PATIENT ACCESS AND VALUE-BASED OUTCOMES AMID THE GREAT ATTRITION
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ABOUT MGMA

Founded in 1926, the Medical Group Management Association (MGMA) is the nation’s largest association focused on the business of medical practice management. MGMA consists of 15,000 group medical practices ranging from small, private medical practices to large national health systems, representing more than 350,000 physicians. MGMA helps nearly 60,000 medical practice leaders and the healthcare community solve the business challenges of running practices so that they can focus on providing outstanding patient care. Specifically, MGMA helps its members innovate and improve profitability and financial sustainability, and it provides the gold standard on industry benchmarks such as physician compensation. The association also advocates extensively on its members’ behalf on national regulatory and policy issues.

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Introduction

Improving patient access and care delivery amid the shift toward value-based care are back as top priorities for healthcare leaders as the industry emerges from a pandemic while working to clear new hurdles in hiring, retention and finances.

Creating and sustaining a welcoming environment for patients despite a pandemic was just the first major new challenge for healthcare providers in recent years. Add in an unprecedented labor shortage and a squeeze on consumer finances from decades-high inflation, and it’s clear that healthcare leaders have even more work to do to innovate and fulfill long-standing promises to transform how care is delivered.

There’s very little consensus on defining “value-based care,” and government and commercial payers frequently shift their approaches to incentivizing quality reporting and performance metrics. But there is little doubt that the gradual move away from fee-for-service (FFS) toward value will continue, and physician and administrative leaders will define the best approaches to engage patients for better care outcomes and financially beneficial results for practices.

The 2022 MGMA DataDive Practice Operations survey report, based on 2021 data from more than 2,300 organizations from a variety of specialties and practice types, offers brand-new benchmarks related to the shift to value-based reimbursement and quality measure performance, detailing key performance indicators (KPIs) that reflect incredible operational changes that have evolved patient engagement and impacted medical practices’ financial resilience.
Value-based care

The newest benchmarks in the 2022 MGMA DataDive Practice Operations give a sense of the proliferation of value-based contracts in multiple practice types, as well as key quality reporting metrics around hospital admissions, emergency department (ED) utilization and 30-day post-operative infection rates.

**VALUE-BASED REVENUE**

Data from the survey found that revenue from value-based contracts accounted for varying amounts of total medical revenue in 2021 among reporting practices:

- 6.74% in primary care specialties
- 5.54% in surgical specialties
- 14.74% in nonsurgical specialties.

Across all practices, the median revenue amount from value-based contracts was $30,922 per FTE provider.

**QUALITY REPORTING MEASURES**

The new value-based survey elements also provide key benchmarks for quality measures, based on covered lives attributed under value-based contracts (see figure below).

**TOTAL MEDICAL REVENUE SPECIFIC TO VALUE-BASED CONTRACTS, 2021:**

- 6.74% in primary care specialties
- 5.54% in surgical specialties
- 14.74% in nonsurgical specialties

**MEDIAN QUALITY MEASURE PERFORMANCE ACROSS ALL REPORTING PRACTICES:**

- 3% Hospital admission rate
- 11% Hospital 30-day readmission rate
- 27% Emergency department utilization rate
- 1% 30-day post-operative infection rate

Having the right data helps medical group practices make better decisions, which can pay off as more reimbursement shifts into value-based arrangements. MGMA Stat polling earlier in 2022 found that the adoption of quality performance metrics in value-based contracts also is being reflected in updated physician compensation plans, as 42% of medical groups tie some element of quality performance metrics to physician compensation plans.
Prior to the COVID-19 pandemic, previous MGMA Stat polls on this topic showed a very slow growth in the inclusion of quality metrics in compensation plans:

- About one in four (26%) medical groups tied quality performance to physician compensation in 2016.
- By July 2018, the share of groups with quality tied to compensation rose to 36%.
- A March 2019 poll — the last such poll MGMA Stat conducted on this topic prior to the pandemic — found that nearly 4 in 10 (38%) of groups had tied quality performance to physician compensation.

Respondents to the latest poll tell MGMA that the share of physician compensation tied to quality performance has changed during the pandemic:

- 35% report they have increased the share of compensation tied to quality in the past two years.
- 62% of medical groups have the same share of compensation tied to quality versus 2019 levels.
- Only 2% of respondents said they decreased the percentage of compensation tied to quality.

**GETTING A HANDLE ON QUALITY, VALUE-BASED ANALYTICS**

While the pace of incorporating quality performance metrics into physician compensation plans has been slow, understanding what you are measuring is a crucial step in benchmarking and ultimately improving your management of KPIs.

