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E-Health Boosts Efficiency, Revenue

Some physicians are skeptical about the value of using Internet-based technologies to improve efficiency. But not the physicians in a large group practice in Connecticut. They found that an online system that allows patients to ask questions of physicians and office staff over the Internet can enhance staff productivity, provides a new source of revenue, and improves patient satisfaction.

There are two basic components to the system that ProHealth Physicians, in Farmington, Conn., implemented in July 2001: one component includes routine requests, such as visit scheduling and prescription refills; the other involves online consultations with practitioners.

"Services such as scheduling appointments, asking for refills for prescriptions, asking for referrals, and checking lab results are free of charge," explains Michael Good, MD. "A patient who wants professional advice, however, must pay a fee for that service." Good is a family physician who practices with ProHealth Physicians, a 180-provider primary care group consisting of family doctors, pediatricians, general internists, nurse practitioners, and physician assistants throughout Connecticut.

Seeking Solutions

Good's own office, which includes five physicians and one physician assistant, was the first ProHealth practice to adopt the system. "ProHealth Physicians has a technology committee, on which I serve," says Good. "We look for ways that new technologies can improve our practices and help us to serve our patients better. All of us seemed to have the distinct feeling that phone conversations did not work well either for patients or for physicians."

The common activities that patients want to do over the telephone include renewing a prescription, scheduling a physical, checking a laboratory test result, or asking a simple question. "But to do these things, patients have to wait until the office opens," Good notes. "Then, when they do call, they often get repeated busy signals. After they finally get through, they are transferred into voice mail to leave a message, and then they wait all day for someone to get back to them.

"We looked at how technology could help us to update this method of communication and discovered the online office," Good continues. "We decided to use our Web site (at ProHealthMD.com) to set up a secure, private way that patients and doctors can communicate."

The group assessed different patient-physician communication technologies. After about six months of reviewing the offerings of various vendors, the group selected Healinx Corp., a company in Alameda, Calif., that provides Web-based communication services between physicians and patients.

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EDITORIAL

Is the Managed Care Backlash Ebbing?

Confidence in the health care system among consumers increased slightly between 1997 and 2001, according to a study issued in August by the Center for Studying Health System Change, a policy research organization in Washington, D.C. The results mean that Americans have noticed an easing of managed care restrictions, HSC said. At the same time, Americans' satisfaction with their choice of primary care physicians in their health plan increased between 1997 and 2001, while satisfaction with their choice of specialists remained about the same, the center said. Also, fewer Americans reported changing plans and health care providers.

These results show that Americans have begun to learn how managed care works and are more satisfied with this model of care, and that managed care has begun to respond to the complaints of consumers and physicians. "In response to the managed care backlash, many health plans have included more providers in their networks and have eased restrictions on care, and consumers have noticed the changes," explains HSC President Paul B. Ginsburg. But increased choice and fewer restrictions mean consumers are likely to pay more for care, Ginsburg points out.

The study's findings come from *Who Do You Trust? Americans' Perspectives on Health Care, 1997-2001*. The study is based on results from HSC's Community Tracking Study Household Survey, a survey involving about 60,000 people in 33,000 families.

The findings are important for physicians because they show that the percentage of Americans who trust their doctor to put their needs first increased from 91.6% in 1997 to 92.9% in 2001. The percentage of Americans in HMOs who worried about getting specialty referrals declined from 18% in 1997 to 16% in 2001, the study shows. However, HMO enrollees continued to be less trusting than those enrolled in other types of health plans.

The study also found about 45% of all privately insured Americans in 2001 continued to believe that their doctors were strongly influenced by health insurance company rules when making decisions about their care. In 2001, nearly half of those enrolled in HMOs believed their health plan strongly influenced their doctors' decisions, compared with less than 40% of people in other types of plans. Over time, however, HMO members' concerns about health plan influence in medical decisionmaking declined slightly.

The study shows that consumers remain wary of health care decisionmaking and that physicians must continue to serve as patient advocates.

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COMMENTARY

Are Medicare Regulations Unfair?

Over the past several years, physicians have been the focus of an intense effort by the federal government to eliminate fraud and abuse in the Medicare program. As a result, some physicians and experts in health care law question the fairness of the government's approach to these investigations, arguing that the Medicare regulations are too complex and contradictory to be used as the standard of fraud enforcement. Also, they say, the financial penalties allowed under the False Claims Act are far too severe to apply to health care professionals.

Although many physicians hope that these arguments will result in a reduction in the government's enforcement efforts, in August, the government was reported to be increasing its investigative focus on physicians.

Concerns About Complexity

One significant problem physicians face is the complexity of the regulations that the government uses to ensure coding compliance and reimbursement accuracy. Attorneys representing physicians have said that Medicare regulations and the monthly carrier updates are so onerous, voluminous, and contradictory that reasonable individuals could not be expected to follow them.

The regulations are incomprehensible even to government employees, says Jane M. Orient, MD, executive director for the Association of American Physicians and Surgeons, a 4,000-member physician advocacy group in Tucson, Ariz. Government audits have shown that federal employees answering Medicare information lines have given the correct information only 15% of the time, Orient says. "Yet the government demands 100% accuracy from doctors," she points out.

But not all observers believe that the government is unfair. Jim Bickett, an assistant U.S. attorney in Akron, Ohio, says that characterizing the Medicare regulations as too complex is unfair. Bickett leads investigations into physicians' actions and makes presentations to physician organizations on Medicare fraud.

"Any generalization—such as the argument that Medicare regulations are too complex—paints the whole topic with vagueness," Bickett explains. "Many parts of the regulations are crystal clear, easy to interpret, and fair to deal with. To hide behind the cover that everything is vague ignores the facts in a given case, and yet our understanding of fraud must rest on a case-by-case analysis."

Health law attorney Amy Woodhall, of Walter & Haverfield LLP, in Cleveland, says, "It's almost impossible for individual physicians to keep up with the Medicare regulations. Medicare's provider newsletter can be up to 50 pages every month. The regulations need to be streamlined and clarified."

