

BUILDING A BETTER PRACTICE: 3 KEY STRATEGIES

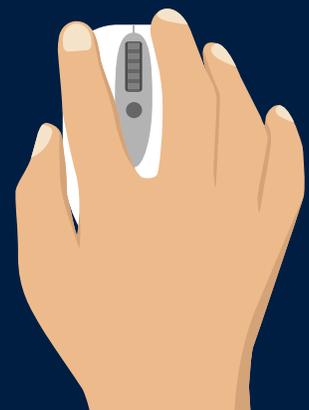


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INTRODUCTION

When you're setting up or trying to improve a primary care practice in Ontario — whether you are in a Family Health Organization (FHO), Family Health Group (FHG), Family Health Network (FHN) or you run a solo Fee For Service (FFS) practice — it is important to address three key issues:



1 | Billing optimization



2 | Workflow efficiency



3 | Patient care

In this white paper, we'll outline how you can successfully tackle these pain points and turn them from barriers into genuine opportunities for increased efficiency, improved patient care — and better work-life balance for you and your staff.

SOLVE BILLING CHALLENGES

Billing to the Ontario Ministry of Health (MOH) is still a fairly laborious process that is prone to human error and a multitude of other issues. Also, most doctors aren't formally educated on all the billing codes in the system and on how to use them effectively. This lack of knowledge leads to billing revenue that is not optimized, inconsistencies with respect to MOH billing guidelines and significant inefficiencies.

CHALLENGE #1:

MANUAL PROCESSES AND POOR KNOWLEDGE OF BILLING CODES ARE CAUSING ERRORS.

Picture this scenario: a doctor is running one to two hours behind, and the waiting room is packed with sick, impatient people. There's no time to do billings between visits, so she delays paperwork for later — surely there will be more time tomorrow or next week. Or she asks her staff to do it based on her notes, but they don't understand all of the intricacies of the encounter. And guess what? Tomorrow is the 18th of the month — the last day to submit claims to the MOH to guarantee payment the following month! In this hectic practice, not only are billings not being optimized, some might get submitted incorrectly — or not at all.

SOLUTION 1: Train your staff on day-to-day billing.

Hire a reliable office manager or receptionist and train them and any other admin staff on billing. Start by enrolling them in the OMA billing education session. DoctorCare also offers [primary care staff training and skills development](#). Then, if you need additional billing expertise, DoctorCare's next generation program for primary care practice management, [Practice Care](#), is an option to help support your staff. It's important to find people you can trust to do the job right, freeing you up for more important work.

SOLUTION 2: Organize your day to optimize billings.

Create an at-a-glance guide of the codes you use most often, like A007, A001, A003, K030, etc. (Your best bet is a simple PDF that lives right on your computer's home screen.) Don't write out billings on a day sheet to enter later — that's inefficient. Instead, schedule a few minutes after each patient visit to input billing info directly

PART 1:



DoctorCare's Practice Care program: Identify billing and operational efficiencies with everything from billing support to patient communications.

Visit: www.doctorcare.ca/pc

in your Electronic Medical Records (EMR). This is especially important if you're in a capitated model like a FHO or FHN so that you can maximize out of basket billings.

SOLUTION 3: Stay on top of updates from the MOH.

Make it your billing expert's responsibility to be aware of MOH updates including billing code changes. Being aware of changes can build in efficiency and reduce errors.

Sign up to DoctorCare's bi-monthly newsletter to stay up to date with billing code usage and tips.

Visit www.doctorcare.ca/blog

RECENT UPDATES INCLUDE:

- ♥♥ Flu coding reminder for the flu season
- ♥♥ Smart billing for diabetes management
- ♥♥ Billing code refresher: palliative care
- ♥♥ Reminder on preventive care bonus submissions

SOLUTION 4: Get regular insights into your cumulative billing.

Take a close look at your billings every month to see where you've gained and lost. You'll understand where you've been billing incorrectly, see where you've missed billings, and determine if you can take advantage of bonuses (e.g. preventive care bonuses, premiums and bonuses, roster management and more). By investing a little time, you can optimize your billings.

Not sure how to get started? DoctorCare can help. For example, we know a lot of practices forget to bill for P005 even though they've completed the requirements already. The good news is that it's an easy fix — and this change alone can add \$5,000 to \$10,000 in missed billings to a practice every year.

