

# COMMUNIQUE

October/November 2023




## Happy Fall Y'all 🍁

So here we are at the beginning of my favorite time of year, the 4<sup>th</sup> quarter. In true Missouri fashion, the temperature can't decide if it wants to hang onto summer and blaze us into oblivion or if it will concede to the fact that the days are shorter, and we are farther from the sun. Last weekend I went camping with my boys and I had clothes for all 4 seasons ready to go because it went from sweltering hot in the day to cool, almost cold, sleeping in a tent at night. I personally like the cooler weather because it's not as much fun picking apples and pumpkins when sweaty, right?

The last quarter of the year is a great time for practice managers. This is the time of year that we begin looking at budget projections for this year and next year. We also begin looking at capital expenses that we would like to make before the end of the year for tax purposes versus those that will fall into the 2024 budget timeframe. It is also a time to evaluate staff members' performance and dedication to their jobs to decide if they should be rewarded for their efforts in making our practices successful.

Fourth quarter is also a great time to reflect on how the year has gone for the practice as a whole. Was there patient population growth, are the revenue streams being productive, are the providers happy and productive, is the staff happy and productive? These are all good things to reflect on and consider as the year begins to wind down. If there are issues with one of the areas in the practice, then using the last few weeks of the year to devise a remediation plan can be the key to starting off the next year on the right foot.

October can be good for your personal health and well-being too. The weather is cooler and the air is clearer so take some time to go outside and get refreshed before we get



Poor documentation  
during intake resulted in a

# wrong-site surgery

causing permanent  
damage to a good knee.

**The Joint Commission data reveals that wrong-site incidents are the fourth most frequently reported sentinel event.**

To minimize surgical errors, practices insured by ProAssurance can access annual risk assessments to learn how well their surgical teams and protocols are working. Risk consultants gather and review the data, note potential weak spots, and deliver recommendations based on former claims.

Helping our insureds assess their patient safety procedures and sharing strategies learned from our closed claims history helps them mitigate risk and be prepared if they ever need to face a malpractice claim.



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**Healthcare Professional Liability Insurance  
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slammed with the harsh and snowy winter the farmer's almanac is predicting. As mentioned before, I love apple picking and pumpkin picking this time of year because I get to be outside in the country air spending time with my family. I encourage you to take a few minutes and just relax this fall so that as the end of the year rush comes, you are ready to take it on. Soon enough, it will be Thanksgiving and Christmas and we all know how busy that time is both personally and for our practices. I love the whole 4<sup>th</sup> quarter because of all the holidays but I know they can be stressful too.

If you ever have a question or want to bounce an idea off me regarding an end of the year plan, my door is always open.

Gregory Thompson, MBA  
President, Missouri MGMA  
[greg@stlrheum.com](mailto:greg@stlrheum.com)







## SAVE THE DATE

### MISSOURI MGMA 2024 Conference

May 1-3, 2024

Sheraton Overland Park Hotel



Are you ready to savor the flavors of inspiration, innovation and irresistible BBQ? Look no further because MO MGMA's sizzling BBQ themed conference is just around the corner, and you won't want to miss it! From May 1<sup>st</sup> to May 3<sup>rd</sup> we're firing up the grill and bringing together some of the most seasoned professionals and thought leaders in the healthcare industry. Picture this: Mouthwatering BBQ aromas, enlightening discussions, and an ambiance that's as warm as a summer evening by the pit. Our conference isn't just about BBQ; it's about igniting your passion for healthcare management. Our speaker lineup is hotter than the coals of a Texas smoker. We're talking about industry trailblazers, healthcare gurus, and leadership legends who are ready to share their insights and expertise. Get ready to get wowed by our keynote speakers, each a true pit-master in their field. They'll serve up strategies for success and innovation ideas that are sizzling hot.