When defending physicians in court, Woodhall has counter-sued Medicare carriers and the federal Department of Health and Human Services, arguing that the regulations amount to unclear guidance. She lost, she says, because the government is immune to such suits. But physicians and other providers are taking their concerns to Congress, which is considering ways to reform the regulatory system, she adds.

Lawyer John Cleary, a partner with Cleary & Sevilla LLP, in San Diego, agrees. He says that interpreting Medicare regulations fairly can be extremely difficult. "It's a fine line in classification," he notes. "Medicare is so monstrous, it's a labyrinth. Even the government has to use experts to explain its points in court."

An unclear standard is void because it is vague, Cleary says. "If there's a regulation, someone has a duty to make it clear," he explains. "These regulations can give shadows, and fair interpretation can be difficult."

Colleen Grope, a certified coding specialist who consults with physicians and hospitals on coding issues, says experts need to interpret many of the regulations. "I'm an expert, and I don't know everything," says Grope, CEO of Medsys Consulting in Youngstown, Ohio. "When you call Medicare representatives, even they have to look up answers to many questions."

(Continued on page 4)

"The Medicare regulations covering what a physician can charge for care of patients provided by the staff are confusing, and doctors' practices are being destroyed. When a physician is more concerned with whether the billing codes are right than with practicing medicine, there's a problem." ***—Attorney Thomas M. Dawson***

(Continued from page 3)

Pursuing Fraud

No one questions that physicians who deliberately defraud the government should be punished. What many physicians find disturbing, however, is the manner in which the government has pursued some of the investigations into fraud. When no fraud is found, officials from the U.S. Department of Justice or the federal Office of Inspector General of HHS may offer the physician under investigation a settlement based on the number of errors in Medicare compliance found in the physician's records.

Federal prosecutors have used the False Claim Act (originally enacted to address wrongdoing among defense contractors) to assess penalties against physicians of $5,500 to $11,000 per incorrect bill, even when the original bills were as small as $60, attorneys say. Such actions are a perversion of justice, they add.

Bickett sees it otherwise. While the penalties under the False Claims Act can be hefty, the government has discretion about the dollar amount of the fine that is levied, he says. "For any penalty imposed, we assume that the government meets the burden," he argues.

Former government employees who have worked on the government's antifraud efforts say settlements against physicians can total as much as 10% or more of a practice's annual net revenue. Some argue that such settlements are an attempt by the federal government to extort money unjustly from well-meaning, law-abiding physicians. While physicians may make mistakes in coding and compliance, especially given the complexity of the regulations, there is no need to punish them for honest miscalculations, they say.

"We're human, so mistakes occur," comments Frank Weinstock, MD, an ophthalmologist with Canton Ophthalmology in Canton, Ohio. "If investigators find an error, we should correct it and reimburse for that error. But it isn't fair for penalties that should be for intentional wrongdoing to be applied to innocent errors. I have no problem with the government asking us to correct errors, but penalties of $11,000 per error are excessive."

Even a former government employee closely involved with antifraud activity says he has had second thoughts about the fairness of the investigations. Charles E. Colitre, who formerly served as senior supervisory agent for the FBI in Northern Ohio overseeing Medicare fraud investigations for 14 years, says the regulations are overly complex, redundant, and unnecessary. "There are too many local and individual variations," says Colitre, a compliance consultant to physicians and hospitals with Med-Management Group, Inc., in Akron.

"Some people believe that the only way to get the attention of people with the initials 'MD' and 'DO' after their names is to use a big hammer," Colitre continues. "The government woke up one day, realized it had a fraud problem, and tried to kill an ant with a sledgehammer."

Process Questioned

Some attorneys question the validity of fraud investigations. Thomas M. Dawson, a lawyer in Leavenworth, Kan., and a former prosecutor who now defends physicians charged with fraud, says that generally to be convicted of a crime a defendant must be charged with violating a statute or formal regulation, such as the Federal Code of Regulations. A statute is adopted by a legislative branch, and regulations in the Federal Code of Regulations are enacted pursuant to a formally adopted statute and must include hearings and public notice, he explains. Those regulations, which can be state or federal, then have the force of law.

"The common procedure codes are neither statutes nor regulations, since they did not go through the legislature or formal rule-making process required for a regulation that has the force of law," Dawson says. "The CPT codes were adopted to allow health care providers to communicate among each other. They are more like policy statements that have no force of law. The various states create provider manuals for health care providers, and these manuals further interpret CPT codes, as well other laws and regulations. These interpretations did not go through the formal process of a statute or regulation and are no more than what a state agency believes the law is. Neither the CPT codes nor the provider manuals have the force of law, and the impact they are given in the criminal justice system is unwarranted.

> **"Fearmongers have been spreading the idea that the innocent are being led to punishment. If you show physicians the facts and they analyze the specific criminal cases, they conclude that their colleagues shouldn't have done the things they did."**
>
> ***—Jim Bickett, assistant U.S. Attorney***

“The problem is that doctors are spending less time with patients,” says attorney Amy Woodhall. “There has to be a cost-to-benefit proportionality to society as a whole before rules are issued and enforced.”

“My complaint is that doctors are being convicted based on a perceived violation of these CPT codes and provider manuals when they do not have the force of law,” Dawson continues. “In fact, everyone who reads them can form their own opinion as to what they mean. Notice of what law or regulation one is required to conform to is basic in our criminal justice system.”

Dawson also says that the Medicare regulations covering what a physician can charge for care of patients provided by the staff are confusing and that doctors' practices are being destroyed. “When a physician is more concerned with whether the billing codes are right than with practicing medicine, there’s a problem.” For small practices, the paperwork required for Medicare compliance is particularly egregious, Dawson points out. “In a large setting, physicians can hire others to do that work; but physicians in small offices are the ones who have to do it,” he says.

