

Hello Practice Managers,

Thank you to all who joined the PPMA chat this week. Please find the notes from the call below. The next PPMA chat is **Wednesday, 7/13, 2:00 pm EST.**

### **PPMA Chat Session**

*June 14<sup>th</sup>, 2023*

*Led by Rachel Bakersmith, Treva Southworth*

*Notes by Kera Beskin (filling in for Mackenzie Magnus until August)*

**Attendees: n=25**

#### **Notes:**

The public health emergency ended in early May and the return to work guidance is confusing. What do people do when a worker is COVID-19 positive?

- Some are requiring staff to be out 5 days when they are COVID-19 positive. If they are testing negative, they are a bit more relaxed.
- Staff coming back from vacation are asked to mask for 5 days.
- In some clinics, employees do not need a negative test to come back to work, they just follow the 5 days guidance.
- One person mentioned that masking is optional in their clinic, except for the masking hallway. Staff ask if patients prefer staff mask.
- If a patient discloses that someone at home is COVID-positive, providers mask around that patient.
- It is hard to make people stay home for 5 days and not offer more sick or vacation time.
- For places that are strict about making employees stay at home for 5 days if positive, some employees have just said that they will stop testing. This is a barrier.

Training the influx of new hires is a challenge. How do people pay employees who are training new staff?

- Pay them an extra \$2 an hour while they train new employees. How long this takes depends on the new employee but once the new employee is self-sufficiently working that pay stops.
- The preceptor's pay shift differential is 10%.
- New people are scheduled with providers who have a lighter schedule.
- A flat bonus to those who train new employees or who recruit new employees.
- Another idea (not tried) would be to cash in on credit card reward points to give the trainers gift cards.

One state is using a preceptorship program to incentivize nurses to take on and train nursing students in the clinical setting. Is anyone using this type of program?

- Yes, it's a great way to train-to-hire nurses in the clinic.
- This is also a great option for medical assistants. It's a great way to test them out before hiring them. Sometimes you discover you would not like to hire them.
- Someone has a "Students/Careers" link on the website to discuss what the clinic offers. This helps decrease the cold calls from people needing clinical hours.

An interesting case example was shared about new/inexperienced staff. A medical assistant student posted a list of patients on their Instagram “Ug it’s going to be a long day, look at this list of patient names!”. This example was shared as an example and reason why you might want to add “dos/don’ts of HIPPA” to staff training/onboarding.

- The practice manager reached out to their malpractice first to discuss this case. Then created a letter to notify the parents and let them know that they could set up a call with the clinic to discuss further. One patient did call to ask about what was in the photos and verify that their child’s image was not on the internet.

How do people approach no-shows?

- For some Medicaid, you can’t charge them a no-show fee.
- Some clinics double-book patients that are known to be high no-show rates. It can be really busy if they both show up. It depends on if your provider is OK with scrambling if need be. But it tends to help avoid big gaps in the schedule. If one of the doubles no shows, the clinic does not double book the slot again.
- How reminders are set up was discussed. Automated reminders and phone calls two days before are great options. But most people that are no-shows confirmed their appointments. And every single no-show was called.
- Do patients know that they are at risk of losing their coverage was discussed? This risk of losing coverage might be specific to Maryland Medicaid. Pennsylvania you used to be able to remove them from the Medicaid panel but not anymore.
- Some clinics were successful in getting patients off of the Medicaid panel by stating the physician patient relationship ended or by documenting that they are living too far away. The patients are told in a letter to call Medicaid to find a provider closer to where they live.
- You can report them to your provider relation rep and public health office. Sometimes the provider relation rep will do outreach for you.
- Three levels of no-show letters were discussed. 1) we missed you 2) we would hate to see you go, a reminder of the no-show policy 3) you violated our no-show policy so we are going to have to terminate our relationship.
- In Missouri, the Medicaid that are managed care organizations (rather than managed by the state), the state verified that the MCO create their own requirements, so the clinic charges a no-show fee for those MCO patients.
- In North Carolina, as long as the family is aware in advance of the no-show fee, it is permissible to charge. So.... I have everyone sign a financial policy that details how our no-show fees work. If they abuse this policy, they are discharged and we have them removed from our panel.

Someone shared that they are noticing a trend of people using the pediatric office as an urgent care clinic, only when the child is sick rather than their well visits.

- Others deal with this by combining a sick and well visit together to “super-size” their visit.
- If patients are not compliant with well visits or with our vaccine policy, this is also addressed in writing. For Medicaid we involve our CIN care manager to reach out to them. If they still don’t schedule a well visit, they are discharged and removed from our panel for non-compliance.

Social Determinants of Health were brought up. How do people get this information? Some patients do not want to give this information.

- We use Phreesia to implement Healthy Leads screening for SDOH- it seems to work better than asking in person.
- We have Phreesia and SDOH screeners sent to them electronically at certain visits. NC pays Phreesia for this service, so no cost for us. Most fill it out.

Someone shared that some insurers are not covering screenings.

- It was shared that insurance should be covering screenings by the Affordable Care Act.
- If they are not covered, you should be challenging the insurance that does not cover the screenings. We can't pick and choose the care that we give.
- If a patient refuses screenings, we just note this in the patient's chart.
- For patients that give pushback that they want the anxiety screening out of their appointment, you just have to explain that this is standard of care, and they will always be asked. If they do not accept, you can have the conversation that this might not be the best place for you.