CHIROPRACTIC OFFICE MANAGEMENT: BEYOND THE BASICS

Lisa Maciejewski-West, CMC CMOM CMIS CPCO

Owner/Founder, Gold Star Medical Business Services

www.goldstarmedical.net

info@goldstarmedical.net 866-942-5655

GOLD STAR
Medical Business Services
"GIVING DOCTORS THE FREEDOM TO BE DOCTORS"

LISA MACIEJEWSKI-WEST: CMC, CMOM, CMIS CPMA-I, CPCO-I

- Owner/Founder Gold Star Medical Business Services
- **44 years** in the Chiropractic/Medical Administration Field
- Certified Professional Compliance Officer (CPCO-AAPC)
- Certified AAPC Instructor (CPCO)
- National Advisory Board, American Medical Billing Association
- Creator/Facilitator, National Chiropractic Insurance and Billing Helpdesk in collaboration with ChiroCongress
- Chair, Board of the TX State Office of Risk Management
- Member TX and GA Chiropractic Association's Insurance Reimbursement Committee
- Proud Supporter of the Chiropractic Future Strategic Plan

GOLD STAR MEDICAL BUSINESS SERVICES WWW.GOLDSTARMEDICAL.NET INFO@GOLDSTARMEDICAL.NET 866-942-5655

COPYRIGHT STATEMENT

Some of the Material in this presentation is taken from the AI Certification Course by AAPC. This material is for educational purposes only, and the instructor is not being paid by AAPC to teach the course.

ANTITRUST COMPLIANCE

Gold Star Medical is committed to full compliance with all applicable federal, state, and international antitrust laws. Participation in this presentation may bring together competitors. Accordingly, all attendees must be mindful to:

- NOT discuss or exchange sensitive competitive information, including:
  - Prices, fees, reimbursement rates, or payment terms
  - Market allocation (territories, customers, referral sources)
  - Supplier or vendor selection, quality, or boycotts

- NOT engage in or suggest agreements to:
  - Fix prices or fees
  - Divide markets or customers
  - Refuse to deal with third parties

LEGAL DISCLAIMER

The information contained in this presentation is provided solely for general educational and informational purposes and does not constitute legal advice, regulatory guidance, or a substitute for professional consultation.

The presenter is not an attorney and does not provide legal services. No representation is made that the information is complete, accurate, or up to date, and it should not be relied upon as such.

Application of the information presented may vary based on specific facts, payer policies, jurisdictional requirements, and applicable laws or regulations. Attendees are strongly encouraged to seek advice from qualified legal counsel or other appropriate professionals before making any decisions based on this information.

Use of this material does not create an attorney-client, advisory, or consulting relationship.

I'VE JUST BEEN PROMOTED TO OFFICE MANAGER

Now what?

REALITY OF OFFICE MANAGER PROMOTIONS

Most Chiropractic office managers are promoted from within the company

Most practice owners don’t really have a clear picture of what they want their office manager’s role to be

DEFINING THE ROLE OF OFFICE MANAGER

- Staff Management
  - Hiring/Firing/Counseling
  - Training new Staff
  - Managing Staff Schedules, vacations, time off
  - Payroll
  - Bonuses
  - Daily Department Management/Oversight
  - Employee Retention/Employee Morale
- Patient Management
  - Ensuring Smooth/Seamless Operation of Patient care
  - Handling Disgruntled Patients
  - Implementing/Enforcing Office Policies
- Provider Management
  - Provider Schedules/Coverage
  - Provider Compliance

DEFINING THE ROLE OF OFFICE MANAGER

- Compliance and Law

  HIPAA . OSHA, FCA, EEOC, No Surprises, ADA , STARK, AKS

- Financial Management

  Oversight of Billing Department

  Billing Compliance

  Accounts Receivable Management

  Accounts Payable Management

  Inventory Control/Supplies

  Budgeting/Overhead Management

- Project Management

  EMR/Software Migrations

  Technology Analysis and Implementation

  Research New Revenue Streams, Ancillaries

  New Patient Acquisition Projects

PROMOTIONS

- <u>THINKING ABOUT IT?</u>

  Develop a job description

  Set Benchmarks

  Assess Current Staff for qualifications

  Consider hiring from outside the organization

  Can one person do it all?

  Is the Office Manager also going to continue working in their current position?

- <u>ALREADY PROMOTED?</u>

  Is there a Job Description?

  Have Benchmarks been Set?

  Is the current office manager cut out for the job?

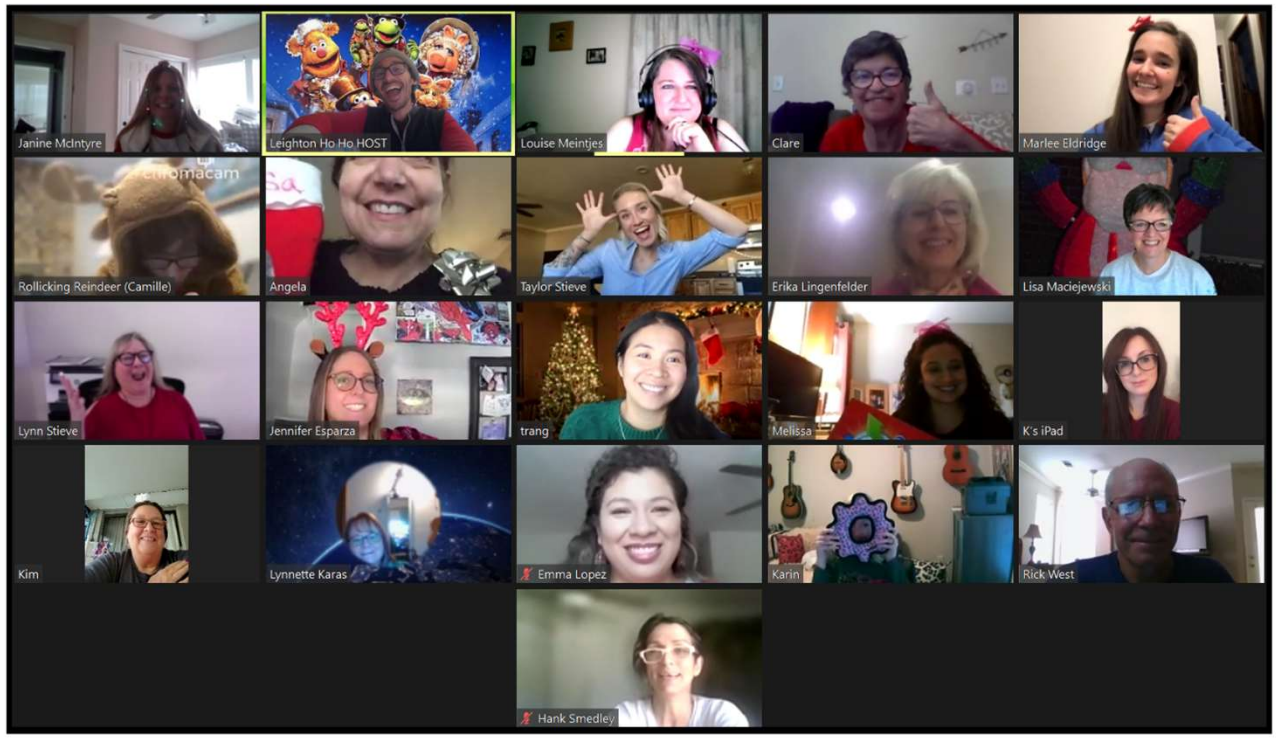
  Are they able to get everything done?