CHALLENGE #2:

MANAGING BILLING WORKFLOW CAN FEEL IMPOSSIBLE.

You and your staff should be able to resolve billing issues fast, as they come up. But if you don't have training and/or experience, you won't have speed or efficiency either. Plus, you're busy — so how do you find time to figure out where there are issues and come up with solutions?

SOLUTION: Implement better tools and processes.

Find a process, system or solution that breaks down the barriers in your billing workflows. Build in reminders, recall schedules and EMR forms, and make it easy to remember codes in your daily workflow.

Put a process in place to minimize errors, and ensure you and your staff know how to quickly fix the common ones when they do come up. Look to Service Ontario as a resource for version code corrections or missing date of birth completions, and use OntarioMD’s health card validation service to check OHIP status with each visit. That way the easy errors will be fixed quickly and efficiently and you’ll have time and resources to investigate more complex cases.

NEED HELP GETTING STARTED?

DoctorCare’s Practice Care program has helped more than 1,200 primary care physicians for 10+ years. They count on our doctor’s billing hotline when they have questions, want clarification on MOH billing codes, or just need ad-hoc support. We’ll even phone the MOH on your behalf for important issues.

Visit www.doctorcare.ca/pc

CHALLENGE #3:

LACK OF VISIBILITY FOR ROSTER MANAGEMENT.

The MOH gives you a monthly listing of your patients’ outside use, which you can use to evaluate if a patient should be taken off your capitated roster and seen, instead, on a fee-for-service basis. But with only a month’s worth of data, it’s hard to see the trend over time and the complete picture of what each patient is worth to your practice.

SOLUTION 1: Increase insights with greater visibility.

To get real insights, you need more than just a month’s worth of information to work with. To get the complete picture of a given patient’s activities, look back at least six months. Use this data to pinpoint which patients should be taken off your capitated roster and seen on a fee-for-service basis because of high outside use, and which high-needs patients may need to be sent to other providers to get the care they need.

It can be hard to get deep insights without sacrificing time on patient care. If you don’t have the time to mine reports for the data you need, find someone who does. Give this responsibility to your trained in-house billing expert or other admin staff. Or bring in expert help from outside: DoctorCare’s **Practice Care** program reports provide a big-picture, easy-to-understand view of longer periods of time.



SOLUTION 2: Create a system for rostering new patients.

The patient roster in an EMR rarely matches the roster in monthly MOH reports. So patients you think are rostered may not be, and that means missed revenue. Start with a clean-up of your roster records. Then, with a bit of training, you and your team can spend a few minutes every month matching your MOH roster to your EMR. And then when patients come to their appointments, you'll know confidently whether they need to be rostered or not.

If you're just building your practice, put a simple process in place to ensure you aren't forgetting to roster new patients. This usually involves leveraging the help of your staff to explain the details of the roster form to each patient. Note: When to roster a patient is at the discretion of each physician. However, when a roster form is filled out, ensure that the day you roster the patient with the Ministry using Q200 also matches the date on the form.

CHALLENGE #4:

A HARD-TO-UNDERSTAND BONUS STRUCTURE.

