Fall is here with winter right around the corner. I can't believe how quickly the year has gone! This is my final letter to the WMGMA membership and I want to summarize the past year as best I can and touch on what is in store for us in 2015.

WMGMA has made significant strides to bring educational opportunities to our membership this past year as well as next year through webinars, news blasts and this quarterly newsletter. In addition, our spring conference, held at the Marriott West in Middleton, proved to be a great opportunity, not only to be current on state as well as national trends in healthcare, but to network with our colleagues from large to small organizations.

In 2014, as an organizational strategic initiative, we have expanded our legislative presence in Madison and look forward to “bringing your legislator to work day” in 2015. The WMGMA needs to be working closely with state legislators on a number of critical issues that could impact group practice in Wisconsin. As members we need to give our legislators a reason to help us. And this all begins with advocacy and education.

WMGMA has also introduced our new mentoring program. This program introduces experienced medical practice management professionals to those who are new to the field. Mentors can offer guidance, advice and information on best practices and available resources. By serving as professional role models, trusted friends and career advisors, mentors can make a significant contribution by helping to develop the professionals who will lead tomorrow’s practices. Please consider being a mentor.

In closing I would like to thank all of our members, the current board of directors as well as Badger Bay and Hoven consulting for making 2014 a successful year for WMGMA.
It’s hard to believe, but Wisconsin’s fall elections are (or in a few short days will be) in the rearview mirror. That means legislators, capitol insiders and special interests are shifting their focus from campaign season to policymaking – and the WMGMA is no exception.

The Association is coming out of a successful 2013-14 legislative session and is looking to continue that success when the Wisconsin State Legislature reconvenes in January 2015. Last session, the WMGMA worked on a number of exciting legislative proposals that were passed into law, including a bill to align state law with federal HIPAA laws to remove barriers to mental health care coordination and a $1.5 grant program to provide financial assistance to primary care physicians and psychiatrists who agree to practice in medically underserved areas of Wisconsin.

Other approved bills supported by the WMGMA last session included: 1) Legislation that extends from 12 to 24 months, the amount of postgraduate training an individual applying for a license to practice medicine in Wisconsin must complete; 2) A bill to require individuals picking-up Schedule II and III controlled substances to present an acceptable form of identification to the pharmacist; and 3) Legislation that authorizes and requires properly trained EMTs to carry (when available) and administer the prescription drug naloxone (or another opioid antagonist) to counteract opiate overdoses.

The Association was also active in preventing the passage of harmful legislation that would have prohibited Wisconsin employers, including hospitals and clinics, from terminating or declining to hire an employee who refuses a flu vaccination.

Entering the 2015-16 legislative session, the WMGMA fully expects to face a familiar foe — the Worker’s Compensation bill. The legislation, which was introduced — and defeated — last session, would have implemented a fee schedule for medical services provided under the program. The proposal would have set price controls for care provided to injured workers for the first time in the program’s 100 year-plus history.

While WMGMA worked as part of a broad coalition of health care stakeholders to successfully lobby against the measure, it’s extremely likely the legislation will be reintroduced early in 2015. The Association and our strategic partners are fully prepared to engage on the issue next year, and we have been discussing the issue with key policymakers over the summer and fall months.

While the Worker’s Compensation bill remains at the forefront, WMGMA leadership is also in the process of determining what other (if any) legislative priorities the Association should focus on in the next legislative session. But that work can’t be completed without input from members. In short, the Association wants to hear from you.

Are there any obstacles you face in your work that can be addressed through legislation? Do you have a solution — that may require legislative action — to improve the delivery of health care in Wisconsin? Remember, the best ideas are member-driven and your participation in the WMGMA government affairs program can go a long way in improving medical group practice in Wisconsin.

If you have any input on legislative issues you would like to share, or if you have any questions or need additional information about the WMGMA’s government affairs program, please do not hesitate to contact the WMGMA government affairs consultant, Michael Welsh, by email at mike@hovenconsulting.com or (608) 310-8833.

WMGMA PAYER COMMITTEE UPDATE

By Judy Papke, Co-Chair, Payer Committee

Many WMGMA members may not be familiar with the WMGMA Payer Committee so I wanted to provide a brief overview and refresher. The WMGMA payer committee gives members an opportunity to submit questions regarding coverage of services, or request clarification of existing policies to enable us to achieve the best possible reimbursement outcomes for our patients.

It offers an opportunity to discuss new services or technologies with the payers and explain the benefits of the service to our patients. It also provides us with an opportunity to discuss processes, either provider or payer, to give each other a better understanding when there might be difficulty in implementing new requirements. Participation in the quarterly meetings opens the door to a network of experts from both the payer and provider perspectives, who are willing to share their experience and expertise with others.

continued on page 3...
The WMGMA Payer Committee met with both Government and Third Party Payers on September 22, 2014 at the Wisconsin Medical Society Offices in Madison. This was the first time that a telephone link was provided so that all members could join the meetings. A few people took advantage of that opportunity. We encourage others to do so in the future.

