

# ROAD TO PRACTICE RECOVERY

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## A GUIDE FOR REOPENING YOUR PRACTICE POST-COVID-19

Access to TMA's COVID-19 resources will be available to all physicians and practices for the duration of the pandemic.



Physicians Caring for Texans



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## OVERVIEW

### CURRENT STATE OF MEDICAL PRACTICE VIABILITY

During this COVID-19 public health emergency, medical practice viability in Texas is at a critical point. Physicians must quickly pivot their practices due to operational, financial, and clinical challenges, while also navigating constantly-evolving compliance, payment, and coverage issues. These circumstances have negatively and greatly affected practice operations. During the Texas Medical Association's (TMA's) COVID-19 [telephone town hall meeting](#) in mid-April, 36% of poll respondents indicated that they have lost between half and three-quarters of their revenue since the start of the pandemic. Another 24% have lost three-quarters to all of their revenue.

In support of Texas physicians, TMA organized the [steps](#) that physicians could take to meaningfully impact their practice's viability, and created a [Practice Viability Toolkit](#) that compiles the information, resources, and links physicians need to make informed decisions. TMA will continue to monitor physicians' needs as they evolve throughout the stages of this pandemic.

### STEPS TOWARD REOPENING PRACTICES

As the COVID-19 curve flattens and trends downward, you can take decisive actions to restore your practice operations. TMA's practice viability experts have organized the information you may need to successfully reopen your practice in one resource: Road to Practice Recovery: A Guide for Reopening Your Practice Post-COVID-19.

From evaluating staffing levels and managing patient appointments, to ensuring patient safety and communicating regularly with patients and staff, this guide will provide the [information practices need](#) to more confidently head in the right direction.

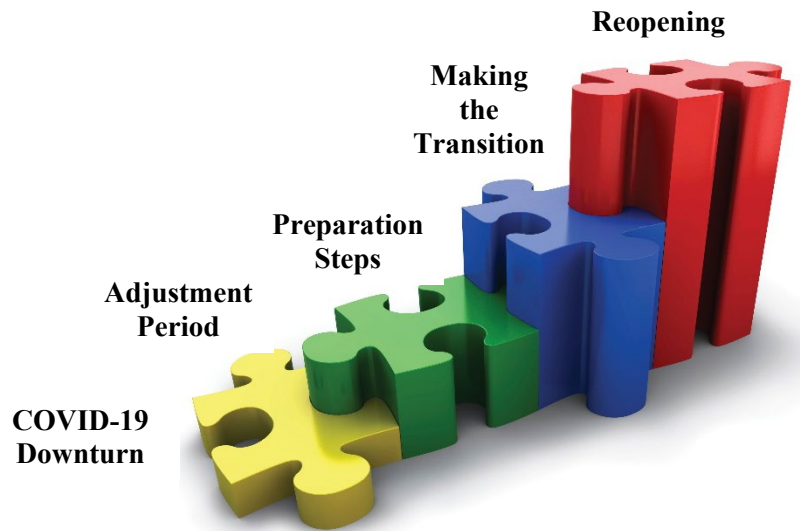
Refer to TMA's [COVID-19 Practice Viability web page](#) for additional tools, resources, and frequently asked questions regarding operational challenges that affect your practice's viability.

Find the latest news and government guidance on the coronavirus outbreak by visiting [TMA's COVID-19 Resource Center](#) regularly.

\*Please note that circumstances surrounding COVID-19 are continually evolving and the information provided herein is subject to change at any time. Contact the [TMA Knowledge Center](#) or view the appropriate agency's website for the most up-to-date information.

## PRACTICE OPERATIONS

As physicians contemplate the reopening of their practices, business operations should be at the core of a successful transition and the return to profitability. Practices can get back to peak performance by reviewing workflows and processes. Maximizing and optimizing the daily functions of your practice are pivotal steps to success, as is focusing on long-term goals, rather than surviving in the interim.



### INITIAL ADJUSTMENT PERIOD

This is the time when COVID-19 first made its appearance and started affecting practices. You may have already gone through some or all of these initial steps, depending on your particular situation. However, if you haven't, consider the following steps:

1. Determine if financial assistance is needed and, if so, how much. TMA's [Net Cash Flow Calculator](#) can help you estimate that number. Financial assistance can be in the form of loans, grants, or lines of credit. As previously noted, loan funds are limited and usage restricted – so it's important to act now if you haven't already.
2. Take a deep dive into your [operating expenses](#). Benchmark your specialty against others and see where there are variances. For example, use a commercial real estate agent to determine whether your lease payment is in line with current market rates; this may give you leverage during negotiations. It is ultimately in landlords' best interest to retain tenants who bring in steady, long-term income. Refer to the [Analyze Operating Expenses](#) section of this guide for more information.
3. Explore which [telemedicine](#) options may be appropriate for your practice, specialty, and patient populations, and pay particular attention to payors' payment policies. Educate patients about the benefits of telemedicine, especially if they haven't experienced a virtual appointment yet. Provide appropriate education and tips to help patients make the most of their appointment and experience. You might also think about working with a direct-to-consumer [telemedicine company](#) to augment your revenue.



Also, dedicate time to:

- Evaluate [staffing](#) levels and make necessary adjustments.
- Ask for a 90-day deferral on rent or mortgage payments, and any loans, both business and personal.
- Negotiate contract terms for lower payments, term extensions, or termination (e.g., equipment leases, electronic health record software).
- Talk to your CPA about [tax](#) credits and the associated impact on your practice.
- Review insurance policies for business interruption coverage.
- Review the need for [nonessential services](#) (e.g., appointment reminders, electronic check-in, and laundry).
- Cancel auto-shipments for supplies to allow you to pay for supplies at your discretion.

### PREPARATION STEPS

Returning to the office does not necessarily mean that you will pick up where you left off pre-COVID-19. Approach your reopening with a phased plan, starting with general preparations. Keep track of cancelled appointments. Know which patients may be more vulnerable and where they are in their treatment plans. It will be helpful to have patients' needs already prioritized as staff begin rescheduling appointments.

Think about how sick and well patients can be separated. Consider scheduling well visits in the morning, and sick visits in the afternoon or vice versa. Ask patients to call upon arrival, and to stay in their vehicle until staff can escort them into the practice or call them when it's their time to be seen. Also, designate "sick" and "well" areas in your waiting room, and entrances and exits into and out of the practice, if possible.

Declutter patient areas. Dispose of out-of-date magazines. If your practice has a children's play area with activity stations and toys, thoroughly disinfect them or consider completely removing them temporarily. Look at anything and everything throughout your office as unnecessary opportunities to harbor germs.