Early Retirement

“Physicians are terrified,” says Orient. “Where’s the fairness in the use of the False Claims Act against physicians? To use it on civil claims, not criminal claims, where some mistake was made on recording of care, is an outrageous tyranny.

“A fraud investigation can totally ruin a physician, and many doctors are retiring early because of the threatening legal environment,” Orient continues. “They say, ‘I can retire now and live well, or practice for another 10 years and face the possibility that everything I have will be taken from me.’ “

The legal fees alone can be ruinous, Orient adds. “We are supposed to live in a society ruled by law, and all are to be treated as equal under the law,” she says. “If one person or one segment of society is singled out for unjust investigation and prosecution, it means we don’t have a rule of law. Instead, we have an arbitrary and capricious law.”

Examining the Facts

Again, Bickett thinks otherwise. “When a doctor comes to us and voices a general concern,” he says, “I ask, ‘What regulation are you talking about? You are concerned about a topic, but exactly what cases are you concerned about?’ Usually, by the end of the day, the physicians I talk with agree that if services were not delivered, there’s a problem. If coding levels are wrong and unsubstantiated, again, that’s a problem.

“Fearmongers have been spreading the idea that the innocent are being led to punishment,” Bickett explains. “If you show physicians the facts and they analyze the specific criminal cases, they conclude that their colleagues shouldn’t have done the things they did.”

In fact, the issue of fairness depends on the rule in question, says attorney Woodhall. “I’ve seen rules so complex that they’re not fair to be used as a standard,” she comments. “Some are clear, but many are not. Any time a physician can be held criminally responsible there should be both a clear rule and a notice and comment to the provider community. This helps ensure that the rule makes sense, that the expectations are clear, and that physicians know what’s expected.

“A huge source of frustration is the E&M documentation guidelines,” Woodhall continues. “They have never been officially promulgated, they don’t make sense, and the expectations are not clear. While physicians continue to be subjected to scrutiny, there’s controversy about how to do it properly.”

Another area in which clarity is lacking involves the “incident to” rule about how a physician uses ancillary staff in the office, Woodhall says. “Until last year, the rule was never promulgated or put through the process for creating and disseminating a new regulation. However, physicians have been convicted for not complying with it.”

Woodhall believes government officials favor reforming the rules regarding Medicare reimbursement. But, even if regulatory reform is just beginning, questions about fairness and appropriateness linger. “In reality, matters that should be handled administratively end up in a civil or criminal forum,” she comments.

The issue for society to address is whether the cost of regulation equals the benefit of increased compliance, Woodhall adds. “If a doctor receives $40 for a procedure and if it takes five minutes to determine the E&M code for that procedure, the time spent finding the code is a third of the cost of the E&M code,” she says. “The problem is that doctors are spending less time with patients. There has to be a cost-to-benefit proportionality to society as a whole before rules are issued and enforced.”

—Reported and written by David Kettlewell, in Akron, Ohio. More information on physician practice strategies is available on our Web site (see page 16).

Here's How to Make Medicare Work

By Michele Molden

Medicare can be an important component of a successful, well-balanced physician practice. Even so, working with Medicare is not without its challenges. Doing so often requires rethinking both front- and back-office procedures. Successful practices have found that keeping up with the changes in Medicare, understanding patient demographics, and implementing appropriate business practices can ensure that participation in the Medicare program is consistent with operating a financially sound business that is responsive to the needs of the community.

Keeping Up With Medicare

While the administrative burdens associated with Medicare may make participating in the program onerous, there are signs that this situation is improving. In the past, it was necessary to bill Medicare, the patient, and the supplemental insurer all at the same time. Today, such triple billing is not necessary because when physicians bill Medicare, the supplemental insurer automatically receives the claim electronically.

In an attempt to address other administrative issues, the Centers for Medicare & Medicaid Services (CMS) formed the Advisory Board on Regulatory Reform in January. The board is currently compiling recommendations to help streamline requirements and eliminate unnecessary rules.

Operating successfully within the Medicare program requires doing more than simply waiting for outside improvements in the program, however. The physician practice may need to rethink and redesign how it does business. In doing so, physicians must ask some key questions as part of a process to help them develop an effective approach to providing care for Medicare patients.

Keeping up with regulatory changes, understanding patient demographics, and implementing appropriate business practices can ensure that participation in Medicare is consistent with operating a financially sound business.

Questions to Ask

One of the first questions involves defining the population being served by the practice; that is, exactly who are the Medicare patients? Demographic information helps to define customers and their needs. A practice will want to determine what proportion of its patients are Medicare beneficiaries, whether that percentage is increasing, and if so, how fast. The practice will also want to determine what percentage of practice income is derived from Medicare, and how likely it is that the percentage will change as baby boomers become eligible for Medicare.

An important question related to the population being served involves the type of Medicare patients a practice sees. Is it the "old" old (that is, those over age 85 who have multiple health care needs) or are the seniors in the practice still relatively active? After a practice determines the types of patients it serves, it must determine the financial limitations these patients have and which features of a Medicare plan are the most important to them. For example, are they interested in having a wide choice of physicians, hospitalization coverage, or coverage for prescription drugs?

Physicians serving this population will need to be familiar with the plan options in their area. While traditional Medicare, Medicare HMO plans, and private fee-for-service plans cover similar conditions, these plans are quite dissimilar; they differ in amount of patient and physician autonomy in decisionmaking, patient accountability for partial payment, and identity of the primary payer.

Compared with traditional Medicare, HMOs tend to provide additional benefits while restricting access to physicians and other providers and limiting patient autonomy. Fee-for-service plans allow patients to choose their own physicians and offer a high degree of patient autonomy.

Patients seeking to get the most from their Medicare program and their financial resources must weigh the monthly premium and any cost-

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Requiring patients to provide copies of their eligibility card at each visit can help ensure that the practice collects any copayments due and prevents denials of coverage.

sharing amounts against how much they value access to their primary care and specialty physicians. Being aware of the differences allows physicians to recommend care options and to establish appropriate expectations that can help avoid misunderstandings. The patient with a fee-for-service plan may be referred to any physician who can provide care to Medicare beneficiaries, for example. But the patient with Medicare HMO coverage likely is limited to a defined network or specific physicians.