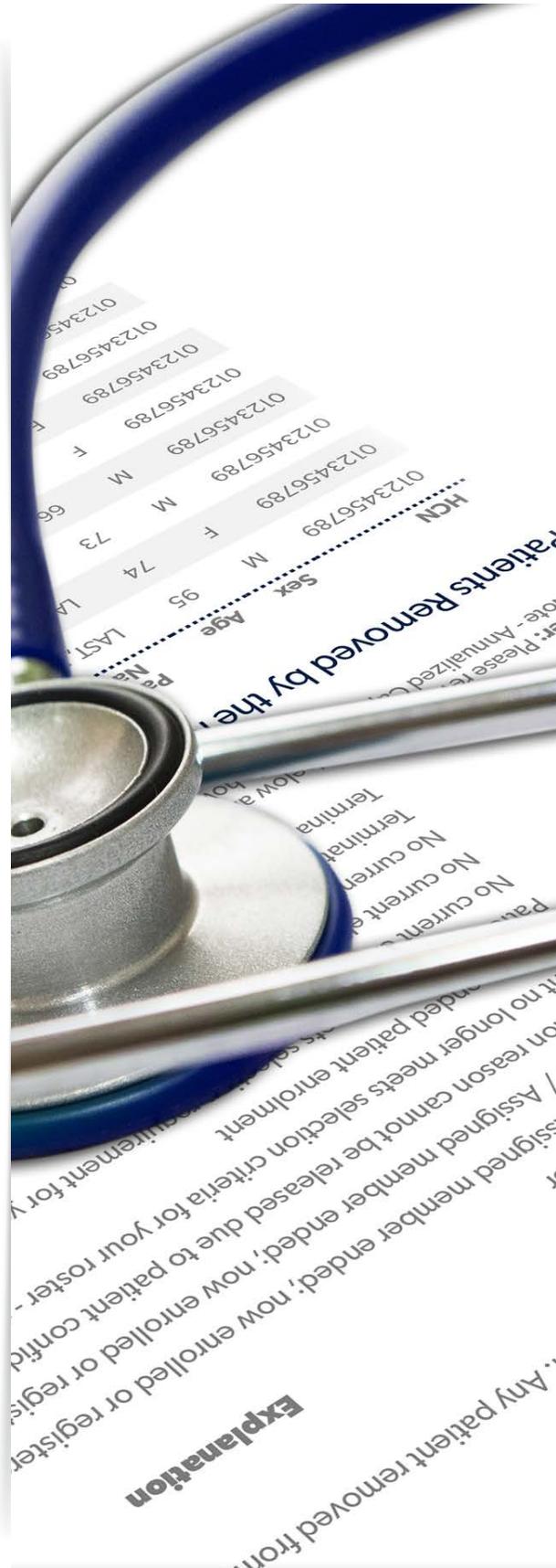
Knowing when, where and how you can maximize bonuses from the MOH is a challenge — there are so many! And keeping up to date with changing rules is even more of a headache.

SOLUTION: Get educated about bonuses.

Awareness is everything. Make it a priority for yourself or a trusted member of your team to invest some time into understanding how the various bonuses available to your Patient Enrollment Model (PEM) work. Whether you read up on them yourselves or get some help from a company like DoctorCare, a little knowledge can make a big difference.

As an example:

Access Bonus: This is a group bonus pool for FHO doctors/groups who are successful in keeping their patients out of walk-in clinics and from seeing other GPs outside of their FHOs. This was a very popular topic during the last round of MOH and OMA negotiations, where a controversial "negation" approach was proposed. With negation, groups with a negative access bonus would have to pay the Ministry back for the services their patients received at walk-ins. To everyone's relief, the policy didn't come into effect, but in our opinion, the financial fundamentals of a FHO do not make sense unless it exists. This is consistent with outside use and resulting duplicate payment concerns that have been raised in the Ontario Auditor General's 2016 Annual Report. Download the Ontario Auditor General 2016 Annual Report, Chapter 3, Section 3.11 on Physician Billing from www.doctorcare.ca/auditor-general-report2016.



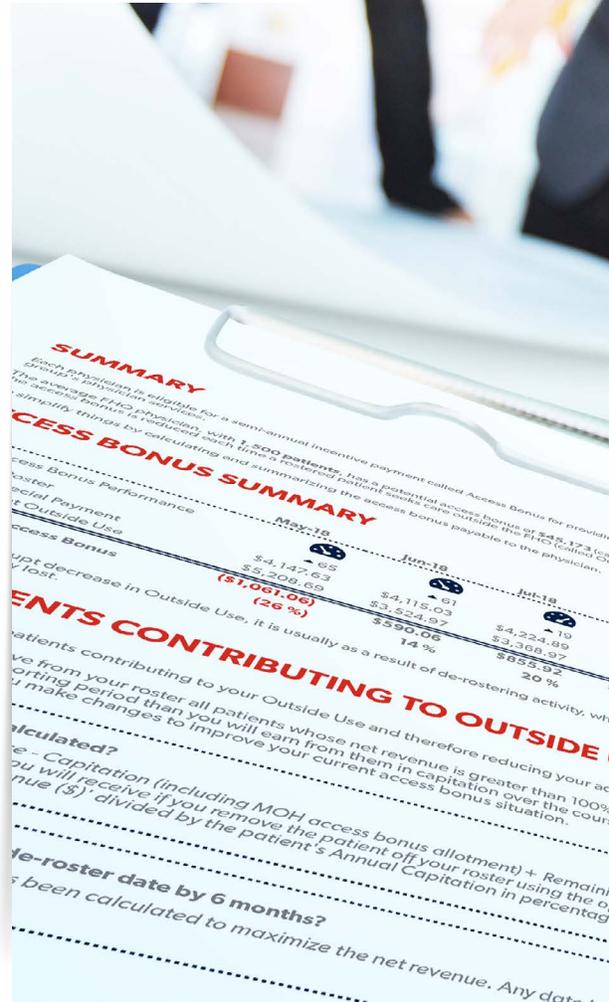
If you have a negative balance, try to make it a priority to at least get back to neutral. Simple roster management techniques, patient education, group after-hours availability and communication all go a long way to helping you earn a portion of this extra 20% of your capitation that is available to you.

