Why Physicians Are Frustrated

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"HIPAA is driving me crazy, and all the paperwork just to get paid is unbelievable." Does this sound familiar, does it sound like you? If it does, you're not alone. Practically every one of our physician clients utters these frustrations at some point in our meetings. And the list goes on and on with staff that doesn't do their jobs, patients who are disrespectful and hospital administrators that "have no idea what they're doing to me."

Some of this is true. Many hospital administrators really don't have any idea what it's like to be an entrepreneur, and especially, the enormous differences between running a successful practice and running a hospital.

As far as staff and patients, those are the same problems any entrepreneur has managing employees and customers. And, many of the problems physicians face in these two areas could be solved by using sound, established business practices.

HIPAA, payor concerns, and many other carve outs for criticism, however, could also be addressed much better, and with much less heartburn, if they were put in the category of business issues that should be addressed by the appropriate staff person. When we meet with clients who go into a rant about HIPAA, I always ask what specifically are those demands or forms or reports they find most frustrating. Usually the response is, "well, just ALL that stuff," or some similar exasperation.

As a former practice administrator and business development consultant, now focused on physician career development, I can say the intrusion by HIPAA into the lives of the physicians I worked with was between minimal to moderate. And I only say moderate because I'm sure someone at some time had to either sign a form requesting another physician's notes or was told by some overzealous medical records person that they couldn't dictate over a cell phone.

This is my take on HIPAA, Medicare paperwork, insurance clerks denying procedures and myriad other intrusions. They become intrusions because the rumor mill says they will be, because your staff sees them as a way to bond (the enemy of my enemy is my friend) and to gain your sympathy for all the "extra work" they do to keep your office running. The other reason is that physicians are often not given the right information to understand such regulatory changes and the operational impact on their schedules.

And the final reason is that somewhere, some physician really is paying a six-figure fine for a HIPAA violation or Medicare fraud.

How do you change? How do you gain control and eliminate frustrations? The barriers to control that keep you frustrated and practicing defensively start in your office, not in Washington, D.C.

RUN YOUR PRACTICE LIKE A BUSINESS

- Have a budget – revenue and expense.
- Train your staff. The often-heard comment is, "What if I train them and they leave?" Well, "What if you don't train them and they stay?"
- Develop accurate performance-based job descriptions for every staff member, including yourself — after all, if the staff doesn't know what you're going to do, they will say, "I thought that was your job" or "I didn't think you wanted me to do that." Then hold their feet to the fire to perform. That will be your greatest challenge.
- Hire an office manager who gets the important things done. If that sounds like a no-brainer, consider this: I see more office managers scheduling drug rep lunches than I see creating payor contract files.
- Have regular issues-focused staff meetings where everyone reports. If you're a solo primary care physician:
  - Your office manager is in charge of general operations and should report on the status of budgets, patient trends, plant and materials issues and staffing.
  - Your billing clerk should provide monthly statistics on gross charges, net charges, collections, AR and any billing problems and contract changes.
  - Your clinical person should report on clinical needs and clinically focused patient relations.
  - Your front desk person(s) should report on scheduling issues, patient comments, and other issues relevant to the "first and last person" to see each patient.
  - If you are a larger practice or have more staff, they are probably redundant positions, and should report primarily as "positions" rather than as individuals.
  - Although the staff meeting is a place for general announcements, it's neither a staff lecture nor a gripe session — not if you are to function as a high performing team — which is essential.

This approach works. If you try it and it doesn't (or you are trying it and it isn't) it's either because you're doing it wrong, or you have the wrong staff. Probably, it's a little of both, and this is how you find out.

Hire a good consultant. Don't hire a practice management consultant, but find an organizational development consultant. There's a difference. This isn't about doing a better job of billing, although that could be a problem. It's about creating a high performance work team, with you as its leader, where everyone knows their job, has the tools and resources to do their job, and is motivated to do their job to the best of their ability — and to seek help when their best isn't good enough.

Part of an organizational development audit will be a discussion with you and your staff about practice goals, internally focused on operations and externally focused on patient needs/demands; and an individual assessment of each team member to determine their fit to their job, their fit within your team and what support and development they need to be the high performer you and your patients require.

If you successfully create this type of high performance environment, you should hear no more about HIPAA than you hear about an increase in the cost of copier paper. You should hear about it, know exactly what it means to you, but you should also know that it is being appropriately addressed.

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