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## Letter from the President



**Susan Reichert, FACMPE**  
President, MGMA-MO

MGMA-MO was recently honored with a Second Place finish for a State Partnership Award during the MGMA State Leaders Conference held in Colorado. The award was given based upon submission of an essay in "recognition of the exemplary stewardship of the needs of your membership and the advancement of the profession of medical practice management in the state of Missouri."

While this award is truly humbling and validates the hard work put into MGMA-MO by your Board of Directors, Conference Planning Committee, ACMPE Forum Rep, Legislative Liaison, Business Partners and all the others who help make this organization great, MGMA-MO certainly shouldn't become complacent nor should any of you! I know that each of you are acutely aware of how quickly our profession changes and sometimes it seems changes occur on a daily or even an hourly basis. It is critical that we allow ourselves the time to continue our education and to help each other in the myriad of ways that are available to us in today's environment.

I subscribe to John Maxwell's daily e-mail which is called "A Minute with Maxwell" and the other day he asked the question "Are you intentional about your growth?" I would challenge each of you with the same question! There are so many educational offerings to help keep us current and up-to-date I do hope you are taking advantage of them. To name just a few, webinars are a great way to learn information on the most current and timely healthcare issues as well as articles in professional journals. Don't forget that there are several local MGMA chapters across the state that offer monthly educational value on current and relative topics. This is also a great way to network and meet peers facing the same challenges that you are within our industry.

Please consider attending MGMA-MO's annual spring conference coming soon on May 7-9 at Tan-Tar-A Resort in Osage Beach. There will be many great presentations on the most current and relative topics and this is a perfect way of being very intentional about your growth! I certainly hope to see many of you there!

**Susan Reichert, FACMPE**  
President, MGMA-MO  
[Susan.Reichert@coxhealth.com](mailto:Susan.Reichert@coxhealth.com)



# MGMA-MO 2017 Spring Conference

## Leader Champions / Practice Champions

### May 7-9, 2017 • Tan-Tar-A Resort

If you were waiting to register until you reviewed the full slate of speakers, wait no more. The conference brochure is in the mail and on the MGMA Missouri website for your review. We have something for everyone whether you are a new practice manager, experienced practice manager, hospital or private practice, interested in practice management or a certified coder. This year's conference has been granted up to 11.0 continuing education hours by AAPC as well as being eligible for American College of Medical Practice Executive (ACMPE) credit hours.

On Sunday, we have preconference sessions for new managers, those interested in obtaining ACMPE certification or fellowship status, and looking at the future of Human Resources. On Monday, there will be several breakout sessions covering Patient Engagement, Quality and Efficiency Measurement, Moving from Volume to Value, Telemedicine, Cyber Security, Physician Burnout, Collections, Risk Management and sessions regarding coding and documentation.

As mentioned in the last newsletter, you do not want to miss our keynote speakers. Sunday night, Jay Rifenburg, an internationally renowned speaker, will be talking about No Excuse! Incorporating Core Values, Accountability and Balance in your Life and Career. We are very excited Donn Sorensen, Mercy East Region President and current AMGA Board Chair, will be joining us to discuss Big-Hearted Leadership in his keynote address on Monday morning. Monday afternoon, Attorney Rich Sanders will be speaking on The Early Days of the Trump Administration and Its Impact on Healthcare. And on Tuesday, Suzanne Falk from National MGMA Government Affairs will be updating us on the latest from Washington as well as assisting us in staying on track understanding and implementing MACRA and whatever other changes await the Healthcare industry in the coming years. We will also be joined on Tuesday by Joe Mull, an energetic and entertaining speaker on Motivating Healthcare Teams in an

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Era of Change, More Work, & Fewer Resources. You will be able to visit the many vendor booths in the Exhibit hall; without whom we could not present the caliber of speakers we do year after year. And of course, networking with your peers throughout the conference. Please join us at the MGMA Missouri Spring Conference Leader Champions Practice Champions May 7-9, 2017 at Tan-Tar-A Resort in Osage Beach.

- Sharon E. Sagarra, MBA, FACMPE  
2017 Conference Chair and President-Elect  
[sharon.sagarra@gmail.com](mailto:sharon.sagarra@gmail.com)

## Upcoming Member Webinars

**February 14, 2017**

### ***Developing a Career Plan for Career Change in Healthcare Management*** **12:00-1:00pm (Central)**

This webinar will provide a framework of how to create a career plan to establish clear goals when in search of career change. In addition, you will gain insight to what organizations are seeking in candidates and provide guidance on how to best present yourself through writing an effective resume, networking and interviewing.

