



## Expert Interview Series Karen Blanchette

*Association Director, PAHCOM*

Karen Blanchette is the Association Director at [The Professional Association of Health Care Office Management \(PAHCOM\)](#), managing membership, education, access to networks and resources, and medical office manager professional development nationally.

We recently reached out to Karen to get a better understanding of the challenges facing managers of small medical practices today and the resources available to them. Here's what she had to say:

### **Tell us about PAHCOM. When and why was your organization started?**

PAHCOM was established in January 1988 to provide a support network to the managers of small group and solo provider health care practices. Smaller medical practices are significantly different from other corporate entities. In physician practices it is the owner(s) who is required to do the hands-on work. If the doctors do not see patients, there is no revenue. Because of intensifying government regulation of the health care industry, it has become increasingly difficult for doctors to both see patients and manage the office.

As a consequence, physicians have leveraged their ability to provide better care to more patients by engaging the services of an administrative manager for the practice. The role of the office manager has become a vital element in efficient practice management.

Prior to PAHCOM, each office functioned more or less independently. In large cities and towns, some managers formed isolated groups that discussed local problems with varying levels of effectiveness. Although consultants and training organizations provided technical assistance on a case-by-case basis, no one with an understanding of the unique management philosophy of small office practices was available to help the office manager. Frustration with

the increasing complexity of regulations and feelings of isolation from hospital and large clinic administrators were common.

PAHCOM was established to help the office manager achieve success. The single most important service provided is the development of the communications network among managers throughout the country. PAHCOM has built a state of the art communications infrastructure making it not only possible, but simple for managers to Share Knowledge across all specialties and geographies.

Through PAHCOM, the profession of managing health care offices receives the respect and recognition such a critical position deserves. It is a fact that the office manager is the link that unites the office staff to better serve the doctor who serves the patients. PAHCOM is proud of its thousands of members and looks forward to helping many more managers find confidence and support within the association that was designed for them. It is through member leadership that we're able to participate in interviews like this one and can draw from the industry for real "boots on the ground" perspectives. PAHCOM is the voice of physician practice management and grateful for this opportunity to speak to the PracticeSuite.com audience today.

### **What are some of the common pain points your members face with practice management right now?**

Many of our members report that constant change in regulations and insurance reimbursement demands are increasingly more frustrating. Some EMR vendors do not allow individual customization and when changes are made, it is across all end users. This does not always work well for those of us in specialty groups.

We try to stay on top of all the requirements, updates, reporting and information flooded to practices to make sure we're not facing payment reduction penalties or other penalties if something is missed. We are also responsible for keeping the practice financially sound despite rising costs amidst shrinking reimbursement.

It has become extremely challenging and difficult to wear all the hats practice managers wear. The transition to more automation may be a good thing long-term but the implementations are expensive and lengthy creating a steep learning curve and change in the dynamics of practice

operations. It's becoming more science than art not just for the providers but also for the administrative staff. "Love of the job" suffers for those who came into this line of work looking for a career with more personal human interaction.

### **How do the needs of smaller practices differ from larger organizations?**

Smaller practices do not experience the economies of scale that larger organizations do so we depend on low-cost resources and services provided by others outside the practice. We do not have the depth of personnel needed to fill the gaps, nor can we afford the expense of hiring staff to fill those roles – i.e. population health managers, data miners, in-house IT support.

Associating with professional development and networking organizations like PAHCOM allows smaller practices to have a combined voice and share in the power of larger numbers for a lot of services including representation in government regulations and working with CMS as well as attracting PAHCOM Corporate Members, a group of quality products and services providers dedicated to supporting small medical practices nationally.

Pushback from our patient communities is also a challenge specifically around the introduction of technology and automation, especially in rural care settings. Patients accustomed to the personal side of care are largely turned off by what they perceive to be a cold and less personal way of delivering healthcare. While this may be the case in larger practices as well, we find the smaller practices and especially rural practices have a far more casual and personal relationship with their patients making this transition more noticeable to the patients.

Smaller organizations also have a much harder time recruiting providers and staff. Physician practice salaries are typically lower and benefits fewer.

### **How has practice management evolved since you started your career?**

It has become incredibly demanding and challenging to keep up with what seems to be a daily changing and uncertain field. Physicians need us more than ever before as they are being challenged to deliver care in different, innovative ways and to prove that the care they provide is high quality with supporting data.

One of our managers put it this way ... Our role has become much more collaborative in nature and that is a strength that practice managers bring to the table. Everything from the way we schedule to the way we bill – from the front door to the back door – I do not think there is one area of practice management that resembles itself from back when I started.

