

IN THIS ISSUE

Annals of Internal Medicine

How Employed Physicians' Contracts May Threaten Their Patients and Professionalism

Physicians increasingly practice as employees of large organizations; therefore, they may often report to managers who are not physicians and may not share their professional values. Instead, these managers may be “managerialists” who let the demands of the “market” trump other goals and believe that practices learned in business school apply to all organizations, including hospitals.

A recent media report that physicians may be barred from revealing problems with electronic health records, including those with health care quality or patient safety implications [Read more.](#)

Bundled Payments

There is no silver bullet strategy to be successful in bundled payments. Jason McCormick, Manager of Process Improvement at Campbell Clinic Orthopaedics in Germantown, TN published the following series of articles discussing high level strategy encompassing preparation for bundled payments, the importance of data analytics, and more.

Bundled Payments: 10 Critical Program Elements

One of the first lessons I learned regarding bundled payments was that everyone had a different definition of the term. To some, bundled payments refer to the proactive payment for a set of services that are provided to a patient, while others may be more in line with the CMS definition of bundled payments, which refers to a retrospective review of performance compared to a target price. Regardless of your accepted definition, bundled payments are one of the mechanisms that will be used to reimburse providers for services rendered in an effort to reduce health care expenditures [Read more.](#)

Crushing Bundled Payments: Critical Program Elements—Element #1

The truth is that, until a few years ago, medical practices were not usually considered the ideal environment for statisticians or anyone who knew what pivot or V-Lookup tables were used for. You were usually hard-pressed to find anyone outside of the accounting department that had Microsoft Excel installed on his/her computer,, much less an employee whose job responsibilities included reviewing data and identifying opportunities for process improvement. The changes to the health care system and the method in which services are being reimbursed has created a need for a new role in the medical practice, and that role can play a huge part in the success your organization can have in the bundled payment arena [Read more.](#)

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Calendar of Events

COA's 2017 Annual Meeting/QME Course Resident Forum

May 18-21, 2017

La Costa Resort & Spa (North San Diego County)

C-Bones 2017 Annual Meeting

(Orthopaedic Practice Managers)

May 18, 2017

La Costa Resort & Spa (North San Diego County)

[Make your Hotel reservations.](#)

Crushing Bundled Payments: Critical Program Elements— Element #2

At the core of any bundled payment program is the ability to control costs generated by the services that patients receive during the bundle episode period. The provider, or the “episode initiator”, is in control of many of the costs associated with the patient’s surgical intervention, but not necessarily those that the patient may require during the post-acute phase. Depending upon the thoroughness of the initial data review and the information that was obtained from that process, you may have already completed half of the requirements to ensure the second critical element of bundled payment programs is in place..... [Read more.](#)

Establishing Partnerships: Bundled Payments—Element #3

One topic that is constantly being discussed during the process of creating and implementing a successful bundled payment program is the idea of control. While “control” can have different meanings to each of the participants that are involved in the bundle payment process, as the program initiator, your definition of “control” is going to be centered around the ability to ensure the patient receives the highest quality of care and services that are needed, and determining which of the providers will be able to offer those services in agreement with your surgeon’s post-op protocols..... [Read more.](#)

Crushing Bundled Payments: Critical Program Elements—Element #4

As we continue the series on the critical elements of a successful bundled payment program, we begin to shift our focus from building the program’s foundation to the normal day-in and day-out processes that can prevent any case from becoming a “bundle-buster.” The first few elements of a successful bundled payment program helped you to choose the services you would offer in your bundled program and the post-acute providers that would offer the services on your behalf. The 4th critical element to crushing bundled payment programs is the ability to identify your surgical candidate as far ahead of surgery as possible. [Read more.](#)

Bundled Payment Success: Setting Expectations for Episode Alignment

How Campbell Clinic Orthopedics have managed expectations and the impact they have realized in their bundled payment initiatives [Read more.](#)

The American Journal of Orthopedics

Setting Up Your New Physician for Success

Practice and hospitals invest significant time and money in recruiting a new physician. From phone interviews to site visits to contract negotiations, it’s a long and involved process. Beyond setting up a new physician’s office and appointment schedule, completing human resources paperwork, and ordering business cards, what does your practice do to support new physicians to ensure they are successful? [Read More](#)

2Cents Worth

from an Experienced Orthopaedic Practice Manager

Choosing an EMR program

Think about retirement/leave the area/death issues early when selecting an EMR system. Physicians will be forced to pay monthly EMR fees long after they have retired to have access to their patient records, if they don’t plan ahead and make clear in the contract that they have access to the records without paying a monthly EMR fee.

Use of an out of office/independent billing service

If you choose to go to a different type of billing service (in-office, different billing company, etc.) the process of “change over” should be written into any contract that is signed. If not, the billing service may charge excessive fees to give you access to your own billing records when you decide to make a change.

Both of these problems can be managed if you plan ahead and negotiate the terms up front.

Elizabeth Blondefield, Orthopaedic Practice Manager

COA Career Center

Positions open in the San Diego area:

- Medical Biller
- Central Scheduling
- Billers
- Medical Assistant

Check out the COA Career center for these and more job opportunities—> <http://www.coa.org/docs/careercenterpage4.pdf>