations: create standards for provider conduct, explain corrective action, develop policy for conflicts of interest, address performance issues and disruptive behavior, establish a governing body, develop standards for conflict resolution, immediately address inappropriate communication between physicians and staff

6-RISK AND COMPLIANCE

Risk and compliance management in a medical practice involves maintaining a program to provide an overall safe environment, prevent or minimize adverse events, and comply with federal and state laws and regulations.

KEY TASKS AND CONCEPTS³⁸

- Recordkeeping: maintain business and patient records in accordance with HIPAA, Federal, State laws and Generally Accepted Record Keeping Principles
- Adverse Events: develop practice to review upon occurrence, develop correction plans and communicate appropriately with insurance carriers
- Accreditation and Licensure Requirements: review at least annually for staff and facility
- Credentialing Requirements for Payers and Facilities: review regularly for compliance and completeness

NEXT STEPS....

CREATING AN ACTION PLAN

SAMPLE One Year Operational Plan						
Goal	Domain	Primary Accountable	Co-Accountable	Additional Resources	Additional Resources	Date Due
Calculate cost per day by office location	Financial Management	Ted		Justin	CPA	2/1/2021
Calculate ROI on potential PA hire	Financial Management	Chuck		Jen		2/15/2021
Research need for Certified Professional Coder staff position	HR	Jen		Executive Committee		3/1/2021
Schedule Leadership Team for 3 meetings per year with owners to discuss Ops Plan progress	HR	Jen		Jenn		DONE
Review medical records release workflows for compliance and efficiency	Operations Management	Yvette				
Implement plan for new NW Clinic: marketing, physician coverage, sub-lease	Financial Management	Justin		Courtney		
Post signs in exam rooms welcoming New Patients	Operations Management	Aubrey	Melinda	Laurie		
Identify quality metrics by disease state	Transformative Healthcare Delivery	Chuck		Jenn		
Schedule annual coding/chart review by auditor	Risk and Compliance Management	Jen				
Ensure PCI compliance for credit card processing	Risk and Compliance Management	Jenn		IT vendor		
Training and development plan launched for leadership team (Yvette, Melinda, Aubrey)	HR	Laurie		Aubrey		
Increase Per Visit value by 10% over previous 4 quarters	Financial Management	Physicians		Jen		
Implement policy for responding to adverse events	Risk and Compliance Management	Chuck		Executive Committee		
Implement regular reviews of Site Standards - 1x per year per location	Rick and Compliance Management	Justin				

- Set SMART (Specific, Measurable, Achievable, Relevant, Time-based) goals
- Celebrate successes
- Evaluate regularly for continued adoption and opportunities
- Set new goals



OBJECTIVE 2 - Understand how and when to partner with outside vendors for support

Frequently Seen Vendor Relationships in Medical Practices

Accounting
Architectural/Construction/Design Services
Banking/Financial Services/Financial Management
Billing/Coding
Collections
Consulting
Diagnostics
Electronic Data Interchange
Employee Benefits & Retirement
Human Resources
Information Systems & Software
Insurance
IT Tech/IT Security
Laboratory Services

Legal Services
Management Services
Marketing/Printing/Webservices
Medical Records
Medical Services
Medical Supplies
Online Reputation Management
Patient Statement Services
Quality Improvement
Real Estate/Property Management
Scribing Services/Transcription Services
Staffing/Recruitment
Telecom/Answering Services/Appt Reminders

Reasons to use an outside vendor:

- Expertise
- Time savings/increased efficiency
- Cost savings
- Access to additional services
- “Hassle factor”

Questions to ask before requesting information or bids:

- What problem are we trying to solve?
- Why does this problem matter now?
- What is required vs. what is nice to have?
- What do we want to keep and what do we want to give up?
- How much are we able to invest in this solution?

More Questions...

- What NEW problems might we create with this solution?
- How long is the contract or agreement?
- How long has the company been in business?
- Is the company able to provide references?
- Is the benefit worth the cost? (either financial or non-financial)

Where to look for vendors

- Do you belong to a buying group or GPO? You should!
- Where do colleagues get help? Are they happy with their results and relationships?
- Partners of professional associations, academies or EHR vendors – MGMA, OMGMA, AAFP

Where can you find specific tools, checklists, questionnaires and other resources to help you get started?



Amazing Free Tools !

