

medical office manager™

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YOUR CAREER

BLS report indicates demand for trained, certified medical managers will grow fast

The good news for medical office managers is that the Bureau of Labor Statistics (BLS) predicts that the employment for medical and health services managers will increase 23% between 2012 and 2022. The BLS and other sources indicate that the baby boom population will spur growth in the healthcare industry as their need for medical services increases as they age. The BLS also indicates that employment in medical offices in particular is expected to grow as services shift from hospitals to office settings — due in part to changing technology.

How can you set yourself apart from those seeking to gain entry to your profession and other managers already in the profession? How can you demonstrate to your physicians the value you bring to the medical practice? Consider continuing education and professional certification to demonstrate your experience and knowledge.

Value of certification

A BLS report on medical and health services managers notes that while office managers aren’t required to be certified, some managers do obtain certification. The report also noted that “[m]edical and health services managers advance by moving into more responsible and higher paying positions.” One way to move into a more responsible position is by obtaining advanced training, education and credentials.

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MANAGING YOUR OFFICE

Does your office need a “medical scribe”?

In an effort to focus more on patient care and less on the clerical aspects of the job, physicians are increasingly turning to medical scribes. If you’re not familiar with the term “medical scribe,” you’ll definitely want to read on.

In many ways, a medical scribe is a new spin on a longtime position. For decades, physicians have dictated notes into a tape recorder, relying on transcriptionists to convert to typewritten reports.

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Now, thanks to electronic health records, data entry is direct. In today’s digital age, information is immediately entered into a laptop computer or tablet during a patient’s office visit. A medical scribe performing the task shadows a physician as he or she examines patients.

Why can’t the physician update patient records?

The data entry process is time consuming. When a physician attempts to do it herself, it can detract from the amount of time spent diagnosing and discussing treatment with a patient and/or it can cause scheduling issues.

As practices struggle to deal with already tight appointment windows, the cumulative effect of minutes lost per patient can have a significant impact.

Studies show that medical scribes improve physician productivity, and physicians who use the services of scribes report less stress.

How do you find a scribe, and what are the job requirements?

Scribes are often medical professionals in training for other positions, such as physician assistant. The opportunity to work closely with physicians and observe physicians as they interact with patients makes working as a scribe very attractive to people interested in medical careers.

The job requires technical skills, attention to detail, knowledge of medical terminology, ability to deal with changing priorities, ability to respond quickly to instructions, a pleasant demeanor, and patience while in the presence of patients.

“You’ve got to have a ton of cerebral horsepower,” says Michael Murphy, MD and CEO of ScribeAmerica, a medical scribe training and management company.

He tells *Medical Office Manager* that “horsepower” is a needed asset. A person has to be able to come up from intense study and preparation and get up to speed in a fast-paced medical office, Murphy explains.

And not everyone makes it, he says, citing a 50 percent attrition rate.

ScribeAmerica’s program requires 120 hours of training, and it isn’t easy. In fact, Murphy says that medical assistants who attempt to transition to medical scribes often fail out of the program.

A scribe who completes training and meets other criteria is eligible for certification through the American College of Medical Scribe Specialists (ACMSS). The ACMSS administers an exam, the Medical Scribe Certification & Aptitude Test (MSCAT), which upon successful completion results in the Certified Medical Scribe Specialist (CMSS) designation.

If your practice doesn’t currently include a scribe, chances are a colleague’s practice employs one of these medical professionals. Murphy estimates that there are 12,000 to 13,000 scribes nationwide, and he says the number is growing – in part because of electronic health records but more because of the pressures of today’s health care environment, where everyone is asked to do more with less.

ScribeAmerica currently operates in 41 states and employs more than 3,300 scribes, as well as 500 higher-level medical professionals.

How does a practice implement a scribe program?

Murphy points out that scribes are for busy medical practices and advises against a scribe program until patient volume necessitates support.

Then, he recommends identifying goals for the program. For example, a goal might be to increase the number of patients a physician sees per day.

When assessing a scribe management company or an individual scribe’s level of expertise, it’s important to consider training, as not all programs are equal.

