Q & A : Asked and Answered at the MGMA Annual Conference...

Traffic was lively at our exhibit during the MGMA annual conference at Las Vegas; interestingly, many of the conversations were about similar issues and challenges confronting practice managers in the emerging medical marketplace. Here are a few examples:

Q. ***Now that the new ACO regulations have made participation more attractive, do we have to switch our survey to the CG-CAHPS form****?*

A. While the CG-CAHPS form won't be mandated by CMS until 2014, if you're plans include the Patient-Centered Medical Home (PCMH), you'll need to use the approved form as part of the certification process. Along with other CG-CAHPS vendors, we're seeing a growing interest in switching to the new survey ad joining the early adopters in building the CG-CAHPS database. We should add that, as you switch survey forms, you'll "lose" the current-previous trend data for one survey cycle but, like all other adopters, you'll be joining a fast-growing population of groups taking advantage of a national database with data from all regions and specialties.

Q. ***Our staff needs to polish their telephone skills, but our budget won't cover the travel/lodging costs of bringing in experienced trainers; what other options are there****?*

A. The keynote presentation by Cam Marston ("Generational Insights") emphasized the value of reaching Gen-X and millennial employees through electronic media, through which they're more comfortable receiving and remembering information than older members of the work force. Webcasts are less expensive but no less effective in conveying service messages to younger employees, and interest was high in our one-hour "lunch-n-learn" series of webinars – the first two webinars address telephone techniques and service recovery.

Q. ***Our patient survey gives us plenty of generalized data on our performance, but no specifics on exactly what to fix – how can we pinpoint improvement priorities so as not to waste valuable time and resources****?*

A. Mystery shopping is a perfect way to get beneath the survey data and identify specific elements of physician/staff performance that need fixing. A mystery patient, knowing which survey scores are high and which ones need polishing, can give you detailed observations on every phase of the visit – from appointment scheduling to check-in, exam room encounters, the business office, and how your employees manage patient departures. With that level of information, it's easy to pinpoint the specific issues that need immediate attention.

Q. ***We've talked about Service Quality, but several of our employees just don't seem to get the message, no matter what we do. They're the 20% that take up 80% of my time!***

A. Managers spend lots of energy on getting the right people on the bus, but not so much on getting the wrong people off the bus. A 2005 Gallup Organization study found that, in a typical organization, only 24% of employees are fully "engaged" in their jobs; 54% are basically neutral, which leaves 17% disengaged (just there for the paycheck). It's reasonable to argue that only "engaged" employees can be left alone to represent your practice; others need to be supervised – which presents a problem for managers who spend most of their days in meetings, or putting out fires, or myriad other tasks that take them away from direct observation of employee performance. If you have quantified goals for improving patient satisfaction, one strategy is to establish "team" incentives for exceeding them: that promotes peer pressure among frontliners who know that everyone's cooperation is needed to earn the rewards. Another good strategy is to find ways to "free" your supervisors to spend more time with their teams – early-morning hallways huddles, time for "rounding" on staff members, and techniques for publicly recognizing extra-step performance. (For more tips on boosting supervisor effectiveness, email us at info@sullivan-luallin.com.)

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