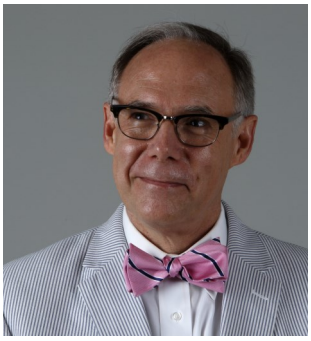
TMGMA ENEWS

September/October 2019



Hello All,

In This Issue

- ACMPE Corner
- Industry Article
- Scholarship Award
- Peer to Peer Initiative

VICTORY IS MINE! Against all odds, my business plan submittal for Fellowship in the American College of Medical Practice Executives (ACMPE) has been accepted. Crazy, right? This is contingent upon incorporating their recommended comments into the paper but that's ok. It has been a long road and I couldn't have made it without the help of my friends Loretta Maddox (our Tennessee MGMA ACMPE Forum Representative) and TMGMA and FACMPE members Deborah Hudson and Michael Cash. All three took the time to read my business plan and make comments before I submitted it. I couldn't have done it without their input and encouragement. One of the great benefits of Tennessee MGMA is the people you meet and the networking opportunities it provides. It is the friends that I made through this organization that encouraged me to pursue and then helped me complete my fellowship. Thank you one and all.

Speaking of networking opportunities, we just concluded our 2019 Fall Conference—Path to the Future. I want to thank everyone that attended. I also want to give a shout out to our Executive Director Rebekah Francis for all her hard work putting the conference together. Thanks Rebekah. We couldn't have done it without you. We had a great turnout and the DreamMore Resort in Pigeon Forge was beautiful. If you couldn't attend, then mark your calendar for our 2020 Spring Conference, April 29th-May1st at the Franklin Marriott Cool Springs near Nashville. It has been a long time since Tennessee MGMA has had a conference in middle Tennessee. We hope the location is more convenient for our friends on the far west and far east sides of the state.

This will be my last newsletter article as your President. My term ends on October 31st. It has been my privilege and honor to serve you this past year. I couldn't have done it without the support of the Board leadership team. I know it goes without saying but volunteering takes time. And I know that time is a precious commodity for us. Being President has taken more time than I realized it would. But having said that, I wouldn't trade my experience on the Board for love nor money. It has always been important to me to give back; to pay it forward as it were. One of the reasons I do this is because it is so fulfilling. I always feel like I get more out of a volunteer opportunity than I put in. But I guess that's just the way life is. We get out of it what we put into it. And anything good is worth working for. I encourage you to volunteer for one of the TMGMA committees or become involved in your local chapter board. There is something very satisfying about working towards a greater good while serving your fellow practice managers. Heck who knows, you may even get a plaque. But you will walk away with the satisfaction of having served others. And at the end of the day, isn't that what it's all about?

I'll still be around for another year. I'll be moving into the much coveted "Past-President" role. So, it's not goodbye just yet. But thank you again for allowing me to serve you.

Take care.
Kelly Davis, FACMPE
TMGMA President

ACMPE Corner

Hello TMGMA! It was good to see so many of you at the Fall meeting in Pigeon Forge. During our meeting we recognized all our new CMPEs and Fellows for 2019. I'd like to take the opportunity to recognize these individuals here, as well.

2019 Fellows*

- **J. Kelly Davis**
  Chattanooga

- **Misty Hickman**
  Cleveland

2019 CMPEs*

- **Linda Bailey**
- **James Barber**
- **Laurie Bowling**
- **Kerwin Fulton**
- **Leeann Haberman**
- **Marcella Hatch**
- **Misty Hickman**
- **Bettina Ruaro**
- **Samantha Sizemore**
- **Tamara Stotts**
- **Steven Thomas**
- **Susan Weeks**

Congratulations to all of you!!!

*** as of September**

ACMPE Corner

ACMPE Board Certification Preparation Course

The ACMPE Board Certification Preparation Course is designed to help healthcare professionals prepare for the ACMPE exam. This comprehensive course helps examinees identify content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management. To best prepare applicants for the examinations, topics are reviewed from the perspective of a variety of healthcare settings, including hospitals and ambulatory care settings.

