

NOVEMBER 30, 2020

VOLUME 36 NUMBER 4

## GASTROENTEROLOGY GETS ATTENTION IN 2020

In 2020, AMS has seen increased interest from our clients in looking for operational improvement ideas to achieve greater efficiencies in gastroenterology. This has come both from health systems and large physician practices. Why?



“Gastroenterologists have one of the higher annual compensations among medical specialists, and also drive substantial earnings for hospitals” according to a January 31, 2020 article by Roxanne Nelson, RN in *Medscape Medical News*. She also quoted Merritt Hawkins 2019 Physician Inpatient/Outpatient Revenue Survey, where gastroenterologists generated average net revenue of \$2,965,277 in 2019, more than double the 2016 amount. Modern Healthcare magazine’s 27<sup>th</sup> annual Physician Compensation Survey published July 20, 2020, is another consistent information source.

Endoscopy department operational improvement projects include a focus on effective staffing models, increased scheduling, and increased block-scheduling utilization. The goal is to improve procedure room utilization by addressing the following five components:

**Patient Portal Management:** How these are managed and accounted for by way of scheduling and patient communication can impact patient care.

**Telehealth:** Related to the above, effective Telehealth appointments include obtaining the appropriate information before the patients’ appointments take place and well as providing critical, educational preparation information to the patients.

**No-Show Rates:** Requiring a negative Covid-19 test result from patients has increased the no-show rates across the country. It is essential to consider the impact of no-show rates on the clinical and clerical staff as patients get scheduled/rescheduled and chart review and patient assessment occur before their visit.

**Care Management:** With the Patient-Centered Medical Home (PCMH) model being a key part of primary care, allotting sufficient clinical time to manage high-risk patients is essential.

**Centralization of Work Functions:** Services such as call centers, referral management, health information management, prescription management, and nurse over-the-phone or in-person patient assessments are examples of how practices optimize processes away from the practice setting.

In AMS projects, many annual visit volumes fall within a 12,000 to 30,000 range, and the endoscopy suites typically have 3 to 4 suites and range from 2 to 6 rooms. Some have an additional 1 to 2 rooms where they do other procedures or motility studies.

For more information please email an AMS Principal, [Paul Camara at pcamara@aboutams.com](mailto:pcamara@aboutams.com), [Michael Foley at mfoley@aboutams.com](mailto:mfoley@aboutams.com), [Alan Goldberg at agoldberg@aboutams.com](mailto:agoldberg@aboutams.com), or [Jennifer Schuster at jschuster@aboutams.com](mailto:jschuster@aboutams.com).

## STAFFING FOR THE SURGE



In a press release today, New York Governor Andrew Cuomo urged hospitals to start recruiting retired doctors and nurses to assist with the influx of Covid-19 patients. This led to the question of how hospitals, physician practices, and other AMS clients can optimize the use of their existing labor benchmarking information and/or further develop their benchmarks and supporting tools to staff for the ‘surge’.

Since a typical AMS labor benchmarking project includes the development of a customized staffing range with a specific example of a staffing target, this is a valuable starting point of what can be achieved under normal conditions. Simulating various ‘surge’ scenarios and the impact on staffing assists departments with critical planning data and demonstrates what can be done before those additional resources are added, and if and when they will be needed. For more information and assistance please email [Michael Foley at mfoley@aboutams.com](mailto:mfoley@aboutams.com) or [Jennifer Schuster at jschuster@aboutams.com](mailto:jschuster@aboutams.com).

## DOT WAGG LEGISLATIVE CONFERENCE PRESENTATION AVAILABLE



The Massachusetts Health Information Management Association (MaHIMA) held its annual Dot Wagg legislative conference. The meeting was held this year over two half-day sessions on November 6<sup>th</sup> and 13<sup>th</sup>. Linda (Lynn) Mancini closed the final session with a presentation on “*Managing an EPIC Paradigm Shift in a New Age*”. Her presentation covered how health care has been impacted by Covid-19 in the commonwealth - including the regulatory considerations with telemedicine, patient consent, privacy, and e-signature requirements. She also reviewed the impact of the pandemic from a regulatory perspective, with an overview of the Federal waivers that were issued under the CMS, the Governor’s orders, and policy implications with the Board of Registration in Medicine, Division of Insurance, and other state regulatory agencies. For more information, please contact Lynn at [lmancini@aboutams.com](mailto:lmancini@aboutams.com).

## BEING IN THE KNOW: AFFORDABLE CARE ACT



We are in our 36<sup>th</sup> year of continuous publication of the newsletter. With the Supreme Court due to rule on a case regarding the ACA/Affordable Care Act, an AMS story published back in 2013 ‘Can the Affordable Care Act Be Repealed’ reflects some very timely background. In that story, AMS had an exclusive interview with former Democratic Presidential nominee and Massachusetts Governor Michael Dukakis. The article is posted on our website and to read the story, go to [https://aboutams.com/images/uploads/news/29-16\\_Dukakis\\_Article.pdf](https://aboutams.com/images/uploads/news/29-16_Dukakis_Article.pdf).

If you know anyone to be added to our distribution list, please let us know. Also, to be removed from the Biweekly list, contact Kim Seward, Administrative Coordinator, [kseward@aboutams.com](mailto:kseward@aboutams.com). Thank you for your continued support and for reading our newsletter.