

The Doctor's Office

The most widely read practice management / marketing newsletter in U.S. health care.



Compliments of

Hazleton-Saint Joseph Medical Center

"exceptional people, exceptional care"

Route to:

____ Office Manager
____ Receptionist
____ Bookkeeper
____ Insurance Expert
____ Secretary
____ Nurses
____ Doctor(s)

Please initial
after reading. _____

NUMBER 128

JANUARY 1993

Let's make 1993 YOUR Year!

Remember 1992? "The Year of Regulation?" Medical practices were bombarded with ADA, CLIA, OSHA, new CPT coding requirements, and new writhings of COBRA. Maybe this year we'll get a break—while Congress stops to wonder why health-care costs keep going up!

Well, 1992 is over. And what better time than 1993 to:

- review the regulatory changes of '92
- reduce compliance costs to the minimum
- make last year's regulations work in your favor!

A positive review of 1992.

A. The new Immigration Act.

Went into effect: October 1, 1991.

Went into high gear: last year.

Regulations require employers to maintain "I-9" forms for all employees hired after December 31, 1985.

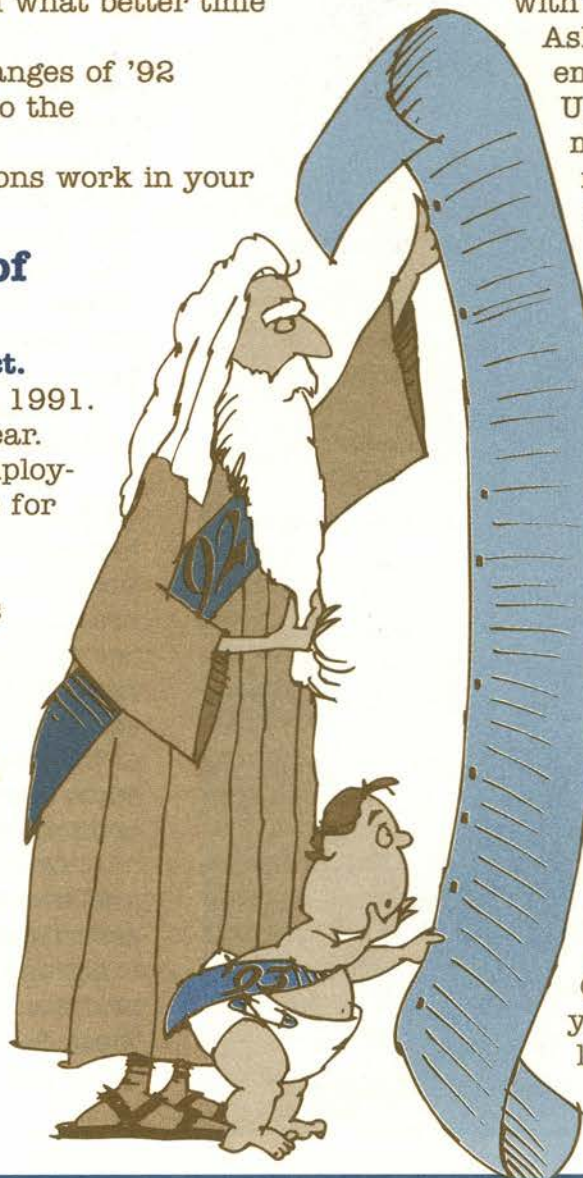
Instructions with the forms give current definitions of "legal aliens" and "illegal aliens," and state which papers are "acceptable evidence" to establish a person's employment eligibility. The Immigration and Naturalization Service (INS) monitors employment sites to make sure I-9 paperwork is in order, and to check the identification papers of suspected "illegals."

To minimize compliance costs, contact the nearest INS office (before the inspectors come around) and request enough I-9 forms to cover all the people you've hired since '85 and all the people you expect to hire from now till '95 (I-9's are also available

from the folks who provide you with those ever-popular W-4's!).

Ask current and newly hired employees to present proof of U.S. citizenship or employment eligibility; after you've reviewed the proof and found it satisfactory (according to INS guidelines), have employees complete and sign an I-9 form. Keep the I-9s together with the W-4s in employees' Personnel Folders.