Understanding the Options

Elderly patients, or those with morbid diseases, may have more difficulty understanding the administrative aspects of health insurance. Therefore, the practice may need to provide clear directions about scheduling, administrative measures, and medical procedures to eliminate misunderstandings. Getting family members involved with the care of these elderly patients can help ensure that they understand the procedures.

It is also important to determine which benefits the plan offers to patients. Most Medicare HMOs cost about $50 to $60 a month. Many of these plans, however, no longer cover the cost of prescription drugs or cover only the cost of generic medications. What's more, many require patients to see only physicians within a network and to get authorization for referrals, among other requirements. One advantage of Medicare HMOs is that some provide care and disease management programs, services many elderly patients need.

Supplemental plans impose no limitations on physicians or patients, but they provide a limited number of extra services. Many such plans can cost $100 or more a month.

Fee-for-service plans provide a combination of a Medicare HMO and traditional Medicare features. Patients may go to any physician who accepts Medicare and is willing to accept the plan's specific terms, conditions, and payment rate. The premiums for these plans vary, but tend to be well under the cost of the average supplemental plan. Fee-for-service plans may offer enrollees such benefits as coverage for hospitalization with a copayment that is considerably less than the copayment charged under original Medicare. Fee-for-service plans may also provide case management (which Medicare calls care coordination), and some of the best insurers are developing disease management programs for these plans. HHS offers more information on the Web (at www.medicare.gov).

Knowing which services will not be reimbursed helps patients select options appropriate for them and to understand in advance of receiving care their own accountability for payment. Further, some plans provide advanced beneficiary notice, allowing the practice to bill a patient directly for noncovered services rather than writing off the cost of such services. For physicians, it is extremely important to understand when this option is available based on Medicare requirements and the specific plan involved.

It makes good fiscal sense to understand fully how to bill and process Medicare claims in the most effective manner. Are patients required to provide copies of their eligibility card at each visit, for example? By doing so, a practice can help ensure that it collects any copayments due and avoids denials of coverage.

Improving efficiency may require that physicians learn where the prime bottlenecks are in their office system. For example, is it in understanding changes in rules, reimbursements, or coverage changes, or is it in filing paperwork? Is one staff member responsible for keeping up with CMS regulation changes and Medicare billing? If so, does that person communicate key information to the rest of the staff?

It would be useful to make a list of all the Medicare plans the practice accepts and then determine which ones pay promptly and which ones habitually return claims.

Seeing Results

Pending the improvements that physicians hope are coming, Medicare will remain a challenge for many practices. There will likely be occasions when the low reimbursement and high administrative demands tempt the practice to quit seeing Medicare patients. At these times, it may be important to remember that there are many reasons to continue to see these patients. Many of them have no other health insurance coverage and may be otherwise unable to pay for care.

Providing for Medicare patients enhances the health of one's community and helps physicians meet their obligation to serve. By gaining a better understanding about Medicare, choosing Medicare plans that work for the practice, and improving office procedures, practices can provide care to these beneficiaries and be profitable as well.

—More information on physician practice strategies is available on our Web site (see page 16).

Five Tips for Effective Hiring

For many practices, the decision to hire another physician or any other staff member can dramatically affect the future success—or lack thereof—of the practice. By taking certain steps, these practices can ensure that their hiring decisions are made with the goal of minimizing problems and avoiding ineffective hires.

Experts suggest that physicians and office managers take the following five steps when making a hiring decision:

1. Involve several staff members in interviewing and decisionmaking
2. Consider how new hires will fit into the group
3. Listen, don't talk
4. Be deliberate
5. Check all references

> **"The team approach to hiring provides the principal interviewer with time to reflect on the candidate while the other two interviewers are asking questions; this strategy results in a better assessment of the candidate."**
>
> ***—Richard Blanchette, PAHCOM***

In addition to these five steps, experts offer other tips that can help to make the new hires successful. They suggest, for example, that physicians and office managers think twice before hiring family members and consider assigning a current employee to serve as a mentor for all new hires. Also, physicians should put in place the proper training for all new workers.

1. Involve several staff members in interviewing and decisionmaking. Having a number of people involved in the hiring process allows the principal interviewer to observe the prospective hire's actions while others ask questions, says Richard Blanchette, founder of the Professional Association of Health Care Office Management (at www.pahcom.com), an organization of office managers in Pensacola, Fla.

Blanchette says that often when he hires he uses a selection committee made up of himself and two staff members. "The team approach to hiring provides the principal interviewer with time to reflect on the candidate while the other two interviewers are asking questions; this strategy results in a better assessment of the candidate," he explains. "Instead of simply a didactic conversation, there is time to review more intently how the candidate interacts with others."

This strategy also allows physicians or office managers to solicit the opinions of others in the practice. Blanchette suggests that at least one of the interviewers come from the clinical side of the practice and another should come from the administrative side. "For a new hire to be successful, he or she will have to interact effectively with both of these sides of the practice," Blanchette says.

Another approach to the interviewing process is to conduct consecutive interviews, whereby the candidate first meets with one interviewer, followed by a meeting with a different interviewer, says Alfred Grzegorek, PhD, a practicing clinical and corporate psychologist in Stow, Ohio, who specializes in assisting clients with hiring. By using this approach, the physician or office manager can see whether the candidate gives the same answers to each interviewer, he explains. "Consistency tells you whether the individual is being honest with you," he says. Getting the same answers to the same questions more than once also allows a candidate to provide a better, more complete response each time, he says.

2. Consider how new hires will fit into the practice. Physicians need to consider how a new hire will blend in with existing employees, says Rodney K. Ison, MD, founder of Community Health Care, in Akron, Ohio. Community Health Care has 11 offices, 29 physicians, and more than 150 employees.

