



“Ask Cindy”

Practice Engagement Program Webinar
Monday, May 10th 2021



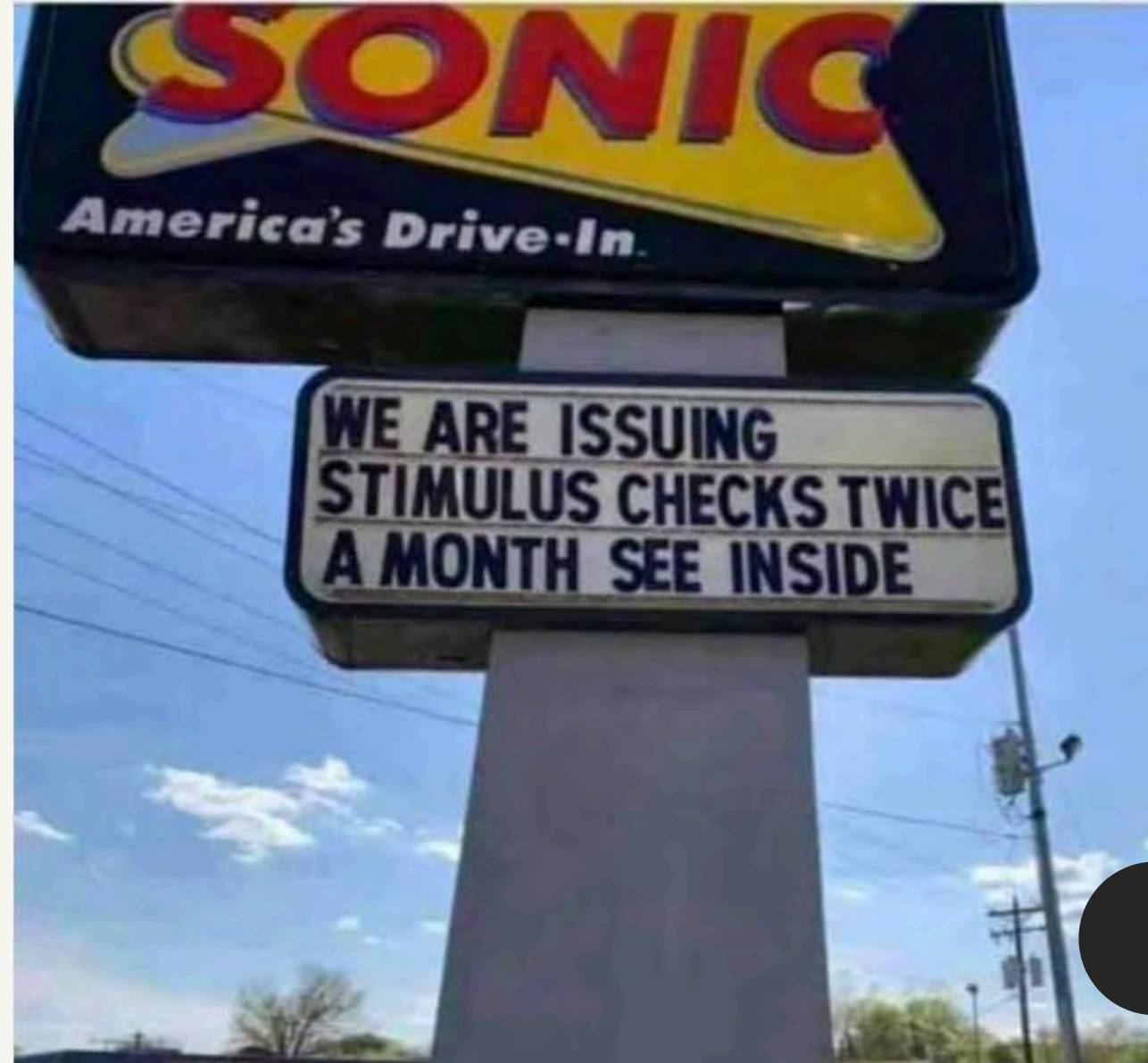
*Some general
thoughts
before we
begin. . .*



A recent social media post that seems appropriate to share. . .

"The average unemployment weekly payment is now \$750. How are Podiatrists going to compete with that? UI is tax free as well. Maybe Sonic figured it out by speaking their language. What are you guys doing?"

