



BEST Practice

Physicians' Office Administrators and Staff

OMA Celebrates 10th Anniversary

More than 200 members of the Office Managers Association turned out in full force at the Renaissance Woodbridge Hotel in Iselin, NJ to celebrate a significant milestone: the OMA's 10th Anniversary.

Alyssa Ruby-Mako, regional director, physician relations, shared with attendees how the OMA was carefully created and designed as a way to engage physician practices and also encourage office managers to embrace the health care system and services it offers.

"A core group of office managers helped us plant the seeds of the foundation 10 years ago and today, all of you continue to play a critical role in helping us enhance our mission that will benefit all of our members. The true success of the OMA belongs to all of you," said Ruby-Mako.

Opening remarks, delivered by Thomas A. Biga and Amy Mansue, President, Northern and Southern Region respectively, provided highlights of RWJBarnabas Health, the most comprehensive health system in the state of New Jersey. Mr. Biga noted that RWJBarnabas Health is the second largest employer in the state and that more than half of the population in New Jersey can access RWJBarnabas Health hospitals. He stressed that while the health care landscape is continuing to change, RWJBarnabas Health is marshalling its resources to better prepare.

"The focus is keeping patients healthier and out of the hospital," he said.

Ms. Mansue noted how virtually anything can be done at one of the hospitals in the system and encouraged OMA members to reach out if they have patients in need.

"Our goal is to create opportunities for seamless flow through our system," she said. "All the work you do defines our success... and we thank you for that. We hope you continue to trust us with the care of your patients."



Representatives from RWJBarnabas Health Institute for Prevention (IFP)'s DART Prevention Coalition interacted with office managers and provided information on their programs at the OMA 10th Anniversary Dinner Celebration.



Attendees from throughout the state came out to celebrate the Office Managers Association 10th Anniversary Celebration.



Alyssa Ruby-Mako addresses attendees at the OMA 10th Anniversary Dinner Celebration.

"I have been a member of the Office Manager Association since it started, and I love being a part of this top notch organization. The meetings are always good because they give us a place to consult one another and share information. The meetings always have good entertainment too, I recently attended the 10th Anniversary Dinner and I got to go up on stage with the mentalist - he was wonderful."

– Diana Rosso, office manager at Cardiology Associates of Ocean County in Brick, member of OMA for 10 years

The Top Four Things to Know about MACRA's Quality Payment Program

Signed into law in April 2015, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is comprehensive legislation that has the potential to fundamentally change and improve the health care system in the United States by providing clinicians with the tools necessary to provide high-quality, patient-centered care.

The new law replaces the current Medicare reimbursement schedule, the Sustainable Growth Rate (SGR), with a new payment framework that is focused on quality, value and accountability - rewarding health care providers for giving better care rather than more service.

The final rule on MACRA, issued in October 2016, provided additional clarification and guidance on the Quality Payment Program, which reforms Medicare payments for more than 600,000 clinicians across the country.

"It's time to modernize the Medicare physician payment system to be more streamlined and effective at supporting high-quality patient care. To be successful, we must put patients and clinicians at the center of the Quality Payment Program," said Andy Slavitt, Acting Administrator of the Centers for Medicare & Medicaid Services (CMS) in a statement. "A critical feature of the program will be implementing these changes at a pace and with options that clinicians choose. Today's policies are designed to get all eligible clinicians to participate in the program, so they are set up for successful care delivery as the program matures."

Here are the top four things to know about MACRA's Quality Payment Program.

1. What options are there for participation?

MACRA provides two pathways for participation: the Advanced Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS). The Advanced APM track is designed for providers participating in an innovative payment model while MIPS is designed for providers in traditional, fee-for-service Medicare.

MIPS replaces three Medicare reporting programs - Medicare Meaningful Use, the Physician Quality Reporting System and the Value-Based Payment Modifier. Practices that have participated in these programs in the past may have an advantage in MIPS as many of the requirements should be familiar.

APM is a payment approach, developed in partnership with the clinician community, that provides added incentives to clinicians to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Advanced APMs are a subset of APMs that allow practices earn more for taking on some risk related to patients' outcomes. Practices may be exempt from MIPS reporting requirements and payment adjustments they have sufficient participation in an Advanced APM.

2. Who qualifies for the Quality Payment Program?

Clinicians and providers, such as physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists, who bill Medicare more than \$30,000 and provide care to more than 100 Medicare patients annually, are eligible to participate. Providers participating in Medicare for the first time in 2017 are not required to participate in the Quality Payment Program.