  Is this an “in name only” promotion to make a current employee feel more important, or have their job duties actually changed?

ESSENTIAL QUALITIES OF AN OFFICE MANAGER

- Knowledge of Operations they will be responsible for
- Natural Leader
- “First one in, last one out” – Commands Respect
- Delegates tasks, but is willing to jump in and help when needed
- Mindful of Laws that Govern Healthcare, Staff and Practice Management
- Ability to separate themselves from the rest of the staff – not their buddy
- Proactive, not reactive
- Cool Head/Professional at all times
- Maintains strict confidentiality in all areas of office and staff operations

STAFF MANAGEMENT



teambuilding™

LABOR LAWS

There are many labor laws that employers must adhere to.

Employers must be mindful of both Federal AND State Law

The law that offers the highest level of protection for the employee is the superceding law

EXAMPLE: Federal Minimum Wage is $7.25/hr. South Dakota Minimum Wage is $11.50/hr

AT-WILL EMPLOYER: WHAT DOES IT MEAN?

- FLORIDA is an at-will employment state. This means that, unless there is a specific contract stating otherwise, either the employer or the employee can terminate the employment relationship at any time, for any reason, or for no reason at all, provided the termination does not violate any laws. **Employees in an "at-will" employment setting are also free to resign at any time, for any or no reason without incurring liability to the employer.**
- **Termination under the "at-will" doctrine cannot be wrongful. Termination can be wrongful if it contravenes federal or state law on the basis of discrimination.**

LABOR LAW RESOURCES

- US DEPARTMENT OF LABOR: https://www.dol.gov/

  Helps you understand and manage the most common Federal Employment Laws

- DEPT OF LABOR E-LAWS ADVISOR: https://webapps.dol.gov/elaws/index.html

  E-laws is a set of interactive, online tools to help employers and employees learn more about their rights and responsibilities under numerous Federal employment laws.

- FLORIDA LABOR LAWS: https://floridajobs.org/workforce-services

- EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC): https://www.eeoc.gov/

  The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, childbirth, or related conditions, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.

LABOR AND HR LAWS OFFICE MANAGERS NEED TO KNOW ABOUT

- Fair Labor Standards Act (FLSA): Governs Minimum Wage, overtime pay, break rules and exempt vs. non exempt employees

  EXEMPT EMPLOYEES: Means they are EXEMPT from having to be paid overtime, which is 1.5X average hourly OR salary wage.

  NON-EXEMPT EMPLOYEES: Are NOT exempt from having to be paid overtime

- How do I determine if an employee is exempt?
  - Must be in an Administrative or Professional position: Ability to make departmental decisions, set policies, hire/fire, or be in a professionally technical position (ie: Doctor of Chiropractic, Associate Dr)
  - The federal overtime rule stipulates that the minimum salary requirement for administrative, professional, and executive exemptions is $684/week ($35,568/year).

AS A SALARIED OFFICE MANAGER, AM I AN EXEMPT OR NON-EXEMPT EMPLOYEE?

- Do you make over $35,568/yr?
- Does the practice owner give you any independent decision-making authority?
  - ✓ Can you hire/fire staff without the owner's approval?
  - ✓ Can you make operational/procedural decisions without the owner's approval?
    - ✓ Setting New office hours
    - ✓ Moving staff from one job to another
    - ✓ Hiring a billing company
  - ✓ Can you make major purchases without the owner's approval? (over $1000)
  - ✓ Can you negotiate any kind of contract? (Attorney/CPA, Associates, Rentals, Construction etc)

CASE STUDY: SEMINAR AND TRAINING PAY

- We want to take our employees to a Seminar next weekend. We're going to cover the costs of the seminar registration, travel, and all expenses. Do we have to pay them their hourly wage as well?
- Is the training mandatory?
  - ✓ YES: Pay them, and if their hours exceed full time in a pay period, pay 1.5x unless EXEMPT
  - ✓ Pay for Time in class, and travel time
  - ✓ NO: Not required to pay them. NO RETAILIATION IF THEY CHOOSE NOT TO COME. You may not enforce attendance. You may not overlook a person for promotion if they don't attend.
  - ✓ COMP TIME/VACATION: You may offer comp time in lieu of overtime pay, but the comp time must be in the same pay period as the required training

MAKE SURE YOU HAVE ALL APPLICABLE AND REQUIRED LABOR LAW POSTERS PROMINENTLY DISPLAYED IN A COMMON AREA THAT IS ACCESSIBLE TO ALL EMPLOYEES

MAKE SURE POSTERS COVER BOTH FEDERAL AND STATE LAWS

GET NEW POSTERS EVERY YEAR

https://www.eeoc.gov/poster

LABOR AND HR LAWS TO BE MINDFUL OF

- Title VII of the EEOC (Equal Employment Opportunity Commission) This is the law that protects people from employment discrimination on the basis of race, color, religion, sex, national origin or pregnancy status.
- Age Discrimination in Employment Act (ADEA): This law is often lumped in with Title VII when it comes to discrimination, but this is actually a separate act that protects people who are over 40**.** **Avoid Age Discrimination:** You can't say, "we're looking to hire young and energetic people!" Don't make age-related jokes and don't start asking older employees when they plan to retire. Only the employee gets to make that decision.
- NLRA- National Labor Relations Act: This law protects your employees' right to talk about their working conditions. This means it's illegal for you to prohibit or punish employees for talking about their salaries or for complaining about scheduling.

FMLA (FAMILY MEDICAL LEAVE ACT 1993)

ADA-AMERICANS WITH DISABILITIES ACT

What Employers Are Covered by the ADA?

Job discrimination against people with disabilities is illegal if practiced by:

- private employers,
- state and local governments,
- employment agencies,
- labor organizations,
- and labor-management committees.

ADA FEDERAL AFFECTS EMPLOYERS WITH 15 OR MORE EMPLOYEES WITHIN A 75 MILE RADIUS

The South Dakota Human Rights Act, codified in SDCL Chapter 20-13, prohibits discrimination based on disability in several areas

WHAT CONSTITUTES A DISABILITY?

To be protected under the ADA, an individual must have a record of, or be regarded as having a substantial, as opposed to a minor, impairment. **A substantial impairment** is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning or working.

https://www.eeoc.gov/laws/guidance/your-employment-rights-individual-disability

ADA AND REASONABLE ACCOMMODATION

What is Reasonable Accommodation?

- Reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For example, reasonable accommodation may include:
- providing or modifying equipment or devices,
- job restructuring,
- part-time or modified work schedules,
- reassignment to a vacant position,
- adjusting or modifying examinations, training materials, or policies,
- providing readers and interpreters, and
- making the workplace readily accessible to and usable by people with disabilities.