Inspect staff work areas, specifically areas that may be open like check-in, check-out, the nurses' station, or the desk of a staff member who meets with patients to make payment arrangements. Consider installing protective sneeze guards or clear plastic barriers to provide an extra layer of protection.

Assess inventory levels for personal protective equipment (PPE), hand sanitizer, tissues, and cleaners/disinfectants, and project your future needs as well as access to those supplies. It is likely that your vendor is back-ordered, so consider contacting your local county medical society for assistance.

Revisit existing policies and procedures as there may be some that should be revised, such as your cancellation policy. If your policy states that patients are required to provide 24-hours' notice to cancel an appointment to avoid being charged a fee, will you continue to require this? Take into consideration that patients' hours may have been cut, or they may have been laid off from work. They may be experiencing financial difficulties, have lost insurance coverage, or just not be comfortable coming in as scheduled, so they change their mind at the last minute. Be sensitive to the fact that this has been a challenging time for everyone and review policies accordingly.



## MAKING THE TRANSITION

For all the things that you implement or change during the preparation phase, make sure to update the practice's policies and procedures manual. Ensure that staff are made aware of the changes and appropriately trained on them. So that staff can quickly reference the manual as questions arise, upload the manual to a shared drive on your network.

From the cancelled appointment list you made during the preparation phase, start calling patients to reschedule appointments while simultaneously checking on the patient's current health status. Then start working your recall, and general broken or missing appointment lists.

As your schedule begins to fill and patients start to come into the office, review your scheduling template to ensure appropriate time for appointments, conversation, and disinfection while maintaining social distancing throughout the practice. You might find the need to lengthen allotted appointment times for various types of appointments. For example, if an established patient follow-up encounter is currently blocked for ten minutes, you might add five minutes to make that block 15 minutes. This will build in time for "catch-up" and help keep you on schedule. Another option is to build in short gaps between appointments to allow time for documentation or breaks. If you are offering a hybrid of in-person and telemedicine appointments, be sure appropriate time is allotted for the appointment type. Telemedicine visits tend to take less time by removing the need for disinfection of the space.

Determine your scheduling priorities. Ask the following questions:

- Is the procedure urgent, non-urgent, or elective?
- Is it high- or low-risk?
- Is there a positive or negative COVID-19 screening? If positive, what's the next step?

Also, take into consideration the challenges that patients may be facing like:

- Their ability to afford the procedure,
- Insurance changes, and
- Their ability to take time off from work.

Decide how will you accommodate and work around these challenges, then initiate pre-authorization processes. Send pre-visit instructions to let patients know what to expect, as things may be different from their last visit.

Limit the number of visitors who enter the practice. For minors, the elderly, disabled, or other patients requiring oversight and/or assistance from caregivers, ask that only one person accompany patients into the practice. It is acceptable to ask that siblings stay home with an adult or in other appropriate accommodations, and that guests wait outside the exam room, whenever appropriate.

Instruct staff to focus on old accounts receivable. This does not necessarily mean asking staff to make collections calls, but rather to verify that balances are truly outstanding. Determine if the balances are correct and if the patient really owes the money. Identify which patients might be placed on a payment schedule and offer them the option of making regular monthly payments to ease their financial burden. Also, sort your aged accounts receivable (AR) report by payor and contact those from whom you are still awaiting payment. Verify that the claims have been received, or if necessary, resubmit. Finally, review your small balance write-off policy in your policies and procedures manual, and determine if any balances should be written off in accordance with that policy.

## REOPENING YOUR PRACTICE

As you begin to resume operations in your “new normal”, it is imperative to communicate with your staff. Be open about what has happened and what to expect moving forward. Things may seem slow and dismal at first, or it may be busy and chaotic; let staff know that you’ll figure it out and work through it together. Be sure to openly address sensitive issues like missing staff members, increased or decreased hours, and changes to employment benefits.

Let your patients know! Share important information with them, for instance whether the practice is reopening fully or partially, how your days or hours have been revised, and how to get their appointment back on the schedule. Publish this information everywhere, including in targeted emails to patients, on social media, and on your website.

Ensure that your online practice information is correct and up-to-date. Not just on your website, but also in payor profiles or directories – add telemedicine as a service if you are now offering it. Check review sites like Yelp, Vitals.com, and healthgrades.com for profiles that were made without your knowledge and permission. Search for and claim listings for both your name and the practice’s name; you may have more than one listing per site. Once claimed, you can make the appropriate updates.

Consider recording a video of your practice showing all the precautions you have undertaken for your patients’ and staff’s safety. Show staff wearing masks and gloves or in full PPE gear. Capture them in action disinfecting door handles, light switches, work surfaces, and so on. Upload the video to your practice website and share it across social media platforms.

Maximize and optimize technology in your practice to help streamline processes. Implement online bill pay and appointment scheduling, and fully activate the patient portal on your website. Determine if and/or how telemedicine will continue in your practice. Initially you may have implemented telemedicine very quickly. Decide if it works well for you and your patients or if there are changes you should make to optimize the use.

Reactivate any automated messaging including those in your telephone tree, voicemail messages, email auto-replies, within software for text messaging and appointment reminders, and in marketing communications.

Also, remember to:

- Collect all time-of-service payments and past-due balances;
- Manage rejected claims in a timely manner;
- Ensure correct coding and that all charges are captured;
- Promptly close encounter notes;
- Manage inventory levels; and
- Continually visit payors’ websites to stay abreast of changes.
- Refer to the [Monitor Payors](#) section for detailed information.

Most importantly, revitalize your relationship with patients. If you have been conducting telemedicine visits for the last several months, they may be craving the human factor. Show your excitement to see them again and tell them, “We are so glad you’re here!” Always smile through any stress; even if your face mask hides it, your eyes will show it. Refer to the [Customer Service](#) section in the guide for more suggestions.



## REVIEW YOUR TELEMEDICINE ADOPTION

You may have adopted telemedicine because of the COVID-19 pandemic and to accommodate visits without the undue risk of having patients come to the practice. Some of the waivers in place facilitated a quick move to telemedicine to help mitigate the rapid spread of the virus. Now is a good time to evaluate all aspects of telemedicine as a viable long-term feature of your practice.

1. Technology. There are numerous HIPAA-compliant telemedicine platforms available. The first technology you should consider is what is offered by your EHR vendor. There are also numerous stand-alone platforms with varying degrees of sophistication, from the very simple to those with add-ons such as remote patient monitoring. TMA has compiled various resources to help you determine what platform is best for your practice:

- a. [Telemedicine Platforms](#) to review
- b. [Telemedicine Vendor Evaluation Criteria](#) form
- c. [Free Technology Contract Review Service](#) by Coker Group.



Once a platform is selected, execute a business associate agreement (BAA) with the vendor.

