2019 PHYSICIAN FEE SCHEDULE & QPP
CMS finalizes changes to the Medicare Physician Fee Schedule and Quality Payment Program

The Centers for Medicare & Medicaid Services (CMS) has finalized proposals that it says will address provider burnout and provide clinicians with immediate relief from excessive paperwork tied to outdated billing practices. The final 2019 Physician Fee Schedule (PFS) and the Quality Payment Program (QPP) rule also updates Medicare payment policies to promote access to virtual care. The rule also updates some policies under Medicare’s accountable care organization (ACO) program that streamline quality measures, although broader reforms to Medicare’s

HEALTHCARE INDUSTRY
2018 MGMA conference inspires practice leaders to transform the healthcare industry

By Lisa A. Eramo, MA

Leadership, operational best practices, healthcare consumerism, population health management, and value-based care were among the many topics discussed at the 2018 Medical Group Management Association’s (MGMA) annual conference in Boston Sept. 30 through Oct. 3. The event included an amalgam of thought-provoking sessions, each of which reiterated the conference theme ‘people and possibility,’ prompting medical practice administrators and executive attendees to ponder how they can leverage technology and operational best practices to improve patient care.

Employee satisfaction and healthcare transformation

Healthcare transformation begins at the practice level where leaders choose to make employee satisfaction their number one priority, said Simon Sinek, author of Start with why: How great leaders inspire everyone to take action. Why is this important? When employees feel valued, they’re inspired to provide better patient care. Sinek, who spoke during a packed general session, provided these five elements for successful leadership in today’s medical practices:

(continues on page 3)
Telehealth integration offers healthcare advantages for baby boomers

By James B. Levasseur

The looming shortage of qualified doctors and specialists presents a significant challenge for the nation’s healthcare system. With more baby boomers requiring healthcare every year, physician demand continues to grow faster than supply. This has created a projected shortfall of between 42,600 and 121,300 physicians, 14,800 to 49,300 primary care physicians and 33,800 to 72,700 non-primary care specialists by 2030.

Making matters worse, baby boomer physicians are going into retirement at an accelerated rate, care options for rural populations continue to shrink, and the rising cost of education has led to fewer students going into M.D. programs.

Each of these pressure points impact the elderly, who are, most of all, expected to be seeking more care over the next decade or so.

Finding solutions

The physician shortage has prompted a growing number of key healthcare and physician leaders to view the remote delivery of healthcare services and clinical information as a potential solution. Telehealth could not only increase access to healthcare but also reduce healthcare costs, wait times and geographic barriers. Experts predict seven million new telemedicine users in 2018, with more than 29 states having passed laws mandating that insurers cover telemedicine services.

Consumer patients are already on board, with many of them embracing telehealth options. In fact, almost 75 percent of Americans say they are willing to schedule a telemedicine appointment, responding to its multiple benefits:

- Make and keep video visits without ever leaving the comfort of home or missing work
- Reasonable costs—frequently little more than the cost of a typical copay for visit to the doctor’s office
- Minimal wait times

Avoid inconvenience and discomfort of taking time off from work, arranging transportation, or sitting in crowded waiting rooms

While a video visit cannot take the place of a one-on-one, in-person examination in all cases, innovative strategies now make it possible to manage the limitations of telehealth. Particularly for the aging population who find keeping appointments burdensome, remote care offers significant improvements in quality of life.

(continues on page 4)
ACO program were proposed in a separate rule. This rule is projected to save clinicians $87 million in reduced administrative costs in 2019 and $843 million over the next decade.

According to Health and Human Services (HHS) Secretary Alex Azar, “Among other advances, improving how CMS pays for drugs and for physician visits will help deliver on two HHS priorities: bringing down the cost of prescription drugs and creating a value-based healthcare system that empowers patients and providers.”

The rule, released Nov. 1, 2018 “finalizes dramatic improvements for clinicians and patients and reflects extensive input from the medical community,” said CMS Administrator Seema Verma. “Addressing clinician burnout is critical to keeping doctors in the workforce to meet the growing needs of America’s seniors. Today’s rule offers immediate relief from onerous requirements that contribute to burnout in the medical profession and detract from patient care. It also delays even more significant changes to give clinicians the time they need for implementation and provides time for us to continue to work with the medical community on this effort.”