PREGNANT WORKERS FAIRNESS ACT (EFFECTIVE JUNE 27, 2023)

- The Pregnant Workers Fairness Act (PWFA) is a new law that requires covered employers to provide "reasonable accommodations" to a worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an "undue hardship."
- The PWFA applies only to accommodations. Existing laws that the EEOC enforces make it illegal to fire or otherwise discriminate against workers on the basis of pregnancy, childbirth, or related medical conditions.
- The PWFA does not replace federal, state, or local laws that are **more protective** of workers affected by pregnancy, childbirth, or related medical conditions. More than 30 states and cities have laws that provide accommodations for pregnant workers.

South Dakota law protects pregnant employees from discrimination and wrongful termination through the South Dakota Human Rights Act (SDCL Chapter 20-13)

STAFF MANAGEMENT CHALLENGES

- Promoted- you are now supervising people you worked alongside. How are they responding to your authority over them?
- How are you going to communicate throughout the day?
  - ✓Make rounds, see how everyone is doing. Ask if they need help with anything
  - ✓Chat feature
  - ✓Shift Huddle
  - ✓Avoid Micromanaging
  - ✓Avoid "under Managing"
- Stay ahead of coverage needs. Is someone going to be out?
- Have contingency plans for unexpected absences
- Develop a WRITTEN HR policy with your Practice Owner – review with staff and use as a guidance document

MANAGING THE DAILY OPERATIONS

- OPENING
  - ✓ Morning Shift Huddle
  - ✓ Everybody in place?
  - ✓ Review the schedule
  - ✓ Review the patients – any problem patients coming in, patients with overdue balances, etc
  - ✓ Provider considerations – anyone out, or have to leave early?
- DURING THE DAY
  - ✓ Everyone staying on time?
  - ✓ Everyone staying on task?
  - ✓ Any monkey wrenches or brushfires to deal with?
- CLOSING
  - ✓ Daily checks and balances “when the day is over, the day is over”
  - ✓ All patients accounted for
  - ✓ All Money accounted for
  - ✓ Secure computers/technology
  - ✓ Charges entered in system for billing or sent to billing company
  - ✓ Provider notes completed

FRONT DESK OPERATIONS MANAGEMENT

- ✓ What job duties are expected of the Front Desk CA? Office Manager checklist:
  - ✓ Scheduling
  - ✓ OTC Collections
  - ✓ Traffic Management
  - ✓ Keeping providers on time and focused through block scheduling
  - ✓ Patient Engagement
  - ✓ Profiling New Patients
  - ✓ Updates to Existing patients, ie: new insurance cards, coordination of benefits
  - ✓ CLOSING CHECK AND BALANCE: All OTC collections accounted for, match daysheet
  - ✓ CLOSING CHECK AND BALANCE: ALL APPOINTMENTS ACCOUNTED FOR, patients are properly checked in and out
  - ✓ Charges entered for the day, match daysheet (this may be a function of provider or biller)

BILLING OPERATIONS MANAGEMENT

- ✓ What job duties are expected of the Billing Department? Office Manager checklist:
  - ✓ Scrubbing and Billing
  - ✓ Clearinghouse/Payer rejects worked
  - ✓ Insurance Payments posted/recorded
  - ✓ Verification/Eligibility of Benefits on new and returning patients (may also be a FD duty)
  - ✓ Denials and Appeals
  - ✓ Working A/R
  - ✓ CLOSING CHECK AND BALANCE: All Insurance collections accounted for, match day sheet
  - ✓ CLOSING CHECK AND BALANCE: Billing report on Office Manager's desk
  - ✓ Charges entered for the day, match daysheet (this may be a function of provider or biller)

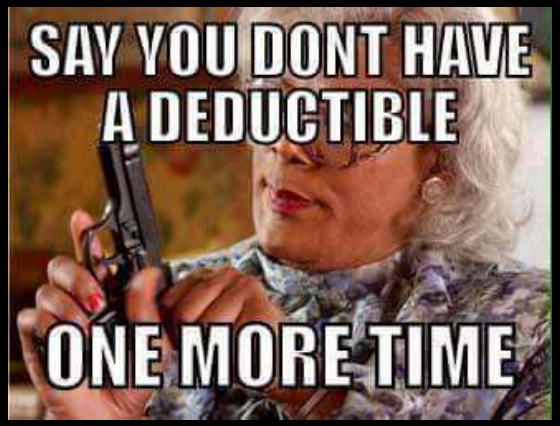
CLINICAL OPERATIONS MANAGEMENT

- ✓ All rooms properly stocked and cleaned
- ✓ Sufficient inventory (ie: BioFreeze, Vitamins/Supplements, Braces, etc)
- ✓ Equipment in good working order
- ✓ Clinicians staying up to date with their notes
- ✓ Clinicians staying on time
- ✓ Properly routing patients to CT's for therapy/rehab
- ✓ Ancillaries OK? (Nutritionist, Acupuncture, etc)

OFFICE MANAGER'S ROLE IN TRAINING

- MANDATORY TRAINING:
  - ✓ Departmental: Front Desk, Billing, CT/Back Office
  - ✓ HR Policies – Review with staff within 30 days of employment
  - ✓ HIPAA Training - Annually, everybody!!!!
  - ✓ Providers: Documentation, Billing Laws
- SUPPORTIVE/NON MANDATORY TRAINING:
  - ✓ Billing and Coding seminars
  - ✓ Personal Development Training
  - ✓ Higher Education
  - ✓ Certifications
  - ✓ New Revenue Streams

USING KPI'S TO MANAGE YOUR PRACTICE



KPI = KEY PERFORMANCE INDICATOR

FINANCIAL KPI'S

PRACTICE MANAGEMENT KPI'S

ACCOUNT RECEIVABLES (AR)

- When you bill out claims, these unpaid services become part of your Accounts Receivables
- Patient Monies that are not collected become part of your AR
- Monthly AR Reports show you everything that is outstanding. Can be:

  Broken down by Pending Insurance Claims

  Broken down by Pending Patient Money

  Broken down by Insurance Carrier/Case Type

  Broken down by Age of Outstanding Balance

  Make sure you know how to run AND analyze these reports!

FINANCIAL METRIC: DAYS IN AR

What is Accounts Receivable Days?

Accounts receivable days is a formula that helps you work out how long it takes to clear your accounts receivable, or the number of days that an invoice will remain outstanding before it’s collected.

EXAMPLE

AR is $1,200,000

Yearly Collections $600,000

600000/1200000 = .5 (move 2 decimal places to the right) = 50 days

WHAT'S A "GOOD" AR?