Sometimes you just have to speak to them
In a way they will understand. "Help
wanted" doesn't seem to cut it anymore



*Here's another
post from last
week. . .*

- One comment read: "Your statement is grossly wrong. In my region they have lowered reimbursement during COVID which is even worse."

Increase in cost of doing business over the last 12 months:

Gloves up 500%

Masks up 300%

Anesthetic up 25%

Gauze up 32%

Cleaning Supplies up 25%

Lab costs up 15%

Office supplies up 8%

Podiatry Insurance reimbursement up 0%

I'm not sure if you want to see the next slide. . .

We were so excited about the 2021 E/M changes that allowed DPMS to ethically bill higher level visits without all the unnecessary documentation. . .

Your payer mix will play a major role in determining your reimbursement.

Here is a screenshot included in an email from one of my docs last week with the subject "This is interesting"...

Please see your top ten payers average for 99213 and 99214 for 2020 and 2021 comparison.

Top 10		TOP 10							
Average of Total Payment	Column Labels		99213 Total	99214	2021	99214 Total	Grand Total		
	99213	2021						2020	2021
Row Labels	2020	2021						99213	99214
Blue Cross Blue Shield Missouri (Anthem BCBS MO)	100.71	90.36	98.22	160.54	155.76	158.80	105.51	-10%	-3%
CIGNA	102.89	103.83	102.97				102.97	1%	
VA Patient Centered New Region 2- PGBA-DOS Begin 10/8/19	70.42	83.31	76.44		121.58	121.58	77.89	18%	
Medicare Part B Missouri	69.93	84.13	73.66	95.13	112.23	104.39	77.85	20%	18%
Aetna	69.32	65.69	68.11	108.75	98.66	102.02	72.35	-5%	-9%
Ambetter Missouri	66.81	66.89	66.83	101.73	82.32	88.79	72.10	0%	-19%
Humana	65.17	82.41	69.27				69.27	26%	
United Healthcare	60.97	60.91	60.96	103.40	91.26	97.88	66.84	0%	-12%
United Medical Resources Inc.	60.29	57.83	59.22	90.39	88.63	90.10	65.61	-4%	-2%
UMR Wausau / UHIS	56.11	48.05	53.89	132.95	88.63	118.17	59.92	-14%	-33%
Grand Total	80.45	78.93	80.05	125.11	114.14	119.97	85.21		



Watch your EOBs

Not that anything should surprise us when it comes to insurance companies and their tricks, but I am hearing more and more about automatic downgrading of payment (reimbursement at the 99203 allowed amount when a 99204 was billed).

Let's talk about the realities of all this "government help" and how they are affecting our practices and our lives



Something brought to my attention today:

If you or a member of your family have deferred student loan payments (or believe you have due to the pandemic) please be sure of the terms and that correspondence has not been “lost in the mail.”

Even though the deferment program has been extended until September, there are nuances that you may not be aware of that could dramatically affect your credit (loan deferment versus forbearance and that in most instances, an application to request either must be completed)

Student Loan Forbearance

Forbearance temporarily suspends or reduces your loan payments. However, interest on the loan continues to accrue and must be paid even during the forbearance period. The U.S. Department of Education pays the interest on subsidized loans; if your loan is unsubsidized, however, you'll be responsible for paying the interest while the loan is in forbearance.

If you are not aware of the need to pay interest, your credit score will be impacted heavily (as one of my doctors just found out)

Student Loan Deferment

Deferment can also suspend your loan payments, but interest won't accrue if you're deferring a subsidized federal or consolidation loan. The U.S. Department of Education continues to pay the interest during that time.