"You have to consider the personalities of the staff members who the new hire will work with as much as the personality of the new hire," Ison says. "For example, it might not be a good fit to hire a very qualified 20-year-old person to work in an office with much older employees, no matter how good the new hire is. Or, hiring a candidate who is outgoing and cheerful to work with a staff member who is serious and technical—even if the new hire is perfectly capable and qualified—might mean that he or she will fail."

If a group's office culture consists of employees whose personality traits are similar—serious and studious, for example—a new hire of another personality type may not work out. For that reason, Ison suggests having a variety of personality types in the office so that new hires have a better chance of relating to at least one

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other person who shares similar characteristics.

Before hiring a new employee, a physician group can use psychological testing to gauge how the new hire will fit into the group, says Grzegorek. "If you are trying to complement your work force with your new hire, you want a specific chemistry among personality types," he explains. "Psychological or personality testing can help you accomplish this."

To conduct psychological testing, a group can contract with a licensed psychologist who has experience in personnel assessment. Some psychological tests are available by mail, but Grzegorek does not recommend them because they may not reveal all the details that a test administered and scored by a professional who actually meets with the candidate will find.

3. Listen, don't talk. One of the biggest mistakes anyone interviewing a job candidate can make is to talk too much. "Say as little as you need to and let the candidate do the talking," says DeeLayne Samples, an office manager in a single-physician family practice who has 20 years of experience. "You will learn so much more. Often, the only way to find out some of the details of a candidate's background is if the candidate reveals them without being asked, due to legal strictures affecting hiring."

4. Be deliberate. Many practices make hiring errors with severe negative consequences because physicians or an office manager acts in haste when hiring, says William Fiala, a consultant with ProMed Analysis Inc., management consultants in Akron. "Many practices rush into hiring a new staff member," Fiala says. "For example, an employee may have left abruptly and the practice needs to find a replacement in a hurry. Often, this haste causes the practice to divert from a good new-hire process."

The solution is to create a hiring system and stick to it, Fiala advises. "A hiring system should include a new-hire checklist, and each person making a hiring decision should follow through to ensure that all of the elements on the list are checked off," he adds.

A new-hire checklist should include a job description and the exact hours the new employee will work. It also should include a standard set of interview questions for each job position. "These questions should be well thought out and prepared before interviews are held," Fiala says. When preparing the questions, physicians or office management should discuss the important issues that a new hire would need to know about the position. "Talk to the staff members who are currently doing the work to find any peculiarities of the position," Fiala suggests. "For example, does the position require the staff member to be on the job 20 minutes before patients arrive in order to start up a lab machine?" Fiala asks. "If so, would this requirement conflict with other obligations the candidate might have, such as dropping off children prior to coming to work? The job description should be a clear road map of what the work entails, when it needs to be done, and how it is to be done."

Too often, practices hire a new worker and then try to change the practice's work schedule to fit the employee. It's easier to hire a physician or a staff member who will fit in easily from the start, Fiala adds.

5. Check all references. There is no excuse for failing to check a prospective hire's references, experts say. "These references should be business contacts, not acquaintances or friends," Fiala says. "If the candidate is a recent graduate, then talk with someone from the candidate's school, such as a teacher or a counselor."

When speaking with references, the physicians or office manager should ask about the traits the prospective employee has displayed in the past. "Ask about employee habits, such as whether the person arrived to work on time, if absenteeism was a problem, and the like," Fiala explains.

Physicians and office managers also should verify education and license certifications. "A candidate who claims to have graduated from a program for medical assistants should be able to produce transcripts and a diploma to substantiate that claim," Fiala says. "Also, candidates need to show that they possess current certifications, if applicable."

> **"If you are trying to complement your work force with your new hire, you want a specific chemistry among personality types. Psychological or personality testing can help you accomplish this."**
>
> ***—Alfred Grzegorek, PhD***

Ensuring Success

Many physicians, particularly those in small practices, may be tempted to hire family members to fill a job opening. Hiring a family member might be attractive from a financial, cash management, and cash-security perspective, Grzegorek says, but it is not necessary to hire a family member in order to find a quality employee. "That's part of what a good back-

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The online communication system is being introduced slowly to ProHealth's 80 different practices. Fifty of the group's 180 providers in 15 different offices are currently using the system. About 2,000 patients used it during the first eight months it was available.

"We started with the doctors who would be more tolerant of the inevitable bugs and hurdles," says Good. "This way, when the system is introduced to the physicians who are not technology lovers, most of the problems will have been resolved." ProHealth plans to introduce the online office in all 80 of its practice sites by the end of this year.

Good's practice implemented the system last year. "We spent most of the summer getting the office routine changed so that a staff member would be scheduled to check the online office three times a day," he notes. "We also sent 'dummy' messages back and forth to various doctors so they could get used to navigating the system. Then, in the fall, we started to market this communication option to our patients."

Initially, traffic to the site was slow because few patients knew about the service. "At the beginning, we received only one or two messages a day," says Good. "But as more patients learned about the system, traffic increased. In fact, it turned out to be a relatively easy implementation because we were not inundated with an avalanche of messages right from the very beginning."

While testing the system, Good and his colleagues found that it was not clear to patients which services were free and which services required a fee. "For instance, I had a patient who wrote, 'My employer is giving away free flu vaccines at work. Should I get one?' And I wrote him a thoughtful response. But he did not want to pay $5 for my response.

"We learned that it is important for patients to know that if they ask for our advice, they will have to pay for it," Good continues. "Now, the interface is clearer, so that patients know that if they are entering into the consultation portion of the site, they will have to pay for the services they receive there."

Charging for Advice

When entering the consultation portion of the site, a screen appears and indicates to the patient that he or she is in a professional service area and will be charged a fee. The amount of the fee is either $5 or $30, depending on whether the patient has a basic question or whether the question is more involved and will require an online consultation, and whether or not the patient's insurance will cover the service, Good explains.

Patients can use credit cards to pay for the on-line office visit. For an online visit that involves diagnosing a new problem or following up on an ongoing medical problem, the group charges $30.

