Communicating With Physicians & Employees

You Can Not Over Communicate!
You can be annoying!

People Receive Information Differently
Verbal vs Written
List vs Details
Email vs Paper
Bulleting Board vs Personal

For Employees You Can Require Reading Specific Communications
Much Tougher For Physicians!

Timing Of Communications
• Regular – follow the schedule
  - Newsletters
  - Bulletin Board
  - Evaluations
• Routine
  - Try To Use The Regular System
  - If Necessary To Send – Make Extra Effort To Insure Everyone Knows
• Problems
  - Address Immediately
  - Unless
  - Emotions Are Running High
  - Confidentiality Needs To Be Protected
  - Someone Will Be Embarrassed
  - More Facts Need To Be Collected
Communicating With Physicians & Employees

**Important Points!**

- Communicate More Good Than Bad
- Don’t Hold A Meeting Just To Punish A Few
- Touch Each Person Each Day
- Make Regular Deposits

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Be Available

But

Keep On The Communications Path

**Do NOT** Tolerate Detours
From Either Employees OR Physicians

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**Meeting Management**

- Agenda
- Start & Stop Times
- Chair vs. Facilitator
- Action Plan
- Minutes

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**Employee Meetings**

- Have A Reason To Meet
- Less Is More
- Perfect Model

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**Special Meetings**

- Conflict Between Two Employees
  - Interview Each
  - Process
    - Make A Decision & Tell Both Your Decision
    - Bring Both Into Your Office & Mediate
    - Make Them Resolve
    - **ALWAYS** End With A Resolution
- Termination
  - Be Prepared
  - Be Resolved
  - Have All Documents & Checks
  - Write Your Comments
  - Have A Witness
  - Read Your Comments
  - **DO NOT** DISCUSS
Communicating With Physicians

Physicians Are Different

- Trained Differently
  - All About Me
  - Problems Are Brought To Them & Trained To Look For Negatives
  - Have Learned One Solution
  - Like Choices (Options)
  - Cannot Make Mistakes
  - Cannot Show A Lack Of Knowledge
  - Trust Advisors

Communicating In Writing

- Physicians are extremely busy and do not have the time or interest in reading a lot of verbiage
- Physicians want clear concise written communication
- Use benchmarks to aid in quick analysis of data
- Only show “bottom-line”, but have details at hand
- Be consistent in your style and reports
- Be vigilant to keep the reports clean

Communicating in Writing

Memos & Emails

- Headings
  - To
  - From
  - Date
  - Subject
- Briefly describe the subject
- Use outline style or bullets
- Define paragraphs with bold headings
- Try to foresee and address questions the physician may have – without over explaining
- Clearly and separately request or state the action required of the physician
- Make it easy for physician to reply

Example Memo

ABC Clinic

To: Physicians

From: Tom Stearns

Subject: Tongue Blades & Cotton Balls

We currently stock different flavored tongue blades for each physician and Dr. Johnson uses a different color of cotton balls than all the other physicians.

Problem
- We do not have adequate storage space for this variety
- We buy in such small quantities that we have to pay top price
- The nurses have trouble keeping up with who wants what

Solution
- Standardize to one type of tongue blade and one type of cotton ball
- I have negotiated a price that will save us $2,500 per year

Choose one from each column:

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<tr>
<th>Tongue Blade</th>
<th>Cotton Balls</th>
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<td>Tequila</td>
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Coding Audit Report

MEMORANDUM
Date: November 2, 2004
To: Make Believe Medical Clinic
From: Jane H. Carter, RHIA, CCS-P
Subject: Documentation Audit

The results of the Evaluation and Management Documentation Audit conducted November 1, 2004 are attached. Seventy-three encounters were audited using either the 1995 or 1997 documentation guidelines.

The practice has many opportunities for improvement in documentation as follows:

- Legibility is a significant issue for several providers.
- The chief complaint/reason for visit is insufficiently documented to justify medical necessity.
- "Recheck", "blood work", "follow-up" do not prove medical necessity. The chief complaint/reason for visit should indicate a specific problem or diagnosis.
- The diagnoses listed on the encounter form are not adequately reflected in the documentation. The encounter form is a billing document and is not considered as part of the documentation.
- The medical decision-making is poorly documented by some providers.
- The physical examinations were not uniformly documented to the national standards or professional guidelines.
- The final decision-making was not uniformly documented by all providers.

I hope this information is helpful. Please contact me if there are any questions.

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Make Believe Clinic E/M Documentation Audit Summary

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Financial Reports

Dashboard Reports
DO YOU GET PILES OF REPORTS?

BUT

NO INFORMATION?

• OPERATING FINANCIAL DATA
• ACCOUNTS RECEIVABLE
• CASH
• BENCHMARKS

ACCOUNTS RECEIVABLE
• Total A/R
• Days in A/R
• A/R Aging
• Credit Balance Report

• OPERATING FINANCIAL DATA
  • Productivity
    • Relative Value Units (RVU)
    • Charges
    • Collections
    • Office Visits
    • Procedures
    • Admissions
    • Days Worked

• OPERATING FINANCIAL DATA
  • Revenue
    • Gross Revenue
    • Net Revenue
    • Office
    • Ancillaries
    • Procedures
    • Hospital
    • Extenders

• OPERATING FINANCIAL DATA
  • Expenses
    • Employee
    • Building
    • Other
    • Physician
DASHBOARD REPORTS

CASH
• Cash vs Net Income
• Bank Balances

BENCHMARKS
• Internal
  – Prior Years
  – Doctor to Doctor
  – Budget
• External
  – Medical Group Management Association (MGMA)
  – Specialty Societies
  – Hospital
  – Health Plans

Conversations

In Physician’s Office
• Be prepared
• Stay calm
• Understand this is his/her kingdom and they feel in control and feel empowered to reign omnipotent
• Keep the door open whenever possible
• If you need to be strong – do not sit
• If you are not prepared – defer the conversation to another time when you can be prepared
• Do not allow yourself to be intimidated
• Stand up for yourself, your employees, the staff, the clinic
• Do not accept verbal abuse – leave the room
• Document the conversation when appropriate

In The Clinical Area
• Be prepared
• Stay calm
• If you are not prepared or the conversation is inappropriate – stop the conversation and tell the physician you will talk to him/her after the clinic closes
• Some physicians will use this forum to “show off”
• Always be conscious of confidentiality
  – Patient
  – Employment
  – Business
• Move to a more private space if appropriate
• Document the conversation when appropriate
Conversations
In The Physician Lounge
- Be prepared
- Stay calm
- Physician may want to “show off”
- Physicians will often come up with “off the wall” discussions in this relaxed setting
- Stop the conversation and be prepared to exit if the conversation is inappropriate
- Recognize that you must control confidentiality
- Don’t leave private material laying around – go back later and pick up materials
- Document the conversation when appropriate

Conversations
In Your Office
- Be prepared
- Stay calm
- This is your kingdom – you are in control
- Have the physician sit – have the chair ready
- Stay on subject – control the conversation
- Do not confuse the physician with too much information
- Do not allow interruptions of either of you
- Know how to end the meeting
- Document the conversation when appropriate

Conversations
Outside The Office
- If you are not prepared – say so
- Do not be drawn into divulging inappropriate information
- Be careful about confidentiality
- Document the conversation when appropriate

Thomas H. Stearns, FACMPE
VP Medical Practice Services
State Volunteer Mutual Insurance Company
PO Box 1065
Brentwood, TN 37024-1065
615.377.1999   800.342.2239
tom@svmic.com