A June 7, 2022, MGMA Stat poll asked medical groups how they handle quality and value-based analytics. The majority (45%) reported they use both in-house analysts and vendors/software to get the job done, while 40% said they only use in-house analysts and 15% noted they only use vendors or third-party software.

A discussion group during the 2022 Medical Practice Excellence: Pathways Conference DX brought together several practice leaders to discuss their work in healthcare data. Among those who participated, many suggested that they have looked to move beyond pre-built reports within their practice management (PM) systems or EHRs to tools such as Power BI to pair with their existing reporting done in Microsoft Excel®.
Appointments
The successful rollout of effective COVID-19 vaccines in 2021 meant more patients had restored comfort when it came to returning to their healthcare providers’ offices for appointments and procedures. A Nov. 16, 2021, MGMA Stat poll revealed that about 7 in 10 medical groups were on target to reach or exceed their productivity goals for the year, and benchmarking data from the 2022 MGMA DataDive Provider Compensation confirmed that 2021 was a return to pre-pandemic normalcy for median work RVUs (wRVUs), which quantify productivity while taking into account the complexity of visits.

But heightened competition for workers, compounded by several early retirements and healthcare workers leaving the industry for other sectors, prompted staffing shortages across several positions in medical group practices that persist to this day.

- The inability to optimize appointment schedules due to staffing shortages throughout much of 2021 resulted in appointment availability for new patients — measured as the third-next-available appointment (TNAA) — increasing by two days: From 6.1 days in 2020 to 8.1 days in 2021.
- However, time-to-third for established patients increased slightly, ticking up from 4 days in 2020 to 4.43 days in 2021.
- Wait times in a practice’s waiting area also increased by four minutes year over year, with a median wait time of 16 minutes in 2021.
- Wait times in the exam room while waiting for a provider increased by two minutes in 2021, reaching a median of nine minutes.

### Third-Next-Available Appointment (in Days)

<table>
<thead>
<tr>
<th></th>
<th>New patients</th>
<th>Established patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>6.10</td>
<td>4.00</td>
</tr>
<tr>
<td>2021</td>
<td>8.10</td>
<td>4.43</td>
</tr>
</tbody>
</table>

Sources: 2022 and 2021 MGMA DataDive Practice Operations

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Provider Pay and the Pandemic: Realizing Recovery
For a deeper dive into MGMA’s industry-leading benchmarks for medical group practices (including median wRVU trends, median total encounters, median total compensation and APP compensation), access the May 2022 Provider Compensation and Productivity data report.
NO-SHOWS, APPOINTMENT CANCELLATIONS AND APPOINTMENT RESCHEDULING

Tracking patient appointment benchmarks throughout the COVID-19 pandemic has shown some surprising results:

- From 2019 to 2020, no-show rates decreased across all practice types (primary care, surgical and nonsurgical specialties), according to 2020 and 2021 MGMA DataDive Practice Operations benchmarking data. Data from 2021 show that practice no-show rates held steady, with only slight increases and decreases across practice types from 2020. It’s notable that all specialty types remain improved over their pre-pandemic benchmarks set in 2019.

- Appointment cancellation rates, due to either the patient or practice/physician cancelling, have increased, with a significant increase in appointment cancellations for nonsurgical specialties from 2020 to 2021. Appointment cancellation rates previously fell by 68.1% for primary care and nonsurgical specialties from 2019 to 2020, while surgical specialty cancellation rates decreased by 73% for the same period.

In these instances, the severe and sudden closure of practices and restrictions on elective procedures in the early months of the pandemic in 2020 hampered the total number of appointments throughout the year, limiting visits in some specialties to high-acuity care cases.

Prior to the pandemic, the median patient no-show rate for medical practices jumped from 5% in 2018 to 7% in 2019. Around this same time, it was unlikely for many practices to charge a no-show fee to patients: Less than 20% of single-specialty practices charged a no-show fee in 2019, according to 2020 MGMA DataDive Practice Operations benchmarking data.

Primary care practices showed a significant drop in 2021 in the percentage of appointments rescheduled within 30 days of cancellation compared to surgical and nonsurgical specialties, which reported similar or higher rates to 2020 benchmarks.