"For example, assume a patient is working in his backyard and strains his back," offers Good. "He could go to the online office, click on the Web visit module, and select back pain from the long list of chief complaints. Then the system asks 20 or 30 questions that address everything the physician would want to know about the condition. That questionnaire is sent to me, and I review it. If I'm in the office, I reference the patient's paper chart. If I'm at home on a weekend, I can consult an online chart the patient has completed, which includes a medication list and a list of any allergies the patient has. I review that information and reply with my impression and advice. I also may attach a prescription to the message, which the patient can then route or bring to any pharmacy."

By using the system in this way, patients are creating an electronic medical history. "As time goes on and more patients use the system, each one will complete a medical history form," Good says. "We hope that it will evolve into something resembling an electronic medical record."

Satisfying Patients

The practice also receives messages from patients indicating that they are grateful for and satisfied with the service. "The patients who use the system like it," Good says. "They may have a relatively small problem, and they don't want to take time off from work for an office visit. If they can avoid an office visit for something that they know is not a big deal, they are happy that they have another option for obtaining a physician's advice. They also like the fact that they do not have to play telephone tag, which annoys both patients and doctors."

To date, the group has found two insurers (Connecticare and Healthnet) that pay for Web visits (patients pay a $5 copayment, and the health plan pays $25).

In its 80 offices, ProHealth Physicians is introducing the online communication system slowly. Currently, 50 of the group's 180 providers in 15 different offices are using the system. About 2,000 patients used it during the first eight months it was available.

> **"I finally found a way that I can get paid a little for all of the professional advice that I have been giving away for free."**
> ***—Michael Good, MD, ProHealth Physicians***

To use the system, patients write to their individual doctors, and each office sets up the procedure for routing these messages. "We route all messages that involve medical questions to a physician mailbox called 'clinical staff,' " explains Good. "Our nursing staff checks that mailbox three times a day, prints the messages, pulls the charts, and distributes them to the various doctors for their review. The doctors can then answer the messages themselves on the computer or they can jot down a message and the nursing staff can log on and report to the patient that the doctor has reviewed the problem and type in the advice the doctor has given."

Spreading the Message

The practice actively markets the system to its patients. "We have posters and flyers all over our office," explains Good. "The flyer explains to patients how to sign up for online office. We have also added a telephone message so that when patients are waiting on hold, they hear an announcer talking about how they can avoid being placed on hold if they go to ProHealthMD.com and use the online office. That telephone message is the marketing strategy that has worked the best."

Medical journals and reports in the general media have suggested that physicians are wary of e-mail communication for several reasons: lack of revenue associated with e-mail consultation, the time it requires, and the fear of nuisance e-mail messages. But these occurrences have not been problems for ProHealth.

"I will not give my e-mail address to patients for all of the reasons stated above," Good says. "I do not want to become swamped with requests, and I do not want to spend hours a day giving away free professional advice. But an online office is a different environment. It gives a secure environment for offering medical consultations. Furthermore, because the professional advice component has a fee structure, patients do not use it frivolously. Even a fee of only $5 will deter many patients from asking idle questions."

Saving Time

Overall, Good is excited about the online office. "I like trying new ways to fix old problems," he says. "We have been overwhelmed by stacks of telephone messages at the end of every day when we are tired and just want to go home. Given the amount of time that it takes to make a telephone call, the online office is a big time saver. It is a lot more efficient, and it is a source of income. I have finally found a way that I can get paid a little for all of the professional advice that I have been giving away for free."

Given the interest among other ProHealth physicians, Good believes that all doctors in the practice will quickly adopt the online office. The physicians who try the system find that it offers clear benefits for both patients and doctors. "The online office does not replace the telephone, and it certainly does not replace the office visit," Good says. "But for a lot of the simple, mindless tasks that take up far too much time, it is a big step forward for physician-patient interactions."

Some experts agree. For example, Donald Berwick, MD, president of the Institute for Healthcare Improvement in Boston, has said that many face-to-face visits between doctors and patients are unnecessary and could be handled more effectively online.

> **Many face-to-face visits between doctors and patients are unnecessary and can be handled more effectively online, says Donald Berwick, MD, president of the Institute for Healthcare Improvement in Boston.**

"Of course, some treatment decisions require the emotional factor of a patient-physician interaction," Good cautions. "Physicians spend a lot of time seeing anxious people who are worried that their health concern is not minor. And, many conditions are too complex to lend themselves to online advice. Therefore, the online office will never replace face-to-face visits. However, many visits for conditions that both the patient and the physician think are straightforward may very well be replaced with Internet-based communications."

—Reported by Editor in chief Richard L. Reece, MD, in Saybrook, Conn. Edited by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 16).

"My best hires have come from other offices, where the employees left due to interoffice politics. We watch out for such problems, and try to stay in tune with what's going on in the office."

—Rodney K. Ison, MD, Community Health Care

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ground check, including references, and psychological testing can provide," Grzegorek explains. "That process can give you the same assurance about a candidate that you feel you can get automatically by hiring a family member."

What's more, hiring family members can be detrimental to keeping a practice's operations running smoothly, Grzegorek adds. "Often, there is less communication between family staff members and other staff than there is among nonfamily staff members," he says. "For example, if nonfamily staff view a physician's spouse as being in a permanent role within the practice, a certain amount of spontaneity and casualness could be lost under that system." Although in many instances, family members might make strong contributions to the success of a practice, sometimes having a family member as an employee in the practice could cause some staff not to communicate openly and honestly for fear of unfair reprisals, Grzegorek says.

To ensure that all employees—especially new hires—understand their roles in a practice, it is best for physician leaders to write down their personal vision for the practice and then communicate that vision clearly to all staff, Grzegorek says. "Physicians have to translate their global vision into very specific actions that their staff will perform over and over again, in the same way, every time," Grzegorek explains.

