AdvocateMD™

SPRING 2007

Advisor

THE TEXAS PHYSICIAN'S ADVOCATE

Reducing Waste and Optimizing Cash Flow in a Typical Practice

By Steve Loranger, Vice President Operations, Advocate, MD

Most doctors enter the health care profession because they want to care for people. But it doesn't take long for many to realize that they're spending just as much time running the business as caring for patients. Providing outstanding health care, while keeping the revenue cycle running smoothly, is a big challenge. But today's technologies can make it easier and, as one physician practice has learned, it can be as easy as using a mobile phone or PDA.

Room for Improvement

As pay-for-performance programs become the norm, terms such as "efficiency," "effectiveness," "patient satisfaction" and "ease of doing business" are becoming an integral part of the language of running a practice. These terms have become the watch-words of businesses around the world as they institute change to improve customer service and management of the financial side of the business.

At the same time, we've seen a shift toward more consumer-driven health care and demands for higher quality. Patients expect a comfortable office with efficient service, accurate billing, and a reasonable response time when they have an urgent question. In this environment, the business side of the practice has a bigger impact on the patient experience than ever before.

It's time for the health care industry to take a page from general business management and gain the performance improvements that come from optimizing practice management. Several areas within a typical practice provide an opportunity for increased accuracy and optimization. Three of the most prevalent are coding, billing and collections, since they represent a significant opportunity for managing cash flow, with a high potential for solid financial returns.

Going Mobile: One Case Study

In one five-physician nephrology practice, an investment of $2,679 in coding, billing and collections generated an annual savings of $37,473 per doctor. That's a total cost of $13,395, for a total savings of $187,365 without the headaches of a complex technology project.

The improvement process began with a thorough analysis of the practice's existing processes and procedures, as well as the tools used during rounds and for billing and collections. Interviews of key personnel revealed issues in the following areas:

- **Down-coding too frequently when code selection was not clear**
- **Reduced charges due to coding errors**
- **Lost charges due to misplaced forms**
- **Lower collection rates when records were incorrect**
- **Increased insurance denials due to late submissions**
- **High denied-charge write-off rates that seemed to track insurance denials**

The physicians had been capturing patient information, diagnoses and codes using paper forms, which were collected throughout the day and returned to the office for processing at the next available opportunity. Frequently, the forms were misplaced, illegible or incorrectly coded, requiring the doctors to take extra time away from their patients to get them right.

(Continued on Page 2)

In This Issue

1 | Reducing Waste and Optimizing Cash Flow

2 | Pediatrics Practice is Going Electronic

3 | Advocate, MD Grants Wish

4 | Texas Medical Board Defense

5 | Dangerous Abbreviations to Avoid

7 | Senate Bill 468

7 | Web Based Education

7 | Complimentary Risk Assessment

Reducing Waste and Optimizing Cash Flow in a Typical Practice

(Continued from Page 1)

Over the course of an entire year, the total revenue impact of time lost due to corrections alone totaled $12,558. The lengthy process also often exceeded the allowed processing time, and insurance companies were refusing to pay.

To overcome these challenges, this practice implemented a Web-based mobile software tool to capture patient information, diagnoses and codes. Because these physicians spend the majority of their time away from the practice, working at patients' bedsides in local hospitals, they needed a solution that would allow each doctor to capture data while on the go.

This practice's solution can run on PDAs as well as other mobile devices, such as mobile phones. Data can be sorted by patient or by doctor, handle scheduling for rounds, and allow the transfer of patients between doctors. It also provides a customized set of codes, so the doctors don't have to page through codes that don't apply to their specialty. It even has text recognition so a description can be automatically completed by the software after typing three to four initial characters.

These mobile devices automatically synchronize wirelessly with a central Web-based database, so all patient data resides in a central location accessible by any staff member, with no special technical expertise required. Any time the phone or PDA has cell coverage, it synchronizes any new data with the central servers. In fact, when one of the doctors' devices was accidentally damaged he feared that he'd lost many records. But because the data had automatically synched with the Web site within minutes of finishing his rounds, all the data was intact on the central servers.

Best of all, the solution can be uploaded to a mobile device and be operational in less than an hour. That means that it is easy to upgrade the phone without a technology specialist.

An Investment that Pays Off

Because the new system dramatically reduced errors and re-work time, the practice recaptured its $2,679 hardware and software investment in less than two months. Over one year, the practice saved more than $37,400 in lost time and unpaid claims.

By investing a small amount of time and money in implementing and learning a new technology, practices can dramatically simplify billing, coding and collections processes; increase charge capture and revenue collection; decrease denials and write-offs; and free up more time to spend with patients. And isn't that why you became a physician?