This was also the first time that we provided an educational programming as part of the meeting agenda. The presentation topic for this meeting was Prior Authorization. Glynis Hoffmann from Marshfield Clinic and Connie Campbell from Affinity Health presented the processes their individual organizations follow and attendees were given an opportunity to ask questions. The discussion was robust and the session was very beneficial. We hope have individual carriers provide information on upcoming changes for 2015 at the December 8th meeting.

The Question & Answer sets are available on the Payer Committee page on the WMGMA website.

The next payer committee meeting will be held on December 8, 2014 at the Wisconsin Medical Society offices in Madison. Register online for this event, and submit your questions prior to the meeting. All questions submitted by October 31 will be included in the December meeting.

ACMPE UPDATE

By Steve Ruedinger, WMGMA Liaison to ACMPE

The updated Body of Knowledge (BOK) for Medical Practice Management is now available on the MGMA website. Individuals and practices can utilize the BOK in a variety of ways, such as:
• Restructuring staff responsibilities
• Creating or enhancing job descriptions
• Outlining the components of strategic and operating plans
• Identifying key competencies for staff training and development

The BOK also serves as the exam blueprint for MGMA members who are pursuing Certification and Fellowship through the American College of Medical Practice Executives (ACMPE), the certification and standard-setting entity of MGMA. Each BOK domain is described and highlighted on the MGMA website. This site provides tremendous guidance and multiple resources for individuals preparing for certification followed by fellowship.

The BOK is a great place to start when thinking about potential topics for starting your fellowship paper. Keep in mind that when writing your paper it is most helpful to the reader if you follow a writing style and be consistent. Some of the popular styles currently used include:
• APA (American Psychological Association)
• Chicago Manual of Style 16th edition
• MLA (Modern Language Association)
• NLM (National Library of Medicine)

Helpful advice on the full fellowship process is available online. Please watch your email for upcoming information on study groups as well as other WMGMA/MGMA resources, including mentors who will enjoy assisting you as you reach your goal of certification and or fellowship. Good Luck!
WMGMA MEMBER SPOTLIGHT: TODD NOGGLE
By Amy Ruffin

Todd Noggle joined WMGMA in 2012. He is currently the Director of Consulting and Outpatient Services at the Monroe Clinic. He manages 15 specialties including endocrinology, neurology, allergy and many others. While he started his career as a Behavioral Health therapist, he has been in this leadership role for the past two years. Todd has attended the national MGMA conference and most recently the annual 2014 WMGMA conference this year in Middleton. He believes that he has gained tremendous value from the MGMA certification process. He earned his CMPE certification in 2013 and plans to begin his fellowship work in the near future. The certification process affirmed what he did know and made him realize that he actually knew more about practice management that he thought he did. He said he is thirsty for knowledge and this has been a great learning experience.

Todd has been involved in the mentoring program. He has monthly conference calls with his mentor Thomas Ludwig who is the president and CEO of Forward Healthcare Solutions. Thomas is also an independent consultant with MGMA Consulting Group and is the Chair of the ACMPE Certification Commission. Todd said Thomas’s mentoring has been invaluable and encourages other new members to take the initiative and reach out to others and take advantage of WMGMA and MGMA’s great resources.

Todd is married and has 4 beautiful children. Fall is his favorite time of year. He played football at UW Oshkosh and fall reminds him of those great years. When asked what he would be if he weren’t in healthcare he said he would probably be a teacher and head football coach. His favorite app on his smart phone is his Fantasy Football app. Todd also enjoys cutting wood in his free time. He said it is rewarding and makes him feel like he has really accomplished something when he steps back and looks at the pile of wood he just chopped and that he will burn to keep his family warm in the winter. Todd has completed his nomination papers to become a WMGMA board member in starting in 2015 and encourages others to also get involved!

STAYING CONNECTED THROUGH WMGMA

The Education Committee has been busy over the past several months starting the planning for the 2015 Annual Conference scheduled for May 6-8, 2015. As always, we will have great speakers with this year’s focus on the Practice Domains of the MGMA Body of Knowledge. If you have ever thought about working toward your CMPE certification and fellowship, you will not want to miss the 2015 conference.

In addition to the exciting professional educational topics, WMGMA is pleased to announce that the conference will be held at Lambeau Field, home of the world famous Green Bay Packers. Please mark your calendars now for what promises to be a fun-filled yet stimulating event, that will include plenty of networking opportunities. The annual conference is a great time to learn and grow professionally, as well as have fun and meet new people with common interests.

Members are encouraged to reach out to WMGMA Board Members and Committee Chairs to learn more about getting connected.