As the grill is warming up on the first day, be sure and attend on of our three workshops, LEAN Concepts with Stefanie Hohensee, MHA, FACMPE, ACMPE Prep with Cristian Lieneck Ph.D., FACMPE and Using Enneagrams to Improve Communications with Cameron Cox, FACMPE. Just as every pit-master has their secrets, our masterclass will reveal the hidden gems of healthcare management. Dive deep into topics like revenue optimization, patient experience enhancement, and more. Connect with colleagues and healthcare experts from around the state. Share your experiences, challenges and successes. Who knows, you might discover your next collaborator over some pulled pork! Explore the latest tools and techniques designed to simplify your healthcare management life. Discover solutions that can enhance your practice and patient care.

Don't forget to bring your dancing shoes because we're throwing a BBQ bash like no other! Celebrate your newfound knowledge with a night of great food, country music, dancing, and camaraderie. Well, why not? Learning, networking, and indulging in delicious BBQ-what's not to love?

MO MGMA's conference promises to be an unforgettable experience that will leave you fired up, inspired, and better equipped to face the ever-changing healthcare landscape. So, mark your calendar for May 1-3, and get ready to join us at the Sheraton Overland Park Hotel for the BBQ event of the year. Whether you are a seasoned healthcare pro or just getting started, there's something for everyone. "Get Fired Up" for MO MGMA's BBQ Themed conference.

Laurie Atwood, President-Elect & Conference Chair

[latwood@signaturehealth.net](mailto:latwood@signaturehealth.net)

# ACMPE Corner



We are happy to announce our new ACMPE Forum Representative Beth Castens, MHA, FACMPE. Beth has previously served on the MO MGMA Conference Planning Committee and on the board of Springfield Area MGMA local chapter.

Beth completed her Master of Health Administration from Missouri State University in 2004 and earned her Fellowship in the American College of Medical Practice Executives in 2019.

Beth recently celebrated 16 years with CoxHealth and is currently the Director of Clinic Support, CMG Planning. She is excited to begin her new role as ACMPE Forum Rep and hopes to be a resource to all of our members seeking advancement in the College. If Beth can assist you in any way, please do not hesitate to contact her at [beth.castens@coxhealth.com](mailto:beth.castens@coxhealth.com).

We also want to take this opportunity to thank Kathie Huttegger, FACMPE for completing her term as our 2022 and 2023 ACMPE Forum Representative. Kathie's dedication and passion to this role has benefited our members in tangible ways. Kathie's ACMPE Workshop at the Annual Conference and online study classes have allowed members to gain a better understanding of the certification process.

Kathie dedicated countless hours to educate and support professionals across our state in pursuing their ACMPE goals. We are thankful to have such an outstanding resource and dedicated member as Kathie.



# CONGRATULATIONS TO THE 2023 MISSOURI FELLOWS CLASS



**SUZANN CROWDER  
FACMPE**

CHESTERFIELD, MO



**DEBRA O'SHEA  
FACMPE**

JACKSON, MO



**ADAM POPLER  
FACMPE**

CAPE GIRARDEAU, MO



**JILL SCHAU  
FACMPE**

SPRINGFIELD, MO



**VALORIE VAN ALPHEN  
FACMPE**

SPRINGFIELD, MO



# LEGISLATIVE UPDATES



Ashley Sipes

MO MGMA Legislative Liaison

[ashley.sipes@ssmhealth.com](mailto:ashley.sipes@ssmhealth.com)

Fall is in the air, folks! No doubt many of you are summer fans, but you just can't beat the cooler temps, our beautiful Missouri foliage, and football. It is time for you pumpkin spice fans to get your fix and start preparing for all the fun holidays coming up!

