



Putting Patients First

Access to healthcare is something that most people take for granted; however, the quality of healthcare is still not a reality for some. The U.S. Department of Health and Human Services, in its “Healthy People 2020” program, defines health equity as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

In a report published in April of 2021 by the American College Of Physicians (ACP) entitled, “A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care: A Policy Paper From the American College of Physician,” the ACP believes “although public policy must focus on ensuring that everyone has access to high-quality healthcare and the best possible health outcomes...this cannot be achieved without understanding and addressing the unique circumstances of persons who are discriminated against because of their race, ethnicity, religion, and cultural characteristics and identities, including the effect of discrimination and racism on health.” The ACP’s views are a follow-up to a 2010 paper about racial and ethnic disparities in healthcare that provided recommendations and further confirmed that “management of a patient’s health can no longer end at the office door. Social drivers of health such as education, environment, employment, housing, and access to healthful food and safe places to exercise, all directly and indirectly contribute to a person’s health status.”

The ACP has a long list of recommendations to break down some barriers. Some of the highlighted recommendations advocated by the ACP include:

Social Determinants of Health



Credit: Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

- Healthcare facilities and medical schools and their clinicians/ students should be incentivized to use patient-centered and culturally appropriate approaches to create a trusted healthcare system free of unjust and discriminatory practices.
- A diverse, equitable, and inclusive physician workforce is crucial to promoting equity and understanding among clinicians and patients and facilitating quality care and actions to achieve diversity, equity and inclusion.
- Physicians and other clinicians must prioritize their patients’ cultural, informational and linguistic needs.

Archaic policies of redlining or designating “desirable” and “undesirable” neighborhoods for lending and investment created both racial segregation and disparities in access to resources and services, like healthcare. Additionally, implicit bias can dissuade patients of color from obtaining care despite having access. The Robert Wood Johnson Foundation and the Urban Institute revealed one in 10 Black patients reported discrimination during medical treatment, a rate that is three times that of White patients and twice that of Hispanic patients.

While investment in eradicating racial bias and support of health equity is paramount, there are additional barriers to many accessing quality healthcare, including physical proximity, transportation, provider availability and overall healthcare costs. Since the pandemic, telemedicine has become a credible option to assist, but the availability and reliability of internet service then come into question.

(See archived *Best Practices* Cover Story, “[Healthcare in the Digital Age](#).”)

For those who can access quality healthcare, there are other factors that medical offices face to attract and retain patients. Offices are encouraged to enhance the overall patient experience to stay viable. Medical practitioners need to pay attention to each patient’s touchpoint and view patients as consumers with purchase-making decisions. Website information profiling the physicians, ease of scheduling, insurance submission, treatment methods and follow-up protocol are opportunities for physicians and their medical staff to favorably influence and keep patients.



A 2022 Harris Poll* of 2,000 patients nationwide revealed:

- » 81% prefer online scheduling
- » 79% appreciate technological resources to manage their overall healthcare.
- » 61% desire their healthcare experiences to mirror other provider-based services that many have come to depend on, like Amazon Prime, Uber or Instacart
- » 35% would consider switching to providers who offered more appealing services, including same-day appointment availability for non-routine exams
- » 30% select providers for their convenient location
- » 29% like the ability to self-schedule appointments

* The 2022 Harris Poll was conducted on behalf of Tegria, which provides consulting and technology services to help organizations of all sizes humanize each healthcare experience.

According to the National Library of Medicine, “patient satisfaction is an important and commonly used indicator for measuring the quality in healthcare. Patient satisfaction affects clinical outcomes, patient retention and medical malpractice claims. It affects the timely, efficient and patient-centered delivery of quality healthcare.”

RWJBarnabas Health, inclusive of its medical group practices, has worked diligently to address the societal needs of the communities they serve and the tangible preferences of their patients. In the next two years, RWJBarnabas Health is concentrating its efforts on economic development with an even greater focus on food security, healthy food access, workforce development, access to care and services, as well as skills-based volunteerism within its employee base. Additionally, the Office Managers Association will continue to share best practices from throughout the OMA network on ways to enhance the overall patient experience. If you are interested in sharing what your office is doing and would like to be featured as part of the “Ask the Expert” column, please contact Alyssa Ruby-Mako, Regional Director, Physician Relations at alyssa.ruby-mako@rwjbh.org.