### NO-SHOW RATE

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>7.0%</td>
<td>5.3%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>7.0%</td>
<td>6.8%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>7.0%</td>
<td>4.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Sources: 2022, 2021 and 2020 MGMA DataDive Practice Operations

### APPOINTMENT CANCELLATION RATE

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>26.0%</td>
<td>8.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>26.0%</td>
<td>8.3%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>26.0%</td>
<td>7.0%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Sources: 2022, 2021 and 2020 MGMA DataDive Practice Operations

### PERCENT OF APPOINTMENTS RESCHEDULED WITHIN 30 DAYS

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>49.0%</td>
<td>76.0%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>52.0%</td>
<td>75.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>50.0%</td>
<td>79.5%</td>
<td>81.0%</td>
</tr>
</tbody>
</table>

Sources: 2022, 2021 and 2020 MGMA DataDive Practice Operations

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PATIENT PORTAL USAGE

Overall usage of patient portals improved in 2021, with a 17% increase in patient logins compared to 2020. The top functions of patient portal usage that experienced an increase in utilization from 2020 to 2021 include:

- Paying bills through patient portal (29% increase)
- Communicating with providers and medical staff (40% increase)
- Filling a new prescription (59% increase).

This increase is in line with other reports on the increased frequency of patient portal use: The Office of the National Coordinator (ONC) for Health Information Technology found that about one in five patients with portal access accessed their portal six or more times in 2020, and nearly four in 10 portal users accessed their health information using a smartphone in 2020.

With this increased use comes a shift in the expected time for staff to respond in the patient portal — an increase from 24 hours in 2020 to 48 hours in 2021, according to 2022 and 2021 MGMA DataDive Practice Operations data.

### 2021 PATIENT PORTAL UTILIZATION

<table>
<thead>
<tr>
<th>Function</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logged into patient portal</td>
<td>78%</td>
</tr>
<tr>
<td>Schedule appointments through patient portal</td>
<td>10%</td>
</tr>
<tr>
<td>Pay bills through patient portal</td>
<td>44%</td>
</tr>
<tr>
<td>Access test results through patient portal</td>
<td>57%</td>
</tr>
<tr>
<td>Communicate with providers and medical staff through patient portal</td>
<td>54%</td>
</tr>
<tr>
<td>Download or transmit medical records through patient portal</td>
<td>33%</td>
</tr>
<tr>
<td>Refill a prescription through patient portal</td>
<td>13%</td>
</tr>
<tr>
<td>Fill a new prescription through patient portal</td>
<td>62%</td>
</tr>
</tbody>
</table>

Source: 2022 MGMA DataDive Practice Operations
Billing and collections

CHARGE POSTING AND CLAIMS
Practices report that it took longer to post charges in 2021 for third-party payment from the time a patient is seen, than in 2020.

Practices also experienced an increase in the number of claims denied on first submission in 2021.

COPAYMENT AND PATIENT-DUE BALANCE COLLECTION
Data collected in 2021 reveal that practices across specialty types reported decreases between 5.25% and 11.13 percentage points in collection of copayments at the time of service.

Despite growing concerns regarding patient wariness about care costs amid high inflation and rising costs, the 2022 MGMA DataDive Practice Operations data show improvement in the percentage of patient-due balances collected at time of service in 2021, hitting 40.05% in 2021, up from 29% in 2020 and 14.79% in 2019.

An MGMA Stat poll from Nov. 9, 2021, suggested that nearly half (49%) of medical practices experienced worsening days in A/R throughout 2021, while 37% said it stayed the same and 15% reported days in A/R decreased through that point last year.

Several respondents shared their biggest challenges and successes this year with this aspect of their revenue cycle. Among practices that improved their A/R aging:

- Implementing new billing rules that increased clean claims helped one practice decrease its A/R aging.
- One practice leader pointed to renewed enrollment in ACA marketplace plans reduced the number of uninsured patients, making it easier to collect balances.
- Several practices pointed to either outsourcing elements of their revenue cycle management or embracing new artificial intelligence/machine learning tools to minimize repetitive tasks.

As for practices that struggled and saw their A/R aging increase:

- Many pointed to lack of office staff to work outstanding balances, and that the new workers they have been able to bring in face major learning curves.
- Many of the practice leaders pointed the finger at payers for questionable denials and delays in reviewing appeals. (An Aug. 24, 2021, MGMA Stat poll found similar complaints after 54% of medical practices reported that credentialing-related denials increased in 2021.)