## National Policy Updates

As usual, let us review MGMA's most recent [advocacy](#) efforts:

[GOLD CARD Act of 2023](#) – exempts providers from PA requirements (for certain services) who have had a >90% approval rate previously

[Reducing Medically Unnecessary Delays in Care Act of 2023](#) – further supports prior auth reform for Medicare and Medicare Advantage

2024 CMS Medicare Payment Policies – read the full letter [here](#)

- Concerns over a conversion factor decrease of 3.4%

- Telehealth

- E/M services such as split billing

- Appropriate Use Criteria (AUC) program

- Remote patient monitoring requirements

- Addressing social needs and behavioral health

- Risk adjustment changes regarding regional factors and v28 blending

- Latest proposals for MSSP and QPP/MIPS

- APM incentive payment

Final reminder... MGMA [Leaders Conference](#) will be held in Nashville from October 22-25.

[AHA](#), [Becker's](#), and [Radiology Business](#), and the like have shared articles related to the proposal from CMS to increase the admin fee by 200% for independent dispute resolution (IDR) pertaining to the No Surprise Act (from \$50 to \$150). Here's the latest [FAQ](#) from CMS. As of right now, it is still \$50.

# LEGISLATIVE UPDATES



As you all know, we are facing potential government shutdowns. Our federal fiscal year begins October 1 and Con-

gress is once again at odds on the budget. From a budgetary standpoint, Medicare and Social Security cuts are not hot topics this year. However, healthcare is still at risk when it comes to running government programs. Some are considered permanent, like Medicare, and are not at immediate risk. Others are considered discretionary and could be affected by furloughs. [How a Government Shutdown Affects Health Programs | Healthiest Communities Health News | U.S. News \(usnews.com\)](#)



## State Policy Updates

Missouri's new laws, unless otherwise stated, went into effect on August 28<sup>th</sup>. Governor Parson has had quite a bit of news coverage lately for holding ceremonial bill signings throughout the state.

[ABC News](#) and [KCUR](#) reported about 40,000 children in Missouri have lost coverage since the Medicaid renewal process began in June, according to the Department of Social Services. An overwhelming proportion (71%) were cited as being due to procedural reasons like incomplete documentation or outdated demographics. Less than 30% were due to ineligibility. DSS urges all to help inform applicants to pay attention to mail received and to make sure their contact information is up to date.

[KBIA](#) shared an article regarding progress towards mental health support for those incarcerated after Missouri passed a law this year giving the Department of Mental Health authority to treat in-house. A budget of \$2.5 million was awarded to fund the establishment of these programs in St. Louis, St. Louis County, Jackson County, Clay County, and Green County.

The [Missouri Foundation for Health](#) provides solid news updates and does a great job of synthesizing state information as well. If interested, subscribe to MFH's email updates using this [form](#). You can also track and monitor specific bills [here](#).

If you have any questions or thoughts on future topics, please reach out.

Ashley Sipes

MO MGMA Legislative Liaison

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# Managing the Stressors Driving Physician Burnout

Research indicates that [a majority of physicians may be suffering from burnout](#) and that [burnout is nearly twice as prevalent among physicians](#) as among other workers in the United States. Who or what is responsible for physician burnout is a complicated question that has prompted a great deal of research over many years. Burnout in physicians has been defined as emotional exhaustion, impersonal reaction to patients, feelings of incompetence, low achievement, and lack of motivation. There are multiple [tools to measure physician burnout and wellness](#). Assessing the problem is a key organizational and personal strategy for ensuring quality patient care and physician well-being.

Despite burnout being a work-related condition, burnout solutions, until fairly recently, have focused on [physician self-help](#). But self-help does not solve the root causes of burnout, which can be attributed to systems and administrative requirements. Consequently, there is a business case to be made for burnout reduction and physician wellness. Burnout can affect every aspect of healthcare delivery. For example, burned-out physicians are more likely to be involved in [poor outcomes and have lower patient satisfaction scores](#), which can have a significant effect on government reimbursement, patient retention, and reputation. [Burnout can negatively affect workplace culture](#) by diminishing empathy among coworkers, causing disengagement from teamwork and reducing commitment to corporate values.