You're Fine

Medical gaslighting has been in the news lately with a feature in *The New York Times* and patient stories showcased on the *Today Show*. Medical gaslighting occurs when medical professionals dismiss or trivialize a person's symptoms.

Medical gaslighting can take on many forms, including:

- Minimizing debilitating or dangerous symptoms - *"Your pain can't be that bad."*
- Blaming symptoms on mental illness - *"It's all in your head."*
- Assuming a diagnosis based on sex, race, identity, gender, age, ethnicity or weight - *"If you lost weight, your symptoms would disappear."*
- Refusing to order necessary tests or imaging work - *"I don't need an MRI to tell me that you are fine."*
- Refusing to discuss the health issues with the patient or criticizing for trying to self-diagnose - *"Who's the doctor here, me or Google?"*

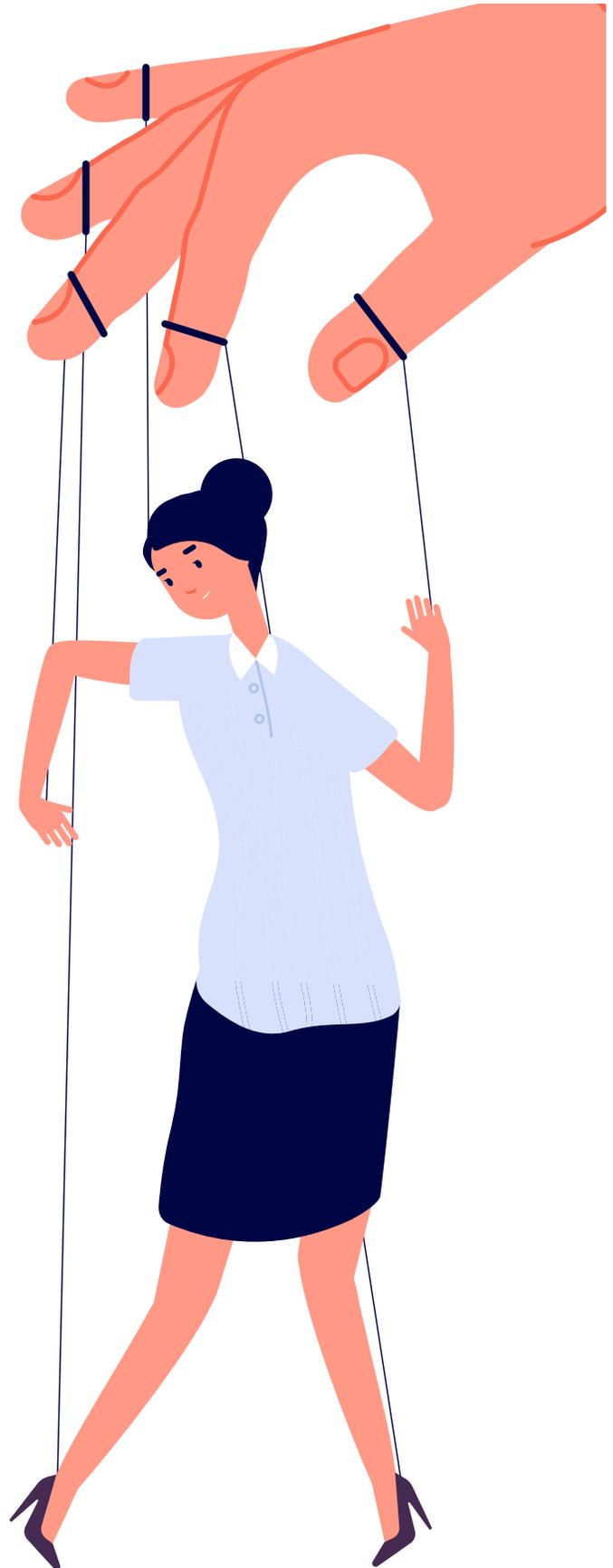
There are many instances in which medical professionals may be correct in their assessment, but the failure to listen to the patient's concerns is inexcusable. Patients know their bodies best, and physicians would be wise to hear their concerns before judgment. Sometimes medical gaslighting is done subconsciously, making assumptions based on how a patient acts or other intrinsic characteristics such as gender or age. For example, a female patient may appear anxious or angry, so medical professionals may deduce that her symptoms are hormonal.

