“As another year starts and brings with it a fresh beginning, this is a good time to look at all aspects of practice operations.”

STARTING A NEW YEAR
Tracking Key Performance Indicators for Your Practice

By Elizabeth Woodcock, MBA, FACMPE, CPC

Given the uncertainty in healthcare and the changes which are ahead, all physician organizations will want to make sure they are keeping a close eye on operations. Realizing time and staff resources are limited, practices need to carefully select the best data points which will give them the most useful information about their organization.

If physicians could select just one key indicator of their practice’s performance to monitor, what would it be? Before attempting to narrow down the choices to only one, this is a trick question. There is not just a single management indicator to watch. There are, in fact, several indicators worth observing, but coming up with one list suitable for every practice is like trying to buy one-size-fits-all gloves. They do not fit anyone well. Instead, develop a list of indicators based on the challenges and opportunities facing your organization.

More and more medical practices are now using a Key Performance Indicator (KPI) dashboard to monitor organizational performance. This monitoring tool is typically a one or two page document compiled by the office manager/practice administrator. It is sent to the physician owners, governing board and/or practice president within a week of the month’s close; however, the manager may want to do weekly or even daily checks throughout the month to detect trends and correct any problems or make operational adjustments as soon as possible.

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DVD RESOURCE PROGRAM

With the completion of the 2012 Risk Management program series, our DVD resources have been updated to include those programs as well. Complete program descriptions and a request form for DVD check-out are also available under the Risk Management tab at www.svmic.com, or call 800.342.2239 and ask to speak with someone in Risk Management. All programs are available for check-out at no charge to SVMIC policyholders and staff and include video vignettes as well as the program materials. They are a great resource for staff meetings, in-services or to simply catch a program you may have missed or want to see again. Please see page four for more information on ordering from our DVD resource program.

2012 Seminars

“Dealing with Difficult Colleagues”
Presented by Linda Worley, MD, FAPM
This program addresses the risk issues inherent in an environment where the unprofessional behavior of difficult team members is left unchecked. Focusing on the culture of disharmony which results from verbal abuse, criticism of colleagues and a refusal to follow policies, the potential for harm to patients and team members alike is discussed. Through narrative and video vignette presentations, this seminar provides physicians and staff alike with the tools and responses needed to build cohesive, positive working teams, while also recognizing and addressing unprofessional behavior.

“Taking the Headache Out of Prescribing”
Presented by Walter L. Fitzgerald, Jr., BPharm, MS, JD
This program focuses on the prescribing issues related to controlled substances and other high-risk medications. This seminar assists prescribers in managing the risks associated with prescribing and the subsequent management of medications including ways to identify and mitigate abuse within established guidelines. The current legal landscape for prescribing, and tools available to assist and support prescribing, are reviewed. Actual cases involving various types of medication mismanagement and steps to prevent medication errors are reviewed. This program includes a discussion of the Tennessee Controlled Substance Monitoring Database.

“It’s A Small, Square World”
Presented by Stephen Dickens, JD, FACMPE
This program focuses on common office errors including tracking, medication and prescription safety, confidentiality and customer service. It also features a light hearted look at working with others reminding us how our actions impact one another. Each topic features a video vignette illustrating the points of discussion. The seminar is designed for all members of a physician office support staff including nurses and medical assistants, front desk, billing, medical records, administrative staff and practice executives.

2011 Seminars

“Dealing with Difficult Colleagues”
Presented by Linda Worley, MD, FAPM
This program addresses the risk issues inherent in an environment where the unprofessional behavior of difficult team members is left unchecked. Focusing on the culture of disharmony which results from verbal abuse, criticism of colleagues and a refusal to follow policies, the potential for harm to patients and team members alike is discussed. Through narrative and video vignette presentations, this seminar provides physicians and staff alike with the tools and responses needed to build cohesive, positive working teams, while also recognizing and addressing unprofessional behavior.
“Managing Difficult Patients”  
*Presented by Linda Worley, MD, FAPM*  
This program focuses on the reasons physicians find particular patients more difficult than others and how this increases the risk for burnout and medical errors. Through narrative and video presentations, the program focuses on five classic “difficult” patients including those with a mystery diagnosis, self-destructive deniers, help rejecters, entitled demanders and dependent clingers. Also included is discussion regarding how high emotional IQ, family rules and recognizing one’s own triggers empowers a physician to manage the difficult patient.