This is a condensed article from a formal study and analysis by the author. For more information or a copy of the study please contact Steve at Advocate, MD Insurance Company, or visit the website. ★

Pediatrics Practice is Going Electronic

Contributed by Tanya Minor, Clinic Director

A busy active pediatric practice in Harlingen is taking the fateful leap into the Electronic Medical Record (EMR) world. Just like many physician practices whether solo, or groups this practice has been deliberating with the decision of adopting an EMR. Confronted with a huge record inventory, due to retention requirements, storage problems, accuracy and billing issues, and record handling, Valley Children's Clinic elected to implement an EMR system and go live this summer.

Tanya Minor, Clinic Director and Dr. Toland together have cut through the high grass and are excited to write a new chapter for the clinic. With nine years of managing experience at the Clinic, an Associate Degree in Health Information Technology and as past President of Rio Grande Health Information Managers Association, Mrs. Minor set her goals high for a system to reduce costs, improve efficiency, accuracy, and accessibility.

Once the process of establishing the feasibility of an EMR system was in place, it became a matter of identifying specific needs, expected outcome and matching an EMR system to the clinic. With costs being a major concern in any conversion, Tanya learned of Doctors Office Quality-Information Technology (DOQ-IT), a program sponsored by TMF-Health Quality Institute of Medicare. This government sponsored program assists physicians in meeting the requirements set by Medicare. Medicare provides assistance such as free consultative services which has enabled Valley Children's Clinic to substantially cut the costs of the project.

Tanya says "DOQ-IT serves as a welcome support and consultative service and has helped to separate the wheat from the chaff making it simpler for us to find trustworthy, reliable vendors." Valley Children's Clinic also enjoys an excellent working relationship with Valley Baptist Hospital which has cleared the way on many technological issues and established accessible links to the hospital, making information technology staff available as consultants.

For more information about this project, DOQ-IT or how to get started on a process to analyze the feasibility of an EMR or related information you may contact **Terrence Hurst**, Director, Risk Management, Advocate, MD at **512|275-1836**, or visit **www.joindoqit.com** ★

Advocate, MD Grants Wish

Contributed by Jennifer Hanke, Executive Assistant

When Mark Adams, Chief Executive Officer of Advocate, MD announced the company's Christmas Party theme was granting a wish to a child (also named Mark), we were thrilled. The spirit of giving runs strong at Advocate, MD and our association with the Make-A-Wish Foundation® is significant to all of us.

Mark, a bubbly 5-year-old boy from Round Rock, Texas is battling Leukemia. His heartfelt wish was to visit Walt Disney World and "tickle" Mickey Mouse. The Make-A-Wish Foundation® of Central & South Texas, along with Advocate, MD went to work to grant this wish.

As we planned this celebration, we found people in the local community incredibly receptive. A reception and wish granting was planned for Mark and both the restaurant and band were honored to be part of the special night for Mark and his family. It was energizing to witness everyone coming together making Mark's wish a magical success.

The big day arrived and we were all excited to meet Mark and his family. As the special guests arrived, representatives from the Make-A-Wish Foundation® and the Advocate, MD families welcomed Mark and his family. The expression on little Mark's face was priceless, he was a bundle of excitement which radiated throughout the room. Mary Hyde of Make-

A-Wish Foundation® introduced Mark and his family as Mark Adams President, CEO, and Chairman of Advocate, MD joined them to make the wish granting "official." Little Mark's big brown eyes popped, he was all smiles as he was presented with his wish, and present after present were given to him all as part of his new adventure to Disney World.

Mark, his mother, two brothers, family friend, and grandparents all participated in this very special wish. Leaving for Orlando on December 19, 2006, Mark's excitement was contagious as he embarked on his trip. He and his family stayed at Give Kids the World where he enjoyed ice cream and other treats and surprises 24 hours a day. The real treat for Mark was to meet Mickey Mouse and to give him a "tickle." An added treasured memory was Mark's one-on-one with Tigger.

Mark's visit to Disney World will always be a special memory, as he and his family spent this precious time together. Mickey and friends helped to make Mark's wish extra special, all through the caring and giving spirit of Advocate, MD and the Make-A-Wish Foundation®. Mark knows he will always have special friends at the Magic Kingdom and right here in Austin, Texas too! ★

Advocate, MD Insurance is committed to the support of our local communities through sponsorship of the Make-A-Wish Foundation®, a global nonprofit organization that grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength, and joy.

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Advocate, MD Financial Group Inc.