**March 14, 2017**

### ***HR 2017 Expect the Unexpected*** - Jennifer Thompson, MWG Employer Services

HR and Labor changes to come with new White House administration:

- Affordable Healthcare Act (Obama Care)
- Immigration Regulations and overview of new I-9 form
- OSHA reporting and requirements
- New EEO reporting requirements and forms

**April 11, 2017**

### ***Preparing Your Revenue Cycle for Tomorrow's Payment Revolution*** Ken Bradley, Vice President, Strategic Planning and Regulatory Compliance, Navicure

Receiving payment in today's fee-for-service environment is challenging enough for most healthcare organizations, but tomorrow's value-based reimbursement models will prove to be even more complex—including the proposed MACRA reform. Value-based reimbursement has many different iterations, from shared risk to bundled payments and the task of monitoring the new level of claims' complexity will fall on revenue cycle staff.

- Analyze proposed MACRA payment reform and how it could affect revenue
- Compare today's standard revenue cycle processes and technology with what will be needed to prepare for tomorrow's payment models
- Leverage existing and emerging technology to help prepare your organization for current and upcoming payment models

**Educational webinars is just one of the many benefits of your MGMA-MO membership.**

**[Please visit mgma-mo.org to register.](http://mgma-mo.org)**



## Speaker Spotlight on Joe Mull

On Tuesday, May 9, 2017, Joe Mull, M.Ed, author of *Cure for the Common Leader: What Physicians & Managers Must Do to Engage & Inspire Healthcare Teams*, will keynote the Missouri MGMA spring conference. His engaging talk, *Motivating Healthcare Teams in an Era of Change, More Work, & Fewer Resources*, will give attendees a plethora of evidence-based tactics and strategies for influencing employee engagement in outpatient practice settings. His program is a funny, engrossing exploration of how practice leaders can get more out of their teams by creating the conditions that lead employees to care and try.

Mr. Mull is the former head of Learning and Development for Physician Services at the University of Pittsburgh Medical Center (UPMC), a U.S. News and World Reports Top 10 Healthcare System, where he directed training for one of the largest physician groups in the U.S. – more than 9,000 employees over more than 500 locations.

Nowadays he travels the country delivering keynotes, workshops, and training events designed to help practice leaders navigate the people management challenges they face every day. With more than 10 years of experience working exclusively in healthcare, and a focus on employee engagement and “soft skills” development, he tells us he “has delivered training in every imaginable setting including waiting rooms, hallways, PAC-U stalls, and boardrooms.”

The theme for the spring conference is “Leader Champions, Practice Champions.” Mr. Mull considers himself a champion for practice managers. “They are the most important people in healthcare. Without them we can’t create engaged healthcare teams, which then means we aren’t serving patients and families at the highest level.”

When asked what Missouri MGMA members can expect from his program at the spring Conference, he said “Research tells us there are a handful of conditions that employees need to experience to be at their best every day. Those conditions are largely created, installed, and maintained by practice lead-

ers. I’m going to show attendees exactly what they are and give them multiple tactics and strategies for getting teams to give their all, day in and day out.”

Above all else, he says, expect compelling content delivered in a dynamic way. “I think conferences and training of any kind should be fun and engaging, while packed with ways people can be more successful immediately afterwards,” he says.

Because he works exclusively with practice leaders, Joe understands much of what MGMA members face every day. That’s why both of his programs tackle leadership challenges that don’t get talked about often in healthcare.

“I consider it a privilege to help practice leaders get better at their work,” says Mr. Mull. “They are so very important and yet their efforts can be invisible at times to others. I want to remind them how noble their work is while also giving them a whole host of ways to show up differently to get better results.”

For more information on our Keynote speaker, including a preview video of his programs, visit [www.JoeMull.com](http://www.JoeMull.com). To register for the 2017 Missouri MGMA Spring Conference visit [mgma-mo.org](http://mgma-mo.org).



**Joe Mull**

Keeping the **game fair...**



...so you're not **fair game.**

Your Missouri medicine  
is getting hit from all angles.

You need to stay focused and on point—  
confident in your coverage.

Get help protecting your practice,  
with resources that make important  
decisions easier.



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# Quality Payment Program: Quality Performance Category

The Quality Payment Program (QPP) was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires eligible physicians and clinicians to participate in one of two payment paths: the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Models. The MIPS program contains four performance categories: Quality, Improvement Activities, Advancing Care Information and Cost. The first year of QPP, 2017, is a transition year.