“Improve Operations: Minimize Risk”  
*Presented by Stephen Dickens, JD, FACMPE*  
This program focuses on common risk issues from a medical practice’s office staff perspective. Video vignettes provide the framework for a discussion regarding medical errors, patient satisfaction, staff communication, office systems, documentation and premises liability. Also included is a discussion regarding the potential outcomes of common assumptions illustrated through video vignettes.

“Prescribing Practices: Understanding the Law and Reducing Risk”  
*Presented by Walter L. Fitzgerald, Jr., BPharm, MS, JD*  
This program focuses on the risks associated with inappropriate medication prescribing. Practitioner requirements related to prescribing controlled substances are covered along with tools and resources designed to achieve appropriate medication prescribing. A discussion specific to the Tennessee Controlled Substance Monitoring Database (CSMD) is also included.

General Video Resources

“It’s A Dog’s World”  
*by CRM Learning*  
This set of two DVDs includes both the first and second editions along with the PowerPoint presentation and participant handouts. “It’s A Dog’s World” presents challenges to all healthcare team members: Does the quality of our service match the technical quality of care we provide? Does the way we treat our patients meet their expectations? Does every member of our healthcare team do his or her share in meeting patient expectations? Patients are looking for good care and good service. The effective marriage of these critical factors is the key to your organization’s future success. “It’s A Dog’s World” helps convey the importance of good service in a memorable and humorous way.
**DVD Request Form**

Please fill out the following information and fax this page only to 615.846.1783 or email rmvideo@svmic.com

### Registration Information

- **Contact Name**: ____________________________________________________________
- **Physician Name**: ________________________________________________________
- **Street Address**: _________________________________________________________ Suite # _____________
- **City**: ___________________________ State ________________ Zip Code ______________
- **Office Phone #**: (       )_____________________________ Fax # (       )__________________________________
- **Dates Needed For 2-Week Check-Out**: ___________________________________________

### Program Titles *

Please Mark Choice(s): Program descriptions are listed on pages 2-3

- [ ] 2012-G1 “The Anatomy of a Medical Malpractice Lawsuit”
- [ ] 2012-G2 “Taking the Headache Out of Prescribing”
- [ ] 2012-OS “It’s A Small, Square World”
- [ ] 2011-G1 “Dealing with Difficult Colleagues”
- [ ] 2011-G2 “Risk Issues Related to Office Midlevel Providers”
- [ ] 2010-G1 “Managing Difficult Patients”
- [ ] 2010-G2 “Prescribing Practices: Understanding the Law and Reducing Risk”
- [ ] 2010-OS “Improve Operations: Minimize Risk”

* This is a partial list of program titles. For more programs available in the DVD resource program, visit www.svmic.com, Risk Management, Resources

### Credit Card Information

Please provide credit card information below. A replacement fee of $200 will only be charged if the DVD is not returned.

- [ ] AMERICAN EXPRESS  [ ] DISCOVER  [ ] MasterCard  [ ] VISA
- **Credit Card #**: ____________________________________________________________
- **Expiration Date**: _____________
- **Print Cardholder Name**: ____________________________________________________
- **Signature**: ________________________________________________________________

QUESTIONS? Contact Risk Management at 800.342.2239 or 615.377.1999
PO Box 1065 · Brentwood, Tennessee 37024-1065
Risk Points

Starting a New Year - Tracking KPIs for Your Practice

(continued from page 1)

Timely distribution of the dashboard to practice leaders is critical. It does not do any good for practice leaders to get data several months after the fact. The purpose of the KPI dashboard is to spot trends, both good and bad, and use the information to do something about any negative movement before it develops into a full-blown crisis. Astute managers keep an eye out for negative trends and anomalies such as a sudden increase in receivables or slowdowns in cash flow. These should be highlighted on the monthly reports or brought to the attention of the physicians sooner if the issue is significant enough.