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Mary Heiser
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NEED ANSWERS?

Contact Advocate, MD to have your questions addressed in our next issue of the Advocate, MD Advisor. We have an experienced and knowledgeable staff ready to answer any question you may have. Also, please contact us if you would like to submit an article, testimonial, story, or suggestions that may benefit other policyholders.

We value our policyholders and would like to extend an opportunity to help you further.

If you would like to receive updates and our quarterly newsletter via email, please send a request to **marketing@advocatemd.com**.

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Texas Medical Board Defense

By Brenda Freeman, JD, Director, Claims Management

Since 2003 the number of Texas Medical Board investigations has increased. Why? The Texas Legislature in 2003 had concerns regarding the ability of the Texas Medical Board to discipline doctors. As a means of providing "balance" to tort reform, the Senate passed House Bill 104.

The Texas Medical Board previously disciplined physicians with "repeated or recurring" and "meritorious" liability claims. However, House Bill 104 expanded the scope of the Texas Medical Board through the "Three Strikes Rule."

The "Three Strikes Rule" states that if a physician is named in three separate health care liability lawsuits within a five-year period, the Texas Medical Board will launch an investigation of that physician's medical competency. As a result, doctors who have had "nonmeritorious" lawsuits filed against them are subject to an investigation by the Board.

This is particularly troublesome because it is not uncommon for a physician to be named as a defendant in three "nonmeritorious" lawsuits within a five-year period. Plaintiff attorneys frequently file lawsuits against physicians and then voluntarily nonsuit them within 120 days. The lawsuits are dismissed within 120 days due to the fact that the Plaintiff is unable to produce an expert report. In fact, we see over 80% of our lawsuits dismissed within the first 120 days.

However, by that time, the damage has been done. Although the Texas Medical Board is notified that a lawsuit has been dismissed with no indemnity paid based upon the fact that the Plaintiff could not substantiate the case, the nonmeritorious lawsuit is part of the physician's history with the Texas Medical Board.

What Should You Do If You Receive a Notice of Investigation from the Texas Medical Board?

Contact Advocate, MD immediately.

Coverage E of your Physicians and Surgeons Liability Insurance Policy provides you with medical board defense coverage. Please notify Advocate, MD immediately upon receipt of a notice of investigation. Advocate, MD will assist you in responding to the notice. Also, we will provide you with assistance of counsel in responding to the notice.

We encourage you to give us the opportunity to assist you in responding to the initial notice from the Texas Medical Board. Often, without realizing it, the physician puts too much emotion behind the response.

Often the physician is reluctant to contact Advocate, MD upon receipt of a notice from the Texas Medical Board. The rationale may be that: (1) the lawsuit was dismissed; thus, the investigation will be dismissed, (2) the allegations by the patient have no merit, and I can easily explain this in my narrative to the Texas Medical Board.

However, we encourage you not to take this position. During the investigation, the Texas Medical Board will subpoena the medical records of the patients, retain an independent consultant to review the records, and determine if there has been any violation of the standard of care.

Thus, we encourage you to give us the opportunity to assist you in responding to the initial notice from the Texas Medical Board. Often, without realizing it, the physician puts too much emotion behind the response. It is very important that our initial response and narrative shed favorable light on our physician by presenting the facts only. Thus, it is important that the response be reviewed by Advocate, MD and its defense counsel prior to submitting it to the Texas Medical Board.

Advocate, MD has an excellent track record in providing medical board defense to our doctors. The attorneys that we retain to handle Texas Medical Board complaints specialize in this area of the law. They work with the Texas Medical Board on a daily basis and have developed excellent rapport with the Board.

I would like to share with you an example of the excellent results that we have received from the Texas Medical Board. At the conclusion of an Informal Hearing, the panel dismissed the case. A member of the Texas Medical Board and the Board's General Counsel who were present during the hearing, stated to our Insured, "You were a good doctor." They indicated concerns that our Insured and other physicians have to go through this process. The Board indicated that it is unfortunate that good doctors have to go through this process in order to locate the "bad doctors" in the state.