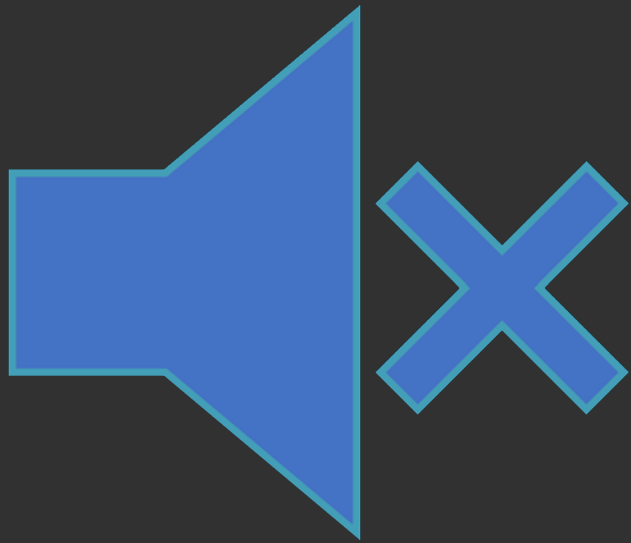
If you have an unsubsidized direct loan, Stafford loan, consolidation loan or PLUS loan, interest continues to accrue while the loan is in deferment, and you are responsible for paying that interest. Depending on the type of loan you have, you may have a choice to either pay the growing interest during the deferment or have it capitalized (added to your principal balance) at the end of the deferment.

Keep in mind that once the accrued interest becomes part of your principal balance, you're essentially accruing interest on the interest that built up during the deferment. This can significantly increase the lifetime cost of your loan. If you can possibly do so, paying the interest during deferment is a good way to keep your long-term costs down.



Our next subject is a painful one

In fact, it has been the “winner” for most frequently asked questions prior to and leading up to this webinar for nearly 14 months now.



*Do any of the
following
examples sound
familiar?*



"I'm now up to 3 new employees that have been hired and ghosted me. I'm trying to figure out is it the market, is it what we are asking them to do, dynamics of the office, poor compensation, or just bad choices?"



My last two employees left within 3 weeks of hire.

One completely disappeared after a supposed abscessed tooth and the other quit after receiving the new scrubs I purchased for her (and the other staff members so not to make her feel bad about the stained, ill fitting ones she was wearing) and the inserts I gave her to help with the knee problem we soon found out about.



*Question:
Where do you look
for employees (good
ones)?*

You can cast a large net by using platforms such as Indeed, ZIP Recruiter, Monster, etc. but the truth is. . .

- There is still no way of avoiding being “ghosted”

Here are some tips:

- When you find a potential candidate, see how long it takes them to respond to your first contact.
- If they are promptly responsive (keeping in mind that they may currently be employed), set up a time to meet for a Zoom interview and give the applicant a 5-minute grace period for technical difficulties (this has proven to weed out approximately 50% who don't show up).

(At least you can keep charting while you wait;)




Establish your minimum requirements (medical experience, willingness to travel, bilingual) and stick to them. This is your practice and there should be some non-negotiables (“I have to leave by 1:45 everyday” “I adopted my three grandchildren”)


Assessments are helpful but seldom completed.

*Don't think
too far
ahead. . .*

Some of the most successful and motivated employees may be those who are working towards a higher level of education in the medical field.



There are lots of great potential employees who are taking their pre-requisite classes (remote and in-person) to apply to PA school and others who need work experience and to save money before applying to medical school in general.



Don't worry about the fact that they will eventually move on. Utilize their willingness to work hard and learn from you for the next ____ months-years (teach them to assist, scribe, give them access to my library and make hiring the next employee a more turn-key process).

Even though it is chancy. . .

- Externship programs at local schools and training centers are usually looking to place students for a period of 6-8 weeks at a time or longer.
- Have the student come in to meet with you and your team prior to starting (to make sure they appear “normal”) and then take it day by day and week by week (always having a point of contact at the program if things are not working out).
- You never know if an extern will end up staying to work with you (and you have trained them for free).

Speaking of coming in prior to starting work. . .

Any hire should come in and shadow for at least a few hours (or maybe even a few hours two days in a row) prior to officially starting.

This gives the potential new employee as well as you and your current team an idea of if it's the "right fit" for both.

Your current team members will be more than willing to give you feedback (after all, they have to spend lots of time with the "new girl" too).

Use your social media platforms and community connections and ask your staff to do the same

- You never know when a “friend ” or someone’s aunt or cousin is looking for a job and may be a great fit!
- Pay attention everywhere you go for employees with exceptional customer service skills (medical experience isn’t necessary)
- Once you have a lead, please have the most social media savvy member of your team stalk them!
- Social media posts say a lot about who we are😊



*Be careful
when hiring
relatives of
current
staff
members*

If the new hire doesn't work out, you don't want to lose current staff.