Legislative Committee:
Mark Bostwick, mbostwick@dshealthcare.com

Membership Committee:
Amy Ruffin, amy.ruffin@uwmf.wisc.edu

Education Committee:
Jenni Stevens, jasteven@wisc.edu

Committees typically meet by conference call monthly or every other month for an hour, so the time commitment is not onerous. If you have been pondering how to get more involved and are interested in participating in the work of the organization, please feel free to reach out to any one of the committee chairs listed above.
PREPARING FOR OCR RANDOM HIPAA AUDITS, MANDATORY FINES: SECURE TEXTING IS JUST THE BEGINNING

By Dave Wortman, Chairman, CEO and Co-Founder, Diagnotes, Inc.

Physicians, nurses and staff have come to depend on the convenience and immediacy of texting, and when everyone has his own smartphone or tablet in his pocket, texting can be just too convenient not to use. But now texting is coming into sharper focus – especially when it involves texting patient information on personal mobile devices.

Under the HIPAA Omnibus Final Rule the US Department of Health and Human Services (HHS) has restarted the Office of Civil Rights (OCR) HIPAA random audit program. Until recently, HIPAA compliance audits happened when a provider self-reported a security breach, or when a patient complained that a provider allowed her protected health information (PHI) to become public. That’s about to change with the random audit program.

The Omnibus Rule sets mandatory fines for willful negligence at a minimum of $10,000 and climbs to as much as $50,000 per instance, to a total of $1 million per year – enough to get everyone’s attention. And a new emphasis on random HIPAA compliance audits, along with the increased regulatory focus on collaboration and teamwork among healthcare professionals, calls for re-evaluation of how you’re protecting patient PHI, and whether or not your secure texting model actually improves the quality and continuity of care delivered to patients.

It’s no secret that communication between healthcare providers needs to be secure when dealing with patient information. But in the face of major healthcare reform, including Meaningful Use, the transition to Accountable Care, and the general prospect of treating more and more patients with fewer and fewer resources, even the looming risk of random HIPAA compliance audits is just one part of the critical need to reduce costs while improving patient care.

The effective medical group management team will treat secure texting not just as a disconnected compliance tool, but as a component effectively integrated within a broad clinical workflow that includes real-time scheduling and notification, delivery and access to consolidated mobile Electronic Medical Record (EMR) clinical information, and tools for comprehensive documentation and follow-up.

If you haven’t thought long and hard about how to ensure texts between providers, staff and patients are HIPAA-compliant, secure and actually advance patient care, the time to do that is now – before the OCR comes knocking. Download our free e-book, “Secure Text Messaging in Healthcare is Necessary, But Not Enough,” at http://www.diagnotes.com/clinician-resources/.

CREATE RAVING FANS BY DELIGHTING PATIENTS

By Connie Zicarelli, Co-Founder, Principal & COO of Rehab Management Solutions

We all have heard the saying “if you don’t take care of your customers, somebody else will.” In the healthcare industry, if we do not meet the expectations of our patients, they will turn to the next practice listed in the phone book. After all, most patients feel that all medical services are the same: the care they receive at one practice will be just as good as the next. In order to stand out from the competition and create raving fans, we must find a way to not only meet our patients’ expectations, but also exceed them.

As the healthcare industry is making a further shift into quality care, there has also been a larger focus on customer satisfaction. All of us have spent sleepless nights worrying about patient satisfaction survey scores. But in reality, satisfaction is only meeting an expectation, or handling a problem/complaint well. Simple satisfaction can make patients happy, but it does not provide the extra “oomph” that causes them to become a raving fans. Instead, we need to make a paradigm shift from the over-used term of customer satisfaction and focus delighting our patients.

The word “delight” is defined as “a high degree of pleasure or enjoyment; joy; rapture.” Delighting customers is a value-added service. When you delight a patient, you create a spark and trust, and become the patient’s practitioner of choice. But when patients come to us in the most intimate times of their lives – when they are injured, sick, or in pain - how do we delight them?

continued on page 5...
How can we make a service that is normally dreaded become enjoyable?

Making a patient’s experience delightful means “being present” and making him/her your top priority. In other words, they don’t feel like just another number. Patients’ expectations will be exceeded when they feel listened to, are fully educated on their ailments, have their needs responded to promptly, and feel like the entire medical and administrative cares. Simple things like not rushing through an appointment, making sure the patient gets a real voice on the telephone instead of an automated message, and short wait times can all be used as “moments of truth.” A great rule is to treat the patient like you would want to be treated. What would delight you? Most likely, your same desires and needs will reciprocate that of your patients. In addition, if you want your patients to walk away from an appointment grateful and “wowed,” this must be a practice-wide philosophy. Do this and patients will never desire to go elsewhere for their healthcare needs.