## 2017 Transition

In 2017, you pick your pace for the transition year. Keep in mind that your transition pace will affect your payment adjustment eligibility. You can choose the test pace to submit some data after Jan. 1, 2017, and receive a neutral or small positive payment adjustment. If you choose the partial year transition pace, you will report for any consecutive 90-day period after Jan. 1, 2017, and receive a small positive payment adjustment. Finally, you can choose to participate fully beginning Jan. 1, 2017, and receive a modest positive payment adjustment. To participate fully, you will select six of about 300 quality measures for the Quality performance category; of these, one must be either an outcome measure or a high-priority measure, which is defined as an outcome measure, appropriate use measure, patient experience, patient safety, efficiency measure or care coordination measure.

## Data Submission

You can report as an individual or as a group, and you can choose from several options which method you will use to submit your data. For individual reporting, you can submit through a Qualified Clinical Data Registry (QCDR), a qualified registry, electronic health records (EHR) or claims. If submitting as a group, your data may be submitted through the QCDR, a qualified registry, your EHR, administrative claims, the Centers for Medicare & Medicaid Services (CMS) Web Interface (for groups of 25 or more) or the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey.

## Performance Scores

The Quality performance category is the largest portion of the MIPS score and is worth 60 percent in the 2017 transition year. The Quality measure options are listed on CMS' QPP website. The Quality score is determined by adding together points earned on the required six quality measures and any bonus points, and dividing that total by the maximum number of points. The maximum points equals the number of required measures times 10, and the maximum score cannot exceed 100 percent.

To learn more about MIPS and receive free technical assistance with your transition to the Quality Payment Program, visit [www.tmfqin.org/Networks/Quality-Payment-Program](http://www.tmfqin.org/Networks/Quality-Payment-Program).

## Upcoming Events

The TMF Quality Innovation Network hosts educational events for the benefit of physicians, hospitals and other health care professionals. You can learn more about upcoming events by visiting [www.TMFQIN.org](http://www.TMFQIN.org) and clicking on the Events tab. Recorded events are also available, including "An Overview of the Quality Payment Program for 2017," which was presented by David Nilasena, MD.

## Physician Quality Reporting System (PQRS) and Meaningful Use Open Forum

Join this TMF Quality Innovation Network webinar to ask questions and learn details for the final reporting and attesting of 2016 PQRS and 2016 Meaningful Use. We want to assist you with the needed resources and tools to avoid penalties in 2018. This open forum will take place Thursday, Feb. 16, noon–1 p.m. CT. Register today.

We are already through the first month of 2017 and I know many of you have set a goal to obtain certification or fellowship this year. Congratulations to all those who met their goal in 2016. For those who haven't yet achieved your goal of becoming board certified, 2017 is your year! MGMA has made some changes in the exam and eligibility requirements. One of the changes is the redesign of the written exam. The Exam Development Committee has designed a scenario-based exam that will be introduced in September of 2017.



**Merry E Mullins,  
MBA, FACMPE**

The other change is the qualifications to apply for ACMPE certification. Beginning in 2019, in addition to requiring two years of healthcare experience, and six months on a supervisory role, applicants will be required to hold a bachelor's degree or 120 college credit hours upon applying.

MGMA continues to look for ways to make the certification a goal that is attainable for managers, administrators and physicians who want to take the next step in their career. A few of the ways MGMA is helping is by offering on-demand study groups for board certification.

### **Board Certification Study Group 2016 is on-demand**

There were 8 weekly webinar modules covering the six (6) domains in the Body of Knowledge, which are open to members and non-members. See the webinar series in the MGMA store for more details, please point anyone interested in board certification to this webpage. The 2017 webinar series will begin in May.

When you are ready to sit for the exams go to [www.mgma.com](http://www.mgma.com) and complete the application to take the exams. 2017 exam dates are below:

Exam Dates	Registration
March 11 – 25, 2017	Jan. 30 – Feb. 10, 2017
June 10 – 24, 2017	April 24 – May 5, 2017
September 9 – 23, 2017	July 24 – August 4, 2017
December 2 – 16, 2017	October 23 – November 3, 2017

**Exam sites can be found at:**  
<http://www.castleworldwide.com/cw/w/our-solutions/test-delivery/test-site-cities/#uslocations>

**Help is Available** If you are unsure about the exam process and whether or not you are ready to test; there are a number of study groups around the country that are free to MGMA members. Some are live, some are webinar based, and some are on-line. You are free to join any study group that fits your schedule. The list of study groups is available on the forum representative member community at [www.mgma.com](http://www.mgma.com). Once you become board certified, you then become eligible to obtain your Fellowship in the American College of Medical Practice Executives.