Session 1: Board Certification Preparation Overview
Session 2: Operations Management Review
Session 3: Financial Management Review
Session 4: Human Resources Management Review
Session 5: Risk and Compliance Review
Session 6: Organizational Governance Review
Session 7: Patient Centered Care Review
Session 8: Board Certification Preparation: Live Question and Answer Session

This course will be offered quarterly:

Upcoming Course Dates
Oct. 24 – Dec. 3, 2019
Jan. 22 – March 18, 2020

Click here to see eligibility requirements and to apply for Board Certification.

Upcoming Exam Dates
Dec. 7 - 21, 2019

Exam Registration
Oct. 21 - Nov. 4, 2019

If you are interested in pursuing Board Certification or Fellowship and you have questions or need assistance, please feel free to reach out to me. I'm happy to help in any way that I can.

Happy Fall!

Loretta Maddox, MS, FACMPE, CHC
TMGMA ACMPE Forum Representative
LorettaD@svmic.com

Out in the open: Price transparency and four forces for optimal prescribing

By Andrew Mellin, MD, MBA

It used to be so easy to prescribe. Decide what I wanted to do, grab a pad from my pocket, scribble about six to 10 words and numbers in cryptic language, hand the paper to the patient and move on to the next patient.

That was the way my colleagues and I wrote prescriptions when we were trained, not all that long ago. Of course, that approach had many challenges and often led to downstream rework, poor outcomes and frustrated, ill-informed patients. While some of those challenges have been solved with e-prescribing, the actual process of choosing the best prescription for the patient has become significantly more complex.

Today, with advances in science that have created highly effective but costly drugs and the empowerment of patients to participate in a shared decision process, there are four forces to consider when choosing the optimal medication:

The provider's clinical judgment
The patient's choice
The cost to the patient
The administrative burden on the provider and practice.

While this adds more complexity to the medication process, a provider and a patient can efficiently choose the right prescription at the point of care with the right information and technology.

The provider's clinical judgment

The moment when a physician analyzes information from the patient's chart, the diagnostic tests and the patient's care history to make a treatment decision during the visit is sacred. Today, that moment should be supported by complete information and advanced decision tools yet unencumbered by the worry of commercial influence that may not be in the patient's best interest. This is the crucial moment that provides the best choice or choices of therapies to the patient with the goal of delivering the highest probability of an optimal outcome.

This force is unchanged from the beginning of medicine, albeit today there is far more information to digest and more potential options for therapies. Furthermore, the provider cannot simply end the involvement when a therapy is chosen; with value-based care and a focus on outcomes, the provider and that provider's support team must remain vigilant about the patient's fulfillment of the prescription and the ongoing adherence to the treatment plan, especially for diseases with high morbidity and mortality.

The patient's choice

In virtually every medication decision, there is a choice — a choice balancing risk and benefits, a choice between treatment and watchful waiting, or a choice between two or more therapeutic options. Often, the choice is not obvious — a powerful therapy may have significant risks, an infection may or may not resolve without treatment. With shared decision-making, a patient should be fully informed and work with his or her provider to make an optimal choice.

Continued

Fortunately, unlike during my training, there is a wide range of resources available to educate patients before and after their interaction with their provider,[1] and the concepts of shared decision-making are adopted by most providers as a foundational approach to deliver care.

Case study: Charlotte Dermatology

Practice leaders at Charlotte Dermatology, with 50 employees in the practice, knew their patients wanted medications they can afford, says Gary B. Slaughter, MD. "They'd find out how much their prescription cost at the pharmacy level, which is thankfully changing," Slaughter says. "We had patients who would have sticker shock at the pharmacy counter if the cost was too high — they'd either abandon their prescription or they'd change the prescription at the pharmacy counter."

The problem could go unnoticed because doctors know cost is important but "it's challenging to navigate how much it will cost or where the patient should go to fill their prescription," Slaughter says.

Toward the end of 2018, the practice began using a prescription pricing tool built into the EHR it uses.

"Now we can see how much the prescription costs right … at the point of prescribing," Slaughter says. "It saves both time and money for the patient."

Slaughter says the practice has had a positive experience with this EHR tool, and that it has the potential to influence how patients choose a provider. "For patients who can pick Dr. A, who uses a prescription price transparency tool, or Dr. B, who doesn't … the patients are picking Dr. A," he says. To that end, Slaughter says he'd like there to be greater awareness that a prescription price transparency tool exists for providers. "It trumps dealing with prior authorization at the pharmacy counter," Slaughter says.