The data, and the manager’s commentary, on the monthly KPI dashboard report creates the basic framework for the business intelligence which physician leaders need to be effective owners of the practice. There are four key indicators recommended for monitoring and reviewing at least monthly to make sure your practice is operating efficiently.

**Patient access** – This is tracked by the average wait time to the next available appointment for new and established patients and includes the rates of no-shows, cancellations and bumps (rescheduled patients for practice convenience as opposed to a patient request) as well as the percentage of new patients to total appointments. New patients who experience long waits for their initial appointment enter the relationship already dissatisfied with a poor impression of the practice. Established patients also experience dissatisfaction and potential risk issues in waiting too long for follow-up appointments. An access problem may lead to a loss of both new and established patients.

**Billing** – This financial assessment of the practice includes days in receivables outstanding; current outstanding credit balances; time of service collections such as copayments, coinsurances, deductibles and outstanding patient balances; aged trial balance (particularly the percentage older than 120 days); and adjusted collection rate. Finally, be sure to monitor the payer mix and include cash in the bank.

**Productivity** – This is measured by work Relative Value Units (RVUs) per physician and any mid-level providers; work RVUs per staff member which is a great indicator of staff productivity and more revealing than the frequently used staff per provider measure; patient encounters per provider; work RVUs per encounter which is an excellent indicator of appropriate coding; inbound telephone calls per encounter, which serves as a rough indicator of the out of office work being managed by the staff; a graph of E/M codes which typically looks like the classic bell curve; and, possibly, a running count of the top 20 CPT codes billed.

**Satisfaction** – This is an annual or semi-annual measure of patient, referring physician and employee satisfaction. While the computation of the fourth indicator, satisfaction, is less objective and may seem out of place among the previous three indicators, it may be one of the most critical measures one can take related to the practice’s long-term future. Patient feedback can be obtained from questionnaires, follow-up phone calls, a suggestion box or logging patient complaints. There are a number of services which provide online patient satisfaction survey instruments. Some are designed especially for different medical specialties. Consult with the state chapter or national Medical Group Management Association (MGMA) for a list of vendors that work in the area.

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Incorporating historical data, such as what the indicator read at this time last year as well as industry normative data, allows for comparison and provides a sense of how the practice compares with practices of similar size, structure and/or specialty. While an historical analysis is useful, the most important function is to do something with the KPI information. If credits are a problem, require staff to process them back to the correct party within 60 days of appearing on the ledger. If aging receivables are a problem, dig deeper to see if patient payment plans are dragging down the results.

Finally, do not be fooled by reports and data without an understanding of the supporting operations. Certain behaviors, such as routinely writing off uncollectable funds, will make receivables appear rosier than reality. Physicians should not take their eye off operations just because they are measuring and monitoring data. There is no substitute for efficient and effective work processes and communication. This is a good time to establish regular meeting habits with staff to review data and practice operations.

The ultimate use of the KPI dashboard is to improve, not to find scapegoats. Use the monitoring results to uncover areas of underperformance and take steps to turn them around. If your practice needs assistance in developing a dashboard, contact the SVMIC Medical Practice Services department at 800.342.2239 for assistance.

Elizabeth Woodcock, MBA, FACMPE, CPC, is a national practice management speaker and author. She was educated at Duke University and The Wharton School of Business. She authors a twice monthly newsletter, The SVMIC Practice Management Advisor, which is available at no charge to SVMIC policyholders and staff. To receive this newsletter, email advisor@svmic.com with the names and email addresses of those you wish to add.

2013 Risk Management Seminar for Non-Physicians

“Why Can’t We All Just Get Along?”