3. When does the program start?

Providers who are ready to start collecting performance data can begin on January 1, 2017. However, providers have the option to start anytime between January 1 and October 2. All data, regardless of when a provider began collecting it, will be due to CMS by March 31, 2018. The first payment adjustments based on performance are set to go into effect on January 1, 2019.

4. How will the Quality Payment Program change Medicare payments?

Depending on the track chosen and the data submitted by March 31, 2018, Medicare payments for 2019 will be adjusted up, down or not at all. Under MIPS, the size of the payment adjustment will depend on how much data is submitted and the quality results. For example, not sending in any 2017 data will receive a negative 4 percent payment adjustment; however, submitting just 90 days of 2017 data

continued on page 5

Members, let us know what you would like to see in upcoming issues of Best Practice by calling 1.888.724.7123.

Ask the Practice Management Expert

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

Q: Preventative care and care management are hot topics for health care providers. Your practice has focused on preventative care and patient outreach for a number of years. How did this become a focus for you?

A: About five years ago, we began following up with patients who missed appointments, especially annual exams and physicals. Patients would cancel and not want to reschedule. We started to realize there was a need to keep track of these patients and follow up with them.

Over time, we've realized there's often some confusion or miscommunication about who is responsible for remembering that a patient needs to schedule a physical or follow-up appointment about test results. Doctors may think it's the patient's responsibility to remember to schedule an appointment, while a patient may think it's the doctor's responsibility to remind them. But what happens when appointments aren't scheduled or are skipped altogether? Risk factors for chronic conditions, or even chronic conditions themselves, aren't identified. If a patient with high blood pressure cancels an appointment and a month later, he ends up in the emergency room, he's generating more costs and more is involved in his treatment.

Reaching out to patients to encourage appointments are made and kept is time consuming. However, we've found more outreach results in more preventative care, which helps keep health costs lower and, most importantly, helps keep patients healthy.

Q: Can you describe the system you have implemented to reach out to patients?

A: We really have three separate policies in place – outreach to patients who cancel appointments, outreach to patients who just don't show up and outreach that relates to test results.

When a patient cancels an appointment, even if it's just a physical, we strongly encourage that patient to reschedule. If they're not interested in rescheduling at that time, we follow up with a standardized letter that reminds them to reschedule and discusses the importance of wellness and annual exams. After a few months, we will send a second letter.

For patients who just don't show up to an appointment, we also start out with a similar standardized letter but then we follow-up with a phone call. For this group, we'll send three letters before we raise the issue with the doctor.

We try not to be overly aggressive but have found patients are more likely to contact us to make an appointment when they have a visual reminder.

The third policy relates to diagnostics and lab tests. We really work to stay in contact with patients to not only make sure they've made the appointment, but also make sure the results are thoroughly discussed with them. Our doctors review all lab results and for anything they feel needs to be addressed, even if it's something non-life threatening like borderline high cholesterol, we'll pull the chart, tab it and attempt to schedule an appointment with the patient within two weeks so we can proactively monitor and ensure all results are reviewed with patients. We also maintain a list of patients who have received pre-certifications for tests and follow up with them to ensure the test has been scheduled. For example, I have a list of 16 patients who received pre-certs last month that we will follow up with.

Q: How would you recommend another practice implement similar policies regarding care management and patient outreach?

A: It may seem overwhelming to put a full system in place all at once. My recommendation is to simply pick a day and start with the first cancellation that does not want to immediately reschedule – keep a list of these individuals, mail or email a reminder letter and update that list of individuals as you have cancellations. Plan to follow up with those individuals about rescheduling their appointment in a specified timeframe. It's simple and takes five minutes. As you begin to develop your own system, you will likely need to devote time to identifying and formalizing the process that works for your individual office - but the first, and easiest step, is to just start.

If an office is ready to really tackle a larger undertaking, I'd recommend targeting patients who haven't had a physical recently. Most electronic systems make it easy to generate lists. By running a report of patients and their last physical, you can begin reaching out to the patients who haven't been in for a while and remind them of the benefits of preventative care.

Our Expert

Roseann Thompson, Office Manager, James & Annette Franklin, M.D., P.C



Roseann Thompson serves as office manager with James & Annette Franklin, M.D., P.C, where she has worked with the husband and wife internists for the past 20 years. Roseann oversees a staff fluctuating between two and five employees and is responsible for all administrative aspects of the practice, including managing and hiring staff, credentialing, billing/coding and serves as a liaison with patients and referring physicians.

Guest Speaker/Entertainer Gets into the Minds of Attendees

"If a balloon comes near you... catch it!" exclaimed Oz Pearlman, one of the busiest performing mentalists in the nation. This first act set the stage for a memorable evening of head shaking - in disbelief and astonishment. The balloon was bounced around the room - from person to person - and after a series of activities, Oz was able to influence one person to choose the color green, predict another woman likes chocolate mousse for dessert, and ended by challenging the audience to guess the number written on a bill by another attendee.