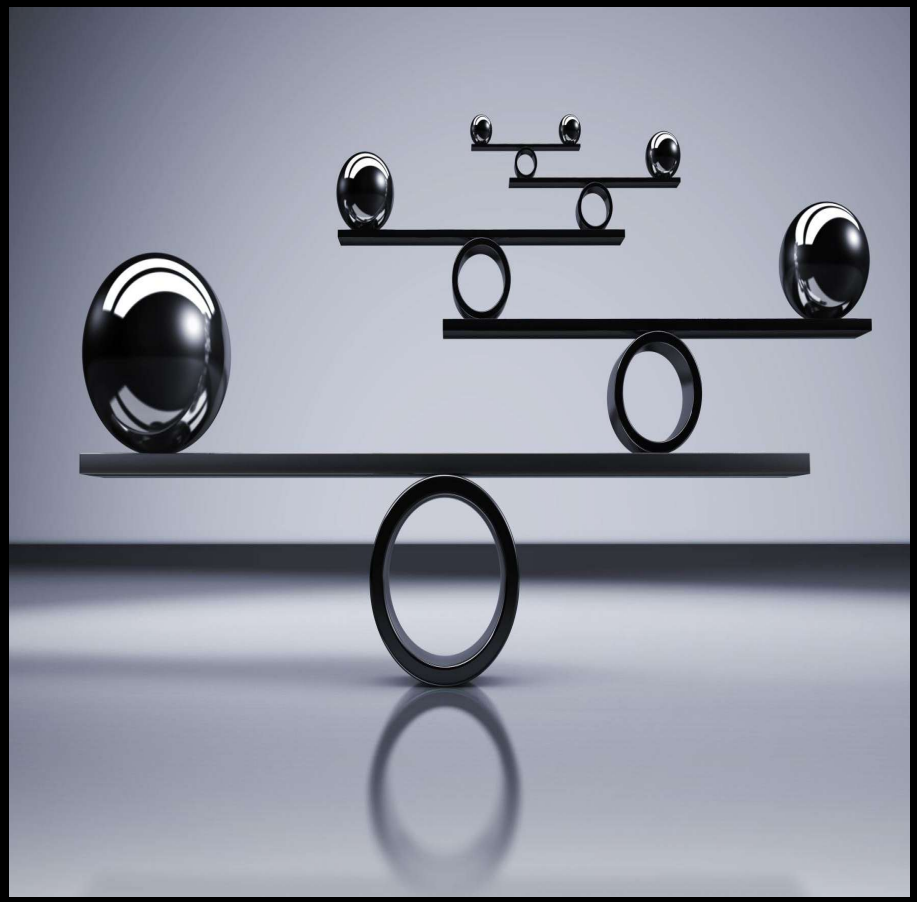
Goal should be to keep accounts in AR at 45 days or less.

Breaking down AR will help you determine where the holes are in collections. Break down by:

Insurance AR (estimated $$ that are expected to be paid by insurance companies)	Patient AR (Unpaid patient balances – self pay, deductibles, copays, etc)	Personal Injury AR – if you treat PI patients, your days in AR might be higher due to unsettled PI claims. Extract PI out of your AR and run it separately. It would not be reasonable to have PI AR at 45 days or less. A "good" PI days in AR would be 6 months.

THE AR "SWEET SPOT"

- When looking for INSURANCE AR that is at its MOST collectable, target unpaid claims in the 45-90 day range
- Break down AR by payer- improves efficiency
- Look for largest balances and work your way down to smallest balance
- Working AR from A-Z may not be the most effective method, especially if you have hundreds of pages to go through.
- New AR should be run EVERY MONTH. If you don't get through your AR in a month, generate a new report. Don't' work off the same AR for four months!



- It will be difficult to calculate your true AR unless it's cleaned up first – some things that need to be done to get a true picture of your AR

  Insurance AR

  - Make sure all EOB's are posted before generating AR report
  - Make sure all contractual write offs correctly applied
  - Make sure all applicable claims that have patient responsibility have been moved over to the Patient AR (Uncollected copays/deductibles, Zero Pay EOBs)

  Patient AR

  - Make sure all unapplied patient credits have been applied to patient accounts
  - Make sure all monthly auto pays are run before generating AR report

  Uncollectable Balances

  - Write off all uncollectable balances as soon as possible

    All insurance AR over 1.5 years (not including PI). Do this only after you have correctly transferred patient responsible balances to patient AR

    Patient AR over 2 years old – consider generating a "shotgun" statement to all old balance patients, see what can be collected. If no activity, write off.

WORKING OLD AR (OVER 90 DAYS)

- Don’t work your AR from oldest to newest. The older the AR, the less likely you are to collect.
- Old AR is mostly cleanup work.
- Allocate a certain number of hours/week on old AR. STOP once you have reach that threshold
- Larger practices/clinics with multiple employee billing departments may want dedicate one or several employees to clean up old AR.
- Never put your clinic in a position of constantly chasing old AR. Divide and conquer!

ANALYZING YOUR AR

Look for GROUPS of non payment first-this will allow you to collect on multiple accounts at once

Look for patterns: (examples)

You have a bunch of claims from one particular **billing date** that did not get paid. (Problem at Clearinghouse, problem with the claim batch)

You have a **carrier** that has not paid in over 30 days (Credentialing issue, holding claims due to audit)

Identify your targets and get to work

RISK MANAGEMENT

- If AR is out of control, it's important to identify the primary culprits and fix the problems so they don't continue to compound

  Insurance: What are the top reasons for claims rejections/ denials?

  - Incorrect/Inaccurate/Missing demographics
  - Incorrect/improper CPT, Dx coding, missing/misused modifiers
  - Failure to follow LCD, Medical Policy guidelines
  - Insufficient documentation to support a claim (retrospective denials and recoupments)

  Patient: What are the top reasons why there are high patient balances?

  - Improper or no verification of benefits
  - Lack of good OTC collection protocols
  - Never send or sporadically send statements
  - Too many "deals" with patients, too hard to track
  - Prepays – balances "left over" are not being written off

OFFICE MANAGEMENT RCM OVERSIGHT

- Daily: Print daysheets, make sure checks and balances are done
- Weekly: Make sure billing has been done, and all issues in clearinghouse have been resolved
- Weekly: Make sure patient accounts, including insurance demographics, dx codes, etc are current
- Weekly: Go to clearinghouse and carrier websites to pull all EOB's delivered electronically
- Weekly: Print/View Unpaid claims reports, look for claims that should have been paid by now
- Monthly: Print AR each month and look for claims with NO activity that have aged over 30 days.

FINANCIAL METRIC 2: NET COLLECTION %

- How healthy are your collections? A good collection ratio should be OVER 90%
- FORMULA: Collections divided by NET SERVICES (Gross billing – write offs/adjustments)
- EXAMPLE: Collections/month $75,0000, Billed $145,000 - W/O $40,000 (NET $105,000_
- $75,000/$105,000 = .714 (move 2 decimal places to the right) = 71.4%

FINANCIAL METRIC 3: DENIAL RATE

- How many claims initially submitted are denied entry to the adjudication system?
- FORMULA: Denials/Rejections divided by Claims submitted
- EXAMPLE: 600 claims submitted, 55 rejections
- 55/600= .091 (move 2 decimal places to the right) = 9.1%
- Your denial/rejection rate should be less than 5%

FINANCIAL METRIC 4: AVERAGE REIMBURSEMENT RATE, AKA $VA

- What are your collections per patient vist?
- FORMULA: Collections divided by Patient Visits
- EXAMPLE: 600 pv, $35,000 collected
- 35,000/600= $58.33/PPV

FINANCIAL METRIC 5: COST OF DOING BUSINESS (COST PPV)

- This metric helps you analyze whether your collections are covering your overhead and your profit margins
- FORMULA: PV divided by Overhead
- EXAMPLE: Monthly overhead $25,000, PV 600
- 25,000/600= $41.66 cost ppv
- Collection PPV= 35,000/600= $58.33/PPV
- PROFIT MARGIN $58,33-$41.66 = $16.67 ppv

PRACTICE MANAGEMENT METRIC: PATIENT VISIT AVERAGE

- This metric helps you analyze how many times a patient will see you over the lifetime of the practice
- You can also use this to calculate your PVA on new patients over a period of time
- FORMULA: PV divided by NP
- EXAMPLE: Monthly PV 600, Monthly NP 35
- 600/35= 17.14 PVA

WHAT DOES MY PVA TELL ME?