The cost to the patient

The cost of medications today ranges from a few dollars a month to tens of thousands of dollars per year. Medication cost increases have required payers to enact checks and balances to minimize the economic impact while maintaining quality outcomes. For providers, the formulary flag in most EHRs has helped indicate prescriptions best aligned with the patient's insurance plan; however, that flag is a coarse indicator that does not take into consideration the patient's deductible or different delivery options.

When the most economical choice is not selected, at best the patient pays a little more money than an alternative; at worst, the patient goes to the pharmacy, hears the price and simply chooses to not fill the prescription. This is often a source of rework for the physician and the provider's practice. When the patient is surprised with the cost, the pharmacist may call the practice back to ask for an alternative. Many studies have shown a direct correlation between medication cost and prescription abandonment. For example, prescriptions over $50 in copays were 4.7 times more likely to be abandoned compared to prescriptions with no copay.[2]

Continued

Today, real-time price transparency tools can help providers and patients make an optimal choice by displaying the out-of-pocket cost to the patient as soon as enough information — typically the drug, dose, quantity and days' supply — is captured in the EHR. With these tools, there are three factors to consider:

1. **What is the source of the information?** The ideal source for pricing information is directly from the patient's pharmacy benefit manager or insurer. Only through that model can the price displayed take into consideration the patient's deductible and personal out-of-pocket spend to date, so it can have the most up-to-date information sourced in the same manner as when the pharmacy runs the claim.
2. **Where is the information presented in the provider's workflow?** The best decision support tools are in the EHR as part of a pre-existing workflow. Any time a provider must be trained to leave a current process or leave the EHR, the likelihood that the provider will use a tool dramatically decreases. The ideal approach presents the information immediately and directly in the prescribing process in the context of the EHR's prescribing workflow.
3. **What are the alternatives available to the provider?** While the cost of the prescription is helpful, the real value is derived when alternatives are easily chosen that achieve the same therapeutic outcome at a lower cost. The alternatives may be a different quantity (e.g., 90 days versus 30 days), a different delivery mechanism (mail order or retail), or a different medication in a similar drug class. Importantly, those therapeutic options should be vetted with evidence-based evaluations and have full transparency in terms of how those alternatives were selected and presented.

Price transparency tools also enhance the shared decision-making process; providers can show the options displayed on the EHR screen to the patient in the exam room and allow the patient to provide input into the best choice. While early, these tools have shown savings of tens to thousands of dollars on a single prescription.[3]

Administrative burden

With the cost of certain medications, the prescription is not complete when the prescriber completes the prescription in the EHR. Costly prescriptions often require prior authorizations — additional questions that add time and cost to the practice. Using price transparency tools, providers can often see options that achieve the same therapeutic outcome but do not require prior authorization. With patient-specific information, the uncertainty of the need for prior authorization is eliminated — for example, if prior authorization exists, the price transparency tool does not display a prior authorization required icon. If prior authorization is still necessary, it can be triggered in the EHR for the staff to complete immediately, prior to the patient arriving at the pharmacy.

Continued

Making the complicated simpler

For many good reasons, there is no going back to the days of paternalist decision-making and paper prescription pads. The shared decision-making process is essential to patient care, and the high cost of advanced medications requires checks and balances. Every practice is looking for ways to improve patient and provider satisfaction while eliminating rework and waste. Optimizing the four forces for prescribing can serve as a powerful framework to improve care processes and satisfaction and to assist the provider with impactful decision support tools.

By Andrew Mellin, MD, MBA, vice president of medical informatics, Surescripts, andrew.mellin@surescripts.com. Reprinted with permission. Source: July 2019 *MGMA Connection* magazine

Notes:

"Shared decision making." National Learning Consortium. December 2013. Available from: bit.ly/2yBIKYK. Shrank WH, Choudhry NK, Fischer MA, Avorn J, Powell M, Schneeweiss S, et al. "The epidemiology of prescriptions abandoned at the pharmacy." *Ann Intern Med.*; 153: 633–640. doi: 10.7326/0003-4819-153-10-201011160-00005.

"2018 impact report: Prescription price transparency." SureScripts. February 2019. Available from: bit.ly/2I92pai.