By only meeting the needs of patients in an effort to satisfy them, we miss the opportunity to create a spark and trust. If we want to create raving fans and lifelong customers, we need to move away from the days of customer satisfaction and strive to delight our patients. Focusing your efforts on creating that “wow” factor could be the difference between the success and failure. Delight your patients to keep them in your practice’s doors.

Connie Ziccarelli is a WMGMA member and the Co-Founder, Principal & COO of Rehab Management Solutions in Sturtevant, WI. She can be reached by email at cziccarelli@rehabmgtsolutions.com.

PATIENT HAND-OFFS
By: Laurette Salzman, MBA, CPHRM, ProAssurance Senior Risk Resource Advisor

Patient “hand-offs” occur when the accountability and responsibility for a patient’s care are transferred from one clinician to another—a critical point in continuity of care. Hand-offs occur in all healthcare settings: a physician’s office, in noisy and chaotic emergency departments, on hospital floors, or among anesthesiologists who may be covering several surgeries at once.

Ensuring accurate and thorough communication between physicians and other clinicians during hand-offs can prevent patient injury and reduce medical liability risks. Information exchanged during hand-offs should include pertinent patient information such as: patient demographics, current status, pending labs and radiology scans, medications, procedures, and the care plan.

Following are tips to help promote effective hand-offs:

• If possible, communicate directly with the clinician who is assuming care of the patient; permit time for interactive communication, and questions and answers;
• Access appropriate medical information, including the patient’s medical record; review relevant information before and during a hand-off;
• When appropriate, conduct hospital hand-offs at the patient’s bedside. This is especially important in the emergency department and intensive care units (permitting the oncoming physician to obtain a complete picture of the patient and allowing the patient and family to be involved in continuity of care);
• Ensure important patient information is exchanged in both verbal and written form; make sure the information is clear and free of confusing jargon; and
• Create a team environment among caregivers, to foster an environment in which opinions and observations are freely exchanged.

Besides good, interactive communication, it’s important that physicians and other clinicians involved in hand-offs develop good working relationships built on trust and teamwork—not hierarchical status.

This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

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In the weeds: Increasing operational demands hamper strategic planning
The ability to plan for the future is increasingly difficult for MGMA members, who are overwhelmed by new rules and regulations in addition to regular responsibilities, which include keeping practice doors open and supporting the delivery of high-quality medical care, according to this year’s “Medical Practice Today (MPT): What members have to say” survey.

“I feel like there are so many guns pointed at my head,” says one member. “I increasingly see my job as a risk manager.”

Respondents to the 2014 MPT survey cited an onslaught of issues — from frustration with duplicative quality reporting measures and onerous regulations to mandated technology changes before industry partners and infrastructure are ready.

“Expecting digital sharing between providers when no network exists is unreasonable,” says one member. “Many of the requirements are ahead of existing technology.”

The annual questionnaire, now in its seventh year, helps to identify MGMA members’ challenges with corresponding resources and plant the seeds for burgeoning issues. In addition to industry readiness for technology-related regulations, including ICD-10 implementation (mgma.org/icd10), members note provider reluctance to embrace EHRs, system limitations and rising costs as barriers to participating in government initiatives, such as meaningful use.

Findings
Operational and financial issues regularly top these charts because of the daily pressures of keeping the practice doors open, attracting and retaining staff and providers, and reassessing processes to ensure positive patient experience scores.

To ensure that we are asking the right questions, an internal group of subject-matter experts meets annually to identify and rate MPT challenges by applicability and intensity. This year an information management challenge snuck into first place as industry members braced for ICD-10 implementation originally slated for Oct. 1, 2014, and delayed until Oct. 1, 2015, after members returned the questionnaire in January. “Preparing for the transition to the ICD-10 diagnosis coding” displaced “Dealing with rising operating costs,” which has remained in the top 10 since 2008.
“Operating expenses that continue to rise frustrate both administrators and physicians,” says Nick Fabrizio, principal consultant, MGMA Health Care Consulting Group. “The majority of my clients analyze their operating costs on an ongoing basis and also look at their expenses over time [five-year trend data].”

The more costly expense items, which should be tracked, include:

- Rent/occupancy costs
- Individual and group insurance costs
- Liability
- Supplies and medical equipment
- Leases
- Licenses

“These costs typically increase annually and necessitate attention from management,” Fabrizio says. “I like to track the top 10 operating expenses for medical groups and look at five-year trend data. The next question I ask is what expenses can be eliminated, reduced or renegotiated. You will have some expense items that fall into these categories and some that will increase every year despite your best efforts. Operating expenses require monthly attention in terms of budget vs. actual and careful planning to reduce costs without sacrificing provider productivity.”

