20 WAYS TO INCREASE YOUR PRACTICE EFFICIENCY

By Clarence Brown, M.D., FAAD

The secret of a successful dermatology practice lies not only in the talents and skills of the staff, but also in the day-to-day efficiency of the practice itself. Dr. Brown offers some useful tips and common sense approaches to better practice efficiency.

1: Effective screening

Your daily appointments start at the front desk, and you can make a real difference in your day by streamlining the appointment process.

I suggest active weekly (if not daily) engagement with your front desk staff, outlining specifics in a written format about your scheduling expectations. Keep a list of insurance companies with which you are contracted, and make certain your reception staff is well prepared for standard questions that arise.

Train staff to take efficient messages that are both informative and complete; if a patient is calling for a refill or new medication, always get the pharmacy telephone number and name of the medication so that an additional call to the patient is not necessary, saving valuable staff time.

Don’t be caught off guard not knowing what lies ahead for the day. Make a point to go over your daily schedules and appointments several days in advance. If you know that you have a light afternoon ahead, reminding your front desk that you are open to add on appointments to fill those vacant slots does a lot to help your bottom line and creates goodwill with patients who are able to take advantage of these same day appointment slots.

Use “cheat-sheets”; notes that give bullet points with information for patients concerning their conditions. For example, we employ a one-page, typed handout for dry skin that lists recommendations for over-the-counter soaps, shampoos, moisturizers, and the like. This cuts down on having to repeat the same information numerous times each day, and helps the patients by providing them with written information they can take home.

2: Standardize examination rooms

You don’t want to waste your valuable time — or the patient’s — looking for a form or something you need. Make sure all examination rooms are stocked the same. You should have all forms available in every room, and also maintain consistent educational and marketing materials for each room.

3: Foiled again!

Included in your stock should be an ever-available supply of aluminum foil, a versatile and essential part of your armamentarium. It’s inexpensive and disposable, may be sterilized, can be used as handle covers, and also as a template for outlying skin grafts to be harvested.

4: Maintain pre-made packs, kits, and trays

Among the items you can prepare ahead of time and have ready to use at any time should be shave and punch kits; and excision/repair trays. Again, these should be readily available in every examination room.

5: Communication between exam room and nurses station

Set up a system whereby you can summon help from the nurses station without having to leave the examination room.

In our practice we utilize a system that allows the physician to press a button inside of the examination room that alerts assistants at the nursing station. This not only mobilizes help quickly when needed, but also helps ensure a more sterile environment than opening and closing sterile door handles.

6: Have enough help

When you need to summon help, is it going to be there for you? Make staffing considerations a priority. In our practice, we hire above the salary requested, commit to full time, but not overtime, and engage assistants in the hiring process. We maintain an assistant for every examination room to maximize efficiency in every aspect of our practice.

See Efficiency on page 2
See tip #5.

Can you summon help from the nurse’s station, without having to leave the examination room? See tip #5.

7: Add on cases every chance you get!

By adding on cases whenever you can, you are — above all else — serving your clients, especially busy working professionals who find it difficult to find time. In addition to increasing patient satisfaction, you will also improve your bottom line by enhancing your daily billables. Patients may be willing to undergo a procedure with you in your office that may put off or not undergo if asked to schedule that procedure down the road.

8: Be consistent with information and instructions

Communication can break down and problems can arise when staff is not clear on information and instructions. Everyone in the office should be operating off the same playbook, including reception, nursing staff, physicians, and billing staff.

9: Provide written post-operative instructions

When you give your patient post-operative instructions, make sure they’re in writing. The form should be signed by both the patient and the medical assistant. One copy should be given to the patient and a duplicate copy document should be retained by your office and placed in the patient’s chart.

10: Separate yourself from billing issues

Too many dermatologists find themselves addressing problems that should be delegated to others in the office. Billing issue inquiries should be directed to the office billing agent or office manager.