In addition to the costs associated with burnout-related loss of goodwill, decreased reimbursement and patient injury, burnout is associated with high physician turnover costs—[it can cost from \\$500,000 to more than \\$1 million to replace a physician](#) and onboard a new one. In other words, it costs two to three times a physician's annual salary to replace that physician. (Turnover costs for nurses experiencing burnout are comparable.) Like many issues associated with healthcare, prevention is cheaper and safer than managing the downstream consequences of full-blown burnout.

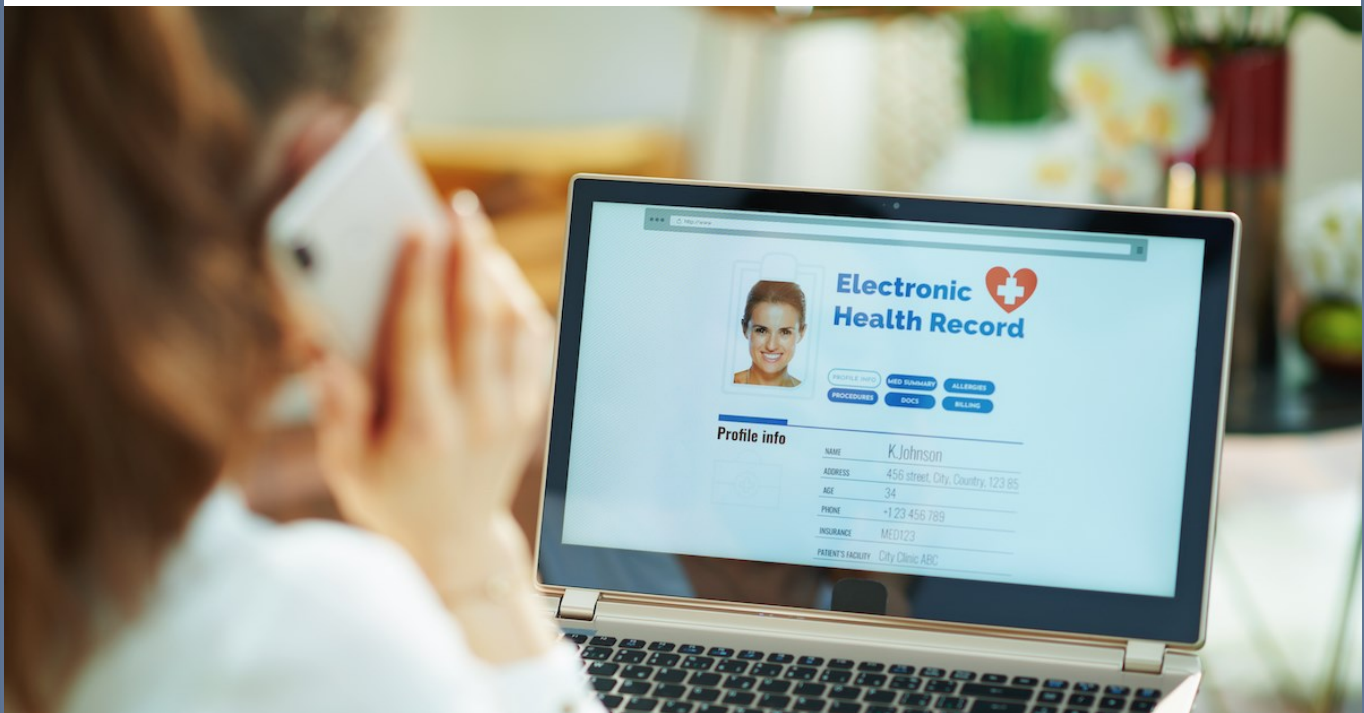
The ProAssurance Risk Management Department has identified three broad categories of work-life stressors that can impact the wellness of healthcare professionals. Resources have been created to help physicians, physician leaders, and administrators understand and address these sources of stress with the goal of reducing professional burnout. There's a real difference, though. Rather than rehashing the causes and effects of these stressors, our intent is to offer information, practical resources, and innovative strategies to help healthcare professionals create meaningful change and improvement.

