

Practice Management Services Offered

Personnel Management:

- o Organizational structure
- o Personnel policies
- o Job descriptions
- o Staffing levels and utilization

Office Management:

- o Patient flow and appointment scheduling
- o Provider/staff productivity
- o Operational systems
- o HIPAA gap analysis, compliance plan and staff education.

Financial Management:

- o Monthly report analysis, utilization, and education
- o Fee schedule analysis and maintenance.
- o Accounting procedures
- o Expenditure reviews with suggestions
- o Billing and collection policies with education
- o Internal control systems with policies and procedures

Marketing:

- o Practice demographics
- o Marketing with a plan of action

Financial Analysis:

- o Coding analysis - benchmarking
- o Payor mix
- o Fee schedule and maintenance

Education:

- o Internet and data base utilization
- o Medical coding, documentation training and review
- o HIPAA, OSHA and customer service relations

Workshops:

- o Front Office Presentations
- o HIPAA Privacy and Security
- o Evaluation & Management Coding

Practice Management Mission

Three Rivers' Practice Management goal is to help serve all Primary Care Physicians and Physician Practices in our Three Rivers AHEC area. We offer a wide variety of technical assistance with fees based upon Medicare / Medicaid patient population of your office, if you are a medical teaching preceptor, and if your office is located in a Health Professional Shortage Area. Call 706-660-2736 for consultation services or for workshops tailored to your specific educational needs.

EMR CERTIFICATION

In July, Government officials, electronic medical records software vendors and much of the industry hailed the first certifications of ambulatory electronic medical records software for meeting specific criteria for functionality, interoperability, and security and reliability.

"This seal of certification removes a significant barrier to widespread adoption of electronic health records," said Health and Human Services Secretary Michael Leavitt in announcing the certified vendors. "It gives health care providers peace of mind to know they are purchasing a product that is functional and interoperable, and will bring higher quality and safer care to patients."

The Certification Commission for Healthcare Information Technology, which is industry-sponsored, is currently working under a federal contract and in July certified 22 ambulatory EMR products. The commission has started to develop criteria for inpatient electronic records and also will continue to refine its ambulatory EMR criteria.

Michael Maves, M.D., executive vice president of the American Medical Association in Chicago says, "having a readily available way to compare electronic health records systems is an important step as doctors work toward more effective use of health information technology in the physician office." When marketing the products, companies that receive certification can use a "CCHIT Certified" seal. Beginning in late October, the commission will announce further ambulatory EMR certifications on a quarterly basis. The certification is a 100% pass or fail test.

EMR certification is a step in the right direction, but some of the criteria – such as requiring a system to support the entering of free text notes and capturing and maintaining demographic data is a simple task. Avoid relying on a certification seal when choosing to narrow a vendor search or talking to vendors about products they sell. Nurses and physicians should be calling their counterparts, CIOs should be calling CIOs and practice administrators should be calling other administrators to find out if the EMR software functions as advertised and how it fits with workflow. Physician practices must be getting vendor manuals and studying them because scoring demos never shows you reality. The way to determine functionality is to call dozens of sites and make some site visits. Many good vendors are out there not yet certified; certification criteria are not yet established for EMR vendors serving specialties such as cardiology or orthopedics.

The value of certification is that it gives a starting point, but it doesn't go far enough in helping a practice determine if a product will fit their needs. It doesn't address workflow and customization as much as buyers will have to address. The fact that so many vendors received certification in the first round of testing does not mean the criteria were too easy; rather it demonstrates the maturity of EMR products on the market today. Lack of certification at this stage does not warrant dropping a vendor from consideration. If a vendor is not certified, it will be taken off lists. While certification may indeed help a physician practice narrow the field of vendor candidates, it doesn't mean practices should do less homework than before. The CCHIT seal of certification says the EMR does what it should do, but the seal doesn't say how the EMR does it. You still have to see how the product affects your workflow. The workflow at the point of care, the alerts in the software and how it looks are all different.

"The industry has not completed developing consensus specifications for demonstrating interoperability, so no interoperable criteria is being tested in 2006, says Mark Leavitt, M.D., Chair of CCHIT. "The certification program eventually will include criteria that demonstrate interoperability, which is the ability of a software product to seamlessly work with other products using standards-based data and messaging formats."