Women and patients of color report experiencing medical gaslighting often. Researcher Karen Lutfey Spencer told *The New York Times* that women of color are especially misdiagnosed and treated differently than their White female counterparts exhibiting the same symptoms. Consequently, when discussing their symptoms, many women of color feel the need to include their education or job status in conversations with medical professionals to be taken seriously.

Medical practitioners should:

- Actively listen and validate the patient's experience. While one may disagree with their assessment, let them know they are being heard.
- Encourage their patients to pay attention to what their bodies tell them and educate them on the best ways to advocate for their needs.
- Teach them how to collect the data needed to get their healthcare providers to pay attention to their symptoms, including a description of the symptoms, when they occur, how long they last, how severe they are, and what makes them better or worse. Instruct them to know what to report, when to report and whom to report these data.
- Be willing to rethink what you believe to be true. Theories do evolve and be open to differing perspectives.

Ultimately, healthcare is best when doctors and patients work collaboratively for an optimum outcome.



Ask the Practice Management Expert

"Ask The Experts" is a question-and-answer forum featuring leading practice management experts.



Our Expert

Maria Cordero - Office Manager, Essex Orthopaedic Group, P.C.

A member of the Essex Orthopaedic Group team for 28 years, Maria Cordero was initially hired to increase medical insurance carrier participation and as a biller. She was later cross-trained to perform many administrative and medical assisting tasks and then promoted to the office manager's position. Her current responsibilities include the daily running of the orthopaedic practice, including human resources activities such as payroll, benefits, PTO, and retirement plan administration, and purchasing and maintaining IT systems, office equipment and any needed supplies. She also serves as the practice's bookkeeper, reviewing and editing reports generated for insurance carriers and attorneys and overseeing all billing and remittances. Being fluent in Spanish with some proficiency in Portuguese, Maria also often translates during doctor and patient interactions. Maria received her Bachelor of Arts in Psychology from NYU. She has been married for 30 years and has a beautiful daughter and incorrigible 12-year-old dachshund. Maria enjoys reading and vacations at the Jersey Shore.

Q: In today's economy, it is not enough for doctors to provide unsurpassed medical care and a compassionate bedside manner; but they must also do so while staying profitable. In what ways does your office try to cut costs without sacrificing care?

A: Our office tries to cut costs, as most households do, by shopping for our supplies whether medical or administrative from vendors who will give us the best prices for the best quality products. We monitor our inventory closely and minimize waste. Scaling back on the type of services and treatments offered has resulted in modified supply requirements and reduced costs.

Q: With more patients accessing care through traditional methods and telemedicine, do these increased administrative tasks place a burden on the office staff?

A: Our office does not offer telemedicine. Our patients come to us through referrals from doctors, patients and insurance carriers. We perform independent medical evaluations at the request of attorneys and insurance companies. These last referrals entail quite a bit of paperwork (whether submitted to us electronically or in paper form – yes, we still use paper). As with many offices, each team member of our staff is comfortable performing each other's work. This lessens the burden on any one person.

Q: Rising costs, declining reimbursements, the American Care Act and ever-changing coding/documentation have affected profitability. How do you manage to stay on top of all the healthcare laws and advances in medical technology without sacrificing quality care to the patients and remain profitable?

A: To stay on top of healthcare laws and changes that affect our practice, I constantly read relevant articles from various medical associations, such as the AMA, NJOS and pertinent newsletters. I try to attend the Office Managers Association's (OMA) seminars. They are an invaluable source of knowledge. I also look for online webinars and training opportunities to build my skill set at a reasonable cost. I then pass along the information to my colleagues.

Q: Downsizing is a common practice to cut costs. What are the challenges of downsizing as it relates to patient care?

A: Reducing office hours has meant reducing the number of patients we can comfortably care for on a given day. However, we have not changed the care that we give our patients. Each member of our team is hardworking and compassionate. We have reduced headcount by not replacing retiring staff members. Our goal is to provide the best care to our treating patients.

Q: As more facilities allocate space for telehealth and social distancing, how does this affect the bottom line for medical practices also dealing with rising costs?