# Managing the Stressors Driving Physician Burnout (continued)

## Business/Administrative Stressors

### Electronic Health Records

Electronic health records (EHR)—including electronic medical records (EMR), electronic prescribing, electronic patient portals, and computerized physician order entry (CPOE)—are a main cause of physician burnout. There are strategies for reducing EHR-associated physician burnout, including: improving EHR usability, using scribes, delegating data collection duties,



and improving EHR expertise.

### Stresses of Physician Leadership

Healthcare organizations are increasingly recognizing the importance of engaging physicians and other clinicians in their leadership teams, and this engagement will become even more important as the healthcare environment becomes more challenging. However, leadership responsibilities can contribute to stress and physician burnout when physicians and other clinicians don't have the leadership skills needed to work collaboratively with their peers or when organizations lack a collaborative culture.

### Production Pressure

Production pressure is a significant cause of physician burnout. Relieving production pressure on physicians requires interventions on both organizational and individual levels. More realistic workload planning, adequate staffing, and optimum delegation—paired with more efficient

## **Managing the Stressors Driving Physician Burnout (continued)**

### **Reimbursement**

Fragmented and variable reimbursement models, increasing price competition, contracting insurance networks, and increasing documentation requirements can all exacerbate physician burnout. Several groups are organizing to demand reductions in paperwork associated with reimbursement, and the Centers for Medicare and Medicaid Services (CMS) has indicated it is working on reducing physician regulatory burdens. Until that time, there are strategies that physicians can use to mitigate the stress associated with reimbursement and managing EHR burdens.

### **Loss of Autonomy**

Physicians report that loss of independence and autonomy contribute to burnout. In fact, a recent [NYU School of Medicine study of physician burnout](#) found that physicians working in small, independent primary care practices had dramatically lower levels of burnout than the national average. This study suggests that physicians and administrators can work together to reduce the stress associated with loss of autonomy by returning certain aspects of patient control back to physicians—such as patient scheduling, appointment length, case mix, and work hour scheduling.

### **Meeting CME, Licensure and Certification Requirements**

Physicians are under increasing pressure to complete continuing medical education (CME) and maintain certification, and it's often at significant financial cost and commitment of their limited time. The stress associated with meeting education, licensure, and certification requirements can contribute to physician burnout. Physicians can decrease their burden by optimizing the process for obtaining CME credits and contributing to certification reform efforts.

## **Patient-Care Stressors**

### **Unhealthy Aspects of the Culture of Medicine**

The culture of medicine may set physicians up for burnout and prevent those who are struggling from seeking help. An important aspect of preventing burnout and achieving wellness is to question the value of pursuing unrealistic ideals at the expense of well-being. Fear of stigma, lack of confidentiality, and licensing repercussions are common reasons physicians fail to obtain necessary mental health treatment. Administrators and physician leaders can play a major role in eliminating the stigma and fear of reprisal associated with seeking help.

## **Managing the Stressors Driving Physician Burnout (continued)**

### **Challenging Patients**

Physicians who have high numbers of difficult patient encounters are more likely to suffer from burnout. A number of variables can be at work during a challenging patient encounter. But what might seem like an insurmountable problem may be fairly manageable with some minor adjustments. Resolving difficulties in the early stages of a challenging patient relationship can be the best solution for all parties involved.

### **Lack of Support from Physician Leadership**

Ineffective physician leadership can contribute to stress and burnout. Physician leaders can reduce the risk of physician burnout by modeling and supporting a collaborative culture and improving leadership skills through training methodologies.

### **Limitation on Care Decisions Due to Reimbursement Issues**

Physicians regularly encounter patients who cannot afford optimal or even necessary medical care. There are various unappealing ways to deal with the problem, including lowering the standard of care, discharging or turning away patients, and bending billing and reimbursement rules. These approaches raise obvious patient safety, liability risk, and ethical problems. There is no perfect solution to this complex issue, but there are methods for satisfactorily balancing the risks and benefits associated with treating indigent and underinsured patients.