Our goal in assisting you before the Texas Medical Board will be to get the same results for you: recognition by the Texas Medical Board that you are a "good doctor" who is forced to undergo the process in order to help locate the "bad doctors" in the state. ★

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Dangerous Abbreviations to Avoid

Abbreviations are an important part of medical notations in charts, scripts and records. Abbreviations are important tools serving to identify items, therapies, drugs and directions. It is important that accurate information is recorded and "shortcut" or "homegrown" abbreviations are not used. This is a handy list to post, guiding caregivers to avoid the use of these dangerous incorrect abbreviations. It is not all inclusive, as there are other abbreviations which may be referred to through visiting websites such as www.globalrph.com/abbrev.htm

Abbreviation Dose Or Expression	Intended Meaning	Misinterpretation	Corrections
Apothecary Symbols	dram minim	Misunderstood or misread for dram misread for "3" and minim misread as "mL"	Use the metric
AU	aurio uterque (each ear)	Mistaken for OU (oculo uterque-each eye)	Do not use this abbreviation
D / C	discharge or discontinue	Premature discontinuation of medications when D/C (intend to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of drugs	Use "discharge" or use "discontinue"
DRUG NAMES			
ARA˚A	vidarabine	cytarabine ARA˚C	Use complete spelling
AZT	zidovudine (RETROVIR)	azathioprine	Use complete spelling
CPZ	Compazine (prochlorperazine)	chloropromazine	Use complete spelling
DPT	Demerol, Phenegran, Thorazine	diphtheria-pertussis-tetanus	Use complete spelling
HCL	hydrochloric acid	potassium chloride (The "H" is misinterpreted as "K")	Use complete spelling
HCT	hydrocortisone	hydrochlorothiazide	Use complete spelling
HCTZ	hydrochlorothiazide	hydrocortisone (seen as HCT 250mg)	Use complete spelling
MgSO4	magnesium sulfate	morphine sulfate	Use complete spelling
MSO4	morphine sulfate	magnesium sulfate	Use complete spelling
MTX	methotrexate	mitoxantrone	Use complete spelling
TAC	triamcinolone	tetracaine, ADRENALIN, cocaine	Use complete spelling
ZnSO4	zinc sulfate	morphine sulfate	Use complete spelling
STEMMED NAMES			
"nitro" drip	nitroglycerin infusion	sodium nitroprusside infusion	Spell out complete name
"Norflox"	norfloxacin	NORFLEX	Spell out complete name
m g	microgram	Mistaken for "mg" when hand written	use "mcg"
o.d. or OD	once daily	misinterpreted for right eye (oculus dexter) and administration of oral medication in the eye	"use daily"
TIW or tiw	three times a week	Mistaken for three times a day	Do not use this abbreviation
per os	orally	"The "os" is mistaken for "left eye"	Use "PO," by mouth or "orally"

Continued on next page

Dangerous Abbreviations to Avoid

Abbreviation Dose Or Expression	Intended Meaning	Misinterpretation	Corrections
APOTHECARY SYMBOLS			
q.d. or QD	every day	Mistaken as q.i.d., especially if the period after the “q” or tail of the “q” is misunderstood as an “i.”	Use “daily” or “every day”
qn	nightly or at bedtime	Misinterpreted as “qh” (every hour)	Use “nightly”
qhs	nightly at bedtime	misread as every hour	Use “nightly”
q6PM, etc.	every evening at 6PM	Misread as every six hours	“Use 6pm “NIGHTLY”
q.o.d. or QOD	every other day	Misinterpreted as “q.d.” (daily) or “q.i.d.” (four times daily) if the “o” is poorly written	Use “every other day”
sub q	subcutaneous	The “q” has been mistaken for “every” (e.g.., one heparin dose ordered “sub q 2 hours before surgery”, misunderstood as every 2 hours before surgery).	Use “subcut” or write “subcutaneous”
SC	subcutaneous	Mistaken for (sublingual)	Use “subcut“ or write “subcutaneous”
U or u	Unit	Read as zero (0) or a four (4) causing a 10-fold overdose or greater (4U seen as “40” or 4u seen as “44”)	Unit has no acceptable abbreviation. Use “Unit”
IU	International Unit	Misread as IV (intravenous)	Use “Units”
cc	cubic centimeters	Misread as “U” (units).	Use “mL”
x3d	for three days	Mistaken for “three doses”	Use “for three days”
BT	Bedtime	Mistaken as “BID” (Twice daily)	Use “hs”
ss	sliding scale (insulin) or 1/2 apothecary	Mistaken for “55”	Spell out sliding scale Use “one half” or “1/2”
>and<	greater than and less than	Mistaken used opposite of intended	Use “greater than” or “less than”
/ (slash mark)	separate two doses or to indicate “per”	Misunderstood as the number 1 (“25 unit/10 units” read as “110” units)	Do not use a slash mark to separate doses. Use “per”
Name letters and dose numbers run together (e.g., Inderal40 mg)	Inderal 40 mg	Misread as Inderal 140 mg.	Always use a space between drug name dose and unit of measure
Zero after decimal (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers.
No Zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use a zero before a decimal when the dose is less than a whole unit