- Patient Compliance, Patient Education and Practice Style

  Are patients following through with your treatment recommendations?

  Do you want to build a maintenance Practice?

  Are patients referring people to you?

WHAT'S A "GOOD" PVA?

- PVA numbers are dependent on several factors

  How long a provider has been in practice – a provider in practice 2 years should have a much smaller PVA than a provider in practice 20 years

  General rule: PVA should be a minimum of 10 in the 1st year of practice, and increase by 2 each year of practice thereafter, up to assuming provider promotes maintenance care

FORECASTING AND PLANNING

- Using your data, you can FORECAST your year, and set goals for improvement
- Example: Current Profit Margin is $16.67 ppv
- Average PV/month = 600
- Forecast Annual PV/Year = 7200 x $16.67 = $120,024 Profit/reinvestment funds

Are you happy with those numbers? If not, forecasting gives you the opportunity to set goals and respond based on fact of data.

- ❑ Increase Patient Visits
- ❑ Increase Revenue Centers
- ❑ Trim Overhead

PRACTICE MANAGEMENT METRIC: CPT/PRODUCTION ANALYSIS

- The goal of a CPT/Production Analysis is to look at your revenue streams and decide if you are maximizing them

  CMT

  Therapies/Rehab

  Exams

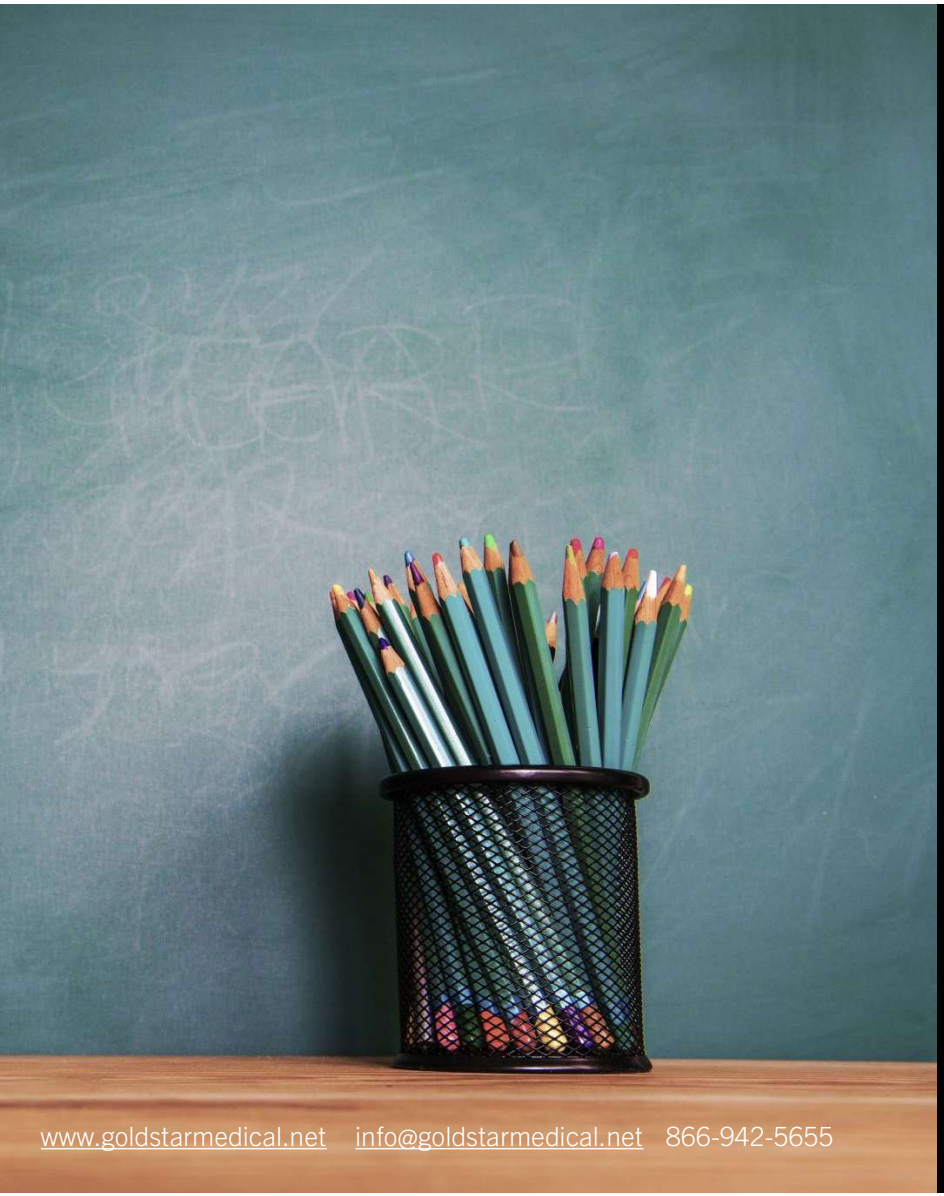
  Xray/diagnostics

  Ancillary: Massage Therapy, Acupuncture, Decomp, Laser, Nutrition, etc

- These metrics should be analyzed MONTHLY to assess downturns in production.

OMG!! DO I HAVE TO DO ALL THIS???

NO! These checklists are to be used with your staff to provide guidance on what needs to be done. Make them do, and report to YOU.



STAFF MEETINGS AND STAFF MOTIVATION

www.goldstarmedical.net info@goldstarmedical.net 866-942-5655


DOES THE IDEA OF A STAFF MEETING
MAKE YOU FEEL LIKE THIS?

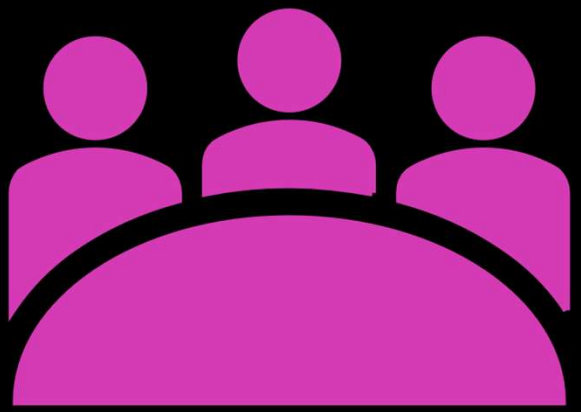

OR THIS?