Coding requirements for physician services known as “evaluation and management” (E&M) visits have not been updated in 20 years. This final rule addresses longstanding issues and also responds to concerns raised by commenters on the proposed rule. CMS is finalizing several burden-reduction proposals immediately (effective Jan. 1, 2019), where commenters provided overwhelming support. In response to concerns raised on the proposal, the final rule includes revisions that preserve access to care for complex patients, equalize certain payments for primary and specialty care, and allow for continued stakeholder engagement by delaying implementation of E&M coding reforms until 2021.

For the first time this rule will also provide access to “virtual” care. Medicare will pay providers for new communication technology-based services, such as brief check-ins between patients and practitioners, and pay separately for evaluation of remote pre-recorded images and/or video. CMS is also expanding the list of Medicare-covered telehealth services. This will give seniors more choice and improved access to care.

In addition, the rule continues CMS’s work toward lowering prescription drug costs. Effective Jan. 1, 2019, payment amounts for new drugs under Part B will be reduced, decreasing the amount seniors have to pay out-of-pocket, especially for drugs with high launch prices.

CMS is also finalizing an overhaul of electronic health record (EHR) requirements in order to focus on promoting interoperability. Today’s rule finalized changes to help make EHR tools that actually support efficient care instead of hindering care. Final policies for Year 3 of the Quality Payment Program, part of the agency’s implementation of MACRA, will advance CMS’s Meaningful Measures initiative while reducing clinician burden, ensuring a focus on outcomes, and promoting interoperability. CMS also introduced an opt-in policy so that certain clinicians who see a low volume of Medicare patients can still participate in the Merit-based Incentive Payment System (MIPS) program if they choose to do so. In addition, CMS is providing the option for clinicians who are based at a healthcare facility to use facility-based scoring to reduce the burden of having to report separately from their facility.
Looking to the future

Physician shortages, combined with the impending onslaught of aging baby boomers, have hospitals and healthcare systems seeking solutions to help them preserve resources, especially when it comes to managing chronic conditions. A growing number who have already implemented telehealth programs on a limited basis are considering innovative new business models for future expansion to meet the increasing demand for access to care.

As a singularly promising solution, digital health technology helps providers connect with patients to improve senior health, reduce unnecessary and expensive healthcare interventions and create a more collaborative health and wellness environment. Now, for the first time, recent CMS rule changes herald the use of asynchronous telehealth communication as reimbursable. This is exciting because it allows patients to record a video message that the physician can view between regular appointments. Physicians will be able to respond to patient needs more rapidly and efficiently, increasing physician productivity, making each physician’s reach go a little further each day.

As telehealth continues to evolve, advanced telehealth business models are laying the groundwork for robust ROI and higher quality telehealth care down the road, reducing the cost of care and improving patient satisfaction with value-based reimbursement approaches.

In fact, some companies now specialize in teaching and consulting with administrators on how to design and incorporate more sophisticated business models. By implementing cost sensitive and proactive treatment compliance checks-ins, these models enhance and promote the provider-patient relationship and reduce expensive re-hospitalizations.

This is leading to better methods, significant gains in access, improved quality of care and better outcomes for patients. In the future, as the healthcare industry continues its search for solutions to challenges that undermine the nation’s healthcare system, focus will undoubtedly land on telehealth as an important strategy for improving health and well-being.

James B. LeVasseur, Ph.D., has been a pioneer in telehealth for over a decade. Founder of a telehealth-based medico/forensic consulting firm and co-founder of First Choice Telehealth, Dr. LeVasseur takes a down-to-earth and practical approach to applying telehealth, offering customized solutions individualized to fit healthcare organizations and provider needs.

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KEEPING IT CIVIL

Managing political discussions in the workplace

By Lynne Curry

During the Justice Kavanaugh confirmation hearings, more than 50 percent of Americans admitted they had taken part in political discussions in the workplace. Many of these discussions ended in conflict, frayed relationships, and tears.

