C002: Dermatology Review: General Dermatology and Practice Management
Friday, March 3, 2017  9:00 am

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Truism # 1:
Patients ALWAYS come first!
Truism # 2:
The days of “mom and pop” dermatology are gone
Work on Efficiency

• Accept that it costs money to make money (50% overhead is OK!)

• Encourage experiments choosing outcomes measures carefully

• Patience is required (& Patients are required)
Working on the Electronic Health Record
Fact: In 2017, EHR does NOT make physician’s more efficient (though there are obvious advantages)

Evidence:
- Fewer patients scheduled after conversion to EHR
- Pajama time and burnout statistics
- Anecdotal information (Only hobbyists disagree!)
- Observational Time-Motion studies
Observational time-motion study in ambulatory care (family medicine, internal medicine, cardiology, and orthopedics)

- During working day
  - Patient face-time (27%)
  - EHR/desk work (49%)
- Time in examination room
  - EHR/desk work (37%)
- Average 1-2 hours work in evening (the smell of burnout is in the air)

EHR Optimization

- Smart Phrases
- Adopting information from previous records while avoiding cloning
- Dictation systems – can increase “face time”
- Remove false warnings
- Remove unnecessary “clicks”
- Using scribes and “extra MAs and Nurses
- Monitor physicians, provide feedback & incentives
Other Outcome Measures Practice Effectiveness

• Patients seen/day exclusive of stitch removal, light treatments and other nursing interventions

• 3rd available appointment

• Initial appointments/follow-up visits: Key metric to shortening Appt. waiting time
Increasing ratio of first time appointments: Rapid Access Clinics

- Thoughtful scheduling of follow-up appointments to maximum time
- Nursing telephone check-ups
- Teledermatology check-ups

Note: While the motivation is to satisfy patients by decreasing wait time for initial appointments, another result is increased income!
Truism # 3:
Take care of your employees like they are family
Work on the local Culture
When nurse asked to learn how to scribe:

“"I’m not about to do the doctors’ work for what I get paid"
The Culture of Family

- Empower each member of team – happy employees have some control
- Trust, but verify (measure outcomes)
- Offer pathways to fulfillment
- Competitive income and benefits
Truism # 4:

You can’t do it all yourself!
Initiate Team-Based Care
Team-Based Care

- Every scheduler, clerk, receptionist, nurse, physician and administrator is part of a FAMILY
- We take care of each other
- Always put the interest of the patients first
Examples of Team-Based

- Have Staff take Photographs
- Have Staff learn to perform KOH and Scabies Preps under strict supervision
- Nurse scribing
Efficiency Based on Team-Based Care

- Description: Relationship-based effort to get each team-member functioning at highest level skill and certification will allow
- Mechanics: two LPNs per dermatologist negotiated individually with faculty
- The Jeremy Jackson Experiment (2nd LPN or MA negotiated with provider)
Clinic Visits: January - August

Dashboard Completed Visits

Work RVU’s: January - August

Increases By Percentage

- 30% Increase in Completed Visits
- 39% Increase in RVU Production
- 41% Increase in Gross Charges
- 33% Increase in Payments

Comparison: *January–April : May–August*

Truiism # 5:
An educated staff is a good staff!
Educate

- Establish apprentice system
- Schedule monthly office education sessions
- American Academy of Dermatology Derm-Care Team
DermCare Team

- NP/PA affiliation with the AAD
- Attend Annual and/or summer meetings
- Follow rules: “efficient utilization of a non-physician clinician may, at times, involve off-site supervision. The physician is immediately available—by phone, email, or by using teledermatology.”
Truism # 6:
Teledermatology can work for you and your patients
Telemedicine ensures delivery of:

- The right medical advice
- At the right place
- At the right time
Teledermatology
Recommendation

• Store and Forward
Why Telemedicine?

- Extending reach of dermatologists (only 48 dermatologists in Mississippi)
- Just-in-time Care
- Quality improvement
- Efficiency: Healthcare without travel or wait
Is Telemedicine Effective?
Pak Study:

Clinical-course assessments by serial digital imaging → baseline and 4 months.

- **Positive**
  - 70% → sufficient quality for diagnosis
  - 61-91% diagnostic agreement rates between telederm and clinic derm

- **Negative**
  - Clinic visit makes physicians feel more confident

Whited Study

• Positive
  • Excellent “Diagnostic agreement” between telederm and clinic visit
  • 100% → triage was easier
  • 25% of clinic appointments averted
  • Highly satisfied patients, referring physicians, and dermatologists

• Negative
  • 75% derms less confident in diagnosis and management plan vs clinic visit

Study (Shapiro)

- No difference in the rate of biopsy between a face-to-face evaluation and teledermatology (n = 49)

Teledermatology Clinical Outcomes Research-Not yet available
Clinical Incentive Programs
Anecdotes

- MOHs surgeon worked 6 Friday afternoons at end of year to accommodate patients with deductibles
- System is so transparent that faculty can determine in minutes the impact of working during a vacation on next 6 months income
- Low performers feel pressure to catch up
Truism # 7:
The secret of hyper-successful individuals is helping others

Truism # 8:
The secret of happiness is helping others

Incentive Ground Rules

- No faculty member would lose salary
- Every faculty member has control of their own scheduling template
- “Charges” not income used for calculations
- Past 6 months used to determine salary for next 6 months
- RVUs used to determine targets. This requires adjustment for errors in current RVU system related to cosmetic charges
- We chose 12% of charges to insure plan would not break the bank