Rosemarie Nelson, principal, MGMA Health Care Consulting Group, agrees that planning is key to successfully managing increasing operating costs and the ability to take a holistic approach to that issue. “Dealing with rising operating costs is a hot button because reimbursement is not rising at the same rate as costs, which means a decrease in profitability (less money in the bank for physician owners),” she says. “Unfortunately, too often the knee-jerk reaction is to cut staffing to cut costs, which all too often results in a reduction in productivity, and that further decreases profitability.”

To assess staffing levels without sacrificing patient quality or creating new issues, Nelson encourages professionals to benchmark their key performance indicators against similar practices and recommends MGMA DataDive 2014: Cost and Revenue Module (mgma.org/store, Item 8757).

About our ‘Medical Practice Today’ research

Some 542 members participated in this year’s questionnaire, which helps provide an industry perspective into the world of medical group practice. For each of the 28 issues, respondents rated the degree of challenge on a five-point scale: 1 = no challenge, 2 = low challenge, 3 = moderate challenge, 4 = considerable challenge and 5 = extreme challenge. They also shared information about whether an issue was a practice objective, which helped us narrow the scope of both applicability and intensity; you’ll learn more about that on pages 24-25 of this issue. Respondents represent physician-owned, hospital-owned or integrated delivery system (IDS)-owned practices, medical school faculty practices and academic clinical-science departments.

Members also share insights in the comment section of the questionnaire, which gives us a better sense of how members deal with different issues and which industry issues evoke the greatest response.

Due to the timing of the questionnaire, we encourage members to visit the MGMA Government Affairs web page (mgma.org/policy) for regular updates about legislative issues and to read the email newsletter MGMA Washington Connection for news.

Our goal is to identify challenges for members, showcase member benefits that help you tackle them and point out innovative solutions that your colleagues are implementing. Please see page 18 of this issue for a breakdown of Association resources sorted by challenge.

How we created the AWI index

For each challenge, we multiplied the applicability percent by the intensity percent to obtain an applicability-weighted intensity (AWI) index, which showcases challenges that are most pressing to your colleagues. In other words, these are the most intense challenges that are applicable to the most members.
“Understand the opportunities and interplay of support staff and provider productivity,” Nelson explains. “Would another medical assistant increase throughput? Would a nonphysician provider improve access and help the practice retain patients? Review MGMA’s latest research and analysis in *NPP Utilization in the Future of US Healthcare* (mgma.org/store, Item E8781) for insights. Remember, it is not just one number, so fight your initial instinct [to cut staff] and give your practice a full checkup to ensure a healthy financial future.”

**Who’s on first?**

Keeping abreast of changes in medical group management can seem like a contact sport at times. In addition to the delayed ICD-10 implementation, members are struggling to understand quality metrics and modifiers that affect payment as they adjust to less formal integration projects and the meaningful use of technology, which includes electronic prescribing and the creation and the use of patient portals, to name a few. The ICD-10 transition continues to be a contentious issue for members, who voice concerns about the expense of the transition, lagging industry readiness and its effect on productivity. However, ICD-10 was one of several information technology (IT)-related issues that weigh heavily on their shoulders.

“With the Patient Protection and Affordable Care Act (ACA), Meaningful Use Stage 2 [and] ICD-10, this year will be the perfect storm,” writes one member. “Whoever decided that all these challenges had to take place in one year had no idea what the effect would be on physician practices,” she adds.

Another member concurs: “The government/Centers for Medicare & Medicaid Services’ requirements regarding e-prescribe, EHR, quality measures and meaningful use, ICD-10 and pay for quality all are coming at us at the same time. Implementing any one of these is a huge, total makeover for a medical practice because it touches every person’s area of responsibility and all our current ‘tools’ (meaning computers, servers, hardware, etc.). ... Every policy, every protocol, every process, every piece of documentation has to change.”
Integration was another frequently referenced challenge. We learned that 27% of respondents have either engaged in some type of formal integration (merged with another physician-owned practice or integrated with a hospital or health system by selling practice ownership) during the last two years or are planning to integrate in the next two years. An even higher percentage (44%) report interest in less formal clinical integration processes (integrating clinically with a hospital or health system, joining a physician or hospital organization, joining an independent practice association, or forming or joining an accountable care organization [ACO]) in this same time frame.

Are you ready?
The challenge “Preparing for value-based payments” was introduced to the questionnaire this year, and it debuted at No. 4 on the list. The topic was covered throughout the MGMA 2014 Financial Management and Payer Contracting (FMPC) Conference in Orlando (mgma.org/fmpc2014) and will be featured during the MGMA 2014 Annual Conference (mgma.org/mgma2014), Oct. 26-29 in Las Vegas, to help members plan ahead and adjust operations accordingly.

Several members commented on the sheer number of initiatives introduced during the last several years that are now moving from the incentive stage to the penalty phase, which keeps practice managers in the weeds of operations and hampers their efforts to get ahead of the curve.