<table>
<thead>
<tr>
<th>CHARGE-POSTING LAG TIME (IN DAYS)</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>3.8</td>
<td>5.2</td>
<td>5.0</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>3.8</td>
<td>6.8</td>
<td>11.6</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>3.7</td>
<td>6.8</td>
<td>10.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCENT OF PRACTICE CLAIMS DENIED ON FIRST SUBMISSION</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>8.00%</td>
<td>4.00%</td>
<td>8.00%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>7.00%</td>
<td>3.00%</td>
<td>8.14%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>8.00%</td>
<td>4.16%</td>
<td>8.14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCENT OF COPAYMENTS COLLECTED AT TIME OF SERVICE</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care specialties</td>
<td>89.90%</td>
<td>81.25%</td>
<td>76.00%</td>
</tr>
<tr>
<td>Nonsurgical specialties</td>
<td>89.90%</td>
<td>77.03%</td>
<td>67.00%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>89.90%</td>
<td>82.20%</td>
<td>71.07%</td>
</tr>
</tbody>
</table>

Sources: 2022, 2021 and 2020 MGMA DataDive Practice Operations
Optimizing appointments is the key to your revenue cycle

Medical practice leaders understand that the appointment creation process and getting patients in the door — physically or virtually — is what drives your revenue cycle.

What is sometimes more difficult to understand, as the COVID-19 pandemic eases across the country, is determining the biggest challenges to optimize your providers’ time, bring patients back and limit unfilled spots on the schedule.

A March 15, 2022, MGMA Stat poll asked medical group leaders their biggest challenge with appointments. Availability/wait times was the top answer (46%), followed by no-shows (38%), cancellations (11%) and “other” (5%). The poll had 505 applicable responses.

Among those answering “other,” the most frequent responses included:

- Having appropriate staffing levels to handle rising patient demand for care.
- Patients who deferred care during the pandemic presenting large lists of concerns that cannot be addressed in the allotted time or during a well visit.
- Providers being unwilling to open blocks on their schedule.
- Limited waiting room space due to COVID-19 guidelines (and patients unhappy about waiting in their cars outside).
- Lack of accurate clinic grids for scheduling.
- Higher rates of last-minute cancellations, even in practices that charge fees for them.

We know many patients deferred care in the past two years, and there are still some patients who might be anxious about coming back to see the doctor. The strategies for winning over those patients is a story for another day; what I’d like to focus on is what medical group practices do each day that can influence no-show rates, cancellations and other scheduling hiccups that can have a negative impact on the practice’s bottom line.

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MEASURING APPOINTMENT CAPACITY

At the 2021 Medical Practice Excellence: Leaders Conference, we devoted a session, “Front-Loading Your Revenue Cycle,” to answer a simple question: “If you can see things coming as part of the appointments that are scheduled or not scheduled, can it affect the rest of your revenue cycle?”

The simple answer is, “Of course,” and it begs an even better question: What is your practice doing to block appointments or block patients from getting into this revenue cycle?

Consider how appointments are templated in your system. Look closely enough and you can understand the total amount of available hours that each provider is scheduled over the course of a week or month to derive a denominator — the hours of provider capacity available.

That time will vary by specialty and location, as well as other provider-specific variables, such as time blocked for medical directorship or administrative duties. You want to know the number of hours that are truly schedulable.

In one practice I described at the conference, the advanced practice providers would notice that a Friday schedule looked a bit light and got the front desk to move all the Friday appointments to the morning and then block the afternoon off, with the understanding that they would open it back up if they needed the space.

You’d hope the practice management (PM) system wouldn’t allow this sort of activity, as it limits the capacity and reduces the ability to see patients. But the solution is also in the PM system, as you can look back at your data and see where those blocks occurred. You might have to determine whether things were blocked on the template, via a specific appointment type or other methods, but your appointment availability might be much broader than your past activity would suggest.

Especially if you have a provider whose wRVUs or compensation metrics aren’t where they ought to be, I suggest looking at that availability and rethinking the blocks in the schedule to give them the opportunity to earn and your patients the best access you can offer.

IS YOUR PRACTICE CAUSING SOME NO-SHOWS?

It’s easy to blame individual patients for no-shows, throw your hands in the air and say, “It’s out of our control.” But there are ways in which practices cause no-shows that you can work to avoid.

For this, you’ll need a bit of graphing expertise. Look at your practice’s historical no-show percentage — for example, 2%, 4%, 6% — and graph it on a Y axis. With the X axis, plot the number of days from when the appointment was scheduled to the date of the appointment: In other words, from the date the appointment was scheduled to the date of the appointment, how many days passed?
The first thing you’ll see is that no-show rates will increase over time. Consider a dermatology practice: A patient calls about a skin issue and is told it will take two weeks to be seen; they book the appointment and then call around to find someone who will see them sooner, and then forget the original appointment. **The longer we drive wait times for providers, the higher the no-show rate will be.**

The figure shows that graph for an orthopedic group in the Midwest. Notice the spike every seven days or so: A provider was telling patients, “If it still hurts, come back and see me in four weeks.” The patients would book that appointment for four weeks out, knowing it might be difficult to book closer to the four-week mark.