11: Separate yourself from human resource matters

Similarly, don’t get caught up in human resource matters. Your practice should have an office manager and/or human resources manager in place as a resource with your staff to address human resource issues, and that person should know the employee manual cover to cover.

12: Have an employee manual

And yet, some practices lack a good employee manual. It’s an essential part of a successful practice, and one that is clearly written and comprehensive will serve you best. Know it. Update it whenever necessary. And live by it!

13: Assess your sample situation

How much staff time is being spent on dispensing, maintaining and organizing samples? The extent to which you utilize samples is often a matter of a physician’s personal preference and needs, but assess your supply and create a system whereby it isn’t bogging down your day-to-day operations.

14: Do what you like ...

Take time out to remind yourself why you chose this profession and what pumps you up about going to work each day. Make that the focus of your day.

15: … and don’t do what you don’t like

Conversely, consider the elements that are making your profession a “job.” Are there problems that you could and should be delegating to others? Don’t take on problems and tasks that steal time away from your doing what you want and need to do each day.

16: Identify bad situations and end these quickly

Invariably, even the most efficient, well-staffed office will run into a problem that will require your attention. Recognize bad situations when they arise and dispense with them quickly. Don’t let a problem go on for days, weeks, or months without addressing it, adding potential for the problem to fester and grow. Deal with problems and move on.

17: Use templates

There’s no time or need to reinvent the wheel. As both a time saver and for consistency, use templates as forms for office visit notes and procedure notes. Keep these organized in a central location and train staff to pull the appropriate template and complete as much as possible before the chart makes its way to your desk.

18: Schedule a separate suture removal clinic

In our clinics we have a specific suture removal clinic once or twice a week. This is overseen by staff trained in the nuances of suture removal and wound counseling. Make sure you explain this up front to your patients at the time of surgery. This removes a good portion of suture removals from “regular” clinic time thus freeing up more staff time to allow for assisting in the work being performed by the physician.

19: Empower your employees

Train your staff well, and then empower them to do their tasks and you will retain happy employees. In our practice we complement employees frequently in front of the patients and other staff. Criticisms should be given in private, while praise may be delivered in public.

20: Conduct regular office/staff meetings

Remember that the practice environment is an ever-changing entity. New technologies and treatments, changing staff, a variety of patients and conditions, changes in billing and coding, and myriad other unknowns can all potentially change the balance of your practice. Thus, your staff needs to meet regularly to establish and maintain an atmosphere of teamwork. Conduct (and record) regular office and staff meetings so that everyone is on the same page on a regular basis, updated on office procedures.

As the front line in the day-to-day function of your practice, your staff can provide constructive input on how to refine practice performance. Staff meetings are also a great venue for a two-way exchange that can enhance individual work experience and position the entire practice toward greater success.

Also, don’t forget to acknowledge when things are going well. It’s easy to harp on and sometimes dwell on the things that go wrong, but when things are going smoothly in your practice, let others know. It creates positive reinforcement and sends a clear message about how you’d like to see things run in your practice.

Dr. Brown is an assistant professor of dermatology and director of dermatologic and Mohs micrographic surgery, University Dermatology, Skokie, Ill.
If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

—John Quincy Adams

The Academy’s Leadership Institute is designed to develop leaders in dermatology. It prepares them to serve effectively in medical organizations, in policy making and advocacy, as well as in their daily practice. In January, the Academy’s Leadership Institute sponsored a Leadership Forum, a weekend of workshops attended by 44 participants. Participants were diverse; from across the nation as well as from different types of practice. About 60 percent worked in a hospital-based/academic practice, over 30 percent were in community-based/private practice, and 7 percent worked in the military. The forum was also attended by leaders in dermatology. Academy officers, board members, council chairs, and select committee members were invited. Many have held high offices in a variety of dermatologic organizations. Thus, in addition to a weekend of workshops, participants had the opportunity to mingle with established leaders in their fields. Joslyn Kirby, M.D., was one of the young physicians who participated in the event. Here she shares her impressions of some of the training offered at the forum.

