The Patient Relations and Service Recovery Guide: A Colorful Approach to Handling Upset and Angry Patients

by Jennifer A. O’Brien, MSOD

Tearful breakdowns and loud outbursts—they happen with orthopedic patients even in the best of practices. And if you are an orthopedic surgeon who has rarely or never experienced a patient in emotional distress, just talk with your staff—they have no doubt experienced this many times.

There is something about orthopedic conditions—they carry with them an increased likelihood of emotional adverse effects for patients and their loved ones. Inhibited movement can lead to palpable frustration and depression. Time off from work may cause financial hardship and an identity crisis for a family bread-winner. Physical pain can cause the patient to become depressed, angry, or dependent on prescription medication. Medications can cause a change in disposition or outlook.
These realities make orthopedic surgery practices particularly predisposed to patient relations risks and service recovery opportunities.

To Outsource or Not to Outsource Your Physical Therapy Service Line Management?

The American Journal of Orthopedics – November 2014
by Jennifer A. O’Brien, MSOD

You currently offer a physical therapy (PT) service line but feel like it could be doing better, or you are thinking of adding PT services and are not sure where to begin. Either way, the thought of your patients and bottom line benefiting from PT services within your practice but without you having to manage another service line is appealing. Although related to orthopedic surgery and an obvious ancillary service, PT is a different type of practice that requires active management of the professionals, revenue cycle, operations, regulatory requirements, and changing coding and reimbursement protocols. There are
more and more companies nationwide that claim a mastery of the PT management niche and would be more than happy to shoulder your burden and share in your profits. Whether you already have PT services in your practice or are looking to add them, proceed with care and caution as you consider partnering with a PT management company.

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Patient Portal in Your Orthopedic Surgery Practice: You Can So Do This

The American Journal of Orthopedics – September 2014
by Jennifer A. O’Brien, MSOD

On initial consideration, the patient portal portion of Meaningful Use (MU) might seem:

- Daunting
• More appropriate for primary care practices than for orthopaedic surgery practices
• Just another government requirement with no real practical application
• Too much work for not enough reward
• Unnecessary for your [pick one: elderly, boomer, pediatric, rural, tertiary-care, small-town] patient population
• Like another dreaded change

But contemplate traveler’s checks, phone booths, floppy disks, and inpatient ACL repairs for a few nanoseconds and realize that patient portals in orthopedic surgery practices are also:

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Banking: Shop and Compare

Journal of Medical Practice Management – May/June 2014
by Jennifer A. O’Brien, MSOD, and Sherry DeJarnette, CPA

There are many reasons to take a critical look at the
practice’s banking relationship(s)—technology advancements, security measures, improvements in available services, recent banking enhancements designed specifically for medical practices, the impact of the financial crisis on bank ratings and stability, changing practice needs, opportunities for operational automation at the practice—and it is just simply smart to periodically evaluate and compare the features, pricing, and potential savings offered by vendors.

We conducted a comprehensive comparison of various banks for a large medical practice and identified 34 specific points of comparison as well as potential service fee savings. Table 1 shows the 34 elements of comparison of six banks. Most of the points of comparison fell into one or more of four categories:

- **Service and Value Added:** Features available for greater efficiency in the practice’s operational procedures including accounting, revenue cycle, and point-of-service collections;
- **Direct Monetary Return:** Options available that if utilized by the practice have a direct impact on the interest yield and cash flow;
- **Security:** Information, transaction protocols, and account features that provide anti-fraud and other protections; and
- **Additional Considerations:** Services, products, and definitions important to compare.

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**Matrix Management: What To**
Matrix management means that an employee may have multiple reporting relationships. A unilateral decision by one of the managers could affect the productivity and work flow within the other units or other overall business goals such as eliminating the expense of unnecessary overtime or achieving cross training and coverage that will serve all the partners when a staff person has to be out.

In a common example of the matrix management crux, your nurse asks you, the physician, whether she can take vacation the same week that you will be out of the office attending a course. How do you answer her question?

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Measuring Up: What An Orthopaedic Group Should Expect In A Practice Manager/CEO

AAOS Now – May 2014
by Jennifer A. O’Brien, MSOD

On any given issue within a group practice—whether operational or organizational—it may be difficult for an individual physician partner to see the issue from any perspective other than his or her own. Older physicians sometimes don’t understand the younger physicians’ points of view and vice versa. Longtime practice competitors or rivalries may loom larger in some partners’ minds than in others. Some physicians have stronger alliances with specific hospitals than others do.

In these situations, the group practice manager or CEO may be an invaluable resource. This look at what orthopaedic surgeons can and should expect from their group practice manager outlines some of the more conceptual contributions a practice executive makes.
Avoid Billing Service Nightmares: Issues to consider before partnering with independent and hospital-based billing services

AAOS Now – April 2014
by Jennifer A. O’Brien, MSOD

In addition to the compliance and security issues highlighted in part 1 of this series (“Avoid Billing Service Nightmares,” AAOS Now, February 2014), an evaluation of operations, experience, and costs is essential to selecting the right partner for the provision of billing services. This is true whether the practice is considering outsourcing billing and
collections or sorting through a productivity-based hospital employment deal in which the hospital would take over practice billing. In either case, it’s important to get answers and information before making a move.

Orthopaedic practices that are considering outsourcing billing and collections should recognize that all billing companies are not created equal. Some may be mom-and-pop outfits (literally operating out of the living room with dial-up Internet service); others may be publicly traded companies. Although size does not matter, experience, professionalism, regulatory compliance, and technical capacity do.

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What To Expect from the Orthopaedic Surgery Practice Manager

AAOS Now – April 2014

by Jennifer A. O’Brien, MSOD
When a physician gives an order to a nurse, technician, physical therapist, or pharmacist, the standard, appropriate response, albeit unspoken most of the time, is “Yes, doctor.” With practice managers, however, it’s different.

In an orthopaedic group, the purpose and success of the whole comes first. The orthopaedic surgeons who are partners in the group make the practice manager the keeper of that mission. So the practice manager may deny a surgeon’s request to add a clinic, if doing so will affect other partners and everyone’s patients because the number of exam rooms and other resources are insufficient to support it.

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Recruit and Hire the Best Fit for Your Practice

Recruit and Hire the Best Fit for Your Practice

Journal of Medical Practice Management – Sept/October 2010
by Jennifer A. O’Brien, MSOD
Hiring for your practice is a big responsibility as well as a commitment of time and resources. To find and place the right person for an opening in your practice, consider all of the tools and methods available to you. Use the Internet to advertise the open position, do background and credit checks, and communicate with candidates clearly and securely. Coordinate your assessment of candidates by the effective use of employment applications, peer interviewing, knowledge assessment tools, and written interviews. In-person interviewing is a timeless skill. This article provides insights, useful tools, and practical advice on recruiting for a perfect fit with the position and practice.

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