A: We continue to look for ways to decrease our spending; we stay informed with respect to coding guidelines that maximize the accuracy of our billing to ensure full and timely payments; and we increase pricing of administrative fees not related to patient billing.

IMPOSTER SYNDROME



Feeling Like an Imposter

“I still have a little imposter syndrome ... It doesn't go away, that feeling that you shouldn't take me seriously. What do I know? I share that with you because we all have doubts in our abilities, about our power and what that power is.”

-First Lady Michelle Obama

How often have you entered a room and thought you didn't belong? You squirm in your seat as you believe everyone has far more experience, is much more intelligent and is superior to you. This perceived fraudulence that involves feelings of self-doubt and personal incompetence is known as Imposter Syndrome. Oxford Languages defines Imposter Syndrome as a “persistent inability to believe that one's success is deserved or had been legitimately achieved as a result of one's own efforts or skills.”

Psychologists Suzanne Imes, Ph.D. and Pauline Rose Clance, Ph.D. first identified the imposter phenomenon, more commonly referred to as Imposter Syndrome, in the 1970s after witnessing high achievers who were unable to internalize and accept their success. These individuals often attribute their success to luck rather than ability and fear that others will eventually unmask them as frauds. *Psychology Today* reports that 25-30% of high achievers may suffer from Imposter Syndrome, and approximately 70% of adults may experience “impostorism” at least once in their lifetime.

Imposter Syndrome can be felt at all levels but especially to first-time managers who question their newfound authority and doubt their own leadership capabilities. The American Psychological Association identifies five ways to combat Imposter Syndrome:

- 1. Look at the evidence:** What sort of goals have you set for yourself? Are you meeting them? Exceeding them? If the evidence suggests that you are doing a great job at work, why can't you believe it? Put aside the self-doubt.
- 2. Celebrate your successes:** Confident people own their accomplishments. Even if you “got lucky” or had outside help, it was still your success. Own it. Stop feeling guilty or not worthy of your success and celebrate your victories.
- 3. Remember, lots of people feel this way:** Feeling like a fraud is normal. Imposter Syndrome is widespread but rarely discussed; each person feels like they are keeping a secret. In reality, the same people you fear will expose you as a fraud probably feel like imposters.
- 4. Fake it 'til you make it:** Sometimes, faking it is okay. If you don't feel confident, pretend you do. By imitating confidence, competence and an optimistic mindset, you can realize those qualities in your real life.
- 5. Stay humble:** Suffering from a little bit of Imposter Syndrome is okay. It helps keep you motivated to keep learning and working hard. Don't let self-doubt prevent you from going after a big promotion or enjoying your successes.

“I have written eleven books, but each time I think, 'Uh oh, they're going to find out now. I've run a game on everybody and they're going to find me out.'”

-Nobel Laureate Maya Angelou



Now that you feel comfortable in your role as manager, what can you do to ensure others own their achievements. The *Harvard Business Review* recommends:

“Despite being high achievers, even experts in their fields, women can’t seem to shake the sense that it is only a matter of time until they are found out for who they really are - impostors with limited skills or abilities.”

-Sheryl Sandberg, Chief Operating Officer of Meta Platforms and the founder of LeanIn.Org. Author of *Lean In: Women, Work and the Will to Lead*.

- **Normalize imposter feelings:** If you witness someone exhibiting symptoms of Imposter Syndrome or has confided in you that they feel lesser than their counterparts, remind them that it is common to feel uncomfortable. Remind them that everyone is a work in progress and learning on the job.
- **Dissuade negative self-talk:** Don’t allow for blanket assessments of capacity nor performance. Rather stick with the data and focus on their progression of professional competencies and strengths.
- **Affirm, affirm and affirm some more:** Provide praise and encouragement – both as a person and as a professional.
- **Counteract stereotype threats:** Especially for women and people of color in predominantly male or White work environments, remind your staff that context matters. Performance anxiety can be mitigated by reminders that key tasks are not predicated by gender or race but rather by skill and experience.

- **Share your own imposter stories:** Nothing is more uplifting to someone who feels inferior to hear that others they hold in high regard have felt similarly and have endured.
- **Do not allow staff to defer credit:** Imposters credit luck, extreme preparation or others for their successes. While team accolades are heralded, make sure individual recognition occurs regularly as well.

