

# Innovative Solutions

## Chapter FastFACTS

- 1. Accessing social networks like Facebook can help you stay relevant—and profitable.**
- 2. New models of care don't require a traditional bricks-and-mortar office.**
- 3. Attracting and keeping patients are the most direct paths to increasing revenue.**
- 4. Some say the advanced or open-access model, which offers same-day appointments, can lead to lower no-show rates and higher revenue.**
- 5. Providing related ancillary services can make your practice a one-stop destination for patients.**

**N**o matter how much you focus on the basics, you still need to keep up with new market trends in order to maximize revenue. Today's healthcare market offers consumers more choices than ever before: Websites let patients self-diagnose symptoms, physician extenders provide many of the same services as physicians, and retail or urgent-care clinics offer routine care and convenient access. With so many forces impinging on primary care territory, how do physicians carve out a unique, profitable niche in the marketplace?

"The real issue now is how do we remain relevant in the coming decades," says Todd Wolynn, MD, president of Kids Plus Pediatrics, one of eight physicians in two offices in Pittsburgh, Pa. Dr. Wolynn intends to provide an old-fashioned, personal connec-

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Medical Memo & Coding Management

Date \_\_\_\_\_ Time \_\_\_\_\_  F/U Appt  
 Patient \_\_\_\_\_  Chart  
 Caller \_\_\_\_\_  Billing  
 Phone Number \_\_\_\_\_ AM PM  
 Chief Complaint \_\_\_\_\_  
 Assessment \_\_\_\_\_

Discuss and advise **Action**  
 Rx to Pharmacy \_\_\_\_\_  
 order lab work \_\_\_\_\_  
 call for office visit in \_\_\_\_\_ days/weeks  
 Other \_\_\_\_\_

**Coding**  
 \_\_\_\_\_ minutes spent in telephone medical discussion  
 billable  not billable

Telephone service	Physician	NPP
5-10 minutes	99441	98966
11-20 minutes	99442	98967
21-30 minutes	99443	98968
Online encounter	99444	98969

Signature \_\_\_\_\_

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tion through a modern tool: social media. The practice has created a Facebook page as a networking and meeting place for the practice's staff and families; it now has more than 600 "friends." It



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**Cynthia Ferrier, MD**  
Internist  
Greenfield Health  
Portland, Ore.

also employs a communications director and a project manager to handle ongoing initiatives related to marketing and strategic planning. “Facebook really leverages the value of the practice to families,” Dr. Wolynn says. “The main thing the [retail] clinics don’t have is continuity of care. I know these kids from the time they are babies, and I know the nuances of the families.”

Like Kids Plus, other primary care practices need to find ways to stay relevant—which will ultimately boost profits, regardless of what happens with healthcare reform. Move now to take advantage of new technology and other ways to bring in more patients (e.g., ancillary services and advanced access), strategies that can help your practice thrive in the coming decades.

## Rethinking the Patient Visit

Some say the key to providing better care—and becoming more profitable—is to let go of the notion that physician services have to be provided face-to-face in a traditional bricks-and-mortar office. For the most part, the current payment system requires that personal contact; but new models of care, such as the medical home, offer options like virtual visits and e-mail communication, to escape the “tyranny of the visit,” Mr. Rallison says. At the same time, offering alternatives to in-office visits simultaneously pleases patients, who like the shorter wait times and better access to their physician; and providers, who recognize that these alternatives can reduce practice costs.

“We were sucked into a bad system, doing things that aren’t enriching or helpful to physicians and are disrespectful to patients,” says Mr. Rallison, of Greenfield Health in Portland, Ore. To address such disadvantages, Greenfield tries to externalize care as much as possible, guided by the goals of enhancing relationships, service, and reliability. “The secret sauce is having multiple points of access and rapid response by the caregiver,” he explains. At the heart of Greenfield’s model is the belief that technology enhances, rather than detracts from, the patient-physician relationship. The practice accepts Medicare and private insurance plans but also charges a modest monthly fee (from \$25 to \$55) intended to cover what is typically not reimbursed by insurers, such as e-mail and phone communication and activities related to coordination of care.