Set up and test all your telemedicine technology and equipment. If you plan to use a desktop computer, be sure to have a camera, microphone, and speakers. A dual-screen setup will be helpful to view the patient on one screen while documenting the encounter on the other. If you utilize a smartphone, download the appropriate application. Be sure the camera and speakers are turned on and working, and that you can log into the technology. Consider conducting test visits with staff or family members to learn and practice.

2. Scheduling. As you start performing more telemedicine visits, you will have a better idea as to your preferences for scheduling and timing. These visits can be distributed throughout the day, or lumped together at a time of your choosing. Some physicians report that telemedicine visits take less time than in-person visits, while others report spending the same amount of time on each. Keep track of your time spent to help determine averages for various appointment types. This will inform you of the telemedicine time blocks needed for your schedule.
3. Workflow. Some telemedicine platforms allow for a seamless handoff from staff to physician while others do not. When conducting your practice visits, determine exactly who has what roles and at what time those tasks will be fulfilled. As an example:
  - a. The day before the telemedicine visit, your receptionist should call the patient to confirm the appointment. At that time staff also verifies insurance, ensures the patient has the necessary technology in place, and confirms the patient understands the technical instructions to access the visit.
  - b. The day of, billing staff call the patient to confirm insurance coverage and collect applicable copayment and/or deductible amount.
  - c. Prior to the visit, your clinical assistant contacts the patient (via the telemedicine platform) to gather pre-visit information. They then pass the communication over to the physician or instruct the patient to await your call.
4. Payment. Payment policies for telemedicine vary greatly by payor. TMA maintains a payor policy chart in the TMA telemedicine resource center that can be accessed for up-to-date information.

5. Policies and Procedures. It is important for you to update your policies and procedures manual to include the addition of telemedicine to your practice. In the [TMA telemedicine resource center](#), you will find numerous policies, procedures, and forms that you can customize to reflect the needs of your practice.
6. Compliance. TMA developed a white paper that details [Texas laws and regulations relating to telemedicine](#). This paper is approved for 1.5 AMA PRA Category 1 Credit™; CME is free in the [TMA Education Center](#). Note that the information in this white paper aligns with Texas law prior to COVID-19. There may be additional waivers still active. Visit the [TMA telemedicine resource center](#) for current information.

### TIPS FOR A SUCCESSFUL REOPENING

- ✓ Don't procrastinate.
- ✓ Develop a plan.
- ✓ Think "long term" and about growth – not just for the interim.
- ✓ Make the most of any downtime.
  - a. Conduct staff trainings.
  - b. Perform HIPAA risk assessment.
  - c. Earn CME.
  - d. Enhance online presence.
- ✓ Be fluid – changes will be made.
- ✓ Maximize and optimize everything!
- ✓ Be proactive about building online reviews.
  - a. Ask.
  - b. Incentivize staff.
  - c. Post a sign.
  - d. Conduct an email campaign.

## FINANCIAL OPERATIONS

Patient scheduling, billing and collections, and deposits to the bank all make up the [pipeline](#) to your practice's bottom line. In order to get revenue flowing smoothly again, utilize the following information to organize and streamline your financial processes as you move beyond COVID-19. Find additional information, tools, resources, and educational programs to help keep your practice financially healthy on the TMA [practice viability webpage](#) and in the [COVID-19 Practice Viability Toolkit](#).

### DEVELOP A BUDGET

As you reopen, revenue and patient volume will increase – although perhaps slowly and erratically. Carefully consider your current and ongoing capital needs. If you are like many physicians, you have already secured (or tried to) a [loan or line of credit](#) to ease financial burdens. If not, consider working with a smaller bank even if you do not have an established relationship. Smaller lenders may be able to push your application along more quickly than the larger banks that have been overwhelmed with requests. If you have already applied for [emergency funds](#) from the federal government, keep an eye on your business bank account for deposits.

Next, work on creating a new operational budget. Calculate your overhead percentages and review historical collection ratios (for the last twelve months). How are your numbers different than prior to COVID-19?

Reasonably adjust your operating expenses, considering the time it will take to resume a regular cash flow. Create cash flow projections based off of conservative productivity scenarios. Prepare a new budget based off these projections. At the end of the month, track and review projected volumes with actual numbers.

If your practice management system is not able to produce a dashboard report, consider utilizing a one-page [financial worksheet](#) to help create your new budget and to track your practice's financial health through the stages of COVID-19.

### ANALYZE OPERATING EXPENSES

As your practice's revenue begins to increase, it will be important to closely review your monthly operating expenses. Assess your expenses and note any significant variances since the start of COVID-19. Pay particular attention to services that may be nonessential and expenses directly impacted by the pandemic, like medical supplies including personal protective equipment (PPE), staff salaries and benefits, and lease payments.

Talk to vendors and see what accommodations may be available as you resume operations. Review your contractual obligations and look for clauses pertaining to termination, late payments, late fees, and interest. Some vendors might be willing to defer or lower payments for a finite period. Be sure to maintain open lines of communication with them on any obligations you may not meet. A phone call is more personal and may have better outcomes than merely an email. If successful, make special note of any [deferred expenses](#) and develop a plan for repayment to avoid any late or penalty fees.

Regarding rent, contact your landlord to discuss what options may be available. Having your financials in hand when speaking to your landlord will be helpful, as each situation is unique. Share your numbers and how much practice revenue has been affected by COVID-19. If you are in a renewal period, try to negotiate a deal that includes a lower payment and/or deferment for the first few months of your new lease. It is mutually beneficial for you to work with your landlord and keep the space occupied.

Account for any forgiveness requirements pertaining to expenses for acquired loans (e.g. [Paycheck Protection Program](#) (PPP)) and consult with your [certified public accountant](#) (CPA) prior to making any decisions and/or submitting documentation. Refer to the [Supporting Loan Documentation](#) section of this guide for more information.

In addition to loan forgiveness guidance, obtain regular oversight from your CPA for general operating expenses, accounting, and tax planning assistance. It is beneficial to submit information for professional review at least quarterly. CPAs should review practice management reports, profit and loss statements, and bank statements for consistency, allowing for tighter internal controls.