With continuing political tensions, employers can expect more heated political discussions, lost productivity, and damaged workplace relationships.

What employers may and may not do

Employers generally can limit political discussions that disrupt work, such as full-volume shouting matches, as long as the restrictions they impose do not violate the National Labor Relations Act. The NLRA gives private sector employees the right to engage in concerted activities for mutual
aid or protection. This means that employers may not prohibit conversations relating to working conditions, such as comments about minimum wage, immigration, #MeToo, or equal pay, when employees couch these discussions in the context of current events or politics.

Our Constitution’s first amendment protects public employees from discipline as the result of their protected free speech or political views. That said, public employees may not use public resources such as their own work hours for campaigning.

Employers can set limits for the lengths and volume of discussions they will and will not allow in the workplace and on work time; however, it may be difficult to enforce these restrictions. Employers need to be cautious about implementing “civility” rules, as the National Labor Relations Board has often ruled that protected discussions by their very nature may be inflammatory. For guidance concerning what works, employers can look to recent NLRB case law, such as The Boeing Co., 365 NLRB No. 154 (2017), in which the NLRB approved Boeing’s rule that promoted “harmonious interactions and relationships” and general civility in the workplace. In their ruling, the NLRB outlined that civility rules may provide “common sense” standards of conduct.

Protecting employees

Meanwhile, employers need to protect their employees from political discussions that create a hostile or discriminatory work environment, such as ones that veer into race, national origin, or gender. For example, a remark about “jobs not mobs” could quickly morph into a racially charged discussion. If you learn one of your employees perceives a heated discussion as discriminatory or hostile toward a legally protected group, investigate the situation and if warranted, issue a reprimand to the harassing employee.

If one of your employees alleges he’s being harassed for his or her political beliefs, realize employers have responsibility for maintaining safe work environments, free from hostility, which includes protecting employees from being bullied by politically-driven coworkers. At the same time, political affiliation is not a protected class and harassment over political beliefs generally doesn’t constitute illegal behavior in most jurisdictions.

3 things you can do right now

What can employers do?

1. They can provide training that teaches employees how to maintain civility when engaged in conflict-laden discussions.

2. They can remind employees of the categories legally protected against discrimination or harassment such as race, age, color, age, sex, religion, pregnancy, national origin or disability, whether mental or physical.

3. They can ask managers to deal with a heated political discussion as they would any other conflict that escalates. I advised a client last week to say to two combatants, “I realize you’re both passionate about your candidates; however, this distracts you both from customer calls, forcing others to pick up the slack. Please get back to work.”

Lynne Curry, Ph.D., SPHR, author of Beating the Workplace Bully and Solutions, consults with medical practices and hospitals to create real solutions to real workplace challenges. Her company’s services include HR On-call (a-la-carte HR), investigations, mediation, management/employee training, executive coaching, 360/employee reviews and organizational strategy services. You can reach Lynne @ Lcurry@avitusgroup.com, through her website, www.thegrowthcompany.com, via her workplace 911/411 blog, www.workplacecoachblog.com or @lynnecurry10 on Twitter.

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INCREASING PROFITS

Physician entrepreneurs drive innovation and change

By Nick Hernandez

Physician leaders must be innovators to navigate their practices into and through the era of healthcare reform. True physician entrepreneurs take charge of change and continuously scan the outside environment for new and fresh ideas. They search for opportunities for ways to do what has never been done before, and many times engage consultants to help them with strategic planning. There should be no argument on the value of planning. Strategic planning will keep your practice oriented on objectives despite the problems and requirements of the present situation.

The history of modern healthcare will continue to be filled by practices that no longer exist because their leadership refused to adapt and change until it was too late. Consequently, you must always be actively looking and listening to what is going on around you for even the most remote signal that there is something new on the horizon because today’s innovations can come from just about anywhere.