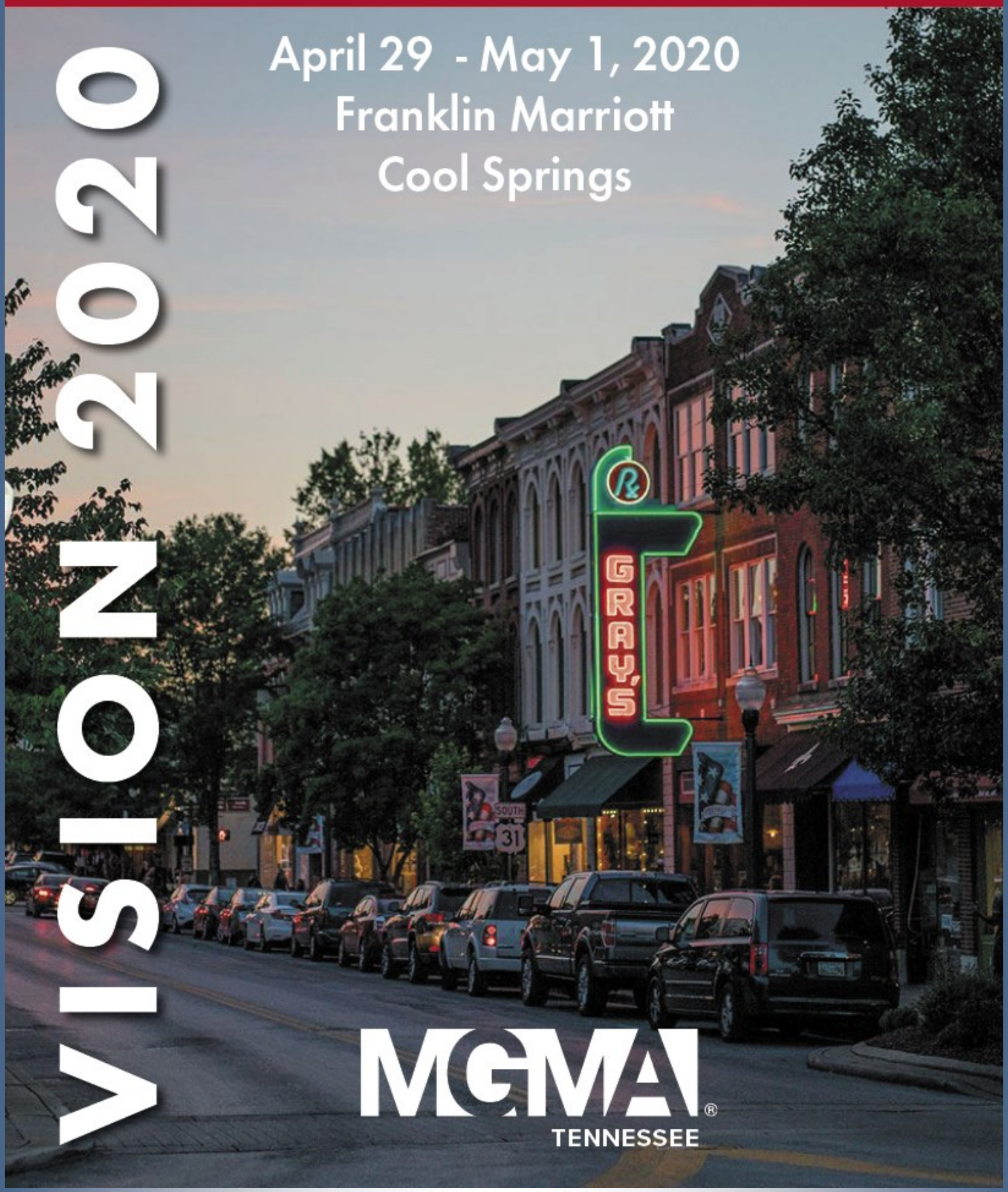
The TMGMA Council of Past Presidents awarded this year's scholarship at the Pathway to the Future Fall Conference in Pigeon Forge.

Misty Hickman, CMPE was awarded $2,000 to be used to attend the MGMA annual conference in New Orleans.