“This is a time when I need to be spending more time thinking strategically,” writes one member. “How do we prepare our small practice for changing reimbursement models, market ourselves in a competitive environment and meet patients’ ever-increasing expectations of us? Sometimes, it just makes me tired. ... The potential liability that comes from HIPAA, [Occupational Safety and Health Administration], employee/labor lawsuits, potential billing audits, potential meaningful use incentive audits, declining reimbursement, tension between making patients’ medical records more accessible in a time of increasing HIPAA/data breach penalties — it can be overwhelming.”

Several FMPC speakers talked about the need for group professionals to identify certain quality metrics that will be used to evaluate practice

### Top 10 AWI challenges for hospitals/integrated delivery systems

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<td>1    Financial management</td>
<td>Preparing for reimbursement models that place a greater share of financial risk on the practice</td>
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<td>2    Other</td>
<td>Preparing for the transition to ICD-10 diagnosis coding</td>
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<td>3    Financial management</td>
<td>Preparing for value-based payments (e.g., shared savings, capitation/global payments, quality/outcome)</td>
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<tr>
<td>4    Financial management</td>
<td>Dealing with rising operating costs</td>
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<td>5    Information technology</td>
<td>Implementing or optimizing an EHR system</td>
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<td>6    Patient care and safety issues</td>
<td>Engaging patients to improve outcomes</td>
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<td>7    Financial management</td>
<td>Managing finances with the uncertainty of Medicare reimbursement rates</td>
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<td>8    Information technology</td>
<td>Participating in the CMS EHR Meaningful Use Incentive program</td>
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<td>9    Financial management</td>
<td>Understanding the total cost of an episode of care</td>
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<td>10   Payer relations</td>
<td>Understanding payers’ criteria for physician performance ratings and the impact on provider networks and tiering</td>
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performance, and the need to use EHRs and practice management systems to help track, chart and report that data to providers, staff and payers. Learn more about the government’s value-based payment modifier (with steps for each practice to take) at mgma.org/vbpm.

**Guideposts**
During the last seven years, myriad changes have taken place in healthcare delivery venues, and we have seen challenges move up and down the Top 10 list. But the categories of financial management, payer relations and IT have never budged. This year’s questionnaire is significantly shorter (we cut the list from 52 to 28 challenges) and includes an industry trends section at which point we asked respondents about:
- Organizational alignment
- Technology adoption
- EHR satisfaction and plans
- Reimbursement models

After analyzing the results, the MGMA Member Insights team reports continued interest in clinical integration, though there are ongoing questions about the future viability of the ACO model as it exists today.

“The infrastructure [of ACOs] is changing the way we deliver care,” said David Cook, CMPE, CPA, MBA, chief administrative officer, ProHealth Solutions, Waukesha, Wis., during the 2014 MGMA Business of Care Delivery (BOCD Conference) in March (mgma.org/bocd2014). “We have control over the patient experience in the entire continuum of care. Do we control it now? No, but we have all the pieces,” he told the audience.

However, practices are just now starting to see how ACOs work — and whether they will be financially viable from a financial perspective — so the jury is still out on their future, as Cook noted during BOCD. Yet at this point there are some promising signs for success. Cook explained that having access to all of the claims data and the ability to tap EHRs and tackle patient health from a population perspective makes a difference to the success of a practice as well as its staff and provider morale. “Payers see value, and it’s working,” he said, referring to the 20-plus contracts his group has signed with major payers in his market and the quality improvement programs to which they

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have agreed. “It’s proof of concept. From a market perspective, I think ACOs have some legs.”

This conversation will continue at the MGMA 2014 Annual Conference (mgma.org/mgma2014) during the ACO round table.

**Trends on the horizon**

Respondents indicate an interest in using mobile technology in the course of providing clinical care, with 35% of respondents using the technology in practice and 41% exploring its use. When it comes to EHR adoption, we learned that 89% use this technology and 36% are completely or very satisfied with the selected companies, only 45% are somewhat satisfied with their EHRs. The comment section allowed us to delve deeper into the issue of EHRs, and we discovered that members continue to reassess their technology as they prepare for value-based reimbursements and brace for ICD-10 implementation and Meaningful Use Stage 2:

• “We have been on an EHR since opening the practice, but found we had to switch systems in 2013 in order to meet the requirements of e-prescribing, meaningful use, etc. We have met [Meaningful Use] Stage 1 and are currently working towards [Meaningful Use] Stage 2.”

• “We have been on a new EHR ... for the last two and a half years after being on another system for about nine years. The EHR coupled with meaningful use requirements have increased nursing expenses and provider time after clinic to complete clinic notes. I estimate two hours of charting time for eight hours of clinic time.”

• “We have an EHR that is functional, but we are not using it to its fullest potential. Our focus is to make workflow changes that will move us closer to the intent of an EHR, fully comply with Meaningful Use Stage 2 and also to use the EHR across the organization consistently and effectively.”