Once a decision is made to add a scribe to staff, Murphy recommends the practice embrace the scribe as part of the team; involve the person in day-to-day operations, meetings, and so forth. “Don’t treat them as a vendor, but as part of the family,” he says.

From an operational standpoint, he recommends understanding what scribes can and can’t do, and aligning expectations with what the job entails. The focus should also be on streamlining patient interaction with emphasis on distinct responsibilities among a team of three: physician, scribe, and medical assistant.

Finally, attention must be given to the bottom line. Medical scribes are typically paid between \$10 and \$20 per hour.

However, in a busy practice, this expense may be offset by an increase in physician productivity. A

more efficient office may also result in greater patient satisfaction, which can lead to patient referrals.

At the same time, lower stress levels among physicians because of the support a scribe provides

can have a positive impact on practices. “We’ve had many physicians say, ‘You’ve just extended my career by five years; I was so burned out I was going to retire’,” Murphy tells Medical Office Manager. ♦

(Destroy your credibility as a manager, continued from page 7)

is occurring and solve it. To the doctors, passing off blame is no more than a show of weakness and immaturity.

3. Self-deprecation

The manager makes a mistake. There’s a showdown with the doctors. Take responsibility for the mistake and learn from it. But stop there. Don’t get self-demeaning. People derail their credibility when they rake themselves over the coals, either mentally or verbally. Learn the lesson and move on. Be cheerful and confident. What the doctors see is that their manager is in control and capable of improvement.

4. Inconsistency

A serious credibility killer is inconsistency in discipline and rule enforcement. Suppose the rule is that the doctors have to check off certain items on the encounter sheet. The billing department complains that Doctor A never checks those items off and is holding up the billing. The manager responds with “oh that’s just the way Doctor A is. Let’s take care of it this way. I’ll make sure it doesn’t happen in the future.” But the manager stops there and never addresses it with the doctor. The problem remains. Why the special treatment? Is the manager wishy-washy? afraid to confront the doctor? Follow the same set of rules for everybody.

5. The policy police officer

Credibility also calls for the common sense to recognize when a rule is outdated and the moxie to change it. Be more than a policy officer. When a staffer questions a rule, don’t automatically defend it with “that’s the policy and it’s not going to change, so live with it.” Besides evidencing insensitivity, that bespeaks a lack of influence in the office and shows the manager to be little more than a yes-person to the doctors. Suppose a staffer complains that the requirement to tally the cash twice a day is unnecessary and time consuming. Unless there’s some obvious reason for counting it twice, give some thought to the possibility

that what was necessary in the past may now be out of date. Reviewing policies and making recommendations for change are part of the job of management. And so is risking a resounding “no” from the doctors. A manager earns tremendous respect and credibility simply by addressing issues.

6. Missed commitments

Follow through with commitments, particularly the small ones. Doctors are governed by detail, and to them, minor slip-ups are big failures. Showing up for a meeting five minutes late, not returning a doctor’s call, making a presentation without having full information at hand – things like that make them question the manager’s professionalism. Let it turn into a habit, and the manager becomes the office joke.

7. Trying to do everything

Don’t overextend. Don’t try to be all things to all people. Don’t try to please everybody. Taking on too much work sets expectations that can’t be met. Before making any significant commitment, tell the doctors, “let me do some research and find out how long this will take.” Ask where it should sit on the priority list. And don’t get bogged down with a lot of miniscule projects. Delegate the small tasks and focus on the larger projects.

8. Getting too chummy

And then there’s neutrality. The job of manager is by nature a lonely one. It’s a no-man’s land between doctors and staff. With no peers, no colleagues, and no advisors, it’s easy to get close with one side or the other simply to have a sense of belonging. Don’t do it. Don’t get aligned with either side. Don’t have lunch day after day with one or the other. Continued company-keeping with one group invariably draws the manager into conversations about the failings of the other. There’s nothing wrong with listening. But don’t take a position on what’s said. Don’t show agreement or disagreement, whether by word or by facial expressions. Listen and discuss, but be no more than the moderator. When neutrality gets questioned, staff see their manager as someone who is apt to stab them in the back. ♦