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The JPA Examiner

A publication of the Jackson Physicians Alliance, PC

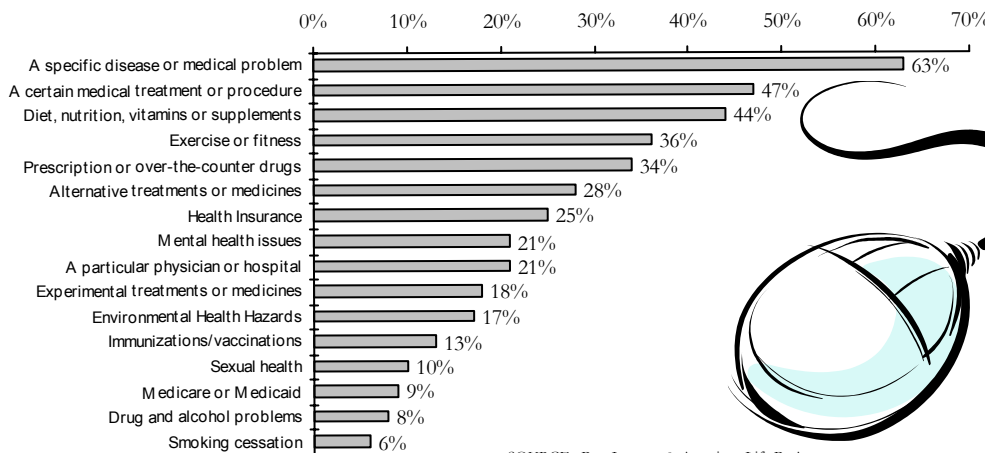
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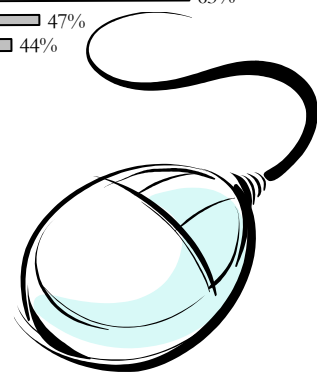
JPA and the World Wide Web

JPA recently launched its new website, www.JPAdocs.com. “Being accessible on the world-wide web is one of the primary goals for JPA in 2003.” According to Mark Dengler, Executive Manager, the organization’s new website is part of a strategy to become more engaged using an electronic, paperless environment. “The industry is rapidly growing with web-based, Patients, payors, and regulators are all driving practices to be more active on the Internet.” According to a recent survey, 80% of Internet users search for information on at least one of 16 different health topics (see chart below). JPA is very excited to provide information about its organization and its physicians for the public to easily access through the JPA website. Check out the new website. We’ve worked hard to make it especially user friendly and valuable for our membership.

Percentage searching for topic



SOURCE: Pew Internet & American Life Project



**Year 2002-03
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Save Money Using Your JPA Membership

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JPA is pleased to announce a new preferred vendor relationship with DBI Business Interiors. You can save up to 70% on standard office items. The average savings is 40%. DBI offers exclusive discounts to members on office supplies as well as free, next day delivery, periodic, “Members Only” specials



and a dedicated customer service representative for JPA Members. Signing up is as easy as completing a simple form and faxing it back to Cheryl Meschke at 517-817-2142. The sign up forms were sent out earlier this month. There is no charge to become part of the JPA-DBI purchasing group. Once you enroll, you will be contacted directly by a local DBI representative. You’ll receive a DBI Product Catalog as well as a “thank you” gift. Even
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10 Ways Practices Lose Money—And What You Can Do About It

With all the concern over rising costs, decreasing reimbursement and increased paperwork many practices may lose sight of some key ways they may be losing money. Luckily, many of these things are issues that we can actually do something about! Below are some areas where practices can make a difference.

1. Lost Productivity – occurs when providers see fewer patients or provide fewer services per visit than optimum. [For example, missing one fee-for-service visit per day can result in approximately \$15,000 in annual lost revenue.]

REMEDY: Set, post and achieve daily productivity goals. Give staff bonuses for achieving productivity goals. Enhance physician/staff teamwork. Maximize delegation of clinical and administrative tasks. Acquire and use appropriate technologies. Maximize complexity and services per visit. Provide alternatives to unnecessary patient visits, such as managing uncomplicated issues by phone or email.