## **Personal Stressors**

### **Second Victim Syndrome**

Physician distress associated with being involved in an unanticipated patient outcome (also known as “second victim syndrome”) can last for months or even years. Second victim syndrome can exacerbate or trigger physician burnout. Physicians and administrators can use various strategies to avoid and manage second victim syndrome.

### **Litigation Stress**

Litigation stress on physicians can exacerbate or trigger physician burnout. Physicians who are sued may already be suffering from second victim syndrome, which can make matters worse. Physicians need to recognize their vulnerability to the stress that accompanies litigation and actively seek the support they need. Administrators should also be sensitive to exacerbating burnout, second victim syndrome, and litigation stress symptoms when limiting privileges prompted by an unanticipated outcome.



# Managing the Stressors Driving Physician Burnout (continued)

## Work-Life Imbalance

Achieving work-life balance can be particularly challenging for physicians, who often devote far more than 40 hours per week to work-related activities. Physicians, with the support of administrators, can maintain balance between work and non-work activities by using deliberate planning and setting realistic expectations.

## Unrealistic Physician Expectations

Unrealistic personal expectations can set the stage for and perpetuate physician burnout. They also contribute to work-life imbalance. Physicians can use multiple approaches to determine what matters most and start prioritizing in a way that both promotes patient safety and maintains physician wellness.

*Legal disclaimer: The information provided in this article offers risk management strategies and resource links. Guidance and recommendations contained in this article are not intended to determine the standard of care but are provided as risk management advice only. The ultimate judgment regarding the propriety of any method of care must be made by the healthcare professional. The information does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about this topic should be directed to an attorney.*

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## **NOVEMBER WEBINAR** **MIPS 2024: WHAT'S CHANGING**

**PRESENTED BY:**  
**GARY HYMAN**  
SENIOR VICE PRESIDENT, SHARECARE

**14**

**NOVEMBER  
2023**



**1:00 PM EASTERN  
12:00 PM CENTRAL  
11:00 AM MOUNTAIN  
10:00 AM PACIFIC**

**Eligible for 1.0 ACMPE credit**



# Strategic Planning that Actually Works

By Don Harkey, CEO of People Centric Consulting Group



I recently met an executive who approached me saying that she wanted to pull her team together for a retreat to discuss creating goals for next year. I responded saying that we can absolutely do strategic planning with her organization. She immediately shook her head and pushed back.

“I don’t want to do strategic planning. Strategic planning is awful and boring and nothing ever comes out of it. I want to do something that impacts our organization. I want to get our team aligned and figure out what we are going to focus on for the next year.”, she said.

I smiled and said that we could help her.

Unfortunately, I know a lot of executives who push back against strategic planning, not because they don’t want to set goals, but because they’ve had bad experiences with it in the past. It costs a lot of money to put your top people into a room to develop a strategic plan and it’s a gut punch when nothing happens with that plan. Besides, in healthcare, you’ve got plenty of work to do already and aren’t looking for more work.

Successful planning is critical to the success of healthcare organizations. Not only do you need to strategically maneuver through the complex world of healthcare, but good planning keeps the “why” in front of you and your team. I often surprise people when I tell them that successful strategic planning is a powerful weapon against burnout. Knowing why you do what you do and tracking progress towards goals is fundamentally motivating.

Successful strategic planning is a year-round process that only starts with the creation of the plan itself. Here are some tips to make your strategic plans successful.

- 1) Start with your Mission – Unfortunately, most strategic plans fail. There are many reasons for this, but research shows that the most successful type of strategic plan is known as an “identity based” plan. These plans start with who you are and how you can become the best version of yourself as an organization. In your planning, discuss your mission, vision, and values to remind everyone why you do what you do. This is especially powerful in healthcare!