Discovering the Leader in You

I know how this title sounds (imagine an overly enthusiastic life coach shouting that phrase and pointing in your face), but this course was really about identifying your leadership style. We took the Myers-Briggs Type Indicator assessment, an exercise that reveals your tendencies when interacting with your environment. For example, extroverts get their energy from people and action — they talk while they think. In contrast, introverts get energy from inside — they think then talk. Learning one’s tendencies and how to recognize the tendencies of others will help when you participate in meetings, develop presentations, and interact with colleagues, staff, and patients.

Communicating with Confidence

Doesn’t this sound like one of those “catchy” titles designed to improve attendance at the Annual Meeting? This workshop addressed effective communication — one of the core competencies in leadership for dermatologists. This course was public speaking “tough love.” We discussed common public speaking pitfalls and practiced new skills in small groups. Regardless of our communication skill level, we all made improvements and learned from each other.

Developing Core Competencies for Leaders

During this section we discussed the qualities of great leaders and found that great leaders must also be great managers. Another important element of the presentation was how to handle a person that is not performing as expected. We discussed the difference between coaching and counseling and when it’s best to do one or the other. In some ways, leading is a lot like parenting — make goals and responsibilities clear, praise a lot and point out when expectations aren’t met.

Adapting to Change

This workshop was run by Second City Communications, an offshoot of the Second City improv comedy group in Chicago (where people like John Belushi, Tina Fey, and Bill Murray got their start). What does improv have to do with leadership? The first rule of improv — be positive, and answer with “yes, and….” We learned to apply this in meetings. Not that meetings need to be all fun and games, but if people hear “yes and…” instead of “yes, but….” or “no, that won’t work because…” we create a positive culture, get more ideas, enable coworkers and thus become a great leaders!

One of the best things about the Leadership Forum is that it offers great workshops for dermatologists in any type of practice and with any type of leadership interest or leadership skill level. I encourage you to apply to attend the Leadership Forum next year — I would do it again!

Dr. Kirby collects her map and instructions before venturing out into the local area gardens to complete a team building task.

2010 President Elect Ronald Moy, M.D., chats with Nicole Rogers, M.D., and Erin Boh, M.D during one of many teambuilding exercises.

Dr. Kirby is an assistant professor at Milton S. Hershey Medical Center, Penn State College of Medicine. More information and perspectives about the Leadership Forum can be found in the March 2010 issue of Dermatology World.
IRS TO HONOR MEDICAL RESIDENT FICA REFUND CLAIMS

Young physicians who paid Federal Insurance Contributions Act (FICA) taxes as medical residents in recent years may see their refund claims honored by the IRS. For more than a decade, most teaching hospitals in the United States and some individual taxpayers (including medical residents) have had refund claims pending with the Internal Revenue Service (IRS) for FICA taxes paid as a result of a “student exception” under Internal Revenue Code 3121 (b)(10).

FICA is a United States payroll tax, imposed by the federal government, on both employees and employers to fund Social Security and Medicare and are withheld from an employee’s pay at a rate of 7.65% on gross earnings (6.2% for Social Security and 1.45% for Medicare). The employer is also liable for the same, making the total Social Security tax 12.4% and the total Medicare tax 2.9% of wages.

As a result, on a $50,000 annual stipend, $3,825 in FICA tax would have been paid by both the medical resident and their teaching hospital, for a total of $7,650. Therefore, if we assume a four year dermatology residency, with no increase in stipend, the potential refund would amount to a total of $30,600 ($15,300 for the medical resident and $15,300 for the teaching hospital).

Often schools, colleges and universities employ students on a part-time or intermittent basis. Many of these students qualify for a statutory exception to FICA taxes, and those work periods are not credited to the earning of Social Security and related benefits.

The IRS has consistently urged that the “student exemption” from FICA be narrowly construed. In two cases decided in the mid 1990s where two institutions had sued to recover a refund of FICA taxes paid, the question arose whether employees performing services in the nature of on-the-job training are students and thus exempt from FICA.

The University of Minnesota claimed that residents working in a hospital setting can qualify for the student exemption, and won both in the federal district court and the Eighth Circuit Court of Appeals. The second institution, Mayo Clinic, won a similar refund claim in the same Minnesota federal district court.

In response, the IRS further tightened regulations in late 2004 to restrict the use of the “student exemption.” On April 1, 2005, new regulations regarding the student FICA exception became effective. One part of these regulations states that an employee who works 40 hours or more (full-time employee) for a school, college or university is not eligible for the student exception. This part of the regulations excludes medical residents from the student exception.

On March 2, 2010, the IRS announced that it has made an administrative determination to accept the position that medical residents are exempted from FICA taxes based on the student exception for tax periods ending before April 1, 2005, when new IRS regulations went into effect.

Since the statute of limitations for filing a claim for tax periods prior to April 1, 2005 has expired, it is too late to file a claim for periods before April 1, 2005.

However, if you are or were a medical resident and you did not file an individual FICA refund claim, you may be covered by a FICA refund claim filed by your employer for the period during which you were a medical resident. You would need to contact your employer (or former employer) to see if they filed a FICA refund claim on your behalf.

For more information, call (800) 919-1703 or visit www.irs.gov/charities and click on Medical Resident FICA Refund Claims. Taxpayers with currently pending suits should contact the Department of Justice attorney assigned to the case.

The IRS has indicated that within 90 days (of March 2, 2010) it will begin contacting hospitals, universities and medical residents who filed FICA refund claims for these periods with more information and procedures. Thus, employers and individuals with pending claims do not need to take any action at this time.

Lawrence B. Keller, CLU, ChFC, CFP is the founder of Physician Financial Services, a New York-based firm specializing in income protection and wealth accumulation strategies for physicians. He can be reached for comments or questions at (516) 677-6211 or by e-mail to lkeller@physicianfinancialservices.com.

Essential Manuals for Every Dermatology Practice

Visit the Marketplace at www.aad.org to order these manuals and others from the PME Series!


Assists dermatologists and billing staff in submitting accurate claims to improve the reimbursement process.

Provides a framework for quickly hiring, training, and managing office staff.

Teaches techniques that strengthen practice operations and improve the patient experience.
Consultations provide a vital service to patients and healthcare providers. Non-dermatology providers may have insufficient familiarity regarding their patients’ skin disease and therefore seek the advice of a dermatologist. Additionally, both dermatology and non-dermatology providers may be overwhelmed by a patient’s disease severity and seek advice from a dermatology subspecialist.

The goal of this article is to discuss the concept of the dermatologist-to-dermatologist consultation. Expectations of patients, requesting providers and consulting providers are discussed. Helpful tips for generally optimizing relationships with referring providers are also presented.

**The dermatologist-to-dermatologist consultation**

An increasing number of dermatologic subspecialties have emerged including cutaneous T cell lymphoma, immunobullous diseases, Mohs micrographic surgery, mucosal dermatology, occupational and contact dermatitis, pigmented lesion/melanoma, and psoriasis. While many dedicated subspecialty clinics are housed within academic institutions, private practitioners are increasingly establishing themselves as niche experts. Dermatology subspecialists can serve as an essential resource to patients and general dermatologists in the care of more complex or advanced dermatologic conditions.

**Specific requests**

When requesting a dermatology subspecialty consult, the referring dermatologist should be as specific as possible regarding the reason for consultation. Written requests for consultation provide clarity for the requesting provider and the consultant regarding the goal of the consultation. A written request that is sent directly to the consultant’s office in advance of the appointment and again is provided directly to the consultant by the patient at the time of appointment will minimize any confusion. Referring dermatologists should clearly express their intent regarding patient follow-up to the consultant. The referring physician should specify if he would like the consultant to assume the patient’s dermatologic care for the problem in question. Alternatively, the referring provider may wish for the consultant to provide an opinion after which the referring provider will decide on and execute future care. Generally, dermatology subspecialists do not wish to assume the general care of referred patients. By definition, “consultation” dictates that consultants cannot assume the entire dermatologic care of a patient.

As such, consultants should avoid addressing general dermatology issues that are not related to the specific consultation issue. Educating the patient during the visit that, as a consultant, you will be making recommendations about their condition and that the referring dermatologist will advise the patient on other dermatologic concerns is appropriate and recommended. If there is any doubt about the intent or nature of the consultation request, the consultant and referring provider should discuss any questions directly.

**Documentation essential**

Once the patient has authorized release of medical information, the referring provider should provide copies of all relevant health records to the consultant. Ideally, the referring provider will craft a succinct summary letter which outlines the specific reason for consultation as well as a concise report of the patient’s history, evaluation, treatment and course to date. To maximize the yield of the consultation, all relevant progress notes as well as laboratory and pathology reports (and possibly slides) should also be provided. If a patient is being referred for a surgical consultation, biopsy site maps, clinical photographs, and pathology reports (with or without slides) are invaluable and are highly recommended in order to avoid incorrect procedures. It is always better to provide too much, rather than not enough, information.

When it comes to consultations and referrals, communication is the key to ensuring a mutually beneficial
Consultations from page 5

relationship in providing the highest quality of care to shared patients.

Communication is key

Thorough and timely communication between consultants and referring providers is essential to providing the highest quality of patient care and to maintaining good relationships. A summary letter of the consultation visit including evaluation, results of diagnostic testing (pathology, laboratory, cutaneous patch testing) and a detailed plan for treatment and follow-up should be provided to the referring provider as soon as all results are available.

The consultant should specify whether she expects the referring provider to participate in any ongoing monitoring or care decisions between patient visits with the consultant; again, the specific request for consultation will go a long way in sorting out such responsibilities. Regardless of the mode of communication, consultants should confirm that communication was successfully received by the office of the referring provider.

It is appropriate to expect that subspecialists should be available to provide ongoing education and recommendations for treatment to patients when appropriate. For example, patients who are referred for extended series patch testing should be provided the opportunity to follow up with the contact dermatitis consultant for additional education and/or re-evaluation in the context of a persistent, relevant dermatitis.

Whenever a consultant sees a referred patient in follow-up, this would be as an established patient visit and not as a consultation, although communication should be sent to the referring provider in a timely fashion.

Optimizing relationships with referring providers

Once you have established relationships with referring providers, you need to ask them how you’re doing. Be prepared to act on the feedback you receive. Ask if they are having any difficulty sending patients to you, and ask them what feedback they have received from the patients that you have seen. The more specific questions you ask, the more specific feedback you’ll receive which will ultimately translate into doable actions you can take to correct any deficiencies. For example, if a provider views the written consultation request as being burdensome, you may consider providing pre-printed “fill in the blank” request forms for their use. Logistically, you should make it as easy as possible for referred patients to find you. Provide referring providers with tear-off sheets that may include a checklist of requirements for consultation, directions and/or map to your office, office hours and contact information.

You need to be accessible to referring providers and their patients. Being accessible doesn’t mean that you should provide your personal pager or cell phone number to every referring physician. You should, however, provide them with the name of one of your office staff who is equipped to facilitate expedited access or answer any logistical questions they may have.

Expressing appreciation by thanking referring physicians for their confidence in you and the care you provide will go a long way to solidifying the relationships you’ve worked so hard to build.

Medicare Update on Consultations

As of Jan. 1, 2010, CMS will not reimburse providers for consultation codes 99241 – 99245 (Office or Other Outpatient Consultations) and 99251 – 99255 (Inpatient Consultations). Instead, new and return patient E&M codes should be utilized for office or outpatient encounters. Initial hospital care codes (99221-99223) and subsequent hospital care codes (99231-99233) should be used for in-patient care. Dermatologists should closely monitor their private health insurance payers regarding their policy on consultations. CMS will reallocate consult funding with an average 6 percent increase in Physician Work/RVUs for new and established E&M services as well as an incremental increase to E&Ms with 10 and 90 day global periods.
Young Physician Focus is debuting “Ask Dr. MOC” in this issue; a new feature designed to help young physicians with common questions, misunderstandings, and general information about maintenance of certification.

How do I know if I need to complete Maintenance of Certification in Dermatology (MOC)?

**DR. MOC:** Check the certificate you received from the American Board of Dermatology. The following information is posted on the ABD Web site.

- All diplomates whose certification expires in 2006 and beyond must enter MOC-D.
- If you certified in the period 1991-2005, you will enter MOC-D only upon successful recertification, but not before, and you are not required to complete any elements of this program until your successful recertification.
- If you hold a lifetime certificate, it cannot be revoked.

You can find information about MOC at the American Board of Dermatology Web site, (www.abderm.org/moc/requirements.html) — which provides the requirements for MOC-D. You can also link into your personal ABD diplomate online profile. (https://secure.abderm.org/cgi-bin/home/login.pl). A tool developed by the American Academy of Dermatology called the Personal MOC Plan is available at www.aad.org. You can enter the year your certificate expires, see what activities need to be completed, and view a list of AAD activities that fulfill or help you prepare to meet the MOC-D requirements.

What is the Academy’s role in MOC-D?

**DR. MOC:** In general, the certifying boards test, and member societies (like the Academy) educate. The American Board of Dermatology (ABD) certifies dermatologists. ABD is a member of the American Board of Medical Specialties (www.abms.org/), which oversees the MOC program for all subspecialties. The ABD oversees the Maintenance of Certification Program in Dermatology (MOC-D).

They are responsible for setting the guidelines and policies for MOC-D and receiving approval from the ABMS. The Academy’s role as a member organization is to educate, and to develop activities and services to assist members in fulfilling the MOC-D requirements. The Academy creates activities that fulfill specific requirements set forth by the ABD. The Academy (and other providers) must follow the ABD qualifications and complete an application process to have products/activities approved by the ABD.

Do you have a question for Dr. MOC? Send it to dmonti@aad.org.

Order the new MOC™ combo online at www.aad.org.
I have just returned from the Academy’s 68th Annual Meeting in Miami Beach and it was a great experience! I enjoyed the camaraderie of my colleagues and the opportunity to discuss the current issues in dermatology with other young physicians from across the country. The Young Physicians Committee (YPC) met during the meeting and I am very proud of the work the committee has accomplished this past year and our plans for 2010. Here are some highlights of the Young Physician Committee accomplishments in the last year:

• Began an initiative to increase young physician awareness and participation in the AADA grassroots advocacy efforts.
• Served as Gold Triangle Award judges.
• Participated in the PEER program, designed to assist with the evaluation of commercial bias at the Annual and Summer Academy Meetings.
• Presented the Indoor Tanning is Out® public education message to college students.
• Recommended, developed, and presented a session on leadership development for young physicians held at the Summer Academy Meeting.

Looking ahead, in addition to continued work on the projects listed above, the YPC plans to connect more with young physicians at large and encourage you to get involved. The YPC is also developing a list of volunteer opportunities that may include resources and volunteer activities in your community, advocacy volunteer opportunities and new ways to get involved within the Academy.

I know that many young physicians are already involved and volunteering in many ways. Thank you for your commitment to give back to our wonderful profession. If you haven’t recorded your volunteer hours in the Leadership Circle for Volunteerism, log on to www.aad.org/members/leadership/leadershipcircle.html and let the Academy know about your volunteer efforts. When you have recorded at least 100 volunteer hours, the Academy will recognize you with a pin and badge ribbon to wear at Academy meetings.

As always, the YPC wants to serve the needs of the young physicians members of the Academy. If you have questions, concerns or ideas you would like to share, please send us an email at YP@aad.org.