### TIPS TO SAVE ON EXPENSES

- ✓ Negotiate your contracts for better pricing and termination terms.
- ✓ Buy office supplies in bulk when possible and if you have the storage space.
  - a. If you work in a professional building, enlist other practices to order supplies in bulk and share the cost.
- ✓ Shop online. Sometimes buying online is less expensive; often when sales exceed a certain dollar amount, shipping is included.
- ✓ Buy recycled printer cartridges.
- ✓ Purchase gently-used equipment and office furniture rather than new products.
- ✓ Purchase inexpensive copy paper for routine office copying and use both sides when feasible.
- ✓ Save on toner and staff costs by using a third-party printer for bulk printing jobs rather than using the office laser printer.
- ✓ Upload practice forms to your website or email to patients.
- ✓ If not e-prescribing, take advantage of free, branded prescription pads from vendors.
- ✓ Shop around for better rates on phone, credit card, overnight courier, biohazardous waste removal, and other services. Check out TMA's [Endorsed Vendors](#) and [Group Discount Programs](#) for exclusive TMA member benefits.
- ✓ Cash-in on discounts and reward programs.
- ✓ Use energy-efficient light bulbs and install sensors that automatically turn the lights on and off when entering and leaving a room.
- ✓ Install a digital thermostat and program it to use less energy during closed hours.
- ✓ Put only hazardous material in biohazard waste receptacles to keep pick-ups to a minimum.
  - a. Keep receptacles out of patients' sight so they aren't used for general trash cans.
- ✓ Replace costly magazine subscriptions with free health literature in the waiting room.
- ✓ Create a system for monitoring supplies to prevent ordering items you already have or accumulating more than you need.
- ✓ Don't reinvent the wheel! Take advantage of already-developed forms, tools, and resources from TMA and specialty societies.

## **REVIEW YOUR COMPENSATION PLAN**

After your analysis of operating expenses, look at the practice's financial ratios and staffing level, in relation to your compensation and compare with specialty benchmarks. Are your numbers in line with the benchmark medians? If not, the practice would benefit from a comprehensive [revenue cycle assessment](#) to evaluate the practice's key financial indicators, collection ratios, accounts receivable, payor mix, and billing processes – all of which can affect physician compensation.

One of the most common models for compensating physicians in private practice (especially amongst physician partners) is through a monthly draw and periodic true-up of collections, less allocated expenses. Typically, draws are set around 70–80% of your estimated income. Anything higher than that means dollars may have to be paid back later.

Compensation plans based on collections or productivity can become very complex and carry increased risk. As an example, if compensation is based on collections, but claims are not paid and patient-responsible balances are not collected, physicians may not take home a paycheck.

Post COVID-19, it is possible that you might re-evaluate your compensation plan. Many models exist, each with advantages and disadvantages. Frequently-used models include:

### **Salary Only**

This model is administratively straightforward and physicians know what to expect. Close attention should be paid, however, to ensure salary expenses are not greater than incoming revenue.

### **Salary with Bonus Potential**

The appeal of this model is the assurance of a minimum base salary with the potential to be rewarded financially for meeting identified performance measures. However, it can be time consuming to manage with complicated formulas.

### **Straight Equality**

After expenses, this model equally allocates remaining revenue amongst the physicians. Although this model is easy to manage, it places all physicians on the same playing field, regardless of varying levels of production.

### **Production-Based**

Compensation based on productivity encourages physicians to work at the highest level of their ability. However, it may result in internal competition and often takes considerable time to appropriately allocate overhead expenses.

### **Capitation**

Capitation models reward physicians for delivering cost-efficient patient care and distribute payors' payments in a nearly equitable manner. However, compensation may vary from year to year, and complex data tracking may be required.



Regardless of the compensation model in your practice, a dip in production will negatively affect the practice in some way, so revisit your compensation plan on a regular basis and adjust if necessary. For example, if working within a model that calibrates biannually, consider switching to quarterly calibration for a more accurate reflection of current status.

Group practices should ensure there is a plan for at risk physicians and those nearing retirement age (or contemplating early retirement). It is important for the group to revisit contracts and bylaws. Specifically look for verbiage that addresses buyouts or terminations, with or without cause. Before any discussions are held, or decisions made, consult your attorney.

### COMPILE LOAN DOCUMENTATION

The Small Business Administration (SBA) announced that borrowers may be asked to substantiate their need for PPP relief funds. If you haven't already, start compiling documentation validating your need for funds. Whatever the format of your documentation (e.g., written text, operating budget, cash flow analysis), consider including the:

- Impact upon your practice's revenue, and the uncertainty of future income;
- Decreased demand for services and appointments;
- Increased staff absenteeism, furloughs, and/or terminations;
- Increased supply expenses (e.g., PPE, disinfectants);
- Need to defer payments (e.g., rent, lease payments);
- Efforts expended trying to secure other financial assistance;
- Advice received from professional advisors, including business consultants, CPAs, and attorneys;
- Hardships experienced due to loan program restrictions that prohibit participation in other loan programs; and
- Intended use of funds for sustaining practice operations, and staff wages and benefits.

As already advised, consult with your CPA as well as your attorney and other professional advisors in preparation of your documentation.

### PRODUCE AND REVIEW FINANCIAL REPORTS

Financial reports should be regularly audited for identification of potential billing and collections problems and/or trends. TMA Practice Consulting recommends that you review the following reports on a monthly and annual basis:

- Charges, collections, and adjustments;
- Aged accounts receivable;
- Procedure and surgery analysis;
- Patient summary / Number of new patients;
- Unpaid insurance claims; and
- Expenses as a percentage of revenue.



Track these reports by the practice and individual physician with careful attention paid to the following areas:

- Comparison to the previous year's charges, payments, adjustments, and bad debt write-offs. Previous-year and current-year reports should be analyzed to identify significant changes, with careful attention paid to any increases in contractual adjustments. An increase in contractual adjustments may indicate a shift in payor mix. Should this occur, you will need to develop a strategy to shift to a more profitable payor mix.
- A drop in collections from one month or one year to the next. Drops could indicate a change in reimbursement patterns, such as a decrease in office visits, increased payor adjustments, or a problem with billing and collections processes.



- Review of gross and net collections percentages and accounts receivable ratios. Compare the previous year to the current year to detect any significant changes. An analysis should be performed to determine the cause of any significant changes, such as COVID-19.
- Review of contractual adjustments by carrier. Monitoring these adjustments will help you determine whether a particular payor accounts for the majority of revenues. Heavy reliance on a single carrier could put the practice at financial risk if the plan were to pull out of the market or terminate the contract. To decrease contractual adjustments, negotiate managed care contracts and/or shift your payor mix to accept fewer of those patients.
- Monitor production for overall consistency. Unless you have been out of the office for an extended period of time (e.g., COVID-19, vacation), production should not vary greatly from month to month. A drop in production may signal failure to bill on a timely basis or a decline in service volume.

Most practice management systems can routinely generate a number of these reports; customized reports with user-defined fields should be available by request. Each month, your practice manager should review these reports with you, and benchmarks should be provided for comparison and trending.

### **REVIEW OR ESTABLISH A FINANCIAL POLICY**

Review your [standard payment policy](#) (or create one) and implement it to guide staff on collecting copayments, coinsurances, and deductibles at the time of service as well as prior to scheduling non-emergent procedures. Managed care companies contractually require that copayments be collected; a practice cannot bill “insurance only” or waive the patient portion. Creating written policies and procedures will minimize practice risk, assign responsibility, set performance standards, and assure consistency during and post-COVID-19.