The Past Presidents' Scholarship Fund was established with an initial grant from the Tennessee Medical Group Management Association. Today, the scholarship account is funded by donations from TMGMA's past presidents. The fund was put under the control of the Council of Past Presidents first chaired by one of TMGMA's earliest presidents, Martha Johnson. The Chair of the Council continues to serve as an ex-officio member of the TMGMA Board. Since that time, the fund and scholarship process has been overseen by the Council Chair with a small committee of other past presidents who select the scholarship recipients. Recognizing that not all medical groups have the resources, or are even supportive, the Past Presidents hope our scholarships inspire individuals who might not otherwise be able to attend conferences or pursue professional development. It is an opportunity for each past president to give back to the association that has inspired each of us and advanced our own careers.

Stephen A. Dickens, JD, FACMPE
Chair, Council of Past Presidents

2020 Spring Conference Save the Date



Peer to Peer Initiative

Webster's definition of Peer says "one that is of equal standing with another, one belonging to the same societal group."

Let's face it, management of a medical office can be a very lonely, challenging position. When we have troubling employment issues, need to purchase new equipment or must implement new software or hardware, we must always be on focus and provide all the answers. What if we do not have all the answers? Who do we turn to? We cannot discuss these issues with our physicians because they expect us to have all the answers. We cannot talk with our employees because we are the leader; we should have the answers! There are days we all have self-doubt and we wonder if we really do have the answers. Having the ability to reach out to someone who walks in our shoes on a daily basis, to confide in, share ideas and seek information would be a life saver at times. It would be a true management tool; an asset in our management toolbox.

Rewind to our Fall conference 2018. Tennessee MGMA tested a pilot program beginning last year at the Fall Conference called Peer to Peer Initiative. We asked a few people to participate in a Peer to Peer relationship with other members of the organization. The thought was to pair people in management, from different geographic areas of the state, to have periodic telephone conversations to discuss issues in management, operations of the medical office, purchasing new equipment, or other issues that they would like to receive in-put, from a fellow manager, a peer.

The outcome of our initial initiative was well received; therefore, we wanted to try to grow the initiative. There were some success stories and there were some failures. Most of the failures were due to the participant leaving a position or not understanding the goal of the initiative. We felt confident the overall program was a winner, therefore, we tried again at the Spring conference. The old adage holds true, if at first you do not totally succeed, try again. We did and it worked! We currently have twelve Tennessee MGMA members who are benefitting from a Peer to Peer relationship. Here are a few of the comments we have received:

"Connecting with peers from other practices is very helpful: Someone to bounce ideas off, to ask tough questions and to gain insight. It's always nice to 'stand on the shoulders' of someone who's had the same experience already so I don't feel like I'm reinventing the wheel. "

"Yes, I think that she is wonderful and has a great sense of humor – I am glad we have this relationship and we can connect!"

"We have found that even across specialties, we have common processes and problems. We have shared thoughts on technology in the practice, and exchanged forms, policies, and job descriptions. Work has interfered with some conversations, but we utilized email during these times. I am looking forward to meeting her at the next meeting. "

"It is nice to connect with someone who understands the challenges! I have found talking issues through with someone who truly understands helps me find clarity to the problem"

"We talk monthly or more if necessary. I have a "peer list" to jot down questions and ideas I want to share during our telephone conversations. It has been great!"

Tennessee MGMA is proud to introduce the Peer to Peer program to all our members! We hope the program will provide our members another resource to assist them with their daily challenges. If you are interested in learning more about this program or participating, please email Rebekah at rebekahfrancis@att.net.

Cathy Faulkner, FACMPE
TMGMA President-Elect

October 8th, 12:00-1:00pm (CDT)

Value-Based Reimbursement and Clinicians

ABOUT THE WEBINAR:
Mark will discuss effects on clinicians of recent initiatives associated with management of value-based payment methodologies. The discussion will focus on changes impacting clinicians from both a financial and clinical standpoint in association with value-based initiatives, including provider compensation plan trends.

ABOUT OUR SPEAKER:
Mark Blessing, CPA, FHFMA is a member of BKD's Health Care Performance Advisory Services division and has more than 35 years of experience in health care, including operational and strategic management roles within a large acute-care hospital and large orthopedic physician group. Mark leads the BKD Physician Services Center of Excellence.
This webinar is a TMGMA member benefit.

To register, login and proceed to Webinar Registration under the Members tab.

TMGMA 2019 Fall Conference

Path to the Future

September 12-13, 2019

Pigeon Forge, TN

TMGMA 2019 Fall Conference

TMGMA 2019 Fall Conference

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