Annual MPT data is benchmarked with additional MGMA research to obtain a holistic view of time-sensitive member needs, evergreen issues and matters looming on the horizon to ensure relevant, valuable resources.

**Reimbursement**

Most members will not be surprised to learn that 91% of their colleagues rely on fee-for-service models and that 64% use this model exclusively.

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<table>
<thead>
<tr>
<th>Category</th>
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<tr>
<td>1 Other</td>
<td>Preparing for the transition to ICD-10 diagnosis coding</td>
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<td>2 Financial management</td>
<td>Dealing with rising operating costs</td>
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<tr>
<td>3 Financial management</td>
<td>Preparing for reimbursement models that place a greater share of financial risk on the practice</td>
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<td>4 Financial management</td>
<td>Preparing for value-based payments (e.g., shared savings, capitation/global payments, quality/outcome)</td>
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<td>5 Financial management</td>
<td>Managing finances with the uncertainty of Medicare reimbursement rates</td>
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<td>6 Payer relations</td>
<td>Understanding payers’ criteria for physician performance ratings and the impact on provider networks and tiering</td>
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<td>7 Financial management</td>
<td>Collecting patient due balances (self-pay, high deductibles and HSAs)</td>
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<td>8 Information technology</td>
<td>Participating in the CMS EHR Meaningful Use Incentive program</td>
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<td>9 Payer relations</td>
<td>Negotiating contracts with payers</td>
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<tr>
<td>10 Financial management</td>
<td>Understanding the total cost of an episode of care</td>
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We asked about capitation/global payments, bundled payments and shared savings.

“The biggest challenge has been adjusting to the new delivery model expected while still depending on traditional reimbursement models,” says one member. “Getting paid for volume but judged for quality.”

When asked what trend will have the biggest impact over the next couple of years, the majority of respondents mentioned changing reimbursement models, including value-based care or bundled payments.

Despite the recent activation of ACA health insurance exchanges, “Collecting patient due balances (self-pay, high deductibles and health savings accounts)” fell to No. 7 from No. 4 last year. Patient education is key to successfully collecting payment from patients with high-deductible plans and those who sign up for health insurance through the insurance exchanges.

“... Patients tend not to fully understand their benefits and how it affects them, so we as a whole have to educate ourselves first and then educate the patient as well,” one member writes. Another adds: “We have a lot of people who do not understand what they now have or that it now costs them money.”

Members can access an ACA Exchange Implementation checklist and obtain more resources at mgma.org/aca.

Flipping through the charts and graphs in the next few pages and online (mgma.org/virtualconnection) provides a holistic overview of the ongoing challenges MGMA members face every day. You will see ongoing coverage of these and other challenges in MGMA’s publication suite (mgma.org/publications).

Other frequently mentioned trends include ICD-10, the ACA health exchanges, shifting and increased financial responsibility for patients, mergers or less formal integration projects with hospitals, and, to a lesser extent, patient engagement or portals, and patient-centered care.

Contact Heather Grimshaw at hgrimshaw@mgma.org.

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<th>Applicability score</th>
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Mind over matter: Mindfulness boosts productivity

Could what *Time* magazine calls ‘the mindful revolution’ boost practice productivity and quell physician burnout?

As physician shortages loom and national statistics show that almost 50% of physicians suffer from burnout, practice managers are looking for innovative solutions. Some MGMA members are finding help through mindfulness techniques.

Retha Reeves, MGMA member, administrator for Cardiology Consultants of Houston, says mindfulness has helped her think in healthier ways, reduce stress and improve productivity. She plans to introduce a mindfulness program to front office and support staff and then, once it’s proven to be successful, she will introduce it to physicians.

“I’m at the Texas Medical Center — the largest in the world — and if we said we’re going to have a seminar for doctors on mindfulness, somehow I’m not thinking that I need to order a lot of pastries,” Reeves jokes. “Physicians are so resistant to change that they could interpret in any way as slowing them down — they don’t see an advantage. So I need to get enough research to show them that this will actually speed them up. ‘You will be more efficient, hence, more productive. And by the way, the side effects will be less stress and [you will be] a little happier — and your spouse will love it,” Reeves says.

Myths debunked

“Mindfulness,” defined as being focused and fully present in the here and now, is gaining traction as a way to increase employee productivity and reduce stress, according to multiple studies4,5,6 published in medical journals. The practice prevents and reduces burnout, depression, anxiety and stress among physicians and other healthcare workers, according to these studies.

Google, Intel, General Mills and other organizations have embraced mindfulness — and offer employee classes — to increase creativity and productivity. And now the practice is gaining a foothold in healthcare.