There are many other bonuses available to you. DoctorCare's [Practice Care](#) program can help you understand the dense MOH bonus structure, and take advantage of bonuses related to palliative care, bi-polar disorder and schizophrenia management, flow sheets and preventive care.



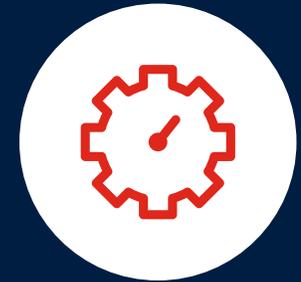
NEED HELP REDUCING YOUR OUTSIDE USE?

Give DoctorCare a year, and we'll drop it by over 20%, and boost your access bonus by an average of \$4,863.



PART 2:

INCREASE PRACTICE WORKFLOW EFFICIENCY



Overall efficiency is key to a smoother, more profitable practice. Speed of service can be impacted by anything from where your reception desk is located to how you book appointments to the methods you use to communicate with patients. The average family practice faces a number of workflow issues, including:

1. Physical office layout
2. FFS legacy
3. Day-to-day documentation
4. Using telecommunications
5. Electronic medical record (EMR) usage
6. Leveraging office staff for support

There are a number of strategies you can use to streamline your workflow, save time, provide better service and boost profitability.

CHALLENGE #1:

POOR PHYSICAL OFFICE LAYOUT.

Picture this scenario: a patient walks into a clinic, stands in line, registers, sits down, waits and waits, then hears the doctor call her name. The doctor walks the patient into a room, opens a file, then finally talks to her – now multiply this by the number of patients seen that day and that adds up to a lot of wasted time for the doctor!

SOLUTION 1: Use your staff more efficiently.

Give qualified staff responsibility for preliminaries such as walking a patient to a room, checking weight and blood pressure, etc. That way, the doctor simply has to enter a room where a patient is already waiting, and no time is wasted.

SOLUTION 2: Direct patients with clear signage.

Let patients know where to check in with an easy-to-spot sign. Train staff to greet and appropriately handle incoming patients.

SOLUTION 3: Prevent contagion in the office.

Keep hand sanitizer and masks on hand for incoming patients – it's an easy way to reduce the spread of illness. Train your staff to encourage regular use.

SOLUTION 4: Update your layout.

Simple office space efficiencies can improve your overall service delivery – think about how your waiting room is laid out, how your consulting rooms are organized, and even where your receptionist's PC is located. How can you make things easier for staff to do their jobs and patients to be seen most efficiently? If you're not sure how to improve things, DoctorCare can consult with you on best practices, and make suggestions for a space that makes more sense.