### **Future Fellows**

For future Fellows, I encourage you to continue working on your outline as the recommended deadline is June 2, 2017 with August 4 2017 as the Final Manuscript Deadline. You can find more fellowship information and resources at [www.mgma.com/fellowship](http://www.mgma.com/fellowship). MGMA is also offering the fellowship study group on-demand.

### **Fellowship Study Group is on-demand**

The Fellowship study group webinar series is designed to help individuals considering Fellowship to learn more about the process and requirements and encourage them to earn their FACMPE. All webinars are now available on-demand.

**- Merry E Mullins, MBA, FACMPE**  
**MGMA-MO ACMPE Forum Representative**  
[merry.mullins@hmeck.com](mailto:merry.mullins@hmeck.com)

# February 2017 MGMA-MO Legislative Report

## State government affairs

### Inauguration Day and Legislative Session Moving Along



**Eric Greitens is sworn in as Missouri's 56th Governor by Missouri Chief Justice Patricia Breckenridge. (photo taken from author's vantage point)**

Frankly, attending a Missouri state inauguration was not on my bucket list. However, the opportunity availed itself. So, on Monday, January 9, I watched as five of the state level office holders were sworn in on the Capitol steps – Republicans: Treasurer Eric Schmitt, Attorney General Josh Hawley, Secretary of State Jay Ashcroft, Lieutenant Governor Mike Parson and Governor Eric Greitens. The only state level office holder not in the transition is Auditor, an office held by Nicole Galloway, now the only Democrat in one of the state leadership positions.

As a first time observer, I became acutely aware of the orderly transition of power that occurs regularly in our country. While in many corners of the world, war, coups, strife and struggle oftentimes accompany what we experience as both “commonplace” and “miraculous.” Now, the task of governing and legislating begins.

Following are a few health-related pieces of legislation that are moving through the early stages of this year's legislative session. Each has passed out of committee in the House or Senate and could now be debated on the floor of each chamber.

HB 153 -- EXPERT WITNESSES - This bill specifies that a witness who is qualified as an expert may testify in the form of an opinion or otherwise if the expert's specialized knowledge will help the judge or jury to understand the evidence or to determine a fact in issue and the expert has reliably applied the principles and methods to the facts of the case. (This bill tightens up the rule for who can testify as an expert witness.



**John Marshall  
Legislative Liaison**

For example, a dermatologist could not testify as an expert witness in a case involving cardiology.)

HB 95 -- COLLATERAL SOURCE RULE (Similar to SB 31) Parties may introduce evidence of the actual cost, rather than the value, of the medical care or treatment to the plaintiff. The actual cost of the medical care or treatment cannot exceed the dollar amounts paid by or on behalf of a patient whose care is at issue plus any remaining amount necessary to satisfy the financial obligation for medical care by a health care provider after adjustment for any contractual discounts, or price reduction.

SB 237 - This act creates and broadens the definition for the term "employee" and repeals the definition for the term "physician employee" in provisions relating to causes of action for damages against a health care provider for personal injury or death.

### **Federal issues – Repeal and Replace, Rep. Tom Price & MIPS**

On the federal level, predicting what the Trump administration and the current Congress will do is almost impossible. For example, President Donald J. Trump has called for a quick repeal of the Affordable Care Act (ACA) without the two or three-year implementation delay that has consistently featured in the repeal strategy of Republican legislators, undermining, maneuvers by Republican lawmakers to make good on their political promises without disrupting patient coverage and insurance markets.

Rep. Tom Price, a former orthopedic surgeon from Georgia and Health and Human Services nominee, began his confirmation hearings on Jan. 18. Price has

## February 2017 MGMA-MO Legislative Report, continued

led efforts in the House of Representatives to repeal Obamacare, including the crafting of a 242-page proposal, the Empowering Patients First Act of 2015 (H.R. 2300), that would satisfy Trump's demand for a simultaneous repeal-and-replace bill. Other Republican bills to replace the ACA or Obamacare featured a delayed implementation date so that patients, providers, and insurers could prepare for yet another major shift in healthcare policy.

While repeal & replace and Rep. Price dominate the news, MIPS also keeps moving on. Just know that while the Affordable Care Act (ACA) may go away, Medicare's Merit-based Incentive Payment System (MIPS) is expected to be around for many years. MIPS is the key aspect of the Medicare Access and CHIP Reauthorization Act (MACRA), the bipartisan law that eliminated a longstanding rule requiring CMS to cut Part B payments each year: remember the SGR (Sustainable Growth Rate). Republicans are not expected to do much to MACRA or MIPS, except for some minor changes, which CMS has already committed to doing, based on the changes made to MIPS between its proposed rule and final rule. All this means that your practice is stuck with MIPS, and the first performance-measuring year is 2017 and it's already started.

