



# BUILDING A BETTER PRACTICE: 3 KEY

STRATEGIES



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# Introduction

British Columbians get tremendous benefits from our healthcare system. But inefficiencies, inconsistencies, and lost opportunities can limit the quality of care they receive. This is particularly evident in primary care practices, where doctors are caring for complex patient populations and simply don't have the time or resources to focus on maximizing efficiency.

Doctors need expert support to help them run their practices – support they simply don't have resources for in-house. A lack of time to implement and optimize processes is a critical roadblock for primary care practices. DoctorCare, with over a decade of experience supporting primary care physicians, has developed solutions to help doctors cut wait times, improve the delivery of preventive care, better manage chronic disease programs – and help manage fee schedules and add billing efficiencies.

In this whitepaper, we'll provide tools, tips, and processes designed to help physicians, MOAs, nurses and other clinic front staff. Specifically, we'll address three key areas:



## 1 | Billing optimization



## 2 | Workflow efficiency