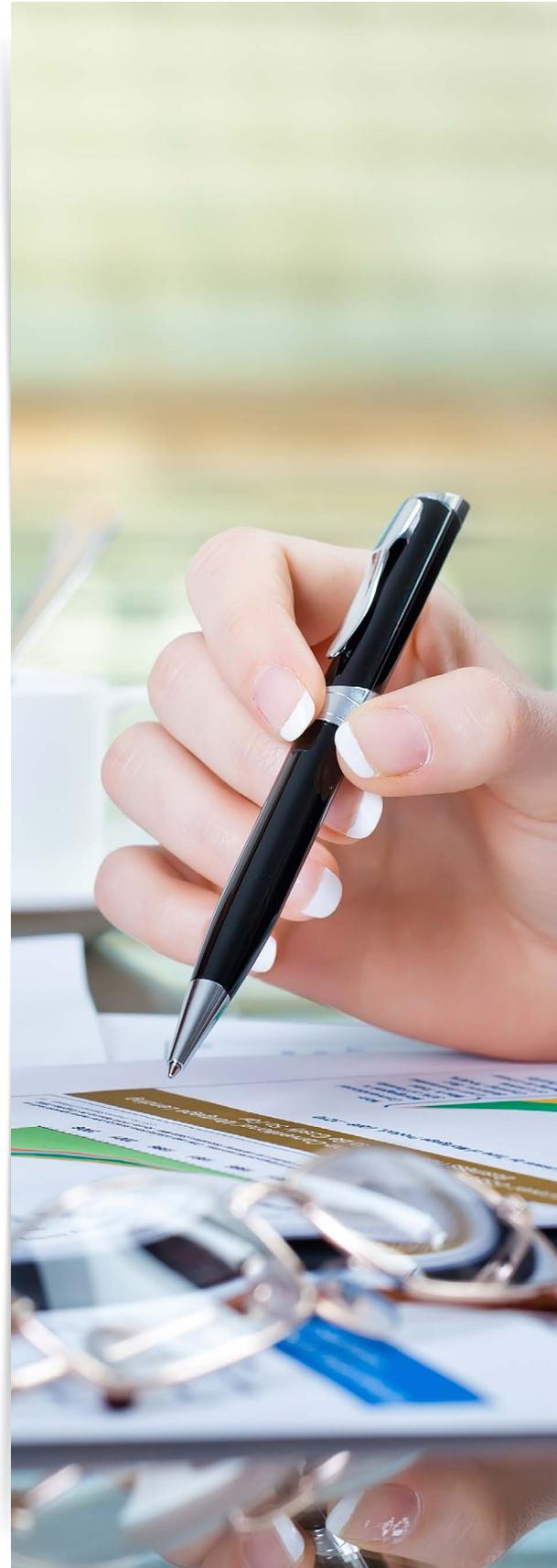
CHALLENGE #2:**FFS LEGACY.**

In the traditional FFS service delivery model, it was common for patients to have to book an appointment seven days in advance, and a long patient backlog was the norm. In an ideal practice, patients should be triaged so that those with urgent needs are seen same day or next day to reduce patient backlog.

SOLUTION: Change your booking model.

Improving patient access is a priority for the MOH. We recommend setting aside five to 10 time slots daily for same-day appointments for patients with urgent issues. The number of slots, length of time for each slot and time of day, and day of the week, all depend on your practice patterns. It's a simple but effective approach that can help minimize walk-in clinic use and increase patient satisfaction, while also maintaining your access bonus.

Read DoctorCare's blog on how patient access is a priority for the MOH:
www.doctorcare.ca/moh-priority-to-improve-primary-care-access



CHALLENGE #3:

DAY-TO-DAY DOCUMENTATION BACKLOG.

For doctors, daily documentation is never-ending; the paperwork backlog can overtake time better spent with patients. Ideally, doctors should see patients and complete documentation during clinic hours and leave at closing time, with little to no paper work left to do after hours. Instead, many doctors log extra time filling out forms, which can impact work-life balance – and ultimately, productivity.

SOLUTION: Build in efficiencies to eliminate after-hours paperwork.

Set up regularly used patient forms and templates for easy access during (or just after) a patient consult, and figure out ideal appointment timing. Should patients be slotted in every 15 or 20 minutes with five minutes in between to complete documentation? Or would another ratio work better for your practice?

We've heard informally through our family doctors that approximately 15% of patient visits involve forms. If you complete them during the patient's visit, it's done and there's no need to follow up for missing info. In fact, it's important to book dedicated visits for form completion because many require digging through patients' charts for historical data. Patients can be poor historians; you'll need factual medical data for a lot of these forms.

CHALLENGE #4:

TIME-CONSUMING IN-PERSON COMMUNICATIONS.

In the traditional FFS model, emails and phone calls were discouraged, since doctors could not bill for time spent. That meant patients had to come into the office for every issue – even those that could be resolved with a quick email or phone call – compromising efficiency and pushing out patients who might need that in-office time more.