An effective written policy for the collection of patient responsible balances includes patient education, systematic follow-up on accounts, and eventual referral to a collection agency and/or write-off of uncollected accounts as bad debt.

A firm payment policy at the time of service will create less delay in payment and reduce outstanding patient balances. Communicate this policy to patients. When patients have an understanding of payment expectations, they are more likely to arrive for their visit prepared and ready to comply.

### **MAKE PAYMENT ARRANGEMENTS**

Patients with upcoming procedures or surgeries should be routinely referred to dedicated billing staff prior to receiving services. Minimum regular payment expectations should also be established for self-pay patients, those with outstanding balances and large deductibles, and for patients who voice financial difficulties. Only agree to extend payment arrangements for payments that fit within their and your budgets, and put the agreement in writing. Note the payment plan in a prominent place in the patient’s electronic chart and contact the patient immediately if a payment is missed.

### **CROSS-TRAIN STAFF ON REVENUE CYCLE PROCESSES**

Cross training staff members will help ensure an uninterrupted flow of processes during absences. Unexpected absences or resignations could put a practice at financial risk and delay or reduce cash flow.

In addition, consider obtaining supplementary oversight from your CPA. Although, CPAs review practice financial data for tax purposes on an annual basis, it would be beneficial for the practice to submit information for review at least quarterly. CPAs should review practice management reports, profit and loss statements, and bank statements for consistency, allowing for tighter internal controls.

## MONITOR PAYORS

Pay close attention to payor guidelines and whether or not loosened restrictions will continue post-COVID-19. Try to keep up with all the ongoing changes and understand the impact upon your practice. Specifically:

- Stay abreast of timely filing deadlines to avoid unnecessary claim denials. While some payors have relaxed requirements, others have not.
- Obtain prior authorizations when necessary. On your list of commonly reported codes, note which codes generally require an authorization to prompt you to check with the plan. Otherwise, know where or how to find the needed information from each plan (e.g., [Cigna](#)).
- Know when to appeal claims. For example, you may not have to appeal claims with some payors because they are performing mass adjustments. With others, you will be required to appeal.
- Check your status with payors if you have been granted temporary in-network credentialing status. If you were already participating, know when you need to recredential. Failure to adhere to contract requirements will result in lost revenue and time, as you would be required to go through the entire credentialing process again. As a result, patients would have to find a new physician or wait (for what could be months!) for you to be entered back into the system.

Finally, plan and perform [internal audits](#) to stay one step ahead of payors. Although some payors may have relaxed their audit programs due to COVID-19 (e.g., [Humana](#)), others have maintained or even increased their efforts. As an added benefit, internal audits help capture lost revenue dollars.

## UTILIZE TMA HASSLE FACTOR LOG PROGRAM

TMA helps its members resolve insurance related problems by collecting and analyzing payment complaints. Data gathered through the [Hassle Factor Program](#) process help enhance TMA's ability to make reimbursement less of a hassle for physicians and their staff. For more information, contact the Payment Advocacy department at (800) 880-1300 ext. 1414.

## TOP 20 BEST PRACTICES FOR REVENUE CYCLE MANAGEMENT

- ✓ Collect patient responsible balances at the time of check-in.
  - a. Establish payment arrangements for patients who cannot pay in full.
  - b. Provide a private area for financial discussions.
- ✓ Verify benefits, eligibility, and demographic data for all patients.
  - a. Determine out of network benefits.
- ✓ Provide staff a quick reference sheet with fee schedule information.
  - a. Update the practice's [fee schedule](#) if it has not been updated within the last year.
- ✓ Notify patients of any outstanding balances when scheduling appointments.
- ✓ Post payments and charges at the time of service.
- ✓ Establish billing expectations. The following standards should be expected:
  - a. Claims submitted daily.
  - b. Statements generated weekly.
  - c. Payments posted within 24-48 hours.
  - d. Denials reviewed and resolved within two working days.
  - e. Delinquent patient balances followed up on after 45 days.
  - f. Delinquent insurance balances followed up on after 30-45 days.
  - g. Reports generated by the 1<sup>st</sup> working day after the period close.
- ✓ Monitor claims transmission and acceptance reports.
- ✓ [Track](#) and work claim denials.
  - a. Stay abreast of timely filing deadlines to avoid unnecessary denials.
- ✓ Mail patient statements weekly.
  - a. Provide a credit card payment option on statements.
- ✓ Allow online payment through your portal.
- ✓ Assign a direct phone number to billing staff for questions.
- ✓ Prioritize accounts receivable (AR) follow-up.
  - a. Begin with the oldest and largest balances.
- ✓ Perform small balance write-offs.
  - a. Adjust and write-off balances of \$10.00 or less.
- ✓ Load fee schedules into your practice management system.
- ✓ Familiarize yourself with payor policies and where they can be found.
  - a. Know the billing requirements for your most commonly reported codes.
  - b. Subscribe to payor updates and newsletters (e.g., [Cigna](#)).
- ✓ Monitor payor [contracts](#), determine continued participation, and negotiate when possible.
  - a. Maintain copies of all contracts and fee schedules.
- ✓ Stay abreast of prior authorization requirements.
- ✓ Monitor changes to payor policies.
  - a. Watch for guidance about resubmitting claims in lieu of the health plan reprocessing them automatically.
- ✓ Utilize health plan cost estimators (e.g., [United Healthcare](#)).
- ✓ Ensure correct coding and know who is ultimately [responsible](#).
  - a. Understand modifier usage.
  - b. Provide staff education on new or updated coding requirements specific to COVID-19.
  - c. Ensure your EHR has been updated with the new COVID-19-specific codes.

## CLINICAL OPERATIONS

Physicians are committed to protecting and improving the health of patients and the staff members who assist in providing them with the highest quality of care. To be successful, all staff must be familiar with and trained on the most current information on infection control, standard and universal precautions, evidence-based clinical guidelines, state and national public health guidance, and direction from the Texas Medical Board.