Diane Sieg, RN, CYT, CSP, left a 23-year career as an emergency department nurse to teach mindfulness to people in stressful occupations. “We call it ‘From chaos to calm — The 30-day mindfulness challenge,’” adds Colleen Hatton, PT, MA, who hired Sieg to teach mindfulness at Exempla Lutheran Medical Center, Wheat Ridge, Colo. “We tried to figure out a way we could reach a 24/7 group of people who work all the time and do it in a place comfortable and close to where they work.”

By Susan Schooleman, MGMA staff member

“It’s not just the five minutes you’re practicing every day. It actually starts to change your brain, your perspective and your behavior.”

– Diane Sieg, RN, CYT, CSP

Their solution: Half-hour sessions at the hospital that attracted 100 employees, including five physicians. Thirty participants tracked their perceived stress levels before and after the 30 days and saw a 21% decrease. “It was really amazing,
the results we received in a short period of time,” Sieg says.
“It’s not just the five minutes you’re practicing every day,” she adds. “It actually starts to change your brain, your perspective and your behavior.”

Gaining buy-in
Although she is relatively new to the practice of mindfulness, Reeves already credits it with reducing her stress and hopes it will have the same effect on other employees in the practice. “I’ve always looked for a better mousetrap,” she says.

That is a trait Reeves shares with Romie Mushtaq, MD, a neurologist who believes mindfulness can have a profound effect on the industry — especially on physician burnout and depression.

“I don’t think we realize when we’re in the healthcare industry how stressed we are and how different the burdens are until someone like me steps out of it,” says Mushtaq, who left medicine after 14 years due to burnout and now teaches the practice of mindfulness.

“If we can use mindfulness to change the way that we perceive stress, then we can function on a sinking ship and continue to try to keep it afloat,” Mushtaq says, referring to what she calls a toxic environment for medical professionals.

“People used to say this is a ‘New Age movement’ that hippies did. But I really challenge healthcare leadership to embrace this. It is huge in corporate America,” Mushtaq adds. “If corporate America is advanced and implementing this, there’s no reason the healthcare industry shouldn’t be doing the same for the health of its employees.”

Ergonomics
Lynn Kelley, FACMPE, MGMA member, believes mindfulness can boost a practice’s productivity and reduce worker stress.

Kelley, administrator at the Boise (Idaho) Physical Medicine and Rehabilitation Clinic, was introduced to the concept of mindfulness after she was diagnosed with cancer. A few other stress reduction techniques that she researched seemed too unconventional, but mindfulness was pragmatic. “I find it difficult to stay focused,” she admits, “and so this has helped me at different times to set everything else aside and just focus.

“Mindfulness,” defined as being focused and fully present in the here and now, is gaining traction as a way to increase employee productivity and reduce stress.

“Mindfulness,” defined as being focused and fully present in the here and now, is gaining traction as a way to increase employee productivity and reduce stress.

Takeaways
Think you don’t have time for mindfulness? Try these quick exercises:
• Get up from your desk and ideally go outside or step away from the workspace.
• Stand tall, roll your shoulders up toward your ears and inhale. Roll your shoulders back down while exhaling. Repeat two times.
• Close your eyes. Inhale and exhale deeply. Repeat 10 times.

Mindfulness in traffic
When you are stuck in traffic, instead of texting or yelling at other drivers, take deep breaths and focus on your breathing. “Deep breathing is the most powerful tool I used (to calm down patients) as a nurse in the emergency department,” says Diane Sieg, RN, CYT, CSP.
is a sense that I’m doing better in my accomplishment of things.”

And while it might sound mystical, mindfulness is practical, Kelley says. “I don’t want to make this mysterious and something that is held only for the few. This is something that we all need,” she says.

Yet Kelley also acknowledges that it might be a difficult sell at first. “Some people will poo-poo this and say, ‘It doesn’t interest me.’ But from an employer’s standpoint, we teach ergonomics, we teach other things. Why not have a session for the staff?” she asks.

“I can see with physicians how it could be more of a challenge because they’re just slammed from the minute they get up in the morning,” she adds. “They’re going to look at it as ‘Oh my God, this is one more thing — seriously — that you want me to sit down and listen to?’ But I could see how it could actually help them. They just have to be open to it.”

Contact Susan Schooleman at sschooleman@mgma.org.

Published studies show that mindfulness can achieve:

- Significant improvements in burnout scores and mental well-being for a broad range of healthcare providers
- Satisfied patients, who were more likely to give high ratings for clinician communication and report high overall satisfaction with high-mindfulness clinicians

Notes:

Resources:
- Brain Body Beauty website: brainbodybeauty.com/dr-romie.html
- Mindfulness Matters website: dianesieg.com
- Mindfulness in Medicine, University of Wisconsin School of Medicine and Public Health website: fammed.wisc.edu/mindfulness
- Time magazine article on mindfulness: http://time.com/1556/the-mindful-revolution/
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