There's a marketing opportunity for you in the Immigration Act. The Act increases the percentage of visas allocated to "higher-skilled aliens" (people who can do things you need done). Suppose your office is in a Spanish-speaking neighborhood, and you need a nurse who can communicate with your market—pronto! Contact an Immigration lawyer (your own lawyer can refer you to one)... who will help locate a qualified nurse who'd like to work for



your practice.

B. The Americans with Disabilities Act: a two-part piece of legislation that's fresh in everyone's mind, supported by both political parties, and practically certain to be energetically enforced by Department of Justice inspectors, federal judges, and sympathetic jurors.

The Act's Public Accommodations regulations went into effect January 1, 1992. Major message to medical practices: Make all facilities accessible to people who are physically or mentally impaired, whenever reasonable accommodation can be made without unreasonable expense. What does "reasonable" mean? Whatever the courts say it means—so the practice that goes the extra mile to comply with ADA is making a defensive investment.

To minimize compliance costs, act swiftly to provide those accommodations that are most obviously useful to large numbers of disabled people: ramps at entrances and emergency exits; doors, halls, and furniture spacing that allow wheelchairs to move into, out of, and all through your offices; tape-recorded instructions for sight-impaired patients; written instructions for hearing-impaired patients. If you specialize in serving patients who have specific disabilities, provide appropriate accommodations for them.

How much should you do to be "reasonable?" For a "second opinion" on the adequacy of your compliance plans (or for first advice before making plans), contact:

Office of Americans with Disabilities Act
Civil Rights Division
U. S. Department of Justice

P.O. Box 66118
Washington, D.C. 20035-6118

The Disability Rights Education and Defense Fund
800/466-4232

Regional ADA Compliance Assistance Center
800/949-4232

The American Foundation for the Blind
202/223-0101

A useful office-planning/remodeling booklet, *Architectural and Transportation Barriers*, is available from:

Architectural and Transportation Barriers Compliance Board
1111 18th St. NW, Suite 501
Washington, D.C. 20036

The marketing opportunities are (or should be) obvious: the practice that makes it easy for patients to get into the office, and receive superior service once they get in, is the practice that will attract more new patients: disabled patients; friends and relatives of disabled patients; people who care about disabled patients; perhaps even federal and state inspectors who enforce the laws on behalf of disabled patients!

The Employment Accommodation regulations of ADA went into effect in July of '92 for practices with 25 or more employees; practices with 15 to 24 employees will be covered in July of '94; those with fewer than 15 employees are not covered by the federal law, but may be covered by state laws and/or local ordinances.

To minimize compliance costs and headaches, review your job descriptions. List the essential functions of each job in your practice. Determine which of these functions can be carried out by any otherwise-qualified

employee... which can be handled by handicapped employees with "reasonable accommodation" on your part (custom-built chairs and desk heights, increased lighting, altered working hours along the lines of the "flex-time" concept)... which functions are "non-essential" and may *reasonably* be assigned to another person... and which would require accommodations so costly and complicated they'd prove a financial or operational hardship to your practice. Then, whenever you interview for openings, mention *functions*—along with the educational and other qualifications of the job—and hire the applicant who's best qualified to perform the greatest number of essential functions.

The opportunities of the Employment section of ADA are also obvious: physically/mentally impaired employees are historically effective employees, when they are given work they're qualified to do and accommodations to compensate for their disability.

C. OSHA.

Regulations include Blood-Borne Pathogen Standards, based on CDC guidelines, that cover: [1] safe working procedures; [2] use of protective clothing and equipment; [3] handling contaminated wastes, sharps, and containers; [4] handling of specimens; [5] handling laundry; [6] housekeeping practices; and [7] offer Hepatitis B vaccinations for all employees who have the potential to be exposed. All employees must have pro-active training in all of the above; training must be updated annually; and training records must be kept.

And, don't forget these gems

The following pieces of legislation didn't undergo changes in 1992, but they're rules your practice should adhere to every year.

The Civil Rights Act of 1991 applies to practices with over 15 employees, and prohibits hiring/promotion/salary/benefits/job security-related discrimination on the bases of race, religion, age, sex, or disability.