Right now the country has glorified this issue as a way of trying to get doctors to buy into EMR's. As of 10/30/2006, 37 software vendors were approved as certified. For more information on lists of certified products, go to www.cchit.org.

<http://healthdatamanagement.com>

* In a recent new study, Researchers from Massachusetts General Hospital and George Washington University say that electronic health records are still not a routine part of the medical practice. Researchers estimate that one in four doctors or 24.9% use electronic records to improve how they deliver care to patients. However, less than 1 in 10 are using what experts call "fully operational" systems.

<http://www.healthleadersmedia.com>

Recruitment and Retention Contacts:

Kari Dyer, Practice Services Coordinator (706) 660-2847
Peggy LaMee, CPAM, Practice Mgmt Specialist (706) 660-2736
Kathy Ellis, Center Director (706) 660-2730



HHS PARTNERS WITH STATES ON LONG-TERM CARE EDUCATION

Recently the Department of Health and Human Services announced their partnership with six states, Georgia being one, that would allow Americans to actively participate in future planning for their long-term care needs. HHS sent out an invitation for proposals and 16 states responded. HHS Secretary Mike Leavitt said, "There's strong evidence that personal control leads to a much better consumer satisfaction, better health outcomes, and lower costs per person served. More long-term care planning means more people will have the ability to choose the long-term care service, supports, and finance options that are best for them."

Letters will be distributed from the Governors of the six participating states to households containing residents who are between the ages of 45-70. The letter will promote aging needs and encourage them to order a free Long-Term Care Planning Kit. The kit will feature Medicare and Medicaid benefit package information, will outline ways to plan ahead, and legal issues to consider. It will also provide guidance on how to assess private financing options. The letters are expected to reach a total of approximately 5.8 million households during the coming year.

As part of the ongoing Administration efforts, the "Own Your Future" campaign is to ensure that all people needing long-term care services and support achieve a high quality of life, in the least restrictive environment possible.

www.hhs.gov/news



GEORGIA LAGS MUCH OF U.S. IN DOCTORS, M.D. EDUCATION

According to testimony at a recent meeting of the Joint Senate and House Health & Human Services committees, the State of Georgia is lagging behind the rest of the nation in doctors per capita and in the availability of medical education to train new doctors. Among the U.S. states, Georgia ranks 38th for physician supply and 35th in the availability of medical education according to Edward Salsberg, Associate Vice President of the Association of American Medical Colleges.

On a national level, the Association of American Medical Colleges asked all medical schools to increase their enrollments by 30 percent by the year 2015, citing concerns about a doctor shortage beginning in 2016. It also cites projections that the U.S. population over 65 will double between 2000 and 2030, creating a strain.

Enrollment has gradually begun to increase at several of Georgia's medical schools. Georgia gained a new medical school in 2005 and another new medical school is planned for Savannah. Hopefully these changes will boost the supply of new doctors but unfortunately no new hospitals have stepped up to offer residency programs that would provide new doctors with clinical training according to Benjamin Robinson, Executive Director of the Georgia Board for Physician Workforce. He also said that this is a needed measure to prevent new physicians from going out of state for their residency training, Georgia likely will need to increase the number of slots available in its residency programs.

www.bizjournals.com

DOCTORS SLOW TO ADOPT E-RECORDS FOR PATIENTS

The Washington Post reports that fewer than 1 in 10 physicians are using e-records in the most effective way — as part of a system that collects patient information, displays test results, helps doctors make treatment decisions and allows health-care providers to document prescriptions and medical orders electronically, the study found. The research was funded by the Robert Wood Johnson Foundation.

<http://www.washingtonpost.com>

OBESITY, CHRONIC DISEASE DRIVE MEDICARE COSTS UP

Medicare spending has grown steadily upward over the past 15 years due to obesity and certain chronic conditions. Between 1987-2002, the rate of obesity has doubled among Medicare patients. In 1987, 11.7% of the Medicare population was considered obese whereas of 2002 the number grew to 22.5%. In 2005, the total Medicare expenditures were \$336 billion and are expected to increase rapidly through the year 2010.

<http://www.usatoday.com>

ARE OBESITY TESTS BADLY FLAWED?

Body Mass Index (BMI), was invented by Belgian polymath Adolphe Quetelet between 1830 and 1850. BMI is the standard measure of obesity, and a calculation of body fat calculated from height and weight. Underweight is considered to be a figure of less than 18.5, normal is from 18.5 to 24.9, overweight is 25-29.9 and anything over 30 is considered obese. BMI is intended as a broad indicator of general health, it has become a standard diagnostic tool of heart disease risk.

