Thinking about the future of healthcare — new payment models, reimbursement changes, and increased emphasis on quality care — can overwhelm healthcare professionals as they struggle to keep up with the demands of today. But it’s critical to their success, say this year’s MGMA-ACMPE award winners, who not only keep up with what’s happening today but also look down the road to ensure that their organizations remain viable, strong and able to serve their communities.

We celebrate these individuals, who set the stage for great things to come — from our Harry J. Harwick Lifetime Achievement Award recipient, whose commitment to mentoring up-and-coming practice managers is helping bright, enthusiastic people find their place in the industry, to our Fred Graham award-winner, which was the first group to achieve patient-centered medical home (PCMH) status with Bridges to Excellence in 2010.

Changing perspective

Sara Larch, MHSA, FACMPE, MGMA-ACMPE member, this year’s winner of the Harry J. Harwick Lifetime Achievement Award (which has been sponsored since 2006 by The Hartford, a provider of insurance and wealth management services based in Hartford, Conn.), has made it a point throughout her career to cultivate relationships with up-and-coming practice executives. “My interest for a very long time has been developing those who will follow me, with a particular focus on women leaders,” says Larch, specialist leader, Deloitte Consulting, LLP, who became the second female Board Chair of MGMA in 2001.

“I don’t think there’s anything greater than introducing someone new in the field to someone who’s been in the field 20 years,” adds Larch. When it comes to engaging the next generation, Larch encourages her colleagues to, “turn around, extend a hand and lift someone up the ladder, whether that’s getting them involved in a committee or just recognizing their efforts.”

Larch has a unique perspective on the industry after holding a series of posts. She has served on the editorial board of The Journal of Medical Practice Management since 2008, and has worked as the director of quality and capitation systems for the faculty practice group at Georgetown University Medical Center, Washington, D.C.; as the chief operating officer for University Physicians at the University of Maryland, Baltimore; and as vice president of Inova Medical Group in Fairfax, Va.

Today, she’s a consultant based out of the Virgin Islands.

“People need to really be smart about healthcare and medical practice trends,” Larch says. “Read up and stay current — you have to watch other service industries and other businesses. When you look at other industries, you get smarter.”

Perspective, however, is essential, she adds. “You can’t let the day-to-day stuff make you crazy … Separate the big stuff — for example, we know the population is aging. How does that affect your practice? Some specialties are going to see massive...
patient growth. Have you prepared for that?

“It’s so easy to focus on the next three months,” she continues, “but one of the best pieces of advice I can tell people about feeling like you have more control over your destiny is to think further [out]. Two years from now, what will this decision mean?

“Sometimes you don’t know what to do,” Larch concludes, “and I learned long ago that as long as you do what’s best for the patient, you’ll be successful.”

Changing practice models

This year’s Fred Graham Award for Innovation in Improving Community Health goes to Piedmont Medical Care Corporation, Atlanta. Piedmont collaborated with CIGNA Health Care and became a PCMH in 2010 by negotiating with Bridges to Excellence.

Because Piedmont has 63 locations and 150-plus primary care physicians, attaining PCMH certification by practice location was daunting, says Myra Miller, CMPE, MGMA-ACMPE member and the group’s chief operations officer, medical director, primary care. “So we negotiated group recognition based on the percentage rates of our physicians and our scoring,” she explains. “We were the first national group with Bridges to Excellence to achieve that accreditation.

“I think it’s been vital for the future,” she adds. “We wanted to be able to look at these things in a defined, finite group, to see what changes we needed to make in process and workflow. PCMH recognition made us take an inward look and prove that we provide good care. Pushing toward that recognition has truly opened up the discussion for other things — and helped us improve [in areas] where our numbers don’t show we’re as good as we think we are.”

Changing reimbursement

Rich Bodager, FACMPE, CPA, MGMA-ACMPE member, executive director, Southern Oregon Cardiology LLC, Medford, won the Medical Practice Executive of the Year Award for his facilitation of a 2010 merger between two cardiology clinics in southern Oregon: Cardiology Consultants and The Heart Clinic.

In 2008, Bodager, then executive director for Cardiology Consultants, developed a series of merger plans that were proposed to The Heart Clinic, but the merger did not move forward.