Set clear boundaries of work/personal

The same goes when you are working with a family member/spouse/partner (be professional)

*Question:
What is the
typical
hourly rate
for a medical
assistant?*

Answer: Depends on where you practice and level of experience the assistant has.

Here are a few examples:

How much does a Medical Assistant make in Long Beach, CA?

Per hour

Average base salary

89 salaries reported, updated at May 6, 2021

\$16.36

per hour

The average salary for a medical assistant is \$16.36 per hour in Long Beach, CA.

same as national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance

How much does a Medical Assistant make in Massachusetts?

Per hour

Average base salary

1.7k salaries reported, updated at May 7, 2021

\$19.38

per hour

The average salary for a medical assistant is \$19.38 per hour in Massachusetts.

22% higher than national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance
- Relocation assistance
- Disability insurance

[View more benefits](#)

How much does a Medical Assistant make in Pensacola, FL?

Per hour

Average base salary

88 salaries reported, updated at May 5, 2021

\$13.81

per hour

The average salary for a medical assistant is \$13.81 per hour in Pensacola, FL.

13% lower than national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance
- Relocation assistance
- Disability insurance

[View more benefits](#)

How much does a Medical Assistant make in New Orleans, LA?

Per hour

Average base salary

74 salaries reported, updated at May 4, 2021

\$14.56

per hour

The average salary for a medical assistant is \$14.56 per hour in New Orleans, LA.

8% lower than national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance
- Relocation assistance
- Disability insurance

How much does a Medical Assistant make in Delaware?

Per hour

Average base salary

172 salaries reported, updated at April 30, 2021

\$14.52

per hour

The average salary for a medical assistant is \$14.52 per hour in Delaware.

9% lower than national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance
- Relocation assistance
- Disability insurance

[View more benefits](#)

How much does a Medical Assistant make in Washington State?

Per hour

Average base salary

1.2k salaries reported, updated at May 7, 2021

\$20.23

per hour

The average salary for a medical assistant is \$20.23 per hour in Washington State.

27% higher than national average

Most common benefits

- Food provided
- Professional development assistance
- Parental leave assistance
- Relocation assistance
- Disability insurance

[View more benefits](#)

Question: Are you offering any incentives/bonuses/PTO/401K/medical insurance to entice employees?

If you are not offering ANY benefits and keep getting less than desirable applicants/employees, maybe you should change your approach.

- I have not seen sign on bonuses or incentives that begin on day one of employment
- Most small practices believe they cannot afford to offer medical insurance (but what is the actual cost of not providing it for your employees)?

Employees who are provided health insurance stay longer and miss less work (retention save significant amounts of \$).

- If you do not offer medical insurance, hiring part time employees limits the expectation of benefits.
 - PTO should not begin until at least 90 days of employment for even full-time staff
-

*As a wise
DPM once
told me;
“Don’t be
greedy when
it comes to
paying your
staff” (or at
least the ones
that you want
to keep)*

Higher hourly rates should mean a higher level of employee with more experience and the intention to stay.

90-day probationary periods may lead to an increase in pay depending on performance (so even if the employee begins at a lower rate than requested, they have incentive to work hard and meet goals)

PTO (holidays) for part time employees after 90 days is up to you but should be based on the average number of hours worked per day (example: an employee who averages 25 hours a week would be paid 5 hours holiday pay)

Get creative

Practice goals for cash product sales, collections, new patients scheduled and seen, etc. could mean bonuses for staff (win-win).

- *Teach your protocols and have staff help you to carry them out consistently.*

If a potential employee seems to be the right fit but NEEDS health insurance, a monthly stipend could be offered in lieu of providing insurance (they could pay for their own and use the stipend towards it).

401Ks or profit-sharing incentives should only be offered/provided with longevity of employment (but some employees would rather a \$1/hour raise than opportunity for investments)

Question:

What's acceptable to ask of your MA or front desk person to do?

Answer: Anything that has been clearly stated in your job description (discussed prior to hiring and provided in writing after). Be sure to stress that even though each person/position has specific duties, a TEAM effort is essential to maintaining positive patient flow and working cohesively.

- "No one is too good to answer the phone or sweep up toenails."
- Cross training is an essential part of creating a well-oiled machine.

Question: How do we avoid overwhelming new hires while ensuring they are properly trained and up to speed in a reasonable amount of time?