Source: Institute for Safe Medical Practice and the Joint Commission of Accreditation of Health Care Organizations

TIPS TO IMPLEMENT THE LIST

- **Attach laminated copies on clip boards used in the practice**
- **Review and address the list at any staff meetings (frequently)**
- **Be certain the list is eliminated from any electronic record system**
- **Recognize employees who stop using the unacceptable abbreviations**
- **Recognize employees who are able to catch and stop the use of unacceptable abbreviations by caregivers**

Senate Bill 468, the First "Official" Attack on Tort Reform in Texas

By Terrence G. Hurst, CPHRM MHA, Director of Risk Management

No one expected this one, not this soon and not this direct. Senate Bill 468 is a direct assault on the foundation of Tort Reform, which, if passed, will change the current legal definition of evidence acceptable in any medical malpractice action brought involving physicians in an emergency department setting. The bottom line is the bill will lower the threshold making physicians more at risk and significantly dilute the effects of the 2003 Tort Reform. This bill will make it tremendously difficult to find and keep trauma and emergency physicians, as well as reduce the number of physicians taking emergency call.

As a result of the 2003 Tort Reform, Texas experienced an increase in emergency and trauma physicians and a reduction in understaffed ERs around the state. The delivery of emergency health care improved, accessibility increased, transfers to centers became less frequent, and lives are being saved. If passed, Senate Bill 468 will reverse these trends and affect the delivery of emergency care negatively.

Physicians who respond to emergency calls in an ER see patients with whom they have often not had any prior experience and therefore have no history. They are confronted with this at a time when a serious injury or condition is threatening the patient's life or chance of survival. High risk cases, the need to respond quickly and effectively, and the pressure of the "golden hour" should be handled in an environment which affords protection to the responding physician.

In the far flung areas of this vast state, family physicians and other non-board certified emergency physicians are the only medical professionals dealing with high risk, injured and seriously ill patients. Hospitals are still finding it difficult to staff emergency departments, even though the 2003 Tort Reforms made some improvement. This bill will cause serious and perhaps irreversible shortages.

If Senate Bill 468 passes, and the reforms of 2003 are diluted, the weakened condition of the Tort Reform will make them vulnerable to even further attacks. This is not the time to relax; make your senator and representatives aware of your concerns and make it clear that the 2003 Tort Reforms must remain strong and intact. Don't allow the clock to be turned back to the crises and tremendous back log of litigation which damaged Texas, all its citizens and the health care delivery system in this great state. ★

Advocate, MD Web Based Education

Continuing medical education courses are just a click away with Advocate, MD's online resources for physicians.

Director of Risk Management, Terrence G. Hurst, C.P.H.R.M., M.H.A., has established a web based education system that gives Advocate, MD-insured physicians and others access to more than one hundred hours of accredited medical education courses — all with a simple click on the Advocate, MD web site.

The system enables physicians to keep abreast of the many risk management and medical practice related issues that are so important to preventing and reducing claims, while helping to improve practice quality.

The web based system is easy to use and access, with contemporary content. It gives physicians an alternative to "live" presentations, allowing them to avoid long trips by using a comprehensive and useful tool that meets CEU and CME licensure requirements — right in their own offices.

To access the courses, go to the Advocate, MD web site at **www.AdvocateMD.com** and click on the Risk Management button. A link will open entitled "Accredited Continuing Medical Education Classes." Simply click on it and select from the list.

Physicians can select the course they need, take the course, and then take an exam covering the course content. The exam is graded and scored, and if a passing grade is achieved, the physician will receive a written certificate by mail. For questions or help, please contact Terry at **512|275-1836**. ★

Schedule a Complimentary Risk Assessment and Loss Prevention Survey

Want to be sure you're doing everything you can to protect your practice? Schedule a free Risk Assessment and Loss Prevention Survey today.

Advocate, MD provides this complimentary service to any interested policyholder. Simply contact the Risk Management Department at Advocate, MD. The assessment involves an on-site visit by Advocate, MD's Director of Risk Management, interviews with physicians, and close interaction with your practice or office manager and other staff members as appropriate.

The assessment is a customized, definitively outlined process covering more than 200 points of a medical practice and its risk exposures. In most cases, a thorough review of 10 or more randomly selected files is conducted. At the conclusion of the survey, the Director of Risk Management will meet with the physicians and staff to review the preliminary findings and outcomes.

Advocate, MD believes that a proactive approach to risk management is essential to controlling risk and losses, and provides a focus to help physicians provide safe, high-quality health care. ★

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