Hungry for growth

What most growth-hungry physicians want is to get and stay on top. What they do not realize is that the journey they think they are on will not get them where they want to go. The time to worry the most is when there aren’t any problems. That’s usually the result of misinformation or wishful thinking on someone’s part. Good is rarely good enough, and opportunities for improvement are never lacking. Physician entrepreneurs should expect and accept disruption and resistance to change, and never lose sight of the fact that costs are high when change efforts go wrong. Even the most groundbreaking practices can get stuck and fail to see the possibilities in evolving, because success is comfortable and often too connected to the past. Physician entrepreneurs can be characterized by having an attitude of wanting to change the business-as-usual environment. They recognize that there is no single solution to any problem and accept that not everyone will see their vision. They keep focus and balance as they push to change, understanding that there is no “one size fits all” approach.

A state of change

To be a true innovating physician entrepreneur means you must be in a constant state of awareness. No one can survive without focusing in their own way on what matters and drives their medical practice. Therefore, you must relentlessly focus that ownership on what drives your practice, create a culture that reflects who you are, and stay grounded as you make things happen. Too often, we focus on what matters to survive now, because those are the highest-value targets. As you push to evolve your practice, remember that nothing is ever going to be perfect, so don’t be embarrassed about the mistakes you make or the actions you take. Losses may hurt but they won’t kill the practice. You can recover as long as you have a plan. Failing to stay connected and see things from all angles though, is a clear sign that you are losing perspective.

Medical practices must constantly change in order to survive in today’s competitive healthcare arena. Practices should never settle for something that is considered completed; all things can improve with change.

While success is important, it is equally important to recognize that in the healthcare industry success will generally not come easily or quickly. Highly effective physician entrepreneurs emphasize that success in the healthcare arena requires the planning and conduct of operations based on two imperatives: adaptability, and perseverance. In an era when the future of healthcare may not be predictable, physicians must avoid overreliance on pre-existing assumptions.

A physician’s strategy

Physician entrepreneurs resist the “success as usual” syndrome, exploring new models and technologies. Their perspective helps them promote unconventional ways of thinking, solving problems, and challenging the status quo. These types of individuals know the goal is not to chase a fixed horizon but to understand when and how the horizon moves as they approach it.

A physician entrepreneur’s strategy is a vision for the practice, owned by the practice. And to succeed the whole practice must engage with it.
and live and breathe it. That strategy should be the pillar against which the physician entrepreneur assesses priorities, actions and performance. It’s from here that great leaps in growth and productivity can be achieved.

Nick Hernandez, MBA, FACHE is the CEO and founder of ABISA, LLC, a consultancy specializing in healthcare strategic growth initiatives. He is a speaker, trainer, and author who has over 20 years of leadership and operations experience. Since founding ABISA in 2007, his emphasis has been on developing and maintaining a strong relationship with physicians and identifying areas for business opportunity and support. The company’s client list includes physician groups, hospital systems, healthcare IT organizations, venture capitalists, private equity investment groups, and hedge funds. He can be reached at n hernandez@abisallc.com or you can follow him on Twitter: @ABISALLC.

Hiring

Just how truthful is that applicant’s resume? Here’s how to find out

There’s always tough competition for a good job. And sometimes, to beat out the competition, people do more than brush up their resumes. Some fabricate the facts to get in a better position for winning a job.

But there’s a way to sort out the facts from the fiction, says Michelle Taylor, PhD, of Taylor Consulting in Huntington Beach, CA, a company that provides psychological and investigative services to employers.

It begins with doing the fact-finding up front. And it continues on to knowing when and how to press a job candidate for more information, because most fraudulent applicants will eventually talk themselves into a quagmire.

Check the references up front

The key is to look for inconsistencies—in what the applicant says, what the resume says, and what the background information shows. Thus, it’s necessary to do the background and reference checking before the interview, not after it. Doing it at the start gives the office what Taylor calls “a foundation of information” to compare to what the person says in the interview.

Find out everything possible about that person beforehand, Taylor says. Beyond the references, verify the education and employment history. Google the individual. Check out the social networking sites. “There’s a lot of information to be had there,” says Taylor. “Besides helping a manager recognize inconsistencies, it saves wasting time interviewing someone only to find out later that the resume is fabricated.” Conducting background and reference checks ahead of time also prevents the situation where the manager gets a high regard for an applicant and then is willing to overlook a few fudges that show up in the background check.