### SAFETY PRECAUTIONS AND INFECTION CONTROL

Clearly communicate with patients about the safety protocols of your practice and the precautions taken to minimize their risk of infection. Be aware of [Governor Abbott's Executive Order GA-19](#) and [TMB's COVID-19 minimum standards for safe practice](#), which require that all physicians providing patient care or engaging in an in-person patient encounter comply with the following *minimum* standards:

- The physician, the physician's delegate, and the patient must wear a mask when the physician and/or delegate are within less than six feet from the patient.
- Everyone must follow policies that have been put into place by the physician, the medical and health care practice, or the facility to address COVID-19 screening and testing, and/or screening patients.
- Before any encounter with a patient, the patient must be screened for potential COVID-19 symptoms, or if the patient has been screened within the last 20 days before the encounter, the screening must be verified.
- Prior to care involving a medical procedure or surgery on the mucous membranes, including the respiratory tract, with a high risk of aerosol transmission, the minimum safety equipment used by a physician or physician's delegate should include N95 masks, or an equivalent protection from aerosolized particles, and face shields

TMB also requires physicians providing patient care or engaging in an in-person patient encounter in medical and health care practices, offices, and facilities (other than hospitals defined by Texas Health and Safety Code Chapter 241) post a "COVID-19 Minimum Standards of Safe Practice Notice" in each public area and treatment room or are of the office, practice, or facility. TMB provided a [sample notice](#) that physicians may post to meet this requirement. See TMB's [Frequently Asked Questions](#), as well as TMA's [white paper](#), for further guidance on the order and rules.

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Consider establishing a process for screening patients for COVID-19 symptoms prior to scheduling an appointment. Ideally, screenings are conducted over the telephone or online prior to the patient's arrival at the practice. At minimum, screening questions should address the patient's symptoms and recent travel, and ask about sicknesses in the home as well as their exposure to confirmed COVID-19 cases. Refer to the [CDC phone advice](#) tool for more information.

[Other precautions](#) include:

- Reviewing your protocols for controlling infection in the practice;
- Utilizing [standard precautions](#) to prevent transmission of COVID-19;
- Wearing masks that appropriately cover your mouth and nose;
- Reviewing the proper method of [donning, doffing, and disposal](#) of PPE;

- Following [cleaning and disinfecting](#) procedures consistently;
- Displaying up-to-date [signage](#) to provide instruction on hand and respiratory hygiene, and cough etiquette;
- Making tissues, hand soap, hand sanitizer, face masks, and trash cans available throughout the practice;
- Designating separate “sick” and “well” waiting areas;
- Asking patients to wait in their vehicles until it is their turn to be seen;
- Spacing waiting room chairs at a minimum of six-feet apart; and
- Educating patients on the Centers for Disease Control and Prevention’s (CDC’s) [social distancing](#) guidelines when needed.



This list is not all-inclusive and should be considered as a starting reference. For more information, refer to TMA’s [quick reference sheet](#) and [FAQs](#) for additional tips on keeping your practice safe. TMA’s [treatment FAQs](#) provides valuable information as well.

### **PERSONAL PROTECTIVE EQUIPMENT**

An integral component of infection control includes access to and use of [personal protective equipment](#) (PPE). If you are in need of PPE, you can complete a needs analysis and apply for the supplies you need. TMA, in collaboration with state agencies, county medical societies, and other health organizations, established an online portal where you can apply to receive PPE. The portal allows TMA to forward applicant data through eight designated [Hospital Preparedness Programs and Regional Advisory Councils](#) (RACs) that will make the supplies available for distribution. The distribution process and practice prioritization guidelines will continue to be refined. Refer to TMA’s FAQs on [personal protective equipment distribution](#) for more information.

### **NON-URGENT SURGERIES AND PROCEDURES**

Use your professional judgement for deciding when to resume non-urgent and elective procedures. Develop a phased plan that takes into consideration the type of surgery/procedure and prioritization protocol based on risk. Ensure that you have an ample supply of PPE on-hand, and have firm policies, procedures, and clinical protocols in place.

### **ENVIRONMENTAL SERVICES**

[According to the CDC](#), medical waste management should be performed in accordance with routine procedures. The waste generated from the treatment of COVID-19 patients should not be treated any differently than non-COVID-19 waste; all waste should be handled as if infectious.

Contact your biohazard waste company to learn about their policies and procedures pertaining to COVID-19 waste. Also review your contract for verbiage pertaining to service during a pandemic and any requirements for increasing the frequency of your hazardous waste pick-up.

### **PATIENT COMMUNICATION**

Patient education will be key as you reopen your practice. Send emails or newsletters on a more frequent basis, updating patients on new processes and procedures. Include information that directly affects patients such as waiting in vehicles and calling the practice upon arrival. Letting patients know what to expect prior to arrival will eliminate surprises and minimize frustrations. Also consider creating patient groups, such as high-risk patients or those whose procedures have been delayed. Targeting your audience and sending customized messages will keep patients engaged.

## MISCELLANEOUS RESOURCES

For information on testing for COVID-19, refer to TMA's [Testing Information FAQs](#) and [Quick How-To Testing Guide](#) as well as the [CDC's guidelines](#).

The Department of State Health Services (DSHS), the public health agency of Texas, established a dedicated COVID-19 [page for health care professionals](#). It includes the most current public health guidance from a Texas perspective, such as patient evaluation information, [preparedness tools](#), [isolation precautions](#), mandatory reporting requirements, and developments in COVID-19 treatment.

The Texas Medical Board (TMB) provides the latest updates on physician requirements during the pandemic. The [TMB](#) is the source for information on the emergency rules established to comply with Governor Abbott's executive orders, waivers of rules regarding clinical practices during the disaster period, and FAQs on [minimum standards of safe practice](#), [telemedicine](#), and [supervision](#). TMA's Office of General Counsel actively reviews TMB's latest actions and develops resources for physicians that are included on the TMA [COVID-19 Resources](#) webpage.

Because the COVID-19 outbreak is an emerging, rapidly evolving situation, visit the [Centers for Disease Control and Prevention](#) (CDC) and [National Institute of Health](#) (NIH) webpages for the most up-to-date information. Consider bookmarking NIH's [COVID-19 Treatment Guidelines](#) for quick access to the latest guidelines in caring for patients with COVID-19, as well as CDC's webpage [dedicated to healthcare professionals](#).



## **TOP 20 BEST PRACTICES FOR GENERAL CLINICAL OPERATIONS**

- ✓ Hold daily, morning huddles to discuss any challenges and staff assignments.
- ✓ Use a scheduling template to ensure appropriate time for various appointment types, exam room cleaning, and documentation.
- ✓ Utilize a recall system to track patients with chronic conditions or scheduled for annual visits.
- ✓ Ask patients to complete intake paperwork and registration forms online.
- ✓ Post patient education materials and pre- and post-op instructions on your website.
- ✓ Create quick reference “cheat sheets” for daily tasks like prescription refills, triage, and scheduling procedures.
- ✓ Disinfect counter tops, workstations, pens, door handles, light switches, etc., after every patient.
- ✓ Assess and replenish your PPE supply inventory regularly.
- ✓ Assess work areas for appropriate social distancing and hygiene risks.
- ✓ Rearrange exam rooms to be patient-centered and encourage interactive visits.
- ✓ Use technology in the exam room as a tool to enhance communication, rather than letting it being a barrier to communication.
- ✓ Limit the number of visitors during appointments.
- ✓ Standardize the organization of exam rooms.
- ✓ Encourage collaborative care amongst staff.
- ✓ Delegate duties that do not require a medical degree or license.
- ✓ Engage patients in their own health care.
- ✓ Allow support staff (e.g., triage nurses) to continue working remotely, if possible.
- ✓ Encourage continuing education for staff to help them stay abreast current clinical information.
- ✓ Offer telemedicine services, when appropriate.
- ✓ Visit with pharmaceutical representatives and vendors virtually.