- John Marshall  
Legislative Liaison, MGMA-Missouri  
[jmarshall@signaturehealth.net](mailto:jmarshall@signaturehealth.net)

Feel free to contact John regarding any of these issues.



**President-Elect Sharon Sagarra receives the award on behalf of MGMA-MO**

At the recent MGMA State Leadership Conference held in Denver, MGMA Missouri won 2nd Place in the State Partnership Award and a check for \$2,500. This award is in recognition of exemplary stewardship of the needs of our membership and the advancement of the profession of medical practice management. This award is based on how the organization has improved its efforts to advance the medical practice management profession over the past year.



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**MGMA**  
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# Ways to Keep Your Private Practice Afloat

Recent estimates place the number of doctors remaining in private practice to be around 30 percent and it is predicted that trend will continue.

For years, economic stresses escalated for smaller practices as overhead costs soared and reimbursements stagnated. And now in more recent years, practices are being further assailed with increasing regulatory burdens and costs. It is further predicted that most small practices will suffer negative reimbursements under the new Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) rules when it rolls out in 2019. It is no wonder that doctors want out of the business of running a medical practice.

However, many doctors are standing strong in the face of these attacks. While many predict the demise of private practice, those standing strong will survive but it will take effort and adaptations to be made. We cannot just continue with the traditional model of care and expect to stay afloat.

## How can private practices survive the coming onslaught?

- Perhaps, the most important first step is to know your practice's finances. Study the accounts receivable and see how you are performing in your billing. If you do not have time to do this yourself, there are many companies out there who will perform a practice analysis for you. Many doctors rely on their billers and office managers to track this information. As the practice owner, you need to know it as well, otherwise you are probably losing money you should be collecting.

- After you evaluate your financials, fix any problems you find. You should be getting paid for almost all of your claims within 30 days. If you are not, find out why and make the necessary changes to ensure that you are.

- After making sure you maximize your reimbursements, review your overhead costs and see where you can make reductions. Don't just make practice purchases with your usual vendors. Compare costs. Often, the cheapest supplies can be found on Amazon.com, but most physicians don't think of buying medical supplies there. Also, look into joining a buying group to purchase supplies. These groups are often given discounts.

- Keep up with all the new regulations being passed. To begin with, if you don't comply with these regulations, you can be fined or face negative adjustments on your pay-

ments. Make the necessary adjustments in your practice to avoid these financial losses. A good example is the Meaningful Use program. By participating in this program, doctors not only avoided financial penalties, but they were paid incentives in the tens of thousands of dollars. Don't leave any money you may be entitled to on the table.

- If you need to purchase an expensive medical instrument, time your purchase right. Many companies will offer better discounts at the end of a quarter. Also, many vendors will tell you that if you don't buy their product within so many days, you will lose the promotional discount. This simply is not true; they can give you the promotion whenever they like.

- Evaluate your staff. Are you over or under staffed? Watch the work your employees are doing and see where inefficiencies seep in. Angry patients are also a lost revenue to you. Do you have a receptionist that your patients don't like? As doctors, we are trained to be compassionate. But, as the owner of a business, you need to run it as a business. You should have the right staff doing the right jobs otherwise you stand to lose money.

- Don't waste money on advertising where it typically doesn't work, such as newspapers. Look to establish social media presences where you can advertise for free or relatively cheaply.

- Talk with other physicians in your geographic location and you can share stories of what works and what doesn't. Also, this may help establish coverage for when you need time off rather than paying an expensive locum tenens fill in.

- Consider alternative models of practice, such as Direct Primary Care, where the patient pays the doctor directly with no third-party involvement.

- Evaluate your third parties. Drop those who aren't paying you well or on time.

Many doctors fear running their own practices, but it is still feasible. In our medical education, we were not taught any business skills and this fact cost many doctors to fail in this regards. We must empower ourselves by gaining this business knowledge and incorporating it into our practices. Using this knowledge and hiring the right people can mean the life or death of a medical practical practice. If more doctors embraced this model of care, we will all become more successful.

- By Linda Girgis, MD  
Physicians Practice  
[www.physicianspractice.com](http://www.physicianspractice.com)

# MGMA-Missouri Scholarships

Did you know that MGMA-MO has several scholarship and professional enrichment awards available to its members and a scholarship award for the dependent of an active member?