The role of the practice manager has become critical to practice success and more physicians need to recognize the business value of a dedicated and professional practice manager. Some physicians try to cut costs and handle management themselves but in today's industry it's necessary to have professional resources on your team, preferably with management certification (Certified Medical Manager, CMM). An investment in a professional manager makes a significant difference in today's highly technical and regulated medical environment and physicians need to focus on generating revenues by seeing patients. Many small practices are being forced to evolve from a "mom and pop shop" to a professional business and without understanding the value of professional networks and resources, some are not doing well.

As in every industry, change will see the rise of those who embrace it and the fall of those who do not. PAHCOM provides the infrastructure and state-of-the-art platform to give otherwise disconnected practices across the country a common voice and access to networks and shared resources. We can no longer be successful if we remain isolated in our practices and do not network professionally within our industry. Access to quality resources used to be an advantage. Today is a necessity!

**What do you think the future of practice management will look like? What are the biggest changes coming down the pike?**

DATA. DATA, DATA and not just on the patients we see each day but the ones we don't see. We are responsible for their health, too, so knowing accurately who is empaneled to your providers will become even more critical. As HIEs become bigger and better, our practice management systems will have to be able to communicate, react and work cohesively with many types of systems. Hopefully, all of these current painful changes will result in better coordination of care. I think that is one thing that patients will come to appreciate.

And the triple AIM – better care, better patient experience, while reducing costs. Our providers are being tasked with that so new roles will emerge in practices for case managers, transitional care managers, population health managers, etc. I also think practices will have to seek recognition from certifying bodies like NCQA as well and align with ACO's in order to be sustainable.

Hopefully, we can take the things learned from meaningful use and the coverage that Obamacare has afforded and help patients get more interventional and preventive care to offer better long-term results. Encouraging patients to look at and talk about some issues that may not have been a part of their previous conversation will lead to positive results in diseases like diabetes, hypertension and obesity. Maybe getting a head of the disease instead of always being behind it will be the new norm.

**How can practice managers prepare for these changes? What should they be doing now to set up their practices for success in the future?**

Get in the boat! Both physicians and staff alike. What is coming in the future will likely not be optional. Make sure that the staff you choose is engaged and committed to your practice success. Don't eschew change; go with it to the best of your ability.

Continue to stay on top of the proposed requirements. Work together as a team. Use technology to its advantage and look over your practice as a whole. Information is the key to success. The days of walking into a job in healthcare administration with little to no training are long gone.

Continuing education is key! We must educate ourselves and remain receptive to new technology so that when it comes, we are ready. Keep a staff that can adapt to changes as they are going to come even faster in the future.

Manage the data, know where it comes from in your EHR, and make sure everyone knows where to put it. We have to own our own data because if we rely on the payers to provide it, it will likely be inaccurate.

Lastly, find good reliable sources for information (PAHCOM) so that you are not overwhelmed by too many sources and you know how to navigate your network of information efficiently.

**What do you think are the must-have tools for practice managers at small practices today?**

- A quality network of professional resources for information (PAHCOM).
- Collaborative partners (EHR user groups, practice improvement organizations, quality vendors for EHR/billing/scheduling, etc).
- A lead staffer for EMR/EHR as a super user to support the practice manager (preferably a clinical staffer to educate others in the group).
- Regular meetings with staff for project improvement and to make sure that everyone is on board with practice initiatives.
- Financial professional development support for the practice manager (PAHCOM Membership, Continuing Education, Management Certification/CMM, Annual Conference, etc).
- Provider engagement/education (create awareness of managerial big picture in order to gain support for changes).

**What are the biggest industry headlines you're following right now? How do they affect small practices?**

MACRA, MIPS, ACO, payment reform, MU, primary care initiatives, new reimbursement for services, the Medicare fee schedule without SGR, and CPC through CMs which is a form of QUIPS. More data mining, more careful coding, making sure that populations are managed, no readmissions, etc. Likely to have pushback from physicians and staff alike.

One member said... MACRA is big right now, but not for me. I have been dealing with it for years in both the private and Medicaid sectors. It takes changes but all are positive and are truly best practices. Smaller practices can really gain a lot from this. There is money on the

table but they need to do what it takes to get it. Healthcare is a living, breathing entity and always will be so we're best to embrace the changes and lead.

Presidential elections are also important, especially regarding rural health programs and knowing where we're going with continuation and improvement of the Affordable Care Act.

**What has been the ongoing impact of the Affordable Care Act on smaller practices?**

The ACA has given many people coverage that they did not have before, therefore we are seeing more people seeking care within the office setting. Keeping up with changing rules about the plans and which plans you are participating with can be a challenge. So can taking care of populations that you may not have had previously as well as learning the rules about the individual plans which may once have been "blanket rules" but no longer are. We have to understand that all plans are not created equal.

One of our members shared... There are definitely misconceptions that we must manage and it's been heartbreaking in some cases. While we are thrilled to be able to serve more people, we are often times doing nothing more than telling them they have a problem without being able to offer solutions due to lack of referral resources. Many specialists opted not to support the ACA for political reasons and that leaves the patients hanging without care.