## Strategic Planning that Actually Works (continued)

- 2) **Keep it Simple** – The most successful strategic plans I've seen often look the least impressive. Thick plans with too much detail and research don't provide focus, they provide noise. Your best approach is to use the energy you would have used to build a thick plan into executing a thin plan.
- 3) **Get Input** – People own what they help to create. A simple way to help people feel like they had an impact on the planning process is to ask for their input. This might include surveys of employees, providers, board members, your community, or other stakeholders. Remember to circle back to people you've surveyed to show them how you used their input.
- 4) **Link the Plan to Your Financials** – I'm going to be real. Most administrators and business leaders have a very poor understanding of financials. We know you should be making money, but how? What are the key drivers? I'm a big proponent of financial education in organizations. I also think it is critical to link your financials to your plan. Your leaders will say they understand, but I promise you they probably don't understand it well enough.
- 5) **Share the Plan** – I'm going to be real again. Most front-line employees, supervisors, and managers don't know much, if anything, about their organization's strategic plan. We even see many administrators and providers unfamiliar with the key objectives established. Yet these are the very people who are making daily decisions that impact the plan. If your team doesn't know what the plan is, they won't follow it.
- 6) **Create a Plan to Execute** – Most strategic plans end when the key objectives are established, but this is where the plan should begin. We recommend the creation of a strategic planning steering committee. This committee should meet on a regular cadence (we like monthly). This committee doesn't execute the plan, but they spin off teams to take "steps" in the plan. Each step should take 1-3 months. The committee's role is to track the progress of the STEP Teams and determine what teams should be launched next. This simple approach gets lots of people involved and ensures progress.
- 7) **Let Departments Set Goals and KPI's** – When the strategic plan is launched, a good best practice is to let individual departments set their own goals to align with the plan. This helps teams to figure out how they can best impact the plan. We also recommend that teams create their own KPI's to measure their progress.

## Strategic Planning that Actually Works (continued)

8) Take Small Steps – You probably have big plans, but big plans are executed in small steps. Don't launch a team to "improve communication". That team will meet for forever and will never finish. Instead, take smaller focused steps (again, think 1-3 months), such as "implement the use of MS Teams channels in the Clinics". You will have quicker wins and people will have a reduced chance of getting stuck on a committee that never ends.



9) Keep it Flexible – It is tempting to map out an entire year in your plan. Resist that temptation. The reason is that you will be smarter as the year plays out. Unexpected things will happen that will require you to shift your approach. Your key objectives probably won't change, but the steps you take to achieve them might. That's not only OK, but that is also good planning.

10) Expect to Fail – Good planning might require risk taking. You might launch a team that discovers that a particular path is futile or that the timing isn't right. That is OK. Embrace those failures as lessons learned. Just fail small and fail forward.

11) Celebrate Wins – Track your key performance indicators and make sure to celebrate successes along the way. It's equally important to share bad news if the metrics don't turn the right way.

Effective strategic planning is not an initiative. It is a new set of systems that you can install into your organization that will serve as "why fuel" for your team.

*Article contributed by Business Partner Member Don Harkey, CEO, People Centric Consulting Group. Have questions? Contact Don at 417-887-6760 or [DonHarkey@PeopleCentric.com](mailto:DonHarkey@PeopleCentric.com)*



# Welcome,

## New Members

**Richard Binkley**  
**Springfield Nephrology Assocs**  
**Springfield**

**Michael Murray**  
**Prime Healthcare**  
**Blue Springs**

**Ron Booth**  
**Thompson River Advisory**  
**Kansas City**

**Adam Pople**  
**Cape Surgical and Medical Billing**  
**Cape Girardeau**

## CAREER CENTER

Career postings are listed on our website at no charge. Please email the posting to [Rebekah Francis](#). The position will remain on the site for three months or until you request it to be removed.

**Please include the following information:**

- Position Title
- Location
- Position Description
- Required Qualifications
- Contact Information