The following year brought a series of upheavals; reimbursement declines led several cardiologists from both clinics to retire or leave the community, and a local hospital had tried and failed to acquire other physicians in the clinics. In October 2009, the two groups agreed to merge, and Bodager facilitated the joint venture in a handful of months.

“We had some very tough key decisions to make,” Bodager remembers, such as “who’s going to give up whose facility, and where did we need to cut space? Basically, throughout 2010, everything was a moving target.”

However, logistics were not the biggest issue. “We could have handled all of that, but our employees weren’t getting along,” he recalls. “We had to deal with a lot of cultural problems and a fair amount of turnover because of the stress.”

To improve teamwork, Bodager and his colleagues devised an incentive plan that required staff to meet individual department performance goals and collective overtime reduction and charge goals, and slowly the two practices began to gel.

Changing legislation

Although most practice professionals recognize the impact legislation has on daily practice, Ramona Osborne, CMPE, MGMA-ACMPE member, executive director, Ohio Valley Surgical Specialists, Owensboro, Ky., believes that involvement is vital to success.

“Looking toward the future was definitely the major motivation for saying yes when Kentucky MGMA asked me to serve as legislative liaison,” says Osborne, this year’s Legislative Liaison of the Year award winner.
“Technology has gotten ahead of people. The future’s already here, and some people haven’t noticed. Some are on top of this, and some aren’t. And we all need to be on top of technology.”
— Joe Laden, MGMA-ACMPE member, Edward B. Stevens Article of the Year award-winner

Joe Laden, Edward B. Stevens Article of the Year award winner.

“There is such an accelerated rate of change in our current climate. It behooves us all to be more involved in the legislative process,” she says.

Osborne says it’s important to cultivate relationships with legislators at the state and federal levels and to seek opportunities for face-to-face encounters. She tapped the MGMA Government Affairs department to help put together administrative simplification requests for the health benefit exchange that is being developed in Kentucky. “Our governor signed an executive order this summer to create a state health exchange,” Osborne notes, “and we submitted the recommendations for administrative simplification to the exchange. Establishing a relationship with the executive director of the exchange has provided Kentucky MGMA with an opportunity to promote administrative simplification.

“It’s about being present, having face time and building name recognition,” Osborne concludes.

Changing technology

Joe Laden, president, Ohio River Valley Associates, PSC, Louisville, Ky., the Edward B. Stevens Article of the Year award winner, showcases the dangers of technological advances outpacing practices’ privacy policies in his March 2012 MGMA Connexion magazine article, “Now that I have your phone, I think I’ll teach you a lesson.”

The article illustrates what might happen if a key staff member misplaces an unprotected smartphone. “It was an indirect way to accuse people of doing what they’re doing,” Laden says. “People don’t think about it, but now that they can get access to the hospital system on their iPhone, they’re jeopardizing the integrity of their entire company.

“Technology has gotten ahead of people,” Laden adds. “The future’s already here, and some people haven’t noticed. Some are on top of this, and some aren’t. And we all need to be on top of technology.”

Change management

Peter Valenzuela, MD, MBA, CPE, medical director, PeaceHealth Medical Group, Bellingham, Wash., is the Physician Executive of the Year award winner. After two years with PeaceHealth, which comprises 20 clinical sites and 120 multispecialty providers, Valenzuela streamlined the physician leadership structure, improved the revenue cycle, deployed advanced access scheduling in primary care clinics, redesigned workflow using Lean methodology and led the development of a nursing-home coverage program.

“For the most part, healthcare has already been behind the eight-ball,” he says. “We treat patients after they have chronic conditions. We should be focusing on treating them to prevent the need for hospitalizations or procedures. In the near future, we’ll be getting paid for outcomes and the value we’re providing our patients, and that’s a difficult thing to change for people.”

But Valenzuela is optimistic that change is possible. “The biggest challenge has been having people accept change,” he notes. “In order to make changes here, we include the people who the work is going to affect the most, and that means nursing staff, front desk staff and physicians, all in the same room trying to come up with the best approaches.”

And that requires building trust, something that Valenzuela acknowledges can be difficult. “You have to get to know your staff directly, understand their work, spend time with them,” he explains. “It’s all going to depend on the staff. You’re only as strong as the people you work with.

“Healthcare is changing, and it’s changing rapidly,” he concludes. “If we don’t change with it, it’s going to force us to change after the fact.”