2. Inadequate and Inaccurate Coding – occurs when coding knowledge is not kept up-to-date, resulting in reduced reimbursement and delayed or denied claims. Fear of overcoding or leaving the coding to support staff who were not present in the exam room are the most frequent causes for inadequate or inaccurate coding. **REMEDY:** Purchase new ICD-9 and CPT books annually. Have a “cheat sheet” of the frequently used codes in the exam room. Take advantage of coding training courses. Have a coding audit done periodically by a consultant or by self-audit.

3. Bad Billing Practices – occurs when insurance information is not up-to-date for a patient, resulting in denials and delayed payment. **REMEDY:** Have standards for confirming insurance coverage, processing new claims and following up on past-due accounts. Review monthly reports to identify unexplained changes or trends, such as increasing accounts receivable.

4. Poorly Reimbursing Insurance Plans – occurs when you do business with an insurance plan that has poor reimbursement. **REMEDY:** Evaluate reimbursement from health plans that you are currently participating with. Resign from poorly reimbursing plans to allow time to see patients from better paying plans and encourage patients to switch to better plans.

5. Infrequently and Improperly Updated Fee Schedules – occurs when physicians do not update their fee schedules based on the resource-based relative value scale (RBRVS), resulting in fees that are too high or too low. **REMEDY:** Become familiar with the RBRVS methodology. Update your fees annually.

6. Lack of a Budget – without which a practice is unaware of its costs and how those costs compare to local

or national benchmarks. **REMEDY:** Prepare monthly income and expense reports for your practice. Compare your income and expenses to other similar practices nationally. Establish a baseline budget based on national statistics.

7. Excessive Overtime and Overstaffing – occurs when some staff unnecessarily work overtime or when too much staff is working in times of low demand, resulting in higher than necessary staffing costs. **REMEDY:** Adjust staff schedules to minimize overtime. Limit the number of staff remaining at the end of the day waiting for the last patient to exit. Insist on pre-approving all overtime. Develop a staffing budget and stick to it.

8. Inefficient Supply Purchasing – occurs when supply vendors keep your office restocked or when staff members leave the office (on company time) to make a trip to the office supply store. **REMEDY:** Set up a good inventory management system. Join a purchasing group to negotiate discounts. Buy from discounters rather than retailers. Buy online rather than in-store. Specify the types or brands of items you need to prevent staff from purchasing expensive items, such as \$5 pens when 15-cent pens would do.

9. Petty Theft and Embezzlement – occurs when staff doesn't think that taking home a box of pens or a ream of paper is theft or when an employee manipulates the financial policies. **REMEDY:** Check employment references, credit reports and court records when hiring employees who will be handling your money. Obtain a “fidelity bond” insurance policy on staff who handle money. Establish a formal policy that states that taking supplies without permission is theft. Rotate or divide financial duties among staff. Review your practice finances monthly, investigating irregularities. Pay attention to detail. Don't set a bad example by “dipping into the till” yourself. Investigate suspected embezzlement discreetly.

10. Unmanaged Risk – occurs when a practice takes on capitated or discounted fee-for-service contracts with risk-withholds without the capacity to manage the risk or survive its failure. **REMEDY:** Read and understand your managed care contracts before signing them. Be an expert on carve-outs, formularies, pre-authorizations, admissions, specialist panels, co-pays, coding, noncovered services, cost reimbursements, etc. Know your costs per contract, per month and per patient encounter, and know how they compare to other practices.

Dodging the Malpractice Bullet

“Been there; done that.” For many physicians, this is the sentiment they associate with medical malpractice litigation. The bad news is that the typical family physician can expect to be sued about once every seven to 10 years. The good news is that only about 10 percent of potential malpractice claims are ever filed in court. And of the cases that make it that far, 80 to 90 percent are either dismissed or decided in the physician’s favor.

Americans hold individuals who bring medical lawsuits at least partially responsible for our expensive problems with the malpractice system, according to the Kaiser Family Foundation report, “*Public Opinion on the Medical Malpractice Debate.*”

What can you do to protect yourself? Perhaps more than you think. For family practitioners, the greatest liability risk

arises from errors of omission, rather than commission. Missed diagnoses of myocardial infarction; appendicitis; and breast, colon and lung cancer top the list. Primary complaints center on misreading the significance of signs and symptoms present and dropping the ball on proper follow up.

Complete and careful record keeping is always a key element of good practice. Medical chart notes should be legible and clearly dated. Remember to keep the editorial comments to yourself. Few things rankle jurors more than a doctor who makes pejorative remarks about patients.