Through our mission to develop and equip our members to create dynamic, successful medical group practices that meet the needs of today's patients through education, building relationships, advocating, and providing tools that focus on the delivery of excellence in patient care the MGMA-MO Board of Directors has established the following scholarships and professional enrichment awards:

\* **The Presidential Scholarship** will be awarded to an Active Member of MGMA-MO who is pursuing higher education through a formalized degree program. The applicant must be employed at the time of submission. (\$2,000)

\* **The Judith Hillyard Professional Development Scholarship** will be awarded to an Active Member of MGMA-MO who is pursuing continuing education either through a formalized degree program or registration/lodging for a national MGMA sponsored conference or other national MGMA conference designed to strengthen management skills. The applicant must be employed at the time of submission. (\$1,000)

\* **The MGMA-MO Conference Professional Enrichment Award** will be awarded to an Active Member of MGMA-MO interested in pursuing continuing education through attendance at the MGMA-MO Annual Conference. The applicant must be employed at the time of submission. ([Registration & Two Nights Lodging](#))

\* **The ACMPE Professional Enrichment Award** is awarded to an Active Member of MGMA-MO who is pursuing certification or fellowship through the American College of Medical Practice Executives (ACMPE). The applicant must be employed at the time of submission. (\$250) This award is available on a quarterly basis throughout the year.

The MGMA-MO Board of Directors, in recognition of the need for college level education in the development of future professionals, established one scholarship in support of a dependent of an Active Member engaged in pursuing a college degree. Also, one scholarship is to be awarded to a current Student Member in support of their attendance to the State conference.

\* **The Dependent Education Scholarship** will be awarded to the dependent of an Active MGMA-MO Member planning to pursue higher education through a formalized degree program and submitting a completed application by the deadline. (\$1,000)

\* **The Vincent A. Schneider, Jr. Scholarship** will be awarded to a Student Member of MGMA-MO or local chapter affiliate and full-time student majoring in healthcare at an accredited college or university in the state of Missouri. The scholarship will be awarded to a student interested in pursuing continuing education through attendance at the MGMA-MO Annual Conference. The applicant must be enrolled as a student at the time of submission. ([Registration & Two Nights Lodging](#))

Each of these scholarships and awards will help MGMA-MO fulfill its mission and promote the professional development of its members. If you are an active member and pursuing higher education, please take the time to apply for any of these scholarships or awards and encourage your colleagues to do so as well. Applications are available online at [www.mgma-mo.org](http://www.mgma-mo.org). For more information please contact the MGMA-MO office via email at [info@mgma-mo.org](mailto:info@mgma-mo.org).

**Scholarship Applications are due March 31, 2017**

## Mitigating Risk - Five Key Areas of Focus

Healthcare liability insurers cannot tell physicians or midlevel providers how to better practice medicine or avoid surgical mistakes—but can offer guidance that can help you mitigate risk. Here are five key areas to focus on that can help protect your practice.

### Use Technology with Caution

Healthcare looks very different than it did 25 years ago. Physicians are using tablets, smartphones, interactive apps, and other electronic means to provide efficient healthcare to patients.

According to several sources, between 75 and 85 percent of physicians use a smartphone or tablet for professional purposes. Uses include email, research, EMR entry, x-ray review, telehealth, and more. While electronic devices have many benefits, their use presents new risks.

Chief among these risk exposures is the increased possibility of a HIPAA violation. While a HIPAA violation is not the same as a malpractice claim, it can still negatively impact you and your practice, staff, and patients.

HIPAA concerns arise in several areas of electronic device use. Losing a device may allow an individual access to protected health information (PHI) stored on the device. If the device is not properly encrypted or secured, an individual may access PHI through apps, email, or hacking into a system using the device's connectivity.

Another risk arising from mobile electronic devices involves app usage. There are approximately 26,000 healthcare apps available, and 7,400 of those apps are marketed to physicians. Somewhat surprisingly, the FDA has only approved 10 healthcare apps as of July 26, 2016.

One physician wrote about a blood pressure app he was using that gave inaccurate readings. When he contacted the app's developer, he was told the app was in the "beta-testing stage" and intended for "entertainment purposes only." Despite this information, the developer was selling the app to end-users—without any disclaimers or mention of its test status.

Healthcare providers need to be vigilant when deciding whether to use certain apps. Research the app's usage and do preliminary testing to ensure its accuracy. Use the app, then verify the results with traditional testing until the physician is satisfied the app's results are accurate. Another suggestion is to contact the app's developer and request testing/clinical trial results on its accuracy.