To comply with this Act, keep accurate records to show whom you interviewed, whom you *hired*, whom you did *not* hire, and why. Keep *performance records* to show *why* some staff members received promotions, raises, bonuses, and other benefits... while others did not. Avoid *sexual harrassment*—or even the appearance of harrassment, sexual or otherwise.

The *greatest opportunity* of the Civil Rights Act: Freedom to do what's right in the first place, in a *civilized way*... and to recruit qualified employees from practices that don't understand the direct relationship between employee respect and employment loyalty.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) affects practices with 20 or more employees; they must now extend health benefit coverage for 29 months to employees who are disabled at the time they leave your practice.

To comply, notify employees of this option... provide them with a Summary Plan Description of the insurance program... and have them contact the Plan Administrator for more information.

Your opportunity is: employers may charge terminated employees up to 150% of the premium for the last 11 months of coverage, pay regular premiums to the Plan, and keep the difference.

Antitrust laws have been tightened to prevent joint ventures that "encourage noncompetition" in healthcare markets. What does *that* mean? Practically speaking, it means: check with your lawyer before you go into *any* joint ventures with *any* other providers to market *any* services under *any* conditions.

Continued on page 4

Fair Debt Collection laws require third-party collectors to avoid harassment tactics: calling before 8:00 a.m. or after 9:00 p.m.; making threatening or abusive statements; revealing debt information to outside parties. These *federal* laws may not apply to first-party creditors, such as your practice... but they can form the basis of criminal or civil proceedings under state laws. Why look for trouble? Collect "gently" and you won't break any laws... you won't hurt people who are hurting financially... and you won't turn into the big bad wolf of bill collectors!

The Truth In Lending law requires creditors such as banks and department stores to disclose terms, interest, and repayment schedules *in writing*. To spare yourself all this paperwork and paper-grief: have patients pay off balances in four payments or fewer; don't charge interest on more than 25 accounts per year; and encourage patients to use credit cards if they don't have ready cash. The *real truth about lending* is: you really don't want to be in the "lending" business... do you?

Regulations also cover other office safety hazards. Medical and housekeeping chemicals must be labeled to show the hazards, precautions, and antidotes associated with using them; procedures for dealing with exposure to contaminated objects must be drawn up; and practices must be able to show they've complied with all federal, state, and local building codes, fire safety codes, and workplace safety regulations.

"OSHA-tunities:" You can show employees that you care about them by making the effort to comply with these rules as quickly as possible.

D. CLIA is designed to keep practice-based labs at the quality stan-

dards required of independent labs. It is intended to assure that lab test results will be accurate and appropriate to the patient's needs; allows medical practices to compete on a level playing field for profitable lab services; and does not place overly-burdensome fees, restrictions, or requirements on practices that choose to provide these services.

CLIA regulations include a list of procedures covered under the program; the personnel, equipment, and proficiency standards required for certification; and a registration/accreditation fee schedule based upon the number of procedures performed and the complexity of those procedures. The procedures are relevant to normal practice operations... the requirements say, in effect: "Get the resources you need to do the job right, and then do the job right!"

To comply with CLIA, contact HCFA and request the information you need.

The opportunities of CLIA: now you can participate in a federal program that was intelligently and conscientiously thought out in the first place; and now you have an answer for anyone who says it's "impossible" for the government to come up with intelligent, conscientious programs.

Rejoice. You've not only survived 1992... you're prepared to *prevail* in 1993. Just as every cloud has a silver lining, so every 1992 regulation has at least one hidden opportunity. All it takes is an eye to *see* them... and a mind to make the *most* of them.

“WC” stands for “Wise Communication.”

“You may not have thought of it this way, but every Worker’s Compensation arrangement automatically establishes a *team* of people who need to *communicate* with one another.

- The “arrangement” can be anything from a single patient straggling into your office saying, “I got hurt at work!,” to a signed agreement between your practice and a major employer that makes you the “WC Provider of Choice.”
- The *team* includes the patient, your physician(s), the staff member(s) you designate to follow up on WC paperwork... and those people working at the employer’s and the WC carrier’s offices whom you can count on to cooperate with your medical-treatment/fee-reimbursement objectives.
- When all members of the team **communicate**, patients receive prompt, quality care... employees are returned to work in the least possible time... to a minimum... and (last but hardly least!) your practice is reimbursed in full without unnecessary delays, confusion, or hard feelings.