*I believe that
overwhelming
new hires
contributes to
higher ghosting
rates*



Start with what is most important. . .

- Providing excellent customer service and quality care to your patients and keeping them moving.
- Worry about the EHR later!
- This should not be the top priority immediately when training.
- Have the new employee shadow everyone (including the doctor) to get a feel for the flow of the office (have them follow patients all the way from check in to check out).
- They **MUST TAKE NOTES** and **ASK QUESTIONS**
- If they aren't doing either, they are not engaged or learning.

*Provide
educational
resources
and set
realistic
expectations*

Do not expect that a new employee fully understands or can perform a task until they have watched, been educated and done it repeatedly.

Utilize the staff training videos in the PEP library, online training modules within your EHR, provide training tools (cheat sheets, guides, etc.) and meet frequently.

Every individual learns differently so if one way is not working, try a different approach.

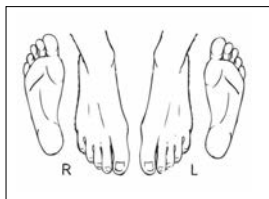
Do not expect them to know and understand everything after just a few weeks. There is always more to learn.

Date: ___/___/___ Pt. Name: _____ NP/EP Appt Time: _____ Arrival Time: _____
 Prev. Bal: \$ _____ Copay/Ded/Deposit: \$ _____ (_____) PCP: _____ PCP DOS: ___/___/___
 Diabetes: Y/N _____ Sugar/A1C: _____/_____ Vitals: HT: _____ WT: _____ BMI: _____ BP: ___/___
 T: _____ P: _____ R: _____ Meds Checked: Y N Allergies or new allergies: _____

Chief Complaint: (N) _____ (L) _____ (pic below)

(D) _____ Days/Weeks/Months (O) Sudden/Gradual Injury Y/N _____/10 pain scale (C) aching, burning, dull, sharp, stabbing, throbbing, tingling, constant, intermittent (A) _____ (T) _____ inserts Y/N

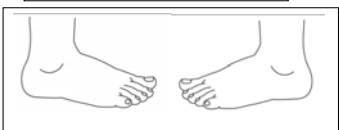
Orders:



Additional Notes by DPM:

Vascular

Pulses -
 RT ___/4
 LT ___/4
 Hair growth Present absent
 Edema Present absent



Neurological

Sharp
 RT normal abnormal
 LT normal abnormal
 Monofilament
 RT normal abnormal
 LT normal abnormal
 Vibratory
 RT normal abnormal
 LT normal abnormal

Labs: Culture _____ Biopsy _____
 (Type) Punch/Shave/ _____ (other)

Specimen sent to Bako ___/___/___

X-ray Views: RT/LT B/L 73630, 73620, 736___

Findings: RT/LT Normal Abnormal

Musculoskeletal

Bunions RT LT
 Tailor's Bunion RT LT
 Pes Planus RT LT
 Cavus RT LT
 Hammertoe RT LT
 Muscle Strength Normal Abnormal

Dermatological

Texture
 Normal Cracked Fissured Dry
 Nails
 Fungal Dystrophic Discolored
 RT 1,2,3,4,5 LT 1,2,3,4,5
 Incurvated RT 1,2,3,4,5
 LT 1,2,3,4,5 Infected Non-Infected
 Callused
 RT 1,2,3,4,5 LT 1,2,3,4,5
 plantar medial lateral dorsal
 distal
 Wound ___cm X ___cm X ___cm
 ___cm X ___cm X ___cm

Patient to return in: _____ Days/Weeks/Months PRN _____
 Scheduling Notes: _____

DME: Cam walker L4361/Ankle brace L1902/Rigid Ankle L1971/Nightsplint L4397
 Other: _____ Compliance docs signed and witnessed: _____ Notes: _____

CASH PRODUCTS/SERVICES:

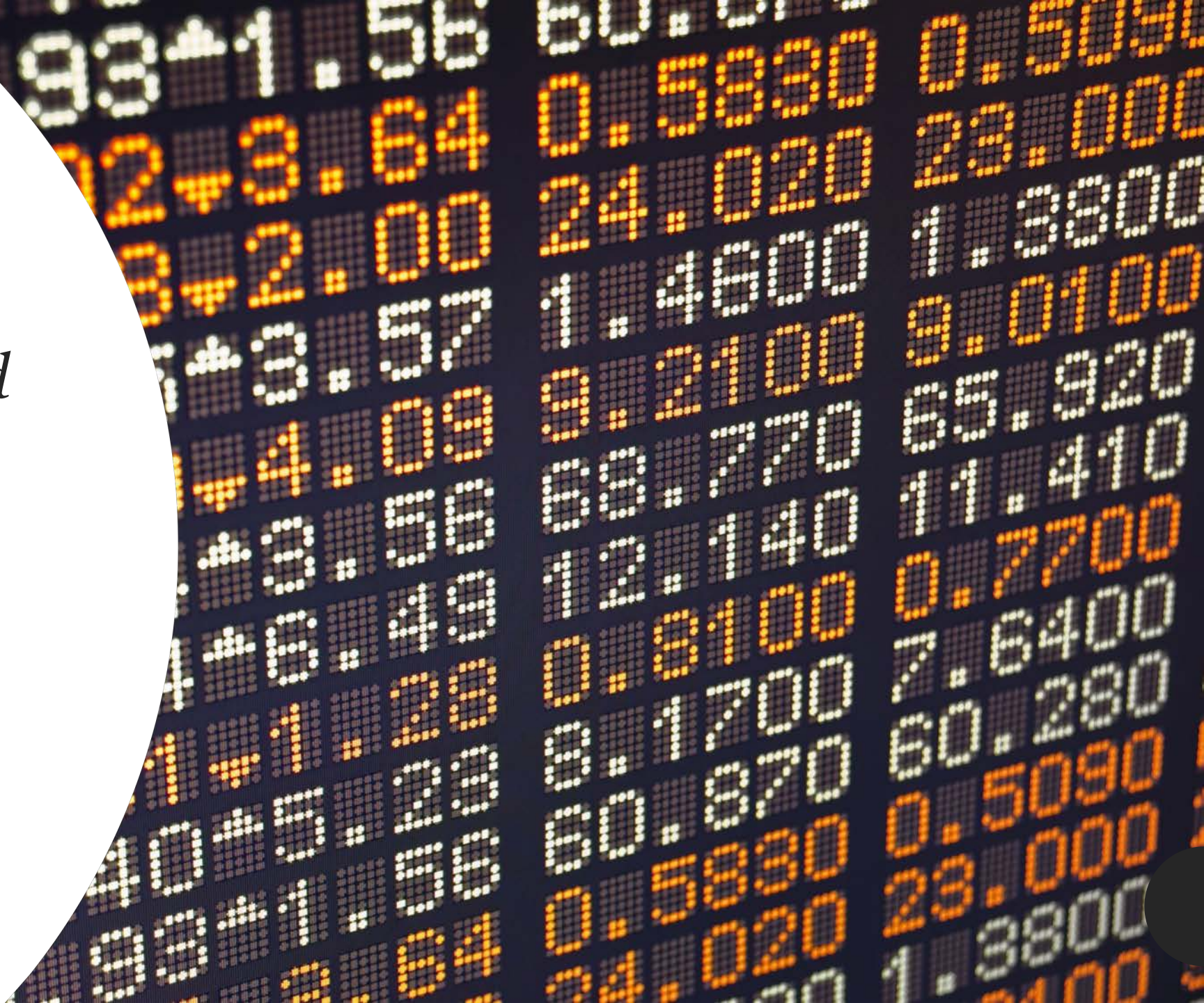
Clarus Sol/Clarus Cream/Clarus Spray/ Footsteps/Dry Wipes/MacerRx/ Amerigel Kit/Subzero
 CBD Muscle Rub/Repair Sleeve/Verrustat/Kera-42/Kera Nail Gel/NeuRx/ Budin Splint/Nail Polish Hydro Cream/Heel Cup/
 Other _____

Just get through the day and worry about the rest later (inputting of visit information).

Custom evaluation sheets may also help to keep the flow moving when you are short handed and in the training process (use mine and make it your own).

*Switching gears. . .
Let's talk about EHR
and PM systems.*

*So many to
choose from and
lots of changes
in the industry
(buy-outs, etc.)*



Question (s):

As a new solo startup, is spending more on an E H R/PM system software with integrated merchant services, patient reminders, telehealth, clearing house, portal, e-fax, e-Rx, etc. a smart ROI?

What is a reasonable amount to spend per month for software?