Oz, a fan favorite on the No. 1 rated TV show, "America's Got Talent," certainly knew how to strike an emotional chord with nearly every OMA attendee - from laughter to tears to pure astonishment. He dazzled the audience with his world-class mind reading routines. Oz's unique blend of mentalism and mind-reading created an interactive experience for nearly every attendee and has redefined the very nature of a magic show.

Routine after routine, Oz amazed every person in the room. During one routine, he asked one of the attendees to think of a particular calendar year. Oz not only guessed the year of her wedding, but the town and her wedding song, too! During another routine, called the "three truths and a lie" game, an attendee was brought to tears while on stage when Oz guessed the name of her beloved dog "Cassie."

Whether or not you have super mental abilities, OMA's 10th Annual Celebration will go down in history as a memorable evening!



Oz Pearlman dazzles guests before his main act at the Office Managers Association's 10th Anniversary Dinner Celebration.

Here's what OMA members are saying...

"I really like meeting other members and especially enjoy the camaraderie. It's also helpful to learn about what all of the RWJBarnabas Health hospitals have to offer."

- Dee Miller, a 24-year employee at Dr. Molinari's office in Belleville, has been a member of OMA for nine years. She has worked in this field for a total of 50 years.

"I enjoyed learning more about the new hospitals in the system and meeting different office managers."

- Marie Pierre, Renal Medical Associates in West Orange

"This is the first time I've attended an OMA dinner. It was really good getting to learn more about resources I can bring back to the office and how I can connect patients with more services."

- Holvy West, Renal Medical Associates in West Orange

"What makes the organization so special is the sense of community and how willing everyone is to share information in order to help each other. Our physician management team always go above and beyond for us. We often ask miracles of them and they always deliver."

- Iris Roseman, office manager at Bayside Orthopedics in Toms River, member of OMA for 10 years



Four Tips to Help Retain Your Practice's Most Talented Staff

Staff turnover may seem unavoidable. While some employees will inevitably leave to advance their careers, you can employ several strategies to retain as many quality employees as possible. Below are four tips to help you retain your most talented staff members.

1. Offer Educational Opportunities -

An engaged employee loves to learn more about their job, making continuing education a real perk. This does not necessarily mean spending thousands on courses at a local college, but it does mean focusing on cross-training, online education or on-site training.

2. Learn How to Motivate Each Employee -

Each employee is an individual and motivated by different perks. Ultimately, most employees wish to feel as though they are truly essential to the organization. Small things such as gift cards for an extra effort, praising a worker for a job well done, treating the team to lunch or complimentary cup of coffee often go a long way.

3. Notice What Your Employees Like To Do -

Most employees will want to stay at a job that actively engages their interests. If you can find a way to marry

a real interest and essential job duties, you will find that your employees would prefer to stay with your practice. If you notice a member of your staff taking a specific interest in a certain area of their job, take the time to help them with it.

4. Listen To Your Most Talented Team Members -

Your employees know their job best. That said, turn to them for input and learn from them when they make suggestions for improvements. By the way, this is especially pertinent in a small practice environment, where one employee may have multiple responsibilities. Failure to do this will not only cost your business an advantage over the competition, but you may also find yourself without as many talented employees.

While money and advancement are contributing factors when staff members decide to move on, they are not always the deal-breakers. If you fail to encourage your employees to learn and actively participate in your organization, they will inevitably feel undervalued -- and they will leave. To retain your talent, respond to their feedback and implement cost-effective suggestions when necessary.

MACRA's Quality Payment Program

continued from page 2

may earn a neutral or small positive payment adjustment.

Providers participating in the Advanced APM path may be eligible to receive a 5 percent Medicare incentive payment if they receive 25 percent of Medicare covered professional services or see 20 percent of Medicare patients through an Advanced APM in 2017. These providers will need to record and submit quality data and information on how technology was used to support the practice in 2017 by the March 31, 2018 deadline, via MIPS or through the practice's Advanced APM. Medicare will then provide feedback to the provider. Beginning January 1, 2019, the practice may earn the positive payment adjustment.

At this time, information provided on changes to Medicare payments are only relevant for the 2019 payment year. CMS will provide additional information on payment adjustments for 2020 and beyond in 2017.

For more information on MACRA's Quality Payment Program, visit the Department of Health and Human Services' dedicated site for clinicians at <https://qpp.cms.gov>.

Source: CMS

Have a practice management question?
Ask an expert!
Call us at 1.888.724.7123.

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I’m not sure what it is, but I want it!”**