How to make your “WC Team” work creatively.

1. Make up a list of employers and third-parties you frequently work with on WC cases, and be *pro-active* in recruiting their key people onto your Team.
2. Identify employer and third-party people who are in a position to make decisions; who understand the value of cooperation; and with whom you can communicate in the first place. Ideally, these will be employer people who regularly handle WC



matters, and third-party people who regularly process claims.

3. Decide what kinds of information and actions you want from Team players. Some of the reasonable things you might expect from various Team players are:

Employers

Provide you with the name, toll-free telephone number, and contact person of their WC carrier(s). Handle preliminary paperwork before a patient is sent to your office, to cut down the amount of time patients must wait for service. Ideally: an injury report will be filled out, and a copy of that report mailed to you or sent along with the patient; the patient will have a *written* request for treatment; and there will be a Claim number assigned by the employer to the patient’s case.

Third Parties

Pay claims promptly. If claims are denied or “adjusted,” you should be given the reason *why*... so you’ll know what actions are appropriate to collect full reimbursement, and which party (employer; carrier; patient) should pay you.

Patients

Sign a waiver stating that he or she will be responsible for paying for all services that are not reimbursed by the WC carrier, the employer, or other insurance. Provide you with full information regarding "secondary payer coverage"—private or group medical insurance; Medicaid; any coverage that might be called upon if the "primary" WC payer successfully denies the claim.

Your Practice

Include a question on your Patient Registration Form that asks if the visit is related to a work injury. Establish who the *Responsible Party* actually IS. In some states, employers are not required to carry WC insurance, and even full-time workers may not be "covered." Part-time workers may not be covered under every employer's contract. Contracted workers or "temps" are covered (if at all) by the agency they work for. And independent contractors or "freelancers" may have no coverage other than their own (if any) healthcare insurance. Make sure you have the Responsible Party's *permission* to provide service to the patient: signed authorization; claim number; ongoing service agreement; whatever.

4. Establish a *basis of cooperation* with everyone you decide is *qualified* to be on your Team. Let them know:

- "We're all in this together. I'm willing to do whatever it takes—within reason—to make sure *your employees* (or, *your beneficiaries*) receive the care they need, and that all the paperwork runs smoothly."
- "Here are the things I'm willing to do for you... just to show how *cooperative* our practice really is."

- "In return, what I'd really appreciate from you is... I'd like to know I can count on you."

5. Have *answers* to "standard" objections that employers and third-parties come up with. For instance, employers may decline to give the name and contact person of a WC carrier. Instead of "just letting it go," let the conversation go along the lines of:
Objection: "I'm sorry, our policy is to not divulge that type of information to persons outside our firm."

Answer: "I can understand that, because I'm familiar with the ways unauthorized people abuse privileged information. As you know, the WC carrier will not pay unless you have reported an accident. And since we *work together* ... and since WC carriers often contact us directly... we find we can solve problems a lot more quickly when we have key people's names and telephone numbers in our files."

6. Have a "flow chart" showing how WC claims will be filed, followed up, and finished off. You may want to go with this flow:

A. Bill the employer immediately for all WC claims. This gives the employer the *option* of submitting each claim to the WC carrier; paying the claim directly (often done on smaller claims, to help contain premium costs); or giving you a reason why the claim might be disputed.

B. If payment in full is not received within 30 days, send a duplicate claim to the employer and copy the WC carrier; ask both parties to "check the status" of the claim and get back to you if they have any questions.

C. If a claim has not been forwarded to the carrier, contact the employer and find out *why not*. Tell the person you talk to, "It's so important that you and I *work*

together to avoid this kind of problem in the future." Offer to do "whatever it takes" to get the claim moving... even when you know the only thing that needs to "get moving" is the person you're talking to.

D. If you get no cooperation from the employer—or, if either the employer or the carrier dispute any aspect of the claim... ask what *supporting documents* they need to have the claim reviewed, approved, and reimbursed promptly.