Use application forms

More inconsistencies can come to light if the office requires all applicants to fill out an application form. People see that as unnecessary
for someone who has a resume, “but a resume can be tailored to show what the applicant wants to present,” Taylor says, and it can disguise some not-so-favorable points.

Suppose the resume shows an applicant leaving one job in June 2015 and starting another in July 2015. On the surface, that says the applicant left the first job for the other. But it’s quite possible the applicant was fired from the first job June 1 and didn’t find the second job until July 31.

The job gap can be even greater for someone who lists employment by years.

An application, however, can ask for exact dates of employment. It can also ask for the names of supervisors, whereas a resume can leave out the ones who weren’t so impressed with the applicant. And more, if a not-so-truthful applicant fills out a form in the office and doesn’t have the fabricated resume to look at, some of the fabrications get forgotten and written a bit differently.

**Set up multiple interviews**

You can detect further inconsistencies by having several people interview the applicant and then compare notes.

“Different people have different styles of questioning and get different information,” Taylor says, and it’s not uncommon for multiple interviewers to uncover conflicting information about work ethics or work habits.

For example, a nursing applicant might tell the doctor that patient care comes first no matter how late it keeps the office open and then, in a separate interview, tell the manager that overtime is not possible. Or somebody might tell one interviewer that a job change was made for a better opportunity and then give another interviewer a completely different reason.

**Five deception-finding tricks**

Taylor also points to some simple tactics to elicit more honest answers during the interview.

1. **Build rapport at the start of the interview by engaging in social conversation instead of going straight into the resume.**

   Any applicant goes into an interview with a list of canned responses ready to give to questions about work experience and history.

   The general conversation, however, lulls the applicant into a sense of being accepted, and when the questions come later, that person is relaxed enough to tell the truth.

2. **Ask about work habits and ethics at the beginning of the interview and then ask for specifics later.**

   Taylor gives the example of the standard “what do you consider your greatest weakness?” Many applicants are ready with some self-aggrandizing answer such as “I’m a workaholic. You have to force me to take time off.”

   Later in the interview, press for specifics: “Earlier you said your greatest weakness was being a workaholic. Can you explain how that played out in your last job? What hours did you work? How much time did you work at home? How did it negatively impact your job? Will you work that hard in your next job?” Anybody who is a true workaholic will have direct answers to give.

3. **Use silence. Ask a tough question, listen to the answer, and then just sit there. Invariably, the candidate will fill up the quiet space with more information.**

   Manager: “What would your current supervisor say about you?”

   Applicant: “She’d say I’m a good worker.”

   Stop there and wait for additional comments. If none are forthcoming, stretch out the wait by saying “excuse me while I take some notes.” Then write something down while the applicant sits and stews and gets uncomfortable enough to fill in the silence with additional information.

   What the person eventually says may even be not so glowing, perhaps, “However, while my supervisor did say I was a good worker, she mentioned I should work on improving in X and Y areas.”

4. **Notice whether the applicant gives credit to other people. In any office, people work in teams, and somebody who takes sole credit for...**
every accomplishment is stretching the truth.

5. Look for physical cues of lying such as poor eye contact, sweating, fidgeting, or being vague or providing far too much information on something.

But do that with caution Taylor says. “Culture plays a role here. In U.S. culture, eye contact indicates honesty; in other cultures it can be considered rude. For that reason, it’s best not to look for specific body language but for changes in the body language the candidate is already exhibiting.”

For example, if the applicant has kept eye contact throughout the interview but then looks away on one question, it’s possible the answer is less than candid.

Don’t rely on physical response, but do use it as a way to identify “what topics to stay focused on.” If the candidate shows nervousness when talking about some element, keep to the subject and look for inconsistencies.

MANAGING THE OFFICE
What to do when the winter blues hits your workplace

Winter’s getting a frigid reception at many workplaces around the country. According to research from staffing firm Accountemps, 38% of professionals said winter weather has a negative impact on their mood at work. About one-quarter (26%) cited January as the least happy month. Employees in Pittsburgh, Detroit and Cleveland felt bluest in the wintertime. In contrast, professionals in milder climates such as Phoenix, Miami and San Diego said winter weather has a positive effect on their state of mind at work. Interestingly, nearly one in three employees (29%) in New York is in high spirits despite low temperatures and carries this enthusiasm to the workplace.