<http://news.yahoo.com>

PHYSICIANS AND E-MAIL

Roughly only one in four physicians used email to communicate clinical issues to patients between 2004-2005, up from one in five in 2000-2001. Physician-patient e-mail communication is more common in larger practices, researchers discovered.

The following are the adoption rates for select practice settings:

- * Staff/group-model health maintenance organizations — 47%
- * Medical School faculty practices — 43%
- * Group practices with greater than 50 physicians — 29%
- * Group Practices with nine or fewer physicians — 20%

Center for Studying Health System Change (HSC)



Recruitment and Retention



Peggy LaMee, CPAM
Practice Management Specialist
Three Rivers AHEC
Area Health Education Center



Kari Dyer
Placement Services Coordinator
Three Rivers AHEC
Area Health Education Center

THE RESULTS ARE IN:

In recent years, President George W. Bush launched an initiative to make electronic medical records available to most Americans within the next 10 years by the year 2014. In an effort to determine progress in this area Medscape asks: which of the following do you currently use on a regular basis in your medical practice?

Electronic medical records

 19% (500)

Paper medical records

 32% (852)

Both electronic and paper
medical records

 48% (1254)


Total Responses: 2606

Breaking News

The percentage of Americans without health insurance hit 15.9% or roughly 46.6 million people in 2005. This is up from 15.6% of the population in 2004, or about 45.3 million people, according to the Census Bureau.
Modern Healthcare Alert

Order the Practice Management Tool Kit today!

From Start Up...

- Practice Market Research
 - Benchmarks
 - Patient Satisfaction
 - Third Party Credentialing
 - Billing and Collections
 - Web Sites of Interest
 - HPSA and PSA
 - Loan Repayment
 - Record Keeping
 - Practice Start-up
- 

Additional ways Three Rivers Area Health Education Center can serve you ...

If you are a healthcare professional:

- * Access to continuing education programs, learning resource materials, and training in electronic access to medical information
- * Assistance in recruiting and retaining staff
- * On-site practice management consultative services

If you are interested in a health career:

- * Information about health careers that are in demand and fit your interests, aptitude and personality along with the educational requirements for those careers
- * Health career fairs and camps

If you are a community leader concerned about healthcare access in your community:

- * Assistance in recruiting and keeping qualified healthcare professionals to improve the community quality of life—a key factor in attracting new residents, businesses and industries.

For more information on our services or if you would like to be on our mailing list for upcoming programs and newsletters, please call 706-660-2499 or log on to our website at www.threeriversahec.org



Non Profit Org.
U.S. Postage
PAID
Permit #343
Columbus, GA 31906

P.O. Box 5787
Columbus, GA 31906

December 2006

Practice Management: *Fast Facts and Quick References*

Estimated Sick Days and Lost Productivity Due to Suboptimal Care, U.S. Workforce, 2005

Measure	Sick Days	Lost Productivity
Depression	8.4 Million	\$1.4 billion
Asthma	11.8 Million	\$1.9 billion
Diabetes	17.3 Million	\$2.8 billion
Hypertension	27.2 Million	\$4.5 billion
Total	64.7 Million	\$10.6 billion

The State of Health Care Quality 2006: Industry Trends & Analysis, NCQA, September 2006.
www.ncqa.org

Prescriptions Purchased Increased 71% from 1994 to 2005

- * Between 1994-2005, the number of prescriptions purchased increased from 2.1 billion to 3.6 billion compared to a population growth of 9%.
- * The average number of retail prescriptions per capita increased from 7.9 in 1994 to 12.3 in 2005.

Kaiser Family Foundation <http://www.imshealth.com>

CANCER: #1 REASON FOR LONG-TERM ABSENCE FROM WORK IN 2005

Long term Absence from Work

- * 12% - Cancer
 - * 10% - Pregnancy complications
 - * 10% - Joint/muscle/tissue diseases
 - * 8% - Back injuries
 - * 8% - Cardiovascular diseases
- Short term Absence from Work
- * 18% - Normal Pregnancy
 - * 10% - Injuries (not including back)
 - * 8% - Digestive/intestinal diseases
 - * 8% - Pregnancy complications
 - * 7% - Reproductive/urinary

<http://www.unumprovident.com>