## HUMAN RESOURCES

As practices slowly reopen, COVID-19 remains an active threat to practice operations. Physicians and their employees will face copious amounts of questions, uncertainties, and fast-occurring changes. Employees' concerns may include:

- Lack of childcare options,
- Bringing the virus home and exposing loved ones, and
- Worrying that a COVID-19 infection may lead to loss of employment, which can impact financial stability.

### COMMUNICATION IS KEY

Be empathetic and responsive to employee sensitivities. Some employees may not yet feel safe to return to work (“I can’t believe they are making us come back to the office already!”) while others will embrace the return (“It’s about time!”). Physicians and management should recognize that there are rational, legitimate concerns from both camps. Practices will need to effectively communicate with employees to assure them that the workplace will be safe upon their return. For more information on workplace safety and infection control, see [OSHA’s guidance for healthcare workers and employers](#), as well as the [CDC’s infection control guidance](#).

Once your plan to reopen has been communicated, employees may be still be hesitant to return to work—even when all reasonable precautions are taken. Some may be fearful, and many will have family obligations that interfere with their ability to return to work. You may also encounter employees who remain under quarantine due to exposure to COVID-19. Determine how you will handle employees who are unable or unwilling to return to work. Be prepared to respond to requests in a consistent way that addresses legitimate concerns from employees and ensures that productivity can be achieved.

Also, be prepared for practice restrictions to tighten again in the near future. Officials have already warned that limitations may need to be re-established if it is found that relaxing them was premature. Be ready for this possibility and build sufficient flexibility into your plans to allow for quick adjustments as needed. Communicate this possibility clearly to employees, whose cooperation and adaptability will also be needed.

### ASSESS YOUR STAFFING LEVEL

Staffing is one of the largest – if not the largest – operating expenses for medical practices. However, since the start of the pandemic, you probably have experienced changes in your utilization of staff. For example, if you recently implemented telehealth services, your number of [telemedicine](#) visits has likely increased and in-person visits decreased. As the environment continues to change, perhaps toward your “new normal,” this might be the appropriate time to assess your practice’s staffing levels for the long term. If you find that changes are justified, determine:



- If reductions in compensation and/or hours are appropriate;
- When furloughed employees should return to work (based on productivity projections);
- Which staff can continue telecommuting and by what performance metrics they will be measured;
- If roles have become redundant or unnecessary, and then eliminate those positions; and
- How [workflows](#) should be revised.

## **EVALUATE WORK SCHEDULES**

Implementing flextime and/or alternating schedules will help prevent accrual of overtime. Alternating with staff on a later shift rather than implementing a permanent shift change may be acceptable to staff. If overtime is needed, make sure it is pre-approved by you or management before staff work late. Also, review processes and staff work assignments to determine why the overtime is needed rather than routinely approving it after the fact. As an added benefit, mutually respecting each other's time and personal obligations will give a boost to staff morale during this challenging time.

## **REVIEW AND UPDATE JOB DESCRIPTIONS**

Some staff members may be returning to work in a revised or completely different role than pre-COVID-19. Make sure that staff have a copy of their revised/new job description. This will help ensure that staff understand their role and responsibilities within the practice. Also, make sure to update the practice's policies and procedures manual with the new descriptions, including detailed procedures for each job function. Moving forward, review and update all job descriptions annually or when staff change positions within the practice.

## **HOLD REGULAR STAFF MEETINGS**

Staff meetings allow employee concerns to be acknowledged and addressed before concerns become serious problems. Staff will appreciate your attendance at the meetings – in addition to management. Your participation shows that you are engaged and interested in staff, and the operations of the practice.

Setting an agenda and distributing a copy prior to the meeting will be helpful in keeping the meeting on track and on time. Consider requesting agenda items from staff, take minutes, and report back at each meeting on the outcome of suggestions. Be sure to ask for feedback on changes to processes and protocols. This will help reestablish trust, teamwork, and convey to staff they are valued as continued employees of the practice.

## **ESTABLISH CLEAR LINES OF AUTHORITY**

As staff return to work, make sure they understand who to go to for questions and issues that arise from implemented changes. Consider designating department leads if your practice does not have them already. This will help relieve you from feeling overwhelmed by this responsibility. It is important for staff to have a clear, singular chain of authority to address daily challenges, and so they do not feel caught in no man's land. Unclear lines of authority and performance expectations may lead to general staffing and/or operational problems.

## **DEDICATE TIME TO MENTAL HEALTH AND WELLNESS**

No one is immune to the stress and fatigue COVID-19 has created. Learn [tips for practicing self-care](#) during this time. Take good care of yourself, your friends, and your family to cope with any stress you may be feeling. The [CDC](#) offers the following guidance:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body by:
  - Taking deep breaths, stretching, or [meditating](#),
  - [Eating healthy, well-balanced meals](#),
  - [Exercising regularly](#),
  - [Getting plenty of sleep](#), and
  - Avoiding [alcohol](#) and [drugs](#).
- Make time to unwind and engage in activities you enjoy.
- Connect with others. Talk about your concerns and how you are feeling with people you trust.

