The end of the year is a time for holiday celebration and reflection, and as we wrap up this year, I find myself feeling hopeful about the role we will play in shaping our industry’s future — and the fact that our members are more prepared to tackle the tough challenges ahead.

Despite the political upheaval of the past few years and the uncertainty it brings, physicians still deliver high-quality care, and we continue to help you help them navigate difficult terrain. Although we have all felt the tremors to our landscape and experienced a seismic shift as it relates to practice models and ownership, we have choices about our partners. In the past year, we have helped you identify options — through editorial supplements on integration and a series of educational offerings — and emphasized the fact that you can influence your future.

We realize that you are increasingly asked, as group administrators, to demonstrate quality and show how your efforts reduce cost and improve care. And we continue to devise new ways to shift the mindsets of those who are steeped in an unsustainable volume-based model. The most recent offering is a webinar, “New Strategies in Physician Compensation,” which shows you how to connect the dots between higher quality care and changes in physician behavior.

From a practical vantage point, you must be able to tell your board of directors why measuring and reporting quality is important to patient health and your bottom line and, by extension, how you can include quality metrics in compensation plans to influence physician behavior and meet organizational goals. Our webinar, which is available on demand, was designed to make that conversation — and process — easier. And that is our goal.

Patient health is the cornerstone of all of our efforts, but we realize that shifting from a system that rewards volume to one that rewards quality is complicated — and that, operationally, the shift rests on your shoulders. Knowing how to count and measure RVUs, procedures and collections is one thing; measuring quality is a whole different equation.

We also know that quality is tied to patient engagement, which is the focus of our MGMA 2013 Patient-Centered Medical Home conference in Chicago next spring (April 21-23, 2013, mgma.com/pcmh2013). It centers on how we, as industry members, define engagement for physicians, patients, staff, community members and payers — and how information technology and cost pressures factor into the equation.

I look forward to hearing our colleagues in the payer community discuss how medical home programs improve care and share lessons you can implement in your groups. As someone who is more interested in the nuts and bolts of these operations than the labels they have, I am eager to hear about the operational elements — from financial support to care coordination and metrics for success — for these delivery models.

We’re listening

We recognize the pressures and forces that influence healthcare delivery, and we listen carefully to our colleagues in group practice, government and payer circles to gain a full understanding of what tools we can develop to help you succeed.

Within the halls of the MGMA-ACMPE offices in Colorado and Washington, D.C., we continue to ask the question of who

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defines quality and how you measure it. Those discussions led us to ask why payers have different measures and prompted us to assemble a diverse panel of payers, providers and employers for our Financial Management and Payer Contracting Conference (Feb. 24-26, 2013, in Phoenix). These experts will discuss topics related to evolving the healthcare market, including the need to adapt to new payment models and market demands to remain successful and on the forefront — today, tomorrow and well into the future.

We realize that employer demand for affordable healthcare influences payers and, subsequently, providers, which is why we are bringing them to the table to learn more about the push for preventive vs. reactive healthcare and how that shift is expected to affect the cost of healthcare delivery.

These industry shifts translate to changes in staffing, referral processes and the use
of more nonphysician providers — such as care coordinators and nutritionists — who help patients with chronic conditions achieve better outcomes. And that type of bottom line, one that focuses on preventive care, is exciting.

In the coming year, we will spend more time talking about how we measure quality patient care from a data and operational perspective, which is why we have started to publish patient-care articles as online exclusives at mgma.com/virtualconnexion1112CC. In October, we ran a story about one of our ACMPE Fellows, Sandy Reifsteck, MS Ed, MGMA-ACMPE member, who is helping professionals enhance their communication skills with the Institute for Healthcare Communication, Champaign, Ill. In this issue, we illustrate how a unique payer partnership enabled professionals at Special Care Center (SCC), Atlantic City, N.J., to improve patient care and lower costs. Learn how using nutrition-education tools at the SCC, which is operated by AtlantiCare, has eliminated cultural barriers to patient communication, which makes an impressive difference in patient compliance rates.

What we hear from our members is that the entire practice team can impact patient compliance. It's all about your approach to communication.

“We need to be less prescriptive and more patient-centered in our approach,” Reifsteck says. “If a patient in your clinic isn’t ready to talk about something, doesn’t understand the importance of making a change — or know how to incorporate that change into his or her lifestyle — there will be no momentum. Rather than preaching to deaf ears, which frustrates physicians, focus on the conviction piece of the model,” she adds.

To learn more about the conviction piece to which Reifsteck refers, read the full article at mgma.com/virtualconnexion1112CC2. (Click on the October issue.) We heard from the folks at AtlantiCare at our Forum on Innovation last May and will hear from Reifsteck at our upcoming Patient-Centered Medical Home conference next spring. Learn more at mgma.com/pcmh2013.

This patient series focuses on how different approaches to communication result in better patient care, enhanced morale and higher compliance rates. The pieces provide useful tools that you can use today in your practices to see better results in patient compliance.

Let us know what you think of the articles and whether you would like to see more of them. I am also excited to tell you that you will see changes to the design of MGMA Connexion magazine in the January issue. We are dedicated to enhancing our publications visually and editorially and hope you will take a few minutes to let us know what you think of the patient series as well as the design changes. As always, we want to make sure our efforts hit the mark, so please email your comments to connexion@mgma.com.

As we welcome 2013, we are poised to make great strides, and I look forward to working with you as we move toward a better future for our industry and — perhaps most importantly — for the patients we serve. Happy Holidays! ☺

Stay tuned for more information on our new patient satisfaction tool, which we will discuss in greater detail in the January 2013 issue of MGMA Connexion.