I could go cheap with _____ but may lose out on efficiency.

Answer(s)/Opinions

I have seen too many practices nearly “go under” because of their software systems (due to lack of transparency, accuracy and user friendliness).

Although there is no perfect system, I would ALWAYS CHOOSE A PLATFORM with integrated EHR (documentation and scheduling) and PM (billing) sides.

In these cases, most features that you included in your question come “standard” with no additional charges (if you choose to upgrade certain features you can expect to pay more).

Hidden or “a la carte” fees and “You don’t know unless you ask”

- Be careful if you choose a software based on a low monthly license fee.
- There may be additional charges that you weren’t expecting such as clearinghouse, reminder system, e-fax, e-Rx fees, etc.
- As a solo start up practice your schedule will not be full right away. Most monthly licenses are available at a “part time provider” or discounted rate. Only once you are creating XX amount of encounters and submitting XX number of claims per month do you have to upgrade to the full-time provider license.

How much should all of this cost?

- You can pay anywhere from \$149/month per provider to nearly \$1000.
- The trick is what the monthly cost actually includes (is this only the license and everything else is an "add-on?")
- The same goes for PM (billing) softwares and companies

The national average for an outsourced billing company is between 7-8% of collections.

I have seen as low as 3% and as it turns out "You get what you pay for" as they are NOT focused on complete revenue cycle management.

Billing companies should NEVER collect a % of cash products and services (only insurance related collections)

*You end up
paying one
way or
another*

Choosing products and services based solely on price is not a good idea as it will cost you and your practice in the long run.

Efficiency, transparency, and robust reporting are key elements when selecting your E H R/PM system.

You will have to spend time customizing no matter which system they tell you is ready to go "out of the box." So invest the time when you have it.

Speaking of customization. Here are some of the care plans that have been added to the library. Thank you to those who have contributed!

Achilles Tendon, Strain	Blister	Bunion	Calcaneal Apophysitis
Fibromatosis, plantar fascia	Foreign body	Fracture, ankle	Fracture, phalanx
Fissure, heel	Infection, post-op	Ingrown nail	Neuroma, Morton's Type
Onychomycosis	Plantar fasciitis	Psoriasis	Tarsal Coalition
		Tendinitis	

*Let's spend a few
moments discussing IT*



Question (s):

Are you using standard phone systems or VOIP and how much are you paying?

How many phones do you have and is this equipment leased or purchased?

What does your service contract look like (cost)?

Most of my practices at this point are utilizing VOIP because it is a better investment long term (no need for additional lines in the future, more custom prompt settings, forwarding to any phone, etc.).

Let's hear how much our attendees tonight are paying. . .
**

explore how utilizing the functions of your phone system can free up bottlenecks; billing, medication refills, etc.

Questions:

Internet service/speed (5x60 for ex.), T-1 line (20x20 for ex.) or fiber

What was the start up or switch over cost and monthly fee?

If you upgraded in the past 2 years, what is your current cost?

Attendees?

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Question:
Do you have a firewall, when was it last upgraded and what is the monthly cost for support?





Attendees?

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Questions:

How many lap or desktops do you have?

Is the firewall software installed on all?



Attendees?

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Question:

Do you have contracted IT support?

How is it billed (monthly per incident/need, etc.)?

How much are you paying per month?



Attendees?

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Question:

Do you have a server in your office (whether you are using a cloud or server-based EHR)?

If yes, what is the cost of support and/or maintenance?

Are you backing any of that up to the cloud?



Attendees?

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Questions:

What email service are you and your staff members using that is HIPAA compliant?

Who is serving and managing it (for example for when you hire a new employee and want to add them to the practice email chain)?

A photograph of rows of empty red stadium seats. Each seat has a small white tag with a black number on the backrest. The seats are arranged in a grid pattern, receding into the distance. The lighting is warm, suggesting an indoor arena or stadium. The overall scene is one of emptiness and anticipation.

Attendees?

4

3

*My questions for you. . .
Are you still wearing masks in
the office (staff, doctors and
patients), screening patients,
and taking temperatures?*

*How many of your staff
members or doctors are
refusing to get vaccinated?*





Thank you for joining me and for sharing!

Don't forget to login to the resource library and stay tuned for the invite to our second webinar this month on Wednesday May 26 😊