Finally, studies have shown that physicians who spend more time educating and orienting patients and those who regularly use humor with their patients have lower instances of malpractice claims.

Patients with Their Lists...



RUN!

Some patients view any office visit as either an opportunity to catch up on their neglected health care issues or to get an expert opinion on a variety of inconsequential items.

Trying to handle multiple problems in a 15 minute visit poses several problems:

- You cannot stay on schedule and will inconvenience other patients.
- It increases your medicolegal risk. Patients may not hear or understand all of the instructions because they are trying to remember so many things.
- It generates lower reimbursement. For example, one level-IV visit is less than two level-III visits.

How can you ensure satisfaction and meet patient expectations? Here are some suggested interventions:

- Ask your nurse to watch for patients with lists and express doubt about your ability to correctly address all the problems in one visit.
- Describe the risks associated with quickly skimming over several problems.
- Encourage follow up visits for each problem. Let them know you want them to have safe care and that you do care about each of their problems
- Prioritize. Do not be sidetracked by a patient’s arthritis pain when shortness of breath and chest pain is also a problem.
- Use good judgment. Be resolute without being mean and confrontational. Ensure patient care and patient satisfaction on each visit.

JPA Members Save with DBI

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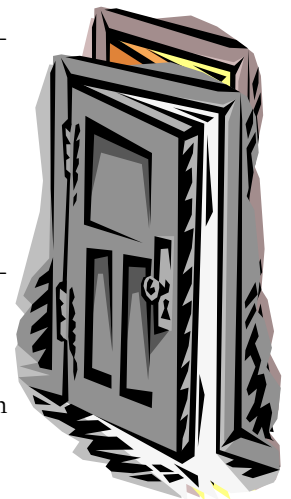
if you already do business with DBI, you’ll enjoy additional savings through the JPA program.

As a group, JPA can often negotiate better rates and more savings on items used every day. Please see the article on page 2, *How Practices Lose Money—And what you can do about it*, for more information on managing your office supplies and budget.

IN THE DOOR

Please welcome the following new physician members to JPA:

- **Dr. Roger Bloomer**,
Foote Family Medical Center - Concord
[Family Practice]
- **Dr. Jeffrey DeWeerd**,
Foote Family Medical Center -
Leslie
[Family Practice]
- **Dr. Gary Mikesell**,
Solo Practitioner
[Family Practice]
- **Dr. Matthew Moore**,
Foote Family Medical Center -
Brooklyn
[Family Practice]
- **Dr. Reza Saveh**,
Pulmonary Clinics of Southern
Michigan
[Internal Medicine/Hospitalist]



JACKSON PHYSICIANS ALLIANCE **JPA**

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***Dedicated to helping
physicians optimize
health care outcomes
and patient satisfaction***

Upcoming Events

- **September 10:** *JPA's Regulatory Compliance Task Force*
This standing committee of practice managers meets monthly to address regulatory compliance issues such as HIPAA, OSHA and OIG. There is an annual fee to participate, which covers the cost of materials distributed.
- **September 22:** *Documentation and Coding Update*
On Monday evening, September 22, JPA will be sponsoring a Coding Training Seminar for its members. The program will be delivered by Ms. Judy Breuker, CPC, CCS-P, CHCC, CHBME from Medical Education Services, LLC in Grand Rapids. Judy will provide a 2 hour training presentation educating us on diagnosis coding guidelines and changes for 2004. She'll also be reviewing the "Clean Claims Act".
- **September 24:** *JPA Practice Managers' Meeting*
The JPA Administrative team will be holding its Fall Practice Managers' Meeting from 8:00 AM to 9:00 AM. This forum is conducted twice a year and is an opportunity for Practices to learn about the JPA initiatives. Breakfast is served.

JOIN US TO LEARN WHAT IS NEW!

{Reservations are required}

Please call Cheryl Meschke at 817-2140 with questions
about these events.

Another Preferred Relationship Benefit

Effective July 2003, JPA members can receive additional discounts on injectables thanks to our relationship with McKesson and Blue Care Network. For more information on this money saving program, contact Cheryl Meschke, JPA Administrator at 517-817-2140 or Michael Stock at 1-800-877-1919 x 3273.

McKESSON

Empowering Healthcare

**Let JPA know if you
have any issues
where we can help!**