SOLUTION: Save time with phone calls and emails.

In today's capitated model of patient care, where doctors get a set amount per patient per year, phone calls and emails are a vital component to delivering efficient care. They reduce unnecessary visits to your office, freeing up your office hours for patients who need your attention in person.



CHALLENGE #5: INEFFICIENT EMR USAGE.

Not having a full understanding of EMR capabilities can mean time is wasted on unnecessary manual processes.

SOLUTION 1: Learn to use EMRs better.

Embracing technology is key to ensuring improved patient care, and better work-life balance for you. By understanding EMR capabilities, you can maximize efficiency through EMR forms, templates, billing systems and reminders. Train your staff, do a full audit and set up your EMR properly.

When they're used efficiently, EMR forms pre-populate with information from the patient's chart. All you need to do is add your notes, and the form is sent to the next health care practitioner to address the next step in the patient's journey. For you, this eliminates incomplete consults or the need to search for patient info.

SOLUTION 2: Ensure patient CPPs are complete in your EMR.

Having a complete Cumulative Patient Profile (CPP) is part of good patient care. But to achieve that, you must be disciplined with updates from pharmacists on medications, discharge summaries, surgery details, updated diagnoses, etc. Plus, if you get audited, having completed CPPs means you can just hand them over to provide a full understanding of that patient.

Give your office staff ownership of CPPs so your time is better spent with patients. Ensure they are trained to accurately update CPPs, and that they understand the importance of regular updates.

CHALLENGE #6: UNDER-UTILIZING OFFICE STAFF.

Many practices struggle with using office staff to their full potential. But doctors get busy, and there's usually no time to think through how processes could be updated.

SOLUTION: Leverage your team to help build efficiency.

Schedule in time to rethink processes. Hire qualified staff to fill in the gaps. For example, a medical secretary/assistant could triage a patient to take basic medical histories, ask initial intake questions, guide patients to their next steps after your consult, check heart rate, blood pressure, weight, possibly provide injections and more. Adding just one person with this skill set could improve your efficiency by 5-10%.

DoctorCare's [Practice Care](#) program helps doctors with EMRs:

- ♥♥ Set up timely patient recalls (diabetes, CHF)
- ♥♥ Generate accurate patient lists (diabetes, CHF, schizophrenia, bipolar, smokers, etc.)
- ♥♥ Get information from toolbars (preventive, diabetes, smokers, WBC, CHF)
- ♥♥ Send reminders (preventive, diabetes, smokers, WBC, CHF)
- ♥♥ Document visits and complete forms (diabetes, CHF, smoking cessation documentation based on best practice)

IMPROVE PATIENT CARE

Want to make patient care better? Reduce outside use, be accessible and support patients with ancillary services. Here's an overview of some of the challenges you may face and approaches to tackling them.

CHALLENGE #1:

UNDERSTANDING OUTSIDE USE.

It's hard to know why your patients are using walk-in clinics rather than visiting your practice. So how do you figure that out?

SOLUTION 1: Ask your patients.

Conduct patient satisfaction surveys once or twice a year. One practice did a survey that showed them clearly that their long wait times were the problem – it was patients' single biggest complaint.

Surveys may seem like a bit of a departure from the traditional patient care delivery model, but ultimately, it's a smart way to gather information. After all, you're there to serve and support your patients, so their opinions will provide important perspective to help you improve care. Patients are the most valuable stakeholder in your practice – use their voices to help you improve!

SOLUTION 2: Offer same-day access.

Change how you schedule appointments to consistently leave open slots for same-day visits. This will go a long way in reducing outside use.

SOLUTION 3: Put up posters in your waiting room.

Posters are a great way to let patients know using walk-in clinics is not in their best interest for comprehensive care.

PART 3:



HERE ARE THREE IMPORTANT NOTES TO HIGHLIGHT WITH PATIENTS:

1. By using a walk-in clinic, you leave a gap in your medical summary, and you miss the opportunity for follow-up.
2. Having incomplete information about tests and prescriptions increases the risk of potential error.
3. Every time you go to a walk-in clinic, OHIP deducts the cost of your visit from your family doctor’s monthly pay.