Difficult patients take many forms. While some patients may make a scene in the office, become verbally abusive and a few even make threats against staff, these tend to be rare situations. The majority of patients considered difficult are those who have unmet expectations, often unexpressed. Unmet expectations invariably result in patient dissatisfaction and enhance the risk for poor patient outcomes, and patients with poor outcomes are more likely to pursue litigation.

Staff working in a medical office are required to work closely together and juggle multiple tasks while supporting the physicians for whom they work and the patients they serve. Different ways of accomplishing tasks, personal motivations and personal styles can give the appearance particular employees are either overly demanding, too rigid or simply do not care. This can lead to the perception that certain employees are difficult. When employees are not able to resolve their differences in a collaborative manner, mistakes, burnout and medical errors are the consequences.

Because of the frequency of questions on how to handle these situations, this year’s Risk Management seminar offerings will feature a seminar for staff focusing on the risk issues related to difficult patients and coworkers. The 2013 Risk Management Staff Seminar, “Why Can’t We All Just Get Along?”, is designed for all members of the support staff including nurses and medical assistants, front desk, billing, medical records, administrative staff and practice executives. This seminar will focus on difficult patient and staff situations, including demanding and dependent patients as well as communication issues among staff. The seminar also features a light hearted look at confidentiality, reminding us how a simple slip can quickly get out of control. Please note: NO Physician 10% Premium Credit.

We will present this program with a series of video vignettes followed by discussion from our speaker, Stephen Dickens, JD, FACMPE, Risk Management Specialist at SVMIC.
Electronic Health Records (EHRs) potentially promote safe and efficient medical care by providing legible and accessible records across locations and specialties, improving documentation, delivering messages and reminders and facilitating workflow. However, like all medical devices, EHRs can potentially induce errors and cause adverse events. Thus, EHRs represent a promising technology that brings unique challenges to interpersonal communication and documentation. In a 2012 Physician Insurers Association of America survey in which SVMIC participated, more than 50% of carriers reported having EHR-related claims. Among dozens of issues were: cases where the printed records differed substantially from data entered during visits; electronic “metadata” were used to discredit physician statements about dates and times; templates, “copy/paste”, and “auto-populated fields” generated clearly false documentation; and alerts and reminders were overridden or neutralized.

Often, the physician is unaware of the risks presented by electronic health records and is surprised when the printed record differs substantially from the data entered during the patient visit. Ideally, the EHR will provide the same, if not better, documentation than a paper chart. That includes a clearly legible, fully documented and comprehensive medical record which employs pertinent guidelines and alerts, mandatory security measures and complete and easy access to the stored information.

This course will examine common risk issues for EHR users and offer expert suggestions for mitigating liability. The program will utilize an interactive audience response system to engage the audience and will include a videotaped interview with a defense attorney offering anecdotes and advice to improve defensibility of electronic documentation. Please note: 10% Premium Credit available for physicians attending this seminar.

For more information on the 2013 Risk Management programs, watch for your Risk Management Program Book which will be mailed to every policyholder soon, or check our website at www.svmic.com, Risk Management.
# Risk Points – Winter 2013

What's Inside...

- Starting a New Year: Tracking KPIs for Your Practice
- Upcoming Risk Management Seminars

## SVMIC Risk Points Newsletter

SVMIC Risk Points newsletter is a quarterly publication sent to each SVMIC insured. This newsletter is developed by the Risk Management Department of SVMIC with the intent of helping SVMIC insureds reduce liability and risks. It is not intended to establish practice standards or serve as legal advice. Please send comments, suggestions or questions to the Risk Management Department at AskRM@svmic.com.

**Editor:** Stephen Dickens  
**Coordinator:** Anna Lora Whitley

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P.O. Box 1065  
Brentwood, TN 37024-1065

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## What's Inside...

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- Upcoming Risk Management Seminars

## 2013 Risk Management Seminar Schedule *

### “Preparing the Physician for Deposition and Trial” (Physicians)

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* Listed above is a partial schedule of the 2013 Risk Management seminar dates. For more information, watch for your Risk Management Programs Book which will be mailed to every policyholder in March, or check our website at [www.svmic.com](http://www.svmic.com), Risk Management.