Accountemps. “Employers can do their part to lift morale by fostering a collaborative, engaging and supportive office culture year-round.”

How to beat the blues

Here are some tips from Accountemps to help your employees (and you) beat the winter blues and boost their mood and productivity at work.

› Stay active. Take a brisk walk outside (weather permitting) or hit the gym during lunch to clear your mind and get energized to tackle your next project.

› Nourish yourself. When you’re hungry, snack on fresh fruit or nuts. They’re much better for your body and focus than sugary or greasy selections from the vending machine.

› Make time for small talk. Sometimes the best ideas come from casual conversations. In between tasks, grab coffee or lunch with a colleague.

› Set goals for the year ahead. Now is the time to think about your career objectives and what you would like to accomplish in the coming year. Write them down and have a discussion with your manager about your goals.

› Pursue professional development. Explore the idea of attending seminars and workshops to gain new skills, build your network, and increase your marketability.

Is your workplace affected by the winter blues? Comment below and share what you do to help employees stay productive through the season.

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“Winter doldrums are a reality at work in some cities, often due to colder weather, fewer hours of daylight and holiday festivities ending,” said Michael Steinitz, executive director of
1. Just cause (i.e., a clear vision and larger purpose to the work)

2. Trusting teams (i.e., workers who feel as though they can express themselves and pursue their full potential)

3. Worthy rival (i.e., one or more organizations from which practices can learn and to which they can aspire)

4. Existential flexibility (i.e., the ability to abandon one process to pursue a more effective one, when necessary)

5. Courage (i.e., the ability to focus on constant improvement, shifting from finite to infinite goals)

**Wrap your head around data analytics**

Frank Cohen, MBA, MPA, director of analytics at Doctors Management, LLC said today’s healthcare leaders must not only be skilled at managing people, they must also be well-versed in ‘all things data analytics.’

“Analytics is really beginning to dominate what we do in healthcare,” he said. “If you’re not already really proficient at analytics, start looking at getting more proficient.” Having this knowledge allows leaders to uncover inefficiencies and areas of vulnerability like never before, he added.

**Embrace healthcare consumerism**

The ability to embrace healthcare consumerism is also a necessary attribute of successful healthcare leaders, said Brent Bowman, vice president of strategy and expansion markets at Kaiser Foundation Health Plan. This starts by creating a concerted effort to focus on patient engagement, he added. Bowman provided these three tips to get started:

1. Focus on convenience. Consider expanding office hours or offering weekend appointments to gain patient loyalty.

2. Monitor your online reputation. Notice what patients are saying, and use that input to improve performance.

3. Create a digital strategy. Consider offering online bill pay, patient portals, virtual care, mobile apps, and more.

**Look at your website, telemedicine, and compliance**

Robin Farmanfarmaian, professional speaker, entrepreneur, and angel investor, urged attendees to prioritize the design and usability of their practice’s website. She also reiterated the importance of embracing new technology and methods of care delivery, especially telemedicine and remote patient monitoring.

As providers venture into telemedicine, they need to keep compliance in mind, said Tana Williams, provider educator at Noridian Healthcare Solutions, LLC, who spoke about Medicare requirements for compliant telehealth billing. She provided these five tips to reduce denials:

1. Ensure that providers who furnish telehealth are enrolled in Medicare and operating under their scope of practice under state law.

2. Verify whether Medicare beneficiaries are eligible based on their location at the time services are rendered.

3. Use compliant equipment. The Code of Federal Regulations (CFR) §410.78(a) (3) defines these systems as “multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.” The telecommunications systems must also include administrative, technical, and physical safeguards.


5. Report the correct place of service (i.e., place of service code 02).

**Creating a culture of population health**

Many sessions also focused on operational best practices. For example, Ryan Neaves, MHA, director of IT applications at Novant Health
discussed how he helped create a culture of population health at his organization.