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Oregon Office of Rural Health > Resources and Technical Assistance

Oregon Office of Rural Health

About ORH

About Rural and Frontier Data

Facilities and Services

Rural and Frontier Hospitals

Rural and Frontier Hospital Directories

Rural and Frontier Clinics

• Resources and Technical Assistance

Rural and Frontier Clinic Directories

Listening Tours

Emergency Medical Services

Telehealth and Project ECHO in Oregon

Provider Incentive Programs

Workforce Services

COVID Resources

Contact ORH

Resources and Technical Assistance



Becoming an RHC



RHC Medicare Certification



Enrolling with Oregon Medicaid



RHC Billing & Coding Resources




Completing the Medicare Cost Report



<https://www.ohsu.edu/oregon-office-of-rural-health/resources-and-technical-assistance>



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Redesign your practice. Reignite your purpose.

AMA STEPS Forward™ offers a collection of engaging and interactive educational modules that are practical, actionable “how-to” guides to transform and improve your practice.

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PRACTICE TRANSFORMATION

- [Burnout and Well-Being \(12\)](#)
- [EHR and Technology \(8\)](#)
- [Organizational Culture \(13\)](#)
- [Patient-Physician Experience \(12\)](#)
- [Team-Based Care and Workflow \(26\)](#)

<https://edhub.ama-assn.org/steps-forward>



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Managing the Practice



SOAPM/PPMA Practice
Management Webinars

[Learn more](#)

There are no absolute models for managing a pediatric practice. Regardless of the size and/or location, each practice requires planning and creative management to successfully meet the needs of patients and sustain a viable work environment.

Practice Transformation at the AAP


The AAP has actively assessed the rapidly changing healthcare environment and has developed resources to prepare its members to respond to these changes.

- [Task Force Pediatric Change](#)
- [Key Definitions of Practice Transformation](#)
- [Section on Administration and Practice Management \(SOAPM\)](#)
- [Pediatric Practice Management Alliance \(PPMA\)](#)
- [Profile Pediatric Office Visits](#)

<https://www.aap.org/en-us/professional-resources/practice-transformation/managing-practice/Pages/default.aspx>



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Practice Ownership Tools

Office Management

Operating a private healthcare practice in today's environment presents many challenges. Shrinking insurance reimbursements, changing regulations, rising business costs and other challenges can all feel like barriers to success.

ACP has an array of products, services and expertise to help you along the way. From financial management to insurance to managing your staff, ACP strives to provide you with tools and advice that can assist the establishment and growth of your practice.

Telehealth Guidance & Resources

Offering guidance on clinical use cases, technology, regulations and waivers, and billing and coding.

[Learn More](#)

Patient Care and Office Forms

ACP has compiled a wide variety of forms for use in your practice, including patient charts, logs, information sheets, office signs, and forms for use by practice administration. Most can be used as is or customized to meet the needs of your own practice.

<https://www.acponline.org/practice-resources/business-resources/office-management>



Free Tool for MGMA Members!

Medical Practice Evaluation Tool

ONLINE COURSE -

Online, self-paced

STRATEGIC PLANNING - BENCHMARKING & FORECASTING

SIGN IN TO SAVE



COMPLETE OUR COMPREHENSIVE ASSESSMENT OF WHERE YOUR PRACTICE STANDS: BENCHMARK AGAINST INDUSTRY LEADER DATA AND BEST PRACTICES TO IDENTIFY THE NEXT STEPS THAT WILL TAKE YOU TO THE NEXT LEVEL.

The journey to the next level your organization should reach begins with identifying opportunities for improvement and measuring your progress.

The **Medical Practice Evaluation Tool**, free to all MGMA members, is a comprehensive, web-based assessment that provides actionable insights on how your organization measures against top-performing practices, broken down by:

- Ownership structure (physician-owned vs. hospital-owned)
- Specialty scope (e.g., primary care, surgical, nonsurgical).

All six Body of Knowledge domains — Operations Management, Financial Management, Human Resource Management, Transformative Healthcare Delivery, Risk and Compliance Management and Organizational Governance — are represented in the tool, helping administrative leaders determine performance on critical aspects of all areas of practice operations. Example evaluation criteria include:

- In how many areas does your practice have a compliance plan?
- Which IT security measures are in place for computer systems?
- What information are you obtaining in referrals?

<https://www.mgma.com/resources/resources/products/medical-practice-evaluation-tool>

FINAL THOUGHTS

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Using these tools will allow you to look at your practice with a fresh perspective and critically think about how to maximize success.

Engage others!

- Trade places with another manager
- Utilize employees in different roles to observe one another and provide feedback

Next Steps:

***Reach out to Rondyann if you are
interested in scheduling 1:1
Coaching Sessions with me to help
set and achieve your goals!***

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