Jeremy Wale

Use of smartphones, tablets, laptops, etc., in healthcare becomes more main stream every day. Be sure you are proactive in mitigating the accompanying risks. You may need to contact an IT security specialist to help ensure you are managing potential risks as effectively as possible.

### Track and Follow up on Your Tests

Missed or delayed diagnosis is one of the most often litigated allegations in medical malpractice. These claims often result from tracking and follow-up procedure failures.

Lab testing is one of three key areas (the others are referrals to specialists and missed/canceled appointments) where tracking and follow-up are vitally important. A retrospective study researched the frequency of patients not being informed of test results, concluding there was a 7.1 percent failure rate. Tracking and follow-up procedural safeguards can be implemented and have a large impact on potential liability claims.

A reliable test tracking and follow-up system ensures the following steps occur:

1. The test is performed.
2. The results are reported to the practice.
3. The results are made available to the ordering physician for review and sign-off.
4. The results are communicated to the patient.
5. The results are properly filed in the patient's chart.
6. The results are acted upon when necessary.

Here are some suggestions for improving your process:

# Mitigating Risk - Five Key Areas of Focus

- Route all test results to the ordering physician for review. Procedures to ensure the ordering physician receives each and every test result can help lessen the risk of a result “falling through the cracks.” Something as simple as a log book or email notification can help facilitate physician review.
- Ask the ordering physician to review and sign off on each ordered test result. Physicians order lab tests for specific reasons; physicians are encouraged to sign or initial each test result following review.
- Notify your patients. Several practices notify patients only when there is an abnormal result. Some practices choose to send a letter for normal results and call the patient for abnormal results. Others call patients with all results. In today’s technology-driven world, an email may be appropriate for normal results, or an email directing patients to a portal where results can be reviewed. Patient notification of all test results is advised—however your practice chooses to do so. Ensuring all tests ordered by your physicians are handled a consistent manner will help avoid tracking and follow-up errors.

## Set and Review Policies and Procedures

A policy and procedure manual is an important tool for defining practice operations. In well-run practices, there is one set of rules every staff member understands and follows. The alternative is risky—procedures that vary from physician to physician or between staff members make it easy for errors or omissions to occur.

Develop a comprehensive manual of specific policies and procedures that explains how tasks are performed in your office, and make it readily available to all staff. It’s important for staff to review and initial that they have read and are aware of these policies and procedures.

The following is a list of suggested topics to address in your policies and procedures manual:

1. Clinical Protocols/Patient Care
2. Patient Relations and Confidentiality
3. Health Information Management (Medical Records)
4. Laboratory (Test Tracking and Follow-up)
5. Radiology
6. Appointment Scheduling
7. Patient Tracking and Follow-up
8. Infection Control

9. Human Resources
10. Practice Operations
11. Special Procedures
12. Safety

You may need to add or subtract certain topics to best address the specific areas of your practice.

## Maintain Accurate Medical Records

A medical record is crucial to the defensibility of a case; occasionally it can be the biggest hurdle. The primary purpose of a medical record is to provide a complete and accurate description of the patient’s medical history. This includes medical conditions, diagnoses, the care and treatment you provide, and results of such treatments. A well-documented medical record reflects all clinically relevant aspects of the patient’s health and serves as an effective communication vehicle.

The medical record also has a critical secondary function: it is the most important piece of evidence in the successful defense of a medical professional liability claim. On average, a medical malpractice lawsuit takes five years to resolve. Most physicians cannot recall specific patient encounters from several years ago—so it is important to have accurate, thorough, and timely documentation of all your patient encounters.

Good medical record documentation may help prevent a lawsuit. Your defense team may be able to disprove a patient’s assertions if the physician has thoroughly and accurately documented the patient encounter.

Good medical record documentation includes, but is not limited to, the following elements:

1. Legible – If your handwriting is not legible, consider dictating your notes.
2. Timely – Most electronic medical record systems document the date and time of all entries. If you still use paper records, note the date and time of each entry, with an accompanying signature or initial. It is best to chart patient encounters either contemporaneously or shortly after the visit for more accurate and thorough documentation.
3. Accurate – Ensure your documentation accurately reflects what occurred during a patient encounter.

## Mitigating Risk - Five Key Areas of Focus

4. Chronological – Documentation is more easily understood when it is sequential by date and logical in process. The SOAP (subjective, objective, assessment, plan) format, or something similar, is suggested when documenting patient encounters. A logical, clear thought process is compelling evidence to present to a jury.