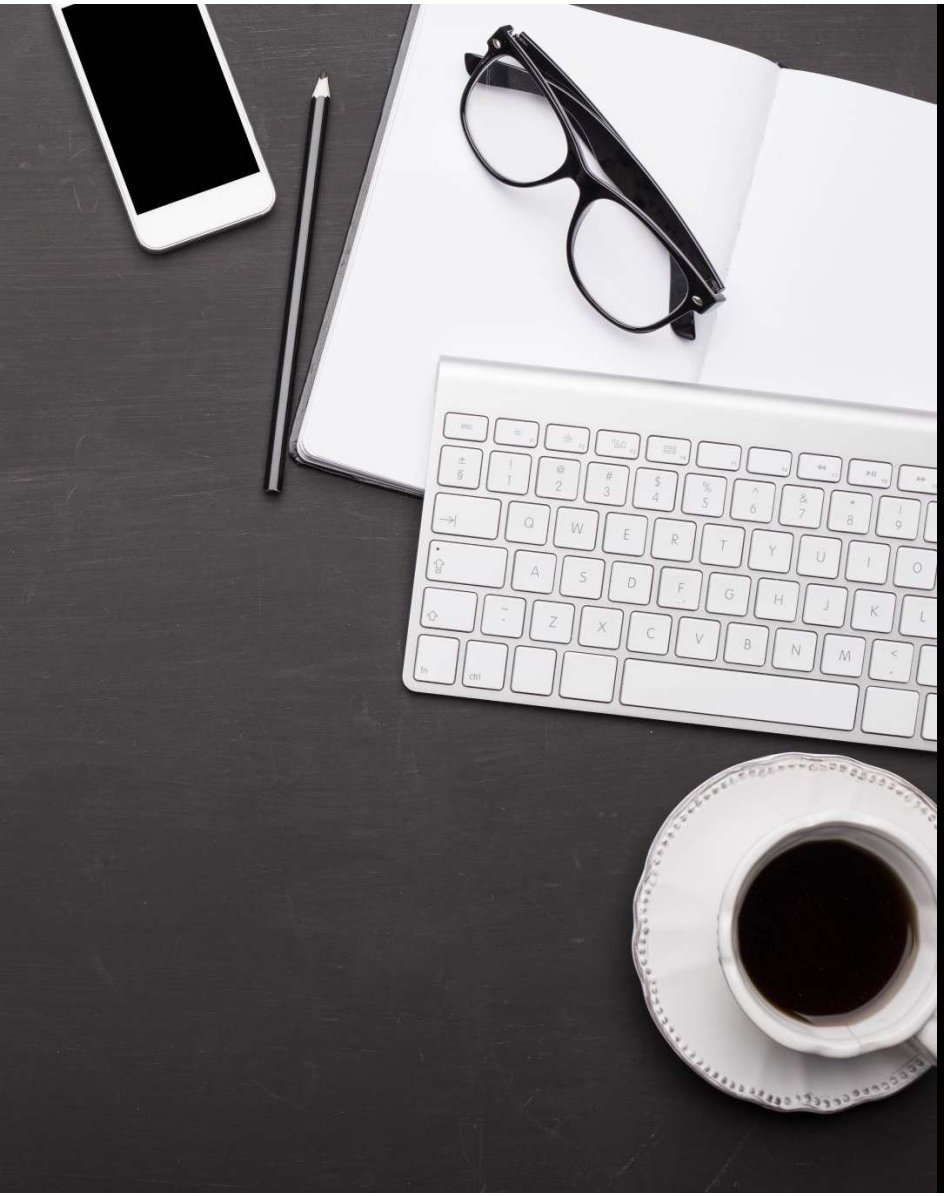
WHY ARE STAFF MEETINGS IMPORTANT?

- Team Unity
- Inter-Department Communication
- Education and Training
- Sharing Company Objectives- Staff Buy In
- Compliance

WHY DO STAFF MEETINGS FAIL?

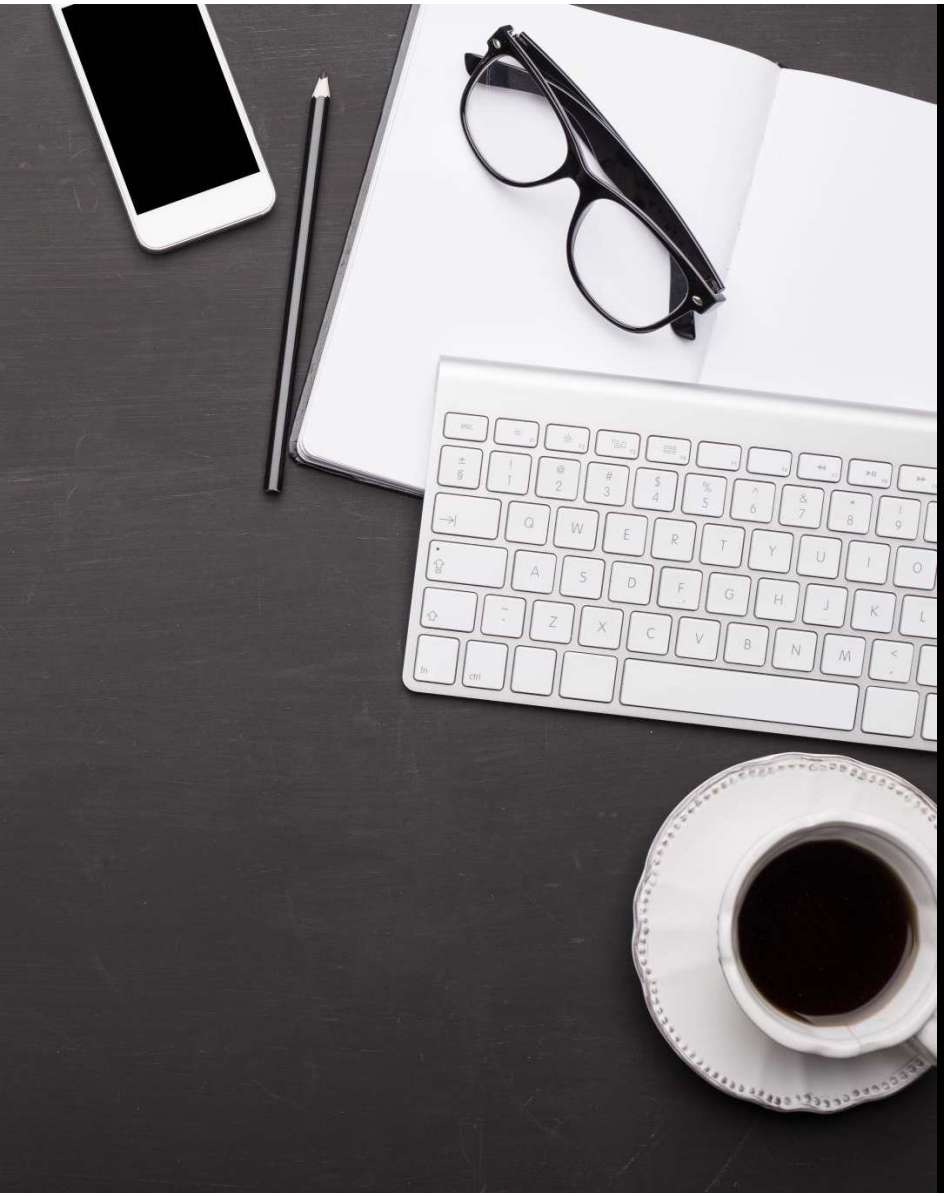
- BORING
- Lectures, not meetings
- Same Old, Same Old
- Discussion with no Action/Follow Up
- Lack of Participation/ Engagement
- “Staff Meetings All Day”





TYPES OF STAFF MEETINGS

- Shift Huddle
- One-on-One
- Departmental
- Inter-Departmental
- All Company
- Topic Driven
- Guest Speaker
- Staff Retreat