E. If the issue cannot be resolved with the WC carrier, ask the employer to pay you directly and you will refund whatever reimbursement the WC carrier eventually pays. (A *great* strategy to "stimulate" employee staffers who may be slow in passing on paperwork to carriers; the *last* thing they want is for Accounts Payable to become involved!)

F. If you're not paid in 90 days,

take whatever collection action(s) are appropriate... against the employer, the WC carrier, secondary payers, or the patient. You may want to review your WC arrangements with "slow-reimburse" employers... who are just as entitled to be put on a *Cash Only* basis as slow-pay patients!

All communication is based on relationship. That's why it's so important to establish *working relationships* with everyone you have to... well, work with.

Then, when you contact employer and third-party people for information and other help you really need, you'll really be calling on a trusted team member. And when those people call to thank you for providing help that *they* really appreciate, you can reinforce the relationship by exclaiming, "Hey! We're a Team!"

Workman's Compensation/On the Job Accident

Patient Name: _____ Date of Birth: _____

Please provide the following information:

Employer: _____

Address: _____

Phone #: _____

Supervisor: _____

Was this injury reported? **NO YES** If yes, to whom: _____

What was the date of above Work Injury? _____

Insurance Company: _____

Address & Phone #: _____

Claim # _____ Adjustor Name: _____

If you have an attorney, please provide name, address, and telephone #

I understand that if the Worker's Comp carrier and the employer do not pay on this claim, I am responsible to pay for services rendered.

Signature: _____ Date: _____

Package deal CABG update: so far so good, they say

A year ago *The Doctor's Office* reported that Medicare had entered into an agreement with three hospitals to provide coronary artery bypass operations with hospital and physician services bundled into one cost-effective price.

After 15 months experience with this experiment, the hospitals, docs, and patients all seem relatively happy with the outcomes. Taxpayers are paying anywhere from five to twenty percent less than if the services had been provided under the traditional Part A/Part B provisions.

One-fee billing has also seemed to bring doctors and hospitals closer together as a team working for cost-effective management—or so say the participants. Everything from sutures to cardioplegia solutions to postop antibiotics is being reevaluated for cost. Use of high-priced consultants has dropped off, with surgeons assuming more overall responsibility for patient care. For

patients admitted on Fridays, doctors are performing surgery on Saturday, thus saving a weekend of costs on expensive intensive care beds. Chest tubes are being pulled earlier and patients are staying an average of only five days instead of the previous seven.

One of the hospitals expects to increase its coronary bypass business by five percent in 1993 and reports that it's negotiating similar package deals with commercial insurers. Another has lowered its death rate from 3.9 percent to 3.3 percent.

Patients are delighted because they receive no bills. The package price claim is filed directly with Medicare by the hospitals.

Many other doctors have reservations about the program, however. They believe that medical control is passing from their hands to those of the hospital administrators, with potential negative patient impact. Some wonder if cutting back on diagnostic tests leads to unnecessary surgery. Others are concerned that cutting back on services escalates risks, for example, of infection when postoperative antibiotics are cut back. Sending frail, elderly patients home after five days may be asking too much of them and their caretakers, these physicians believe. Hospitals may become selective about the patients they put in such programs, refusing to treat high-risk surgical candidates because they will cost too much.

In spite of this, the participating hospitals are forging ahead with plans to expand the package deal concept to other services.



Give your receptionists two quick-reference guides

Temporary receptionists who aren't from your "neck of the woods" may have no idea how to get to your office from many locations in the surrounding area. Even full-time receptionists may not know the best routes to your office from every point in your "primary patient area."

Guide #1

To help all your receptionists provide accurate directions to first-time patients:

1. Pin a street-map of your area on a wall or bulletin board within easy access to the reception desk.
2. Mark your office location with a star, flag, or other *You Are Here!* indicator.
3. Use push-pins to mark highway construction and other temporary obstructions.
4. Give every receptionist a few moments to scan the map and note major landmarks, highways, and communities in your area.

He or she may want to write out directions from a landmark so they can simply be read into the phone.

5. Then, whenever a new patient asks, "How do I get there?" your receptionist can ask in turn, "Where are you coming from?"... then find the patient's departure point on the map, and follow up by saying, "The best way for you to get to our office is to follow these directions."