“Very few people, whether you’ve been in that job before or not, get into the seat and believe today that they are now qualified to be the CEO. They’re not going to tell you that, but it’s true.”

-Starbucks CEO Howard Schultz in an interview with *The New York Times* in 2010.

Both managers and staff need to be recognized and celebrated for their workplace contributions. Acknowledgement of numerous leadership styles and workplace cultures without heralding one over the other will go a long way to changing overall perceptions.

Mammography Self-Referral Now Available Throughout RWJBarnabas Health System

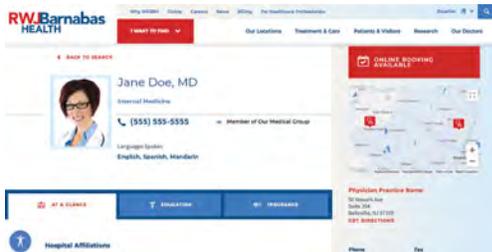
To reduce all barriers for women to obtain a screening mammogram, RWJBarnabas Health is committed to standardizing the process of mammography self-referral throughout its system. All eligible women (women 40 years of age or older who are not experiencing symptoms) will now have the opportunity to obtain a mammogram through self-referral.

Open access is important for all women particularly for women of color who statistically present with much later stage disease. Self-referral is one step forward in working toward clinical equity around this issue.

All patients will be offered appointments for screening regardless of insurance coverage. If a patient does not have the name of a provider to whom results should be sent, patients will be offered referrals to a PCP and/or OB-GYN practitioner. If insurance coverage is an issue, RWJBH will channel these requests to its employed physician practices. In addition, the system will be partner with its Breast Nurse Navigators to execute the program and ensure continuity of care. Patients can conveniently make an appointment at any RWJBarnabas Health imaging location by calling 973-200-7911.

Open access to breast services is another critical step to RWJBarnabas Health's advancement of clinical equity and quality outcomes for all.

UPDATE YOUR ONLINE PHYSICIAN PROFILE



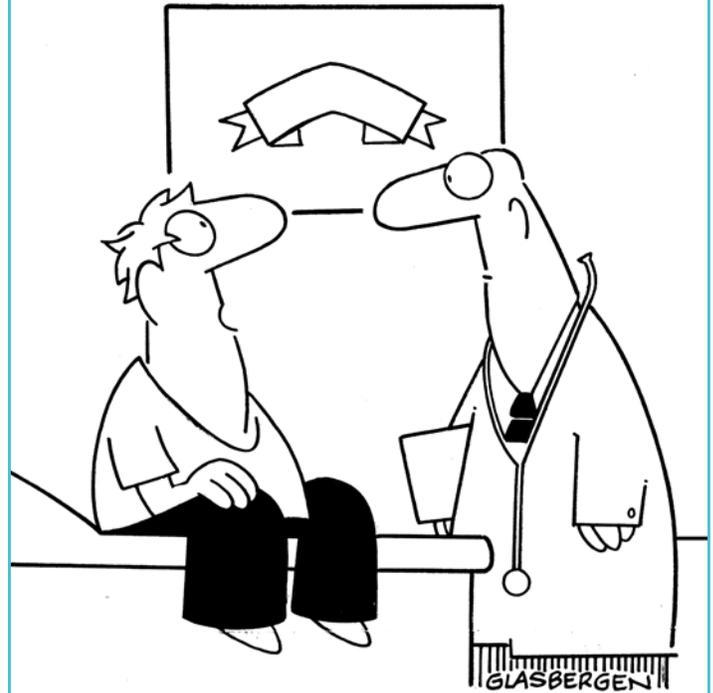
To help patients find you online, our website physician profiles allow you to include your medical education background information, clinical interests, published articles, a biography, accepted insurances, professional social media links and a current photo.

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**"I already diagnosed myself on the Internet.
I'm only here for a second opinion."**

Meet the Team:

For a complete listing of the Physician Management Team members, visit:

<https://www.rwjbh.org/documents/office-managers/OMA-Best-Practice-Newsletter-Winter-2021.pdf>

Members, let us know what you would like to see in upcoming issues of Best Practice by emailing Alyssa.Ruby-Mako@rwjbh.org.