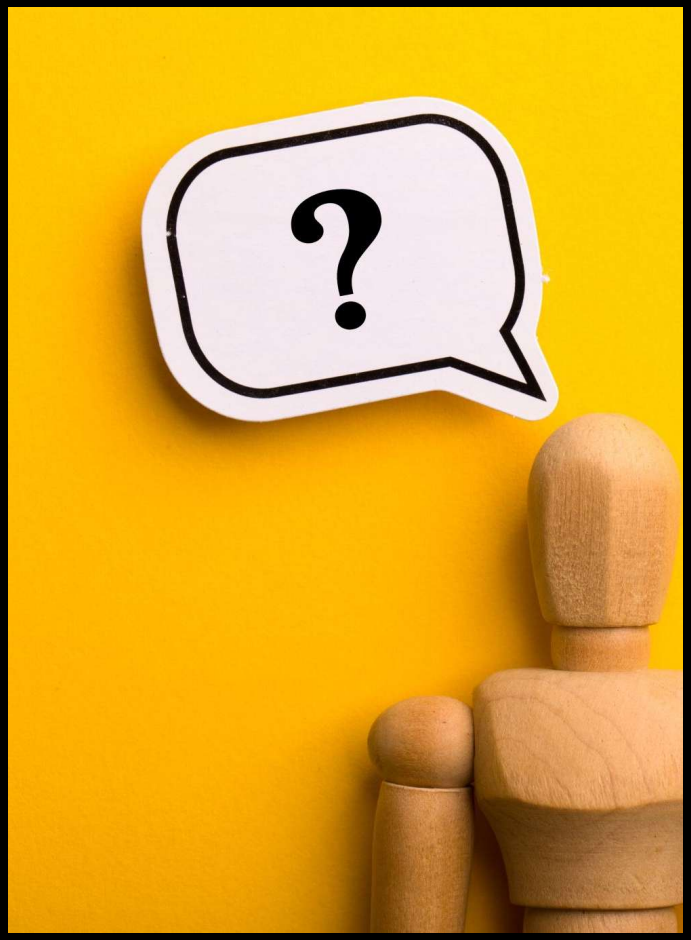


FREQUENCY OF STAFF MEETINGS

- **One-on-One, Departmental, All Company:** depends on size of organization, anywhere from weekly to monthly
- **Inter-Departmental**, As Needed
- **Shift Huddle** – Daily, 10-15 min.
- **Topic Driven** – As Needed
- **Retreat** - Annual
- **Guest Speaker** – Recommend 1 to 4 times/year

GENERAL GUIDELINES FOR ALL TYPES OF STAFF MEETINGS

- Have an Agenda
  - A few items you go over each time you meet.
- No Patients
- No Cell Phones
- No Computers
- Group Participation and Responsibility
  - Task your staff with reporting



STAFF MEETINGS NEED TO BE A SAFE PLACE TO COMMUNICATE

- Rankless
- No fear of retribution/retaliation
- No Bullying, in person or cyber

STAFF MEETINGS ARE NOT GRIPE SESSIONS

GENERAL RULE FOR ALL STAFF MEETINGS. IF YOU HAVE SOMETHING TO SAY, SAY IT. IF IT'S A PROBLEM, OFFER A SOLUTION.

- ✓ I think we have a problem with _____
- ✓ I think we should do this to fix it _____ or
- ✓ I'm not sure what to do about this, what do you all think?

STAFF MEETINGS ARE NOT "ALL DAY MEETINGS"

- Offices that discuss problems/issues throughout the day actually can cause a practice to lose focus, reduce productivity and create a negative work atmosphere
- RULE: If the house isn't burning down, save it for the next meeting (actually gives you new stuff to talk about each week). Keep a journal or list, or digest style email. Share your thoughts and concerns at the appropriate time.

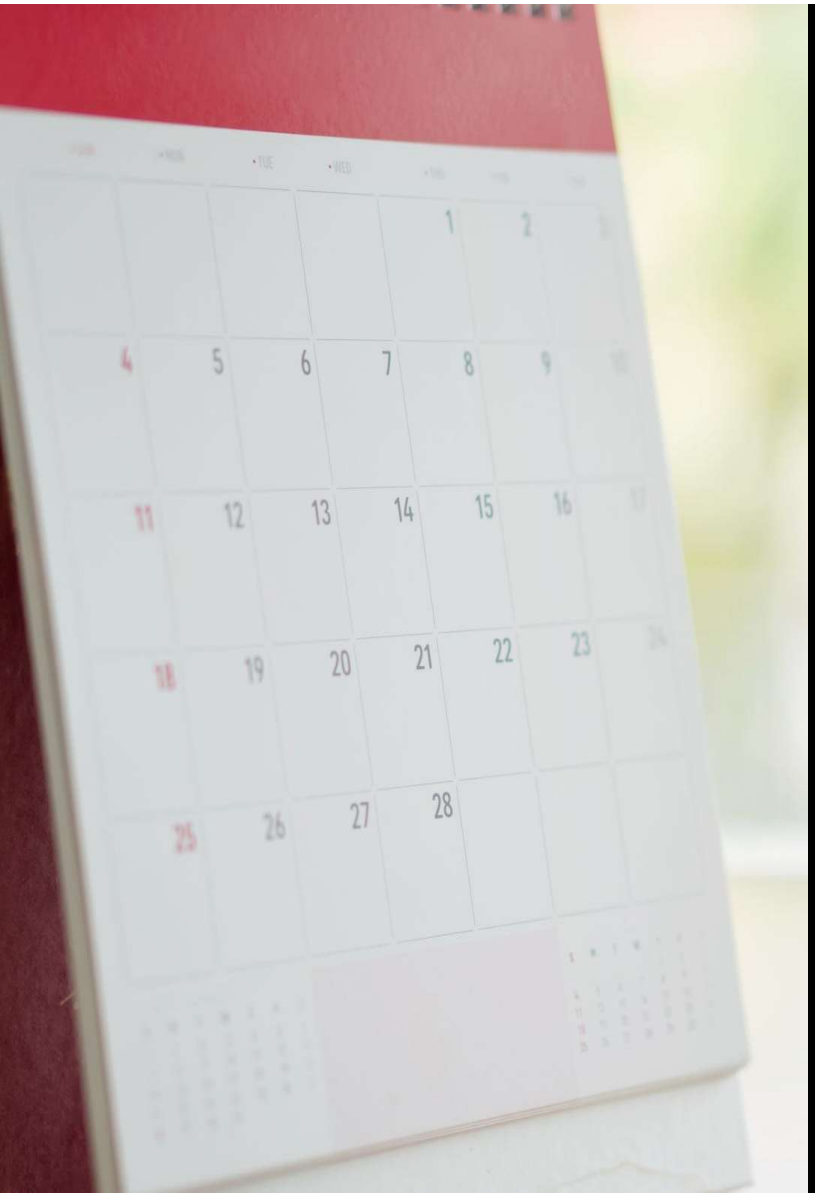
COUNSEL AND DISCIPLINE: THE OREO COOKIE METHOD

If you're going to cream someone, put two pieces of chocolate on either side

- Positives – what's right
- Challenges – what needs work
- Encouragement - ending on a positive note

SMALL PRACTICE AND FAMILY PRACTICE STAFF MEETING CHALLENGES

- Easy to talk about things all day long, why meet?
- Nothing to talk about
- Taking work issues home and discussing after hours



SHIFT HUDDLE

- EVERY DAY, WITHOUT FAIL!!!