Additional health and wellness resources and education include:

- [TMA Physician Health and Wellness](#) program
- TMA [Health and Wellness Education](#)
- TMA Practice Well Podcast: [Patient Behavioral Health](#)
- OSHA – [Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus](#)
- CDC – [Managing Stress and Anxiety](#)

### THINGS TO CONSIDER BEFORE RETURNING TO WORK

- ✓ Workplace Safety – Ensure the practice is as safe as it can be. Employees and patients may have fears of returning to business as usual. Calm fears by preparing to address them, and by communicating that safety is a top priority of the practice.
- ✓ Recall Procedures – Make a plan that details how and when employees will return to work. Asking all employees to return on the same day at the same time may be overwhelming and chaotic.
- ✓ Employee Benefits – Whether or not employees remained on the practice’s benefit plan during the COVID-19 downturn, certain notices or actions may be required to remain in compliance. Communicate changes to affected employees as soon as possible.
- ✓ Compensation – Compensation policies should be reviewed and changes communicated to affected employees.
- ✓ Remote Work – Telecommuting may have proven to work well for some employees. Weigh its advantages and disadvantages as a continuing work-life balance and cost-saving measure.
- ✓ Communication – Establish a clear communication plan to help employees and patients understand how the practice plans to reopen and reestablish or change business processes.
- ✓ Policy Changes – Update or create policies to reflect your “new normal.” Some examples include:
  - a. Paid-leave policies adjusted to reflect regulatory requirements and actual business needs.
  - b. Attendance policies relaxed to encourage sick employees to stay home.
  - c. Time-off request procedures clarified to indicate when time off can be required by the employer, should sick employees be sent home.
  - d. Flexible scheduling options implemented allowing for compressed workweeks and flexible start and stop times.
  - e. Meal and break policies adjusted to stagger times and processes implemented to encourage physical distancing.
  - f. Telecommuting policies detailed to reflect the type of work that is able to be done remotely and the procedures for performing telework.
  - g. Information technology policies revised to reflect remote work hardware, software and support.
- ✓ Create a COVID-19 Policy Resource – Create a COVID-19-specific addendum to your employee handbook for use during this crisis.

## CUSTOMER SERVICE

Great customer service experiences leave lasting impressions on patients. The better the service, the more likely patients will return as well as tell their family and friends about their experience. [Patient Satisfaction](#) is an area that can greatly and positively affect a practice's financial health and marketing effectiveness.

Rekindle your relationship with patients by telling them they have been missed. Start by having an increased energy level and making and maintaining eye contact to help patients feel your focus on their needs. Ask how they have been faring, not just feeling. Patients have been dealing with a prolonged time of uncertainty, financial strain, and social isolation, so take the opportunity to screen for [behavioral health](#) issues such as sleep disturbance, anxiety, and substance abuse. You may be able to assist them with more than their presenting problem.

Create a process for returning patient calls. When patients are unable to speak with a specific or requested staff member, staff should provide a timeframe during which the patient can expect a return call. This process not only helps boost patient satisfaction but may also reduce the number of repeat phone calls from patients who become anxious or fear their message has been lost or ignored.

If desired, a phone study can be conducted to evaluate the telephone system and your staffing level for possible solutions. Productivity metrics and reports can provide data to evaluate the practice's telephone service and determine appropriate solutions for peak call times as well as the number of staff needed to adequately answer calls in a timely manner. Key report data elements should include call volume (by time of day and day of the week), average speed to answer, hold times, and number of calls abandoned because the lines were busy or not answered.

Assess reasons for any excessive patient wait times. Patients feel better served when their appointment stays on schedule. As previously mentioned, budget appropriate time for documentation and add extra time for "catch up" conversations. Studies show that patient wait times play a key role in satisfaction ratings.

Allow staff to interrupt you in the exam room if delays become longer than expected to help move things along. Using an agreed upon verbal signal, such as, "I'm so sorry to interrupt, but Dr. Wait is on the phone for you." This would allow you to leave the room gracefully without making patients feeling robbed of their time with you.

Patients pick up on confusion, chaos, and employee stress in a practice. Make sure you have standardized, written processes from which you can appropriately train staff. Take advantage of TMA's [Education Center](#), [COVID-19-specific education](#) and [Practice Well podcast](#) for additional training opportunities.

## TOP 15 BEST PRACTICES FOR GOOD CUSTOMER SERVICE

- ✓ Smile when speaking to patients over the telephone.
- ✓ Acknowledge and welcome patients by name.
- ✓ Pick up incoming telephone calls within three rings.
- ✓ Return all patient messages within 24 hours.
- ✓ When placing callers on hold, ask first, and let them answer. It may be an emergency!
- ✓ Offer patients a beverage upon arrival.
- ✓ Create and distribute a welcome packet that informs new patients of policies and services.
- ✓ If wait times are longer than expected, keep patients informed and provide an updated time frame, if possible.
- ✓ Keep all patient areas disinfected, tidy, and clean, especially the waiting area.
- ✓ Keep personal cell phones and food out of patients' sight.
- ✓ Do not have personal conversations in areas where patients can overhear.
- ✓ Tell patients what to expect during their appointment or procedure.
- ✓ Call patients the evening of or day after a surgery or procedure to check on their recovery.
- ✓ Show your appreciation – thank patients for coming in.
- ✓ Ask patients to submit their reviews on social media.



## ADDITIONAL TMA RESOURCES

**TMA Knowledge Center** – Let the TMA Knowledge Center keep you up-to-date with the latest articles and developments in medicine and the business of medicine. Services include electronic access to the latest journals, custom bibliographies, material for ACCME needs assessments, even CME credit for searching the literature. Contact TMA Knowledge Center staff at (800) 880-7955 or [knowledge@texmed.org](mailto:knowledge@texmed.org).

**TMA Payment Advocacy** – Physicians can speak directly with TMA's certified coders and staff experts for assistance with regulatory compliance, billing and coding, payor reimbursement, and licensure issues. Contact TMA's reimbursement specialists at (800) 880-1300 ext. 1414 or [paymentadvocacy@texmed.org](mailto:paymentadvocacy@texmed.org).

**Hassle Factor Program** – TMA helps resolve insurance-related payment problems by meeting with private insurers and the Centers for Medicare and Medicaid Services (CMS) to discuss specific problems that members bring to our attention. Download the [Hassle Factor Log](#) and [business associate agreement](#).

**Health Information Technology** – TMA staff are available to assist physicians and their staff with health information technology-related questions including telemedicine, e-prescribing, cyber security, interoperability, and more. Contact HIT staff at (800) 880-5720 or [hit@texmed.org](mailto:hit@texmed.org).

**TMA Practice Consulting** – TMA members have exclusive access to affordable, highly-rated practice consulting services and expertise. Whether you're a solo practitioner in a rural area, or a member of a 50-physician group, the TMA team of certified coders, compliance officers, and other experienced professionals can provide comprehensive practice management help. Contact TMA Practice Consulting at (800) 523-8776 or [practice.consulting@texmed.org](mailto:practice.consulting@texmed.org).

**TMA Insurance Trust** – As you reestablish your practice and financial stability, consider contacting TMA Insurance Trust for your insurance needs. Their trusted advisors are dedicated to working exclusively with physicians and will focus on what's important – your family, assets, practice, and staff. Contact TMA Insurance Trust at (800) 880-8181.

## CONCLUSION

The COVID-19 pandemic has presented physicians with formidable challenges – challenges that will likely continue for the foreseeable future. Reopening your practice will not be a simple or quick task – nor is it a project for just one person. Be assured that TMA will continue advocating for you at the local, state, and federal levels to obtain ongoing assistance and relief for all physicians impacted by the pandemic.