Guide #2

Since temporary receptionists may not be familiar with a lot of your office policies and procedures, you might want to pin a card to the bottom of the map or stick it up in any spot that's convenient to the telephone... just a little 3x5 that answers your

most-frequently-asked questions:

- Are you taking new patients?
- What do you charge for an OV?
- What insurances do you accept?
- What are your office hours?
- Will you (Ha Ha!) just bill my first visit?
- How about if you just bill my insurance?
- Do you take Visa? MasterCard?

Since you can't put all the answers on a 3x5 card, try writing a reminder across the bottom of the card, along the lines of:

When you don't know the answer, tell the caller, "I don't know; please give me a moment to get an answer for you."

Update: Here's the best way to reach TRW.

In our November issue, we ran an article on how to obtain a credit report from TRW. The address and telephone given in the article were for the TRW credit reporting division; however, a direct number is available to obtain consumer reports. That address and number are as follows:

TRW
P.O. Box 2350
Chatsworth CA 91313-2350
1-800-392-1122

Evaluating Your Practice with a Quarterly Analysis

A continuing series by Laura Sachs

PART I Accounts Receivable Management

Several simple practice management calculations will enable you to pinpoint and measure your practice's weaknesses and strengths. Most practice management consultants recommend that you conduct a practice management analysis at least every 3 months. In doing so, you can compare your results with the previous quarter.

Your effectiveness with regard to collections is probably the most important area of your practice management. It is also the area that requires the most calculation. Compare your figures with previous quarters to get a realistic picture of your overall collection activity.

Here are the figures you need to get started:

1. Total all your accounts receivable on the last day of the quarter.
2. Break your accounts receivable at the end of the quarter into four age groups:
 - A. Current (under 30 days old)
 - B. Those billed 30-59 days ago
 - C. Those billed 60-89 days ago
 - D. Those billed over 90 days ago
3. Keep a log of the accounts receivable calls you make and total the number of dollars collected on these accounts.
4. Keep a log of insurance claims submitted and total dollars collected and age of uncollected accounts.

How Large Is Accounts Receivable?

Divide your accounts receivable by one month's total charges. Compare this figure quarterly for increases to indicate possible collection snags. Rule of thumb: Your receivables should never amount to more than three times your monthly charges.

Example: If you post charges of about \$50,000 per month, accounts receivable should never exceed \$150,000.

How Old Are Accounts Receivable?

Determine the percentage of each age group compared to the total accounts receivable. This should enable you to spot potential financial trouble.

Example: Suppose you have \$100,000 of open receivables and \$60,000 were billed recently (under 30 days). The age factor would be 60 percent current. If another \$20,000 were billed in the 30-59 day bracket the age factor would be 20 percent and so on. Thus your management report on the subject would look like this:

Date: May 1, 1993			
Total outstanding: \$100,00			
Current.....	\$60,000.....	60%	
30-59.....	\$20,000.....	20%	
60-89.....	\$10,000.....	10%	
Over 90.....	\$10,000.....	10%	

If for example the same report for the next quarter shows that the over 90 column increases in its percentage substantially, it is a warning to examine your collection performance more carefully.

How Are Your Collections Working?

Next divide the total dollars you collected by the total dollars you produced. The result is your collections ratio. Rule of thumb: A collections ratio below 95 percent for two quarters in a row indicates a problem with collections or insurance handling or with "courtesy" and insurance adjustments.

How do the number of collection phone calls compare to the number of outstanding accounts? Even more importantly, do the dollars collected as a result of the call indicate that you are accomplishing your goals. If not, you've found the area on which to concentrate your collections improvement plan.

Laura Sachs is the president of Laura Sachs Consultations, a Clifton, Virginia-based practice management and marketing firm. She is the author of *Do-it-Yourself Marketing for the Professional Practice*.





Enter our First Class Mail contest and you could win \$50.

Send your practice management ideas
(no clinical subjects please) to:

First Class Mail
The Doctor's Office
 P.O. BOX 10488
 1861 Colonial Village Lane
 Lancaster PA 17605-0488

Idea: Throw a "Housecleaning Fiesta" for the staff!