To illustrate his point, Grzegorek says: "If you say only, 'I want patients treated well,' the staff may interpret your remark according to their own interpretation of what treating patients well means. Your staff may interpret your desire that patients be treated well as meaning that patients should be made comfortable, as in the comfort of the chairs in the reception area and the amenity of having coffee available for patients waiting to see the doctor. But perhaps what you meant was that you wanted the staff to greet each person coming into the practice in a warm, friendly, professional manner."

Mentors and Training

One way to make sure that important messages are communicated clearly to a new worker is to have a physician or other staff member serve as his or her mentor, says Ison. "Far more important than hiring is what you do after a candidate becomes an employee," he notes. "No matter how good or sophisticated a person is, when he or she becomes a new worker in a new company, that worker will be much more successful if the group assigns a mentor who understands people well to help guide the employee during the first few days and weeks on the job."

An alternative approach to assigning a mentor is for those who are involved with hiring the new employee to stay involved in the new worker's introduction to the practice, Ison says. Staying involved means considering the emotional and professional development of the new hire and intervening before any problem gets out of control, he adds.

In his office, Ison takes time to speak with any employee who is noticeably upset and then helps to resolve any interoffice problems, he says. "My best hires have come from other offices, where the employees left due to interoffice politics," he notes. "We watch out for such problems, and try to stay in tune with what's going on in the office."

Grzegorek agrees, saying that the hiring process extends well beyond the actual hiring. "You can waste a good hire by not having appropriate training and policies in place and by not managing both appropriate and inappropriate behaviors in the office," he says.

"A hiring system should include a new-hire checklist, and each person making a hiring decision should follow through to ensure that all of the elements on the list are checked off."

—William Fiala, ProMed Analysis Inc.

"After the hire, it is up to the organization to train for the specific needs of the group and to know and educate employees on the policies governing interactions among staff, with your vendors, and with colleagues," Grzegorek says. "Those doing the hiring need to continually manage that new hire for success."

—Reported and written by David Kettlewell, in Akron, Ohio. More information on physician practice strategies is available on our Web site (see page 16).

INTERVIEW

Security Expert Advises Physicians to Prepare for HIPAA Compliance

***Rick Shaw** is founder and president of CorpNet Security, a privacy and security company in Lincoln, Neb. (at www.corpnetsecurity.com). Shaw has more than 20 years of experience in security, emergency and disaster recovery, network communications, employee and customer service management, and federal regulation compliance. He has also spent more than eight years working with banks and financial services companies on network security and customer service and more than eight years designing corporate networks to facilitate communications worldwide. Many of the systems he has worked on have been in health care, insurance, and financial management. Editor in chief Richard L. Reece, MD, discussed security and HIPAA compliance with Shaw.*

Q: *When was CorpNet Security founded, and what services does it offer?*

A: CorpNet was founded in 1998, and its focus has been on developing electronic security and privacy solutions, addressing both technology and human factors.

The technology side includes electronic configurations, such as firewalls, virtual private networks, antivirus software, and intrusion protection software. On the human factors side, we get involved with an office's policies and procedures, compliance efforts, security awareness, and physician and employee training and education.

We also have a Web-based policy management and training system that helps physician practices and health care organizations meet the privacy requirements stipulated under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Q: *Why are security and privacy important issues for physicians?*

A: Because of regulations promulgated from various sources to protect patients' medical records. To meet HIPAA's requirements, for example, each health care organization must have in place the proper policies and procedures for the disclosure of patient information. Organizations must also train employees on the secure handling of this information and demonstrate the means to document and manage this process in an ongoing manner.

Physicians who do not meet these requirements risk stiff civil and criminal penalties. HIPAA calls for civil penalties of $100 per violation, and these penalties could increase exponentially for repeated violations. More comprehensive rule-breaking would result in a $25,000 fine. Those who knowingly violate HIPAA privacy statutes face criminal penalties of as much as $250,000 and 10 years in prison, or both. Therefore, employee training regarding HIPAA privacy and security regulations is crucial to an organization's bottom line and reputation.

In general, about 70% of the privacy provisions deal with procedural matters and about 30% focus on technological matters. To meet HIPAA's privacy rule, health care providers must establish policies and procedures, build a culture of privacy and security, and implement standard business practices.

Q: *What benefits accrue to caregiver organizations that incorporate proper security procedures?*

A: There is a movement toward more electronic transactions, which will speed reimbursement. Since there is always a learning curve for new technology, incorporating electronic transactions into a medical practice initially might seem to be a hassle. But technology has proven to yield long-term benefits, including saving time, effort, and money. Physicians will achieve a tremendous improvement in efficiency and cut expenses by moving in this direction.

Electronic transactions can increase the flow of transactions while reducing transaction costs. In fact, reducing expenses associated with paper records was one of the

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"Since there is always a learning curve for new technology, incorporating electronic transactions into a medical practice initially might seem to be a hassle. But technology has proven to yield long-term benefits, including saving time, effort, and money."

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main reasons for the HIPAA regulations. Unfortunately, when we start moving in a new direction with regard to technology, we need to learn new best practices.

Other benefits accrue as well. For example, after undergoing training offered by some of the best companies in this field, participants can be certified as being aware of privacy and security issues and regulations. This privacy certification may allow physicians and employees of the clinic or hospital to be recognized as a lower risk by companies selling e-risk insurance or cyber liability policies. The certification improves their liability status in a way that is similar to how being a safe driver can lead to a discount on auto insurance premiums.

Soon, patients will also regard privacy certification to be important, and they will look for physicians, clinics, and hospitals that can demonstrate an ability to protect their information. Certification demonstrates that a policy of ensuring employee awareness of security issues is in place. Similarly, on the technology side, the best security companies can do an assessment and report to physicians on whether improvements are occurring in security on an on-going basis and whether staff members are doing what they need to do from a due diligence standpoint for compliance and legal purposes.