When things don’t hurt in four weeks, the patients don’t come back — just as they were told to do. Seeing this data allowed the physician to change the script a bit: “If it still hurts in four weeks, call and we’ll make sure we get you back in.”

Now consider an orthopedic practice that automatically schedules post-operative visits a certain number of days following a surgery. But sometimes a surgery is cancelled or postponed due to the patient not getting medical clearance or an issue with prior authorization.

Your PM system knows that post-op visit is still out there, and you can look for post-op appointment types to determine if there is a surgery associated with that visit. Another method to get at this issue is searching by your post-op visit (99024) codes and looking back nine or 10 days in that global period for the procedure. If that procedure isn’t there, you’ve got a problem. I use SQL Server to automate this search.

Ensuring that these connected elements of care delivery are addressed together and not forgotten will help you find availability you didn’t know you had and help you see patients sooner, reducing the chance of a no-show.

**Each of these instances represents money inadvertently left on the table by medical practices, but a careful look at your data can turn those missed opportunities into revenue.**
Patient no-show increase in 2022 poses concern amid staffing challenges, inflation

After two and a half years of pandemic disruption and staffing challenges in healthcare, it’s hard to assess what conventional wisdom there is regarding trends in patients showing up for their scheduled appointments.

On one hand, several practices have seen productivity gains in the past year as COVID-19 cases have been kept at bay and patients are more willing to travel for in-office visits. On the other hand, critical shortages of staff have impacted hours of operation and wait times for appointments, which can prompt some patients to shop around for other providers in hopes of being seen sooner.

An Aug. 2, 2022, MGMA Stat poll found that about half (49%) of medical groups reported that their patient no-show rates increased since 2021, compared to about 4 in 10 (39%) that said the rate stayed about the same, and 12% that reported a decrease in the no-show rate.

For medical groups that have seen no-show rates increase or stay the same, the top drivers cited were:

• Patients hesitant to seek care due to cost
• Patients going elsewhere due to long wait times after scheduling an available appointment
• Lack of transportation to appointments
• Patient forgetfulness or apathy.
Among respondents with no-show rates on the decline, the top four reasons given were:

- Implementation of online patient check-in options
- Additional text, email and/or phone reminders ahead of appointments
- Improvement in COVID-19 case numbers and improved willingness for patients to visit the office
- Limiting patients with a history of no-shows to same-day-only appointments.

A CLOSER LOOK AT 2022 DATA THUS FAR

Previous MGMA Stat polling helped detail some key issues with visit volumes and scheduling throughout the first half of the year.

More than 8 medical groups in 10 (85%) reported that 2022 visit volumes were above or about the same as 2021 levels, according to a May 10, 2022, poll.

- The top challenges cited among practices with lower visit volumes included:
  - Patient reluctance to come in after the Omicron COVID-19 surge
  - Visits taking longer for patients who deferred care earlier in the pandemic
  - Lack of appropriate staffing to handle higher volumes
  - Patients opting against visiting due to financial concerns amid rising inflation and consumer costs.

DID YOU KNOW?

When it comes to ensuring optimal patient access and minimizing no-shows, MGMA Better Performer practices report being open a few more hours per week (excluding weekends) compared to all practices, according to the 2021 MGMA DataDive Better Performers Practice Operations data set:

- Primary care Better Performers were open three hours more per week compared to the median for all practices.
- Nonsurgical specialty Better Performers were open 4.5 hours more per week than the median.
- Surgical specialty Better Performers were open five hours more per week than the median.
ADDITONAL RESOURCES

• **MGMA Benchmarking Data** — Understand the past and present to propel your practice into the future with industry-leading data analysis, reports and surveys.

• **MGMA Consulting** — Get an organizational tune-up and overcome new challenges with the help of experts in medical practice management.

• **MGMA Career Center** — Looking to fill open positions at your practice? Reach out to the MGMA Career Center to customize a package that fits your hiring needs.

• **Ask an Advisor** — Turn to this MGMA member-benefit service to get subject-matter expert guidance on a range of topics.

• **MGMA Stat** — Real-time data at your fingertips, with free data stories each Thursday.

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The data and content teams wish to thank the medical practices that contributed their insights to the 2022 *Practice Operations* survey, as well as the thousands of healthcare leaders who participate in MGMA Stat.
REACHING NEW HORIZONS

MEDICAL PRACTICE EXCELLENCE

Leaders CONFERENCE

FACE-TO-FACE | BOSTON | OCTOBER 9-12, 2022
DIGITAL EXPERIENCE (DX) | NOVEMBER 8-10, 2022

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