

DISCOURSE

Commentary, interpretations,
thoughts, opinions

Note: MGMA-ACMPE does not endorse any solutions put forth in this column. We urge readers to explore the legal issues — federal, state and local — that might arise from a particular course of action.

Who's in the driver's seat? Physician compacts help you steer your practice

The pace of change and complexity in the healthcare industry continues to accelerate. Government and commercial payers are refining reimbursement methodology based on quality measures, outcomes and patient satisfaction. And a common perception is that you must rely on EHRs, standardized processes and extensive collaboration between hospitals, physicians and other healthcare providers to be successful. But the truth could be much simpler.

Physicians continue to be the core component of healthcare delivery systems. And successful change will rely on collaboration with physicians as drivers of healthcare services. Whether you are independent or part of an integrated delivery system, success depends on the clinical skills of physicians and the intangible factors that support the success of physician practices.

One of the key intangible factors is physician behavior, which can be directed and managed with the use of a physician compact or code of expectations. These documents are created by physicians and act as a standard by which they agree to run their practices; they are guiding principles of the organization. They can create a performance expectation framework for physician partners, support staff, hospital relationships and, perhaps most importantly, how to treat patients.

The compact should be discussed with all physician recruits; it should be an integral part of employment and/or shareholder/member/partnership agreements and should be used as a guide when addressing physician behavioral issues.

"A key component to long-standing tenure in the practice and the avoidance of surprises is to clearly spell out expectations — what the practice guidelines include and [how they] frame the culture, behaviors and day-to-day practice parameters," says Marshall M. Baker, MS, FACMPE, consultant, Physician Advisory Services Inc., Boise, Idaho.

"For example," Baker says, "Care will be documented on the date of service. Charges will be submitted within 24 hours of the date of service. Attendance at professional staff meetings is expected. Participation on medical group committees is a requirement of membership/shareholder status/employment."

To see an example of this type of expectation, go online (mgma.com/virtualconnexion1012D) and click on the October issue of *MGMA Connexion*.

"With expectations presented, understood and agreed to prior to association/membership/employment, the medical group should more easily facilitate the management of the group's expectations," adds Baker, who wrote the book *Physician Policies: A Practical Guide to Governance Issues*.

A physician compact represents physician expectations. Each of the following 12 items forms the basis for a solid physician compact, which can be expanded and modified with examples, requirements and other relevant factors to support the mission and vision of an organization.

Customer service: The physician will demonstrate attentiveness, respect



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Get tips on how you can set expectations early from Marshall Baker, MS, FACMPE.

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and courtesy to internal and external customers. A patient's time is valuable, and it is incumbent on the physician and support staff to be accessible, attempt to

change the way they practice, code and document. Hanging on to outdated methods is more costly than adapting to the evolving structure of healthcare delivery.

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run on time, keep the patient informed of any delays and give options for alternative care and/or times, if requested. The physician and staff should ensure that a patient has an excellent overall experience and receives high-quality medical care, which marks a change from a physician-centric to a patient-centric model.

Work ethic: The physician will demonstrate a high degree of dedication to the profession and organization. He or she will remain compliant with all work standards regarding patient contact hours, participation in call coverage, maintaining hospital affiliations, and showing dedication and commitment to the organization's mission and vision.

Reliability: The physician will take responsibility for his or her personal behavior and will support staff to ensure a high level of patient satisfaction. Phone messages and medication refills will be taken care of in a timely manner. Physicians and staff will arrive on time and ready to work. The physician is the captain of his or her team; the physician will interact with staff daily, exhibit a positive attitude and stress the importance of flexibility and teamwork.

Adaptability: The physician will maintain an open mind, demonstrate acceptance to change and show a willingness to learn. With the accelerating implementation of EHRs and the push for quality and outcome measures, physicians must

Teamwork: The physician should show that he or she is a team player through helpful and cooperative interactions with partners, other providers, clinical support and administrative staff. Relationships should be honest, nonjudg-

mental, respectful and supportive of others. It is important to recognize that everyone plays a part in the success of an organization and that each person's contribution is essential. Staff and physicians should take initiative to help others, be outwardly positive and avoid unprofessional criticism. It is relatively easy for patients to pick up on tension and dysfunction in the practice, which could lead to concern about the quality of care they receive.

Accountability: The physician will be held accountable for a variety of tasks and items that will be used to measure basic performance standards. Examples include completion of dictation in a timely manner; participation in committees; maintaining hospital credentials; coding compliance; and patient satisfaction scores.

Communication: The physician will demonstrate clear communication, respect the ideas of others and employ active listening skills. Two critical avenues of communication are with staff and patients. The physician must maintain a high level of open and positive interaction with staff to ensure patient satisfaction, attentiveness to patient needs and avoidance of errors. It is essential to listen to what the patient says, take time to answer questions, discuss issues so they are understood and ensure that when a patient leaves, he or she knows what to do next. The increasing use of social media, practice websites and other

electronic formats presents significant opportunities to enhance communication.

Ability to handle stress: The physician will project a professional, cooperative attitude and a pleasant, even-tempered demeanor at all times. Although this seems straightforward, it can be difficult to maintain a professional and positive demeanor with documentation requirements, overhead expenses, patient volume and external rules.

Problem solving: The physician will demonstrate strong problem-solving skills by investigating all aspects of a problem, identifying alternatives and including other members of the team to reach a resolution. This includes looking for appropriate and cost-effective care, using clinical pathways and disease-management tools, and using resources in the context of quality. The physician should strive to manage the patient appropriately within the framework of overall group goals as they pertain to referrals, use of ancillary services and hospital care.

Sensitivity: The physician will demonstrate compassion, understanding and respect for both internal and external customers. Dignity and a high regard for others will be exhibited at all times. First and foremost, the physician should be an advocate for the patient. Next, physicians should show compassion and respect for the support team, clinical and administrative staff, and other physicians in the practice.

Professionalism: The physician will maintain patient confidentiality at all times; avoid inappropriate interactions with staff; limit personal activities during patient hours; steer clear of improper

vendor relationships; and maintain all credentialing, licensing and educational requirements. Patients now expect a partnership with physicians instead of one-way communication, and this expectation should be met.

These compacts represent a step beyond the mission, vision and value statements that enforce compliance; an added bonus is that these documents also spell out the terms of acceptable behavior.

Financial standards: The physician will actively participate in the management of the practice to minimize costs and maximize revenue in a compliant manner that allows for appropriate quality care. Critical areas include accurate coding, timely submission of charges, and complete and timely documentation. Proper ordering and approval guidelines for ordering medical equipment and supplies must be followed. Physicians will follow any pre-authorization requirements imposed by contracted payers and fully inform each patient of his or her financial responsibility.

It isn't easy to complete a physician compact. It can require many meetings to create an acceptable framework and to gain buy-in. The main hurdle is physicians' perception that it is a performance evaluation and might affect their ability to make independent decisions. When explaining the need for this type of document, it helps to explain that these compacts represent a step beyond the mission, vision and value statements that enforce compliance; an added bonus is that these documents also spell out the terms of acceptable behavior. 🌐

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