3 REASONS TO AVOID WALK-IN CLINICS

1 CONTINUITY OF CARE
It affects your quality of care.

- We don't get any information from your visits to other clinics, so we can't follow up
- Walk-in clinics don't have your complete medical history, which could affect the quality of care you receive

2 AVAILABILITY
We are more available than you might think.

CALL US FIRST – WE OFFER:

- Urgent same-day visits
- Evening and weekend hours
- Telehealth Advisory Service (THAS) at 1-866-553-7205

PHONE NUMBER/AFTER HOURS INFO

3 ACCESS
You have access to a team of doctors and staff.

- This office is part of a group of physicians under a Family Health Organization (FHO). That means you have access to a whole network of family doctors to provide care when you need it.

If it's an emergency, please go to the nearest Hospital Emergency Department.

Here's a sample of the poster DoctorCare provides to its doctor clients.



Message by DoctorCare – helping family doctors enhance patient care and run better practices since 2010.



SOLUTION 4: Follow up with patients with outside use.

Regularly review your patient outside use list and contact them (or have your staff contact them) by phone or email to explain that it's in their best interest to avoid walk-in clinics. Outline the service options available to them through your own practice – such as same-day appointments, after-hours availability, etc.

CHALLENGE #2:

NOT BEING ACCESSIBLE TO PATIENTS.

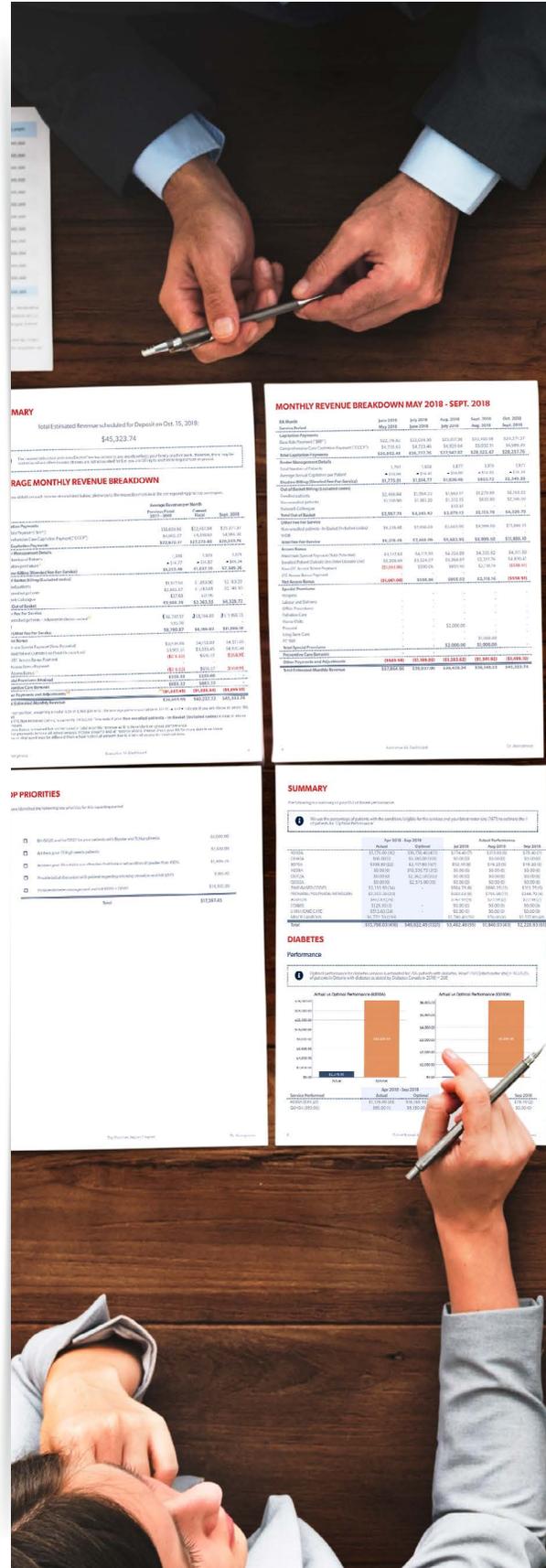
It's the stereotype of the busy doctor's office: a patient arrives on time but has to wait 30, 40, or 50 minutes because the doctor is running behind. It could be because appointment times are too short, or because last-minute appointments had to be accommodated. So how do you keep your schedule on track? How do you fit in same-day appointments without impacting other patients?