  The most important meeting you'll have

  10-15 min MAX

  <u>Before you see patients</u>

  If you have multiple shifts, or part time employees, you have to do this before each shift. If not, 1x/day in the morning

  AGENDA: (TIP-Everybody should have a copy of the scheduled patients for that day)

  1. Front Desk: How Many patients today? New, Reacts, ROF's
  2. Billing: Does anyone need to make a payment today?
  3. Clinical: Patients not getting therapy, non-compliant patient
  4. Special Scheduling Circumstances: ie: Dr. has to leave early
  5. Something inspiring, or a good joke to send everyone off for the day

ONE-ON-ONE MEETINGS

- Needed when you have staff members supervising other staff members (ie: Front Desk Manager, Billing Manager, etc.)
- For Practices with multiple Clinicians-Clinical Meetings to go over patient case management
- Gives Owner/Practice Administrator opportunity to keep a finger on the pulse of a growing organization

Agenda- Managers are to report on:

Department Wins

Department Challenges/Bottlenecks

HR Issues

DEPARTMENTAL MEETINGS

- Needed when you have multiple employees in one department
- Agenda- divide the reporting responsibility, rotate reporting responsibilities
  - Stats
  - Goals Met/Not Met
  - Wins
  - Challenges
  - Barriers to Success
  - Tasks and Projects

INTER-DEPARTMENTAL MEETINGS

- Needed when coordination of activities of two or more departments is necessary

  EXAMPLES:

  Front Desk/Billing Department

  Front Desk/Chiropractic Technicians

  Chiropractic Technicians/Providers

  Providers/Billing Department

ALL COMPANY MEETING

- Smaller Practice, when one-on-one or departmental meetings are not necessary
- When something big needs to be shared with everyone
- To Bring your Team together occasionally for bonding
- In conjunction with a Celebration

TOPIC DRIVEN

- When something specific and important needs to be shared that will affect all staff or even certain departments. What Topics do you need to discuss??

  Industry Updates/Developments

  Adding new Staff/Clinicians

  Changing Software/EMR

  Moving the Practice

ANNUAL STAFF RETREAT

Close the Office, go Offsite

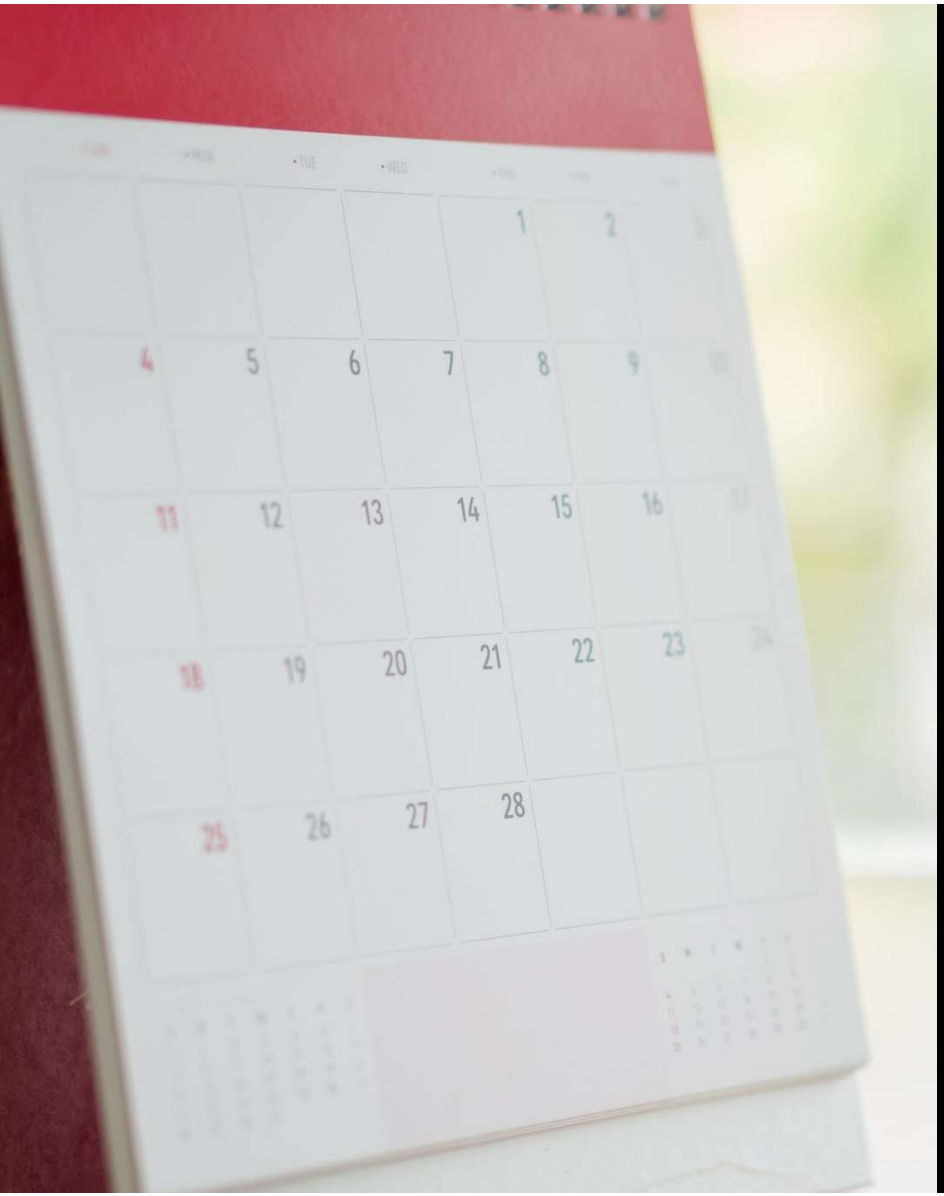
Let's you dive into topics that need more time than just a monthly meeting

- The future of the company
- New employee benefits and perks
- The plan for next year
- Where did we fail this year?

Creates a forum for more open and frank communication

Can include fun team activities with an outside facilitator

Bring in a guest speaker to talk about an important or relevant topic



GUEST SPEAKER/TRAINER

- Mandatory Annual Training, ie: HIPAA Compliance
- Introduce new Revenue Streams
- Advanced Software Training – how best to use your technology
- Can be done live or virtually
- Can be a pre-recorded webinar

ACTION STEPS

Analyze your organization. What kind of staff meetings do you need?

How often do you want to meet?

Who do you want to participate, and what should they bring to the table?

What special meetings should you schedule ?

QUESTIONS?

- Contact Lisa Maciejewski-West at Gold Star Medical Business Services for a **Complimentary Consultation**
- Self Service Scheduling: https://calendly.com/lmaciejewski/consult

- Phone: Toll free 866-942-5655 OR 325-650-5067
- Email: info@goldstarmedical.net
- Visit website: www.goldstarmedical.net
- Facebook: www.facebook.com/goldstarmedical