Q: *Can compliance with HIPAA also improve quality of care?*

A: Yes, for several reasons. While the HIPAA privacy rule is mostly about policies that employees need to know, the overall quality of patient care will improve short-term and long-term because practices will implement more efficient methods of communication to meet HIPAA's compliance requirements. Also, more effective Web-based training will become available to physician practices thanks to new training offerings as a result of HIPAA. Furthermore, more timely methods of increasing awareness and policy management will be implemented due to changing regulations and technologies. Finally, patients will become more aware of their rights to privacy and continue to create a need to improve quality and services.

Q: *The HIPAA regulations were formulated in 1996. Six years later, many physicians continue to act as if they do not need to meet these regulations. When will they take effect?*

A: The first of the HIPAA rules, the privacy rule, goes into effect in April 2003, and there has been no indication that that date will be changed. The HIPAA privacy rule requires safeguards for all protected health information (PHI), including electronic and paper records, verbal communications, and many other kinds of information.

"Soon, patients will also regard privacy certification to be important, and they will look for physicians, clinics, and hospitals that can demonstrate an ability to protect their information."

Q: *What is your advice to practicing physicians on how to prepare for this deadline?*

A: Start now! The privacy rule is about establishing a culture of privacy throughout the practice or office. Just like the government's domestic security efforts, information and awareness will be the key to preventing breaches. The best way to get started is to educate physicians and staff about HIPAA policies and why they are in place. Implementing technology solutions as needed is getting easier, but a culture of privacy cannot be installed overnight.

Q: *It seems as if many consultants are offering advice on HIPAA compliance. Have the regulations spawned a new industry?*

A: A lot of advice and consulting proposals are being offered. Some makers of new software are claiming that their products are HIPAA compliant and will help physician practices comply with HIPAA regulations. Although many physicians may have to upgrade their computer systems to become HIPAA compliant, new software and consultants are not always the best solutions for meeting the ongoing challenges of evolving regulations and new technologies in order to ensure and maintain compliance.

Q: *Is privacy easier to protect on an office personal computer than on a personal digital assistant (PDA)?*

A: There are a lot of variables to security. Physical security may be better for a PC in an office compared with ensuring the security of a PDA, which can be much more challenging. With a PDA, the physician's boundaries extend outside the walls of the office. Now, doctors and employees are taking PHI with them, and in some cases they can gain access to medical records from home. When PHI is transmitted or resides outside the walls of the physician's office, the risks and threats to the privacy of the PHI drastically increase, and the control a practice or office has over the PHI is limited unless policies are communicated and technologies are extended to the remote device or location.

Q: *How can practices achieve adequate privacy and security?*

A: Overall, it is necessary for them to build a culture that

protects patient privacy; ensures the security of medical information; and achieves a level of standardization for confidentiality, integrity, and availability as stated under HIPAA. People need to be taught what the privacy rule regulations mean to them, and physicians and all employees need to learn how to keep up with security and privacy best practices, as well as new technologies and new applications. Even though the security rule has not yet been released, physicians should consider security and privacy solutions in all business decisions from this day forward.

Q: *Many organizations support the adoption of increased privacy and security practices; why is that?*

A: Privacy will become a consumer-based movement because consumers are becoming much more aware of their privacy rights. For many consumers, it is important to maintain privacy so that private patient information doesn't land in the hands of the patient's insurance company, employer, family members, or ex-family members.

The privacy issue in the United States is gaining momentum, although we still lag behind some of the privacy regulations that exist in Europe. Because business has become global, privacy standards must be on a level playing field. The U.S. standards are coming up very quickly to meet some of the international standards.

Q: *Physicians hear that to attain security, their systems have to include firewalls. What is a firewall?*

A: A firewall is like a door attendant who lets through only certain types of traffic. A firewall must be configured to allow certain types of traffic to pass, while other types are prevented from passing. However, consumers, employers, and employees must understand that a firewall on its own does not provide sufficient security. Hackers are constantly refining their approaches to make their attack look like it is acceptable traffic, and most attacks are targeted at the Web server or e-record servers and are therefore allowed to pass through the firewall. If hackers get through the firewall, they may be able to attack or at least breach an e-records server to gain access to private patient information. Since security must be implemented in layers, it is important that security experts be involved in the design of systems initially and on a continuing basis.

Q: *Are most physician office systems vulnerable to such attacks?*

A: Yes, because most software installed on PCs or on a clinic's system is set up to be extremely user and maintenance friendly. Unfortunately, the user friendliness creates opportunities for security vulnerabilities, putting many physicians and clinics at risk unless they implement configurations to close down those risks. All clinics and practices with an Internet connection should use a vulnerability assessment service to verify that their systems and servers are not vulnerable to attacks due to configurations and outdated software.

Q: *What types of risks should be of concern to physicians?*

A: The risks include identity theft and the theft of a private medical record and its misuse by an employer, for example. Any type of information on a computer—including patient records and e-mail communications—is potentially there for the taking. This does not imply that every physician's system will be breached, but the potential exists. And that potential is increasing, just because more clinics, physicians, and consumers are coming online without understanding how to protect their systems and the information residing on their systems, laptops, and PDAs.

> **"The best way to get started is to educate physicians and staff about HIPAA policies and why they are in place. Implementing technology solutions as needed is getting easier, but a culture of privacy cannot be installed overnight."**

Q: *While HIPAA is a burden for physicians, is it a greater burden for large health care organizations?*

A: Yes. With more employees, departments, remote access, applications, and patients, the challenge can be much larger. However, the same security and privacy processes need to be implemented at large and small organizations. There must be a combination of technology and human factor solutions, and all organizations need to review their policies and best practices and their ability to communicate a consistent and timely message to all employees as risks, regulations, technologies, and services evolve.

Q: *Does the process of analyzing and improving computer security have an end point?*

A: No. The key to security is that assessments must be ongoing because technology, security, privacy issues, and even regulations are not static. New threats or new risks must be addressed continually with updated best practices and policy changes and in some cases technology changes.

—Edited by Deborah J. Neveleff, in North Potomac, Md. More practice strategies are available on our Web site (see page 16).

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