Another patient access issue is after-hours availability – make sure your practice is compliant with providing after hours commitments. For example, using after hours to book patient appointments is not adhering to the spirit of the commitment – you need to actually be available to your and your group's patients after hours.

SOLUTION: Look at the data to see when patients need you – and for how long.

Calculate how long an average patient appointment takes, then start scheduling in patients according to this average time interval. This could mean scheduling every 15 minutes with a two-minute break at the end of each appointment. Or every 20 minutes with a five-minute break. It depends on your needs and the needs of your patients. What isn't efficient is a doctor who schedules in shorter or longer appointments than the actual average, leading to long wait times or down time that could be used for patient care. Figuring out what works best for your practice will reduce your appointment backlog and speed up patient care, minimizing complications and additional visits.

We can help. At DoctorCare, we take inventory of the demand for how many services you provide in a year, and analyze your time for each appointment to recommend optimal scheduling. [Request more info.](#)



MARY
Total Estimated Revenue scheduled for Deposit on Oct. 15, 2018: **\$45,323.74**

RAGE MONTHLY REVENUE BREAKDOWN

Category	Actual	Target	Variance
Net Patient	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00
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MONTHLY REVENUE BREAKDOWN MAY 2018 - SEPT. 2018

Category	May 2018	Jun 2018	Jul 2018	Aug 2018	Sept 2018	Oct 2018
Net Patient	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012
Net Patient (Net of Payers)	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012
Net Patient (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012
Net Patient (Net of Payers) (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012
Net Patient (Net of Payers) (Net of Payers) (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012	\$1,832,012

IP PRIORITIES

- IP-001: []
- IP-002: []
- IP-003: []
- IP-004: []
- IP-005: []

SUMMARY

Category	Actual	Target	Variance
Net Patient	\$1,832,012	\$1,832,012	\$0.00
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DIABETES Performance

Category	Actual	Target	Variance
Net Patient	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers) (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00
Net Patient (Net of Payers) (Net of Payers) (Net of Payers) (Net of Payers)	\$1,832,012	\$1,832,012	\$0.00

CHALLENGE #3:

PROVIDING ANCILLARY SERVICES TAKES FAR TOO MUCH TIME.

High-needs patients and those with chronic issues can require a lot of your time – most practices simply don't have the resources to give these patients the support they need. So how do you help patients manage their health in a more independent way?

SOLUTION: Look to outside resources.

Connect them to community resources, family health team (FHT) resources (if applicable), chronic care resources, etc. Or incorporate a resource like DoctorCare's [ChronicCare](#) service into your practice if you would like to offer comprehensive chronic disease management sessions to your patients in your own office. Funded through a Ministry of Health (MOH) initiative, it helps 600+ doctors across Ontario support patients with diabetes, high cholesterol and other OHIP-eligible conditions. Friendly, in-clinic education sessions improve your patients' health, knowledge and quality of life. The program includes experienced health educators, comprising of registered nurses and registered dietitians, and collectively speak over 35 languages to accommodate doctors' offices and patient populations across the province.



CONCLUSION

When you take steps to build a better, more efficient practice, the result is improved patient access and enhanced care – a big step towards meeting MOH priorities. But the tips in this whitepaper can also help you by enhancing your own work/life balance. In today's capitated model of patient care, putting your patients first helps reduce wait times and outside use – and it gives you back valuable time in your personal life!

DoctorCare can help you move towards an ideal practice, giving you the help you need so you can focus more on your patients. We help you increase revenues, save time, improve patient care, streamline operations and help give you peace of mind in the event of audits.

Our name says it all. We take care of doctors. So you can take care of your patients.

Ready to make more and care better? Start your free trial today.

Visit doctorcare.ca or email info@doctorcare.ca.

ABOUT DOCTORCARE

DoctorCare is a group of clinicians and business professionals dedicated to improving healthcare in Ontario. We are the only provider focused exclusively on helping Primary Care Physicians enhance patient care, run better businesses – and improve their own quality of life. Our programs and services focus on enhancing chronic disease management, billing and technology, and clinic workflow, helping 1,200+ family doctors improve the lives of more than 1.5 million patients.