We schedule two festive cleaning days a year—during the "spring cleaning" season, and just in time for Christmas decorating—when the physicians are out of the office, and the entire staff can really dig in and spruce the place up! Each staff member gets the chance to reorganize his or her own work space, which leads to enhanced productivity. Then everyone pitches in to tidy up exam rooms, the lab, the patient lounge, and other heavily used areas of the office.

Staff members wear comfortable clothes, bring along their favorite music, and prepare special dishes for a "pot-luck" dinner. The entire staff looks forward to these special cleaning events, which afford a break in the workday routine, and provide a well-organized and presentable clinic environment which all can enjoy!

Pam Standlee, R.N.
 Management Consultant to
 Stevens Cardiology Group
 Edmonds WA

Idea: Provide postal service to your physician

Our physician has a heavy workload and a heavy paperworkload—much of the paperwork in the form of mail and much of the mail unsolicited. To help manage the paperwork, I "diagnose" the mail: important letters and documents in an "Immediate Attention" pile; kind-of-important mail in a "No Great Rush" stack; and obvious junk in a third stack for perusal (or disposal) at the doctor's convenience.

Susette Huskey, Secretary
 Smoky Mountain Medical Clinic
 Sevierville TN

Idea: Use "encounter slips" to help staff "meet" third-parties

In our busy, 18-staff-member office, we had to find a way to circulate all the special instructions that come with all the HMOs, PPOs, and private insurance carriers in our area. To cut the confusion, we created Encounter Slips on which these special instructions are organized according to the service areas in our own offices.

For example, under the heading **Check In**, we tell our check-in people the insurance code to use and whether or not a referral form is necessary; under **Lab** we tell which tests (if any) may be done in our office; and so on, with specific instructions unique to each particular carrier we're telegraphing to, **Check Out**, **Appointment Secretary**, **Billing**... and, of course, **Doctor**. Once our Receptionist determines what insurance each patient has, she staples the appropriate Encounter Slip to the Charge Slip, and thus it travels through the office...providing accurate information-at-a-glance to everyone it encounters.

Pam O'Connor, Billing Department
 Internists of Central Pennsylvania
 Lemoyne PA



Hazleton-Saint Joseph Medical Center

687 North Church Street • Hazleton, Pennsylvania 18201-3198 • (717) 459-4444

January 25, 1993

Dear Office Manager:

The **Hazleton - Saint Joseph Medical Center** would like to wish each of you a Happy New Year. We are pleased to bring you the second year of the Doctor's Office publication, and hope that the information is helpful. Enclosed is the January issue.

The Medical Center has developed a physician's directory that is available to all patients. We have enclosed a copy for your review and if you are interested in having more copies, please call my office. The directory is a community benefit that increases the awareness level of the physician resources we have here in Hazleton. The directory will be available at the hospital and prominently displayed in all high traffic areas.

We have also included a copy of the introductory "Womankind" newsletter being mailed on a quarterly basis to the Greater Hazleton community. The newsletter and lecture series are just two components of the Women Care Program at St. Joe's. We hope that you will join us for the lecture series.

"Senior Choice", a program addressing the needs of the elder population in the Greater Hazleton area, has had an excellent response in its first month. Over 150 Seniors have taken advantage of this program. If you have any suggestions or would like information in your office please call Ms. Cheryl Bubrowski at 459 - 4520.

The quality care that our physicians and their office staffs provide for the Hazleton community is important and we want to support your efforts in every way we can. Please call my office with your comments at 459 - 4404.

Sincerely,

Bernard C. Rudegeair
President and Chief
Executive Officer

The Doctor's Page

A monthly bulletin for the Physician from **The Doctor's Office**

January 1993

Tail Coverage For Associates. Sure you're going to pay for malpractice insurance coverage for any young doctor working for you. But what about tail coverage—the extended endorsement designed to cover claims made after the doctor is no longer working for you? Practices are pretty evenly split over whether or not to offer this to associate doctors. Either way, make sure the doctor's employment agreement spells out who pays the tab for this, or you could wind up with unexpected liability.