5. Thorough – The old adage “if it’s not documented, it didn’t happen” still applies today. It is challenging to show something happened if there is no documentation to support that assertion.

6. Specific and objective – Make documentation as specific as possible (e.g. using actual measurements rather than descriptors such as “small” or “large” in size).

Additions, corrections, or addendums may be pertinent in certain situations, but altering a medical record is strongly discouraged. It will destroy your credibility in the eyes of a jury and cast doubt on the legitimacy of the entire chart. Alterations include modifying accurate information for fraudulent or self-serving reasons.

To properly correct a written chart, strike a single line through incorrect information, leaving it readable. Then make the correction or addition as needed. Be sure to authenticate the change with a time and date, along with your initials or signature. In the event of litigation, be prepared to be questioned about any changes made to the patient’s chart—especially if they occurred after the incident in question or suit was filed.

Follow the same authentication principles in electronic records; consider using a “strikethrough” function rather than deleting information. Making any corrections or additions to a medical record after a claim or lawsuit has been filed—or after receiving notice a claim or lawsuit may be filed—is strongly discouraged. These actions will likely be viewed as self-serving and could severely undermine your defense.

### Keep Your Team Trained and Informed

Office staff is a critical component of a medical practice. Patients often have more interaction with staff than physicians. Properly trained and educated staff can be strong protection against a professional liability claim.

Consider the following risk tips for office staff issues:

- Prepare written job descriptions for all staff. Review each staff member’s job description at his or her annual performance evaluation to determine whether the description accurately reflects the individual’s responsibilities and capabilities.
- Ensure each staff member works within the boundaries of state laws regarding appropriate job functions.
- Provide clear instructions to your staff on the amount and type of advice they may relay to patients and limitations on such advice.
- Establish a formal orientation period for new employees. Include a review of administrative practices, emergency medical procedures, and clinical skills and responsibilities.
- Establish procedures to ensure professional staff are credentialed.
- Educate all employees on patient confidentiality and have them sign a confidentiality agreement annually.
- Document employee training, including clinical competency, credentialing, performance evaluations, and annual reviews in employees’ personnel files.
- Conduct regular staff meetings with designated agendas.
- Provide frequent feedback (both positive and negative) to staff.
- Ensure tasks are delegated to staff with the appropriate education, training, and experience to perform the task.

While the risk of a medical malpractice claim can never be eliminated, the information provided herein will help you reduce your practice’s risk of a claim. If you have a specific question regarding your practice, please contact an attorney.

**-Jeremy Wale  
ProAssurance**

Mr. Wale is a licensed attorney in Michigan where he works as a Risk Resource Advisor for ProAssurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wale also conducts loss prevention seminars to educate physicians about new and emerging risks.

# Welcome New Members

Encourage your colleagues to become members of MGMA-Missouri. They will reap the benefits of education, valuable networking, and learn about many issues dealing with practice management, legislation, and professional growth. To obtain a membership application, call the MGMA-MO office at (573) 556-6111, or sign up for membership on-line at [www.mgma-mo.org](http://www.mgma-mo.org).

## MGMA-Missouri Membership Figures For February 2017

264	Active Members	6	Faculty/Student Members
49	Business Partner Members	28	Life Members
6	Associate Members		

**Total Membership - 353**

### Active Member

Stephanie Andel  
Mercy  
St. Louis

Kevin Butler  
Family Practice of Central MO  
Warrensburg

David Smith FACMPE  
United Imaging Consultants, LLC  
Mission, KS

### Associate Member

Nancy Morton  
MO Physicians Health Program  
St. Louis

### Business Partner Member

Dale Evans-Blackmon  
Anthem  
[dale.evans-blackmon@anthem.com](mailto:dale.evans-blackmon@anthem.com)

Michelle Nolan  
MoDocs  
[michelle@modocs.org](mailto:michelle@modocs.org)

### CALL FOR BOARD NOMINATIONS

The Nominating Committee is currently seeking individuals who are interested in serving on the 2017–2018 MGMA-MO Board of Directors. MGMA-MO is governed by a 5 member board representing various areas from across the state. The association has the support of and works closely with our full-time Executive Director. Face to face meetings are held 4 times a year and supplemented by monthly conference calls.

To review qualifications, receive an application and instructions for submission please visit our website at [mgma-mo.org](http://mgma-mo.org). Nominations are due by March 31, 2017. If you have any questions regarding the process or want to learn more about the Board, please contact Susan Reichert, FACMPE, at [Susan.Reichert@coxhealth.com](mailto:Susan.Reichert@coxhealth.com).