The fee provides consistent revenue for the practice, especially important during the slower summer months. The system appeals to physicians, too, who are willing to work for lower pay than they might make at a more traditional practice. Greenfield physicians are paid an annual salary of about \$160,000, slightly lower than the median for primary care. That keeps costs down for the practice while removing the pressure on physicians to produce based on volume.

“The income is a little less than I made in other settings, but the tradeoff is worth it” by making more money per hour worked and by having a better quality of life, says Cynthia Ferrier, MD, an internist who joined Greenfield nine years ago after working for 25 years in various settings, including her own small practice and a large residency program. “I actually do better here than when I was running my own shop and had to do all the human resources, payroll, etc.”

## **Happier Patients, Increased Revenue**

Improving access, whether through virtual communication, same-day appointments, or expanded hours, is increasingly important in attracting new patients and scoring high on patient satisfaction surveys. In “A call for change: The 2011 Commonwealth Fund Survey of Public Views of the U.S. Health System,” 85% of respondents said it was “very important” or “important” that they have a place to go other than the emergency room on

nights and weekends. That's important to note because attracting and keeping patients is the most direct path to increasing revenue, Mr. McGeeney says. Most overhead costs are fixed or difficult to change, but "that one extra patient usually falls to the bottom line," he says, adding that two to three new patients can add \$20,000 to \$30,000 to a practice's annual revenue.

But how do you improve access without adding work and



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**Terry McGeeney, MD, MBA**  
 President and CEO  
 TransformMED  
 Leawood, Kan.

causing staff and physician burnout? Some practices have found an answer with the advanced- or open-access model, which offers same-day appointments.

The advanced access model is based on the notion that daily demand is predictable; and that, once an office understands that demand, it can work toward eliminating its backlog (which may require a few months of extra work or overtime hours) and offering immediate access to appointments. The guiding principle is “Do today’s work today” rather than pushing routine appointments and follow-up tasks into the future.

Once the backlog has been eliminated, practices usually have to retrain schedulers to stop categorizing appointments as “urgent” or “routine” and to reorganize their workflow by adopting, for example, the following:

- Increasing intervals between return visits for chronic care patients, basing return scheduling on individual patients’ clinical needs rather than one standard return interval for all;
- Reducing unnecessary return visits, such as to provide routine lab results;
- Encouraging patients not to make appointments far in advance (research suggests that no-show rates are higher when patients

book too far in advance); and

- Optimizing use of mid-level providers in order to free up physicians' time.

Practices that have converted to advanced-access scheduling can increase revenue. For example, Thundermist Health Center of South County in Woonsocket, R.I., with two physicians, two NPs, and three RNs, reduced its no-show rate from 21% to 10% of total appointments and boosted gross revenues from 85% to 96% of budgeted revenues after implementing advanced access. Other results of the practice's transformation, according to an Agency for Healthcare Research and Quality case study, published in 2008 and updated in 2010, included more same-day appointments, improved outcomes, increased patient volume, and increased patient satisfaction. "Focusing on advanced access can get rid of no-shows and unblock the schedule," Dr. McGeeney says. "It lets practices increase the number of patients they see without extending the work day."

### **Ancillary Services**

Besides connecting with patients through social media, Dr. Wolynn tries to make Kids Plus a one-stop destination by providing related ancillary services. For example, the practice started a lactation service in 1996 and in 2006 formalized it into a breastfeeding center that services the entire region. The physicians work in tandem with lactation consultants; and, because physicians are involved, the service is covered by insurers. The breastfeeding center has become an established community resource, Dr. Wolynn says. Other pediatricians refer their patients to the center for prenatal classes and breastfeeding instruction, and the service helps Kids Plus attract new patients who don't have an established primary provider.

"Families want a full set of services," Dr. Wolynn says. Providing all of them is part of the practice's effort to achieve Level 3 medical home designation by the National Committee for Quality Assurance.

At Elmwood Pediatric Group, Dr. Francis and her colleagues earn extra revenue by renting out rooms to psychologists. "Our patients can come into our office and see an excellent psychologist at the same time," Dr. Francis says. "So it's great PR for the practice."