What About Pension Or Profit Sharing Plan Participation? Your new associate will be covered by your plan, but that doesn't mean you can't save some money along the way. If your plan has a one-year waiting period for participation, for instance, you can change it to two years. That move could save you up to 25 percent of the new doctor's annual salary, the typical one-year contribution. Another alternative is to review the contribution formula itself. If you're earning over \$200,000.00, for instance, a 15 percent formula will give the same contribution for yourself as a 25 percent formula, because there's a \$30,000.00 maximum contribution in most doctors' plans. But changing the formula to 15 percent means a smaller required contribution for your employees.

When Should You Redo Your Estate Plan? It's not a question of every two, three, or five years; rather it's when your estate planning needs to be changed. Certainly if your desired beneficiaries change you'll need to redo your estate plan, but that's not the only time. Some other reasons: if your estate goes up in value, particularly as you cross the half million, one million, and two million dollar marks, if you start a practice or sell one, or enter into any sideline business; if you move from one state to another; if you get married or divorced; if you have children; or if any of your children or other beneficiaries develops special health, credit, or marital problems. In order to keep abreast of changes in the tax laws, make sure your estate planning is done by an estate planning expert who can notify you of such changes.

Time To Look At Overseas Investments. By traditional economic measuring devices, the stock market today may be overvalued. But there are some bargains in overseas markets, and you can get into them with single-country mutual funds. Contact your financial advisor for more information on investments like these.

Writing a patient newsletter?

Jazz up your newsletter writing

It's not just what you say in your newsletter, but how you say it. Here are some writing tips that may improve your next issue:

—Keep patients' interests in mind.

Patients won't care that Acme Medical Concepts redesigned your office. But they do care that your waiting area is now roomier.

—Keep it brief. That means short articles, short paragraphs. Even try some short sentences to emphasize your point. See?

—Use lists and sub-headlines (mini headlines within your article) to make reading easier. This article is essentially one big list.

—Avoid stuffy, academic language.

Wrong: "Free spinal cord screenings have been given by Dr. Wallis in order to increase the detection of scoliosis in children." Right: "Dr. Wallis gave children free screenings to detect curvature of the spine, or scoliosis."

When you're fresh out of ideas, try some of these

Tucked among the letters, bills, and junk mail in your patient's mailbox is your practice newsletter. Think it'll be noticed?

The answer depends a lot on what you write. To craft articles that beg to be read—plus market your practice—consider these suggestions:

1. Promote a timely service.

Remind patients when it's time for spring allergy shots, kids' back-to-school physicals, or post-holiday diet counseling.

2. Introduce your staff. In each issue, describe one employee's credentials. Don't forget to throw in some fun, personal information—like the fact that your receptionist recently assembled 500 submarine sandwiches for her daughter's Girl Scout troop.

3. Brag about new equipment. In lay terms, describe how the instrument will improve your care: "Our new X-ray machine lets our technicians take images faster and with lower radiation levels than ever before."

4. Clarify an office procedure.

This is especially good when the procedure offers a service that will benefit patients. One example: "Patients often tell us that their health insurance coverage is confusing. So, starting September 1, Jill, our new Insurance Specialist, will gladly submit your claims and answer your questions."

5. Highlight the doctor's experience. "Wow" patients with headlines like, "Dr. Wallis Studies

Latest Cataract Removal Technique" or "Dr. Smith Leads Infertility Study." Brief articles about doctors' new skills, awards, speaking engagements, and academic honors show that they're among the best in their fields.

6. Tell patients something unexpected. If you're an ophthalmologist, explain that patients who think they can't wear contact lenses probably can.

7. Answer patients' questions. Are your patients wondering how to relieve poison ivy? Asking how to avoid the winter flu bug? While you don't want to give out free medical advice, you can answer routine questions in your newsletter.

8. Give a quiz. Challenge patients to test their knowledge of nutritious snack foods, bicycle safety, or activities to promote a healthy heart. List about five questions, offer multiple-choice answers, then provide the correct responses.

9. Hold a contest. Put an entry form in the newsletter for patients to fill out and drop off in your office. You could ask patients to guess the number of sugar-free mints in the jar at your reception window. Offer gift certificates to a nearby restaurant for prizes.

10. Run a guest editorial. Ask a referring professional to write an educational column. A pharmacist could describe how to child-proof medicine in the home. A dermatologist could discuss sunburn. Patients benefit from the information while your colleague in healthcare benefits from the exposure.