He provided these seven tips:

1. Obtain senior leadership buy-in as soon as possible.
2. Create a core group of champions with representation from marketing, medical group leadership, family medicine, business analytics, patient safety, clinical and quality improvement, and others.
3. Create dashboards so providers can easily view performance.
4. Use registries in all services lines to segment patients and target interventions.
5. Assign risk scores to each patient to predict readmissions.
6. Incorporate best practice advisories to remind physicians when patients are due for tests and services that are directly related to quality measures.
7. Engage patients by sending annual health reminder letters through the portal.

**MANAGING STAFF**

**Survey: Most workers happy with managers but don’t want the role themselves**

Many employees like their bosses, but managers still have much work to do, according to new research from staffing firm Accountemps. Nearly two in three workers (64 percent) said they are happy with their supervisors, and another 29 percent are somewhat happy with their bosses. Only eight percent of workers give their manager a thumbs down.

Yet, despite generally positive attitudes about the higher-ups, there were some areas where respondents felt their managers could improve.

Topping the list were communication, cited by 37 percent of those polled, and recognition named by 31 percent of respondents.

The survey also found most professionals (67 percent) don’t want their boss’s job. Among those who want to bypass that rung of the career ladder, the primary reasons included not wanting the added stress and responsibility (45 percent) and a lack of desire to manage others (27 percent).

“Managers can sometimes get a bad rap, but in reality most professionals understand that the job is tough and complex and may not be for everyone,” said Bill Driscoll, district president for Accountemps. “The challenge for many bosses today isn’t just identifying a successor but convincing that professional to step up to the challenge.”

Additional findings from the survey include:

- Workers age 18-34 are most eager to move up to their manager’s position, with 56 percent saying they want their boss’s job compared to 34 percent of respondents 34-55 and 13 percent 55 and older.
- Thirty-four percent have left a job because of a strained relationship with a supervisor, and 17 percent would feel happy if their boss left the company.

**And more**

Other sessions ran the gamut on new and emerging topics, such as value-based physician compensation models, negotiating bundled payment programs, access optimization, addressing social determinants of health, and more.
More than one in 10 (12 percent) professionals between the ages of 35 and 54 are unhappy with their boss, the largest of any age group. This group also was the most likely to have quit a job over a strained or dysfunctional relationship with a manager.

Half of workers surveyed said their boss understands the demands of their job, but 16 percent noted their supervisor has little understanding of their day-to-day reality.

Forty-nine percent of millennials feel their boss recognizes their potential, compared to 67 percent of workers 55 and older.

Twenty-three percent of workers consider their boss a friend, but the majority (61 percent) cited their relationship as strictly professional.

The youngest group of workers had the most extensive wish lists. Most notably, compared to the other age groups, these professionals were more likely to want their managers to provide better communication and listening, support for career progression, recognition for accomplishments and help promoting work-life balance.

Accountemps offers the following advice in four areas where managers and their employees can improve the boss-worker relationship:

**Manager Tips**

**Communication:** Set clear expectations with staff, and foster an environment where they feel comfortable coming to you with questions. Seek learning opportunities be become a better communicator. Remember, too, this involves being an active listener.

**Career planning:** Formulate and share career plans for your staff members. Identify specific milestones they need to reach and how you and the company can help them achieve their objectives.

**Recognition:** Show gratitude for a job well done and announce accomplishments to the rest of the team to boost morale. Professionals are happier and more likely to stay with a company if they feel appreciated.

**Work-life balance:** Explore offering flexible schedules and on-site perks such as gyms, nap rooms and free meals to help employees juggle the demands of work and personal obligations.

**Employee Tips**

**Communication:** Pursue professional development to enhance your communication skills. Be open to, and act on, constructive feedback. If you’re not sure what your boss expects of you, ask him or her for clarification.

**Career planning:** Approach your manager about your potential career path at the company. Ask about specific areas you need to improve to meet your goals.

**Recognition:** Check in regularly with your manager to ensure he or she understands the full range of projects you’re tackling and your achievements. Be quick to praise others for their work, too.

**Work-life balance:** Talk to your boss if you feel overloaded. He or she may be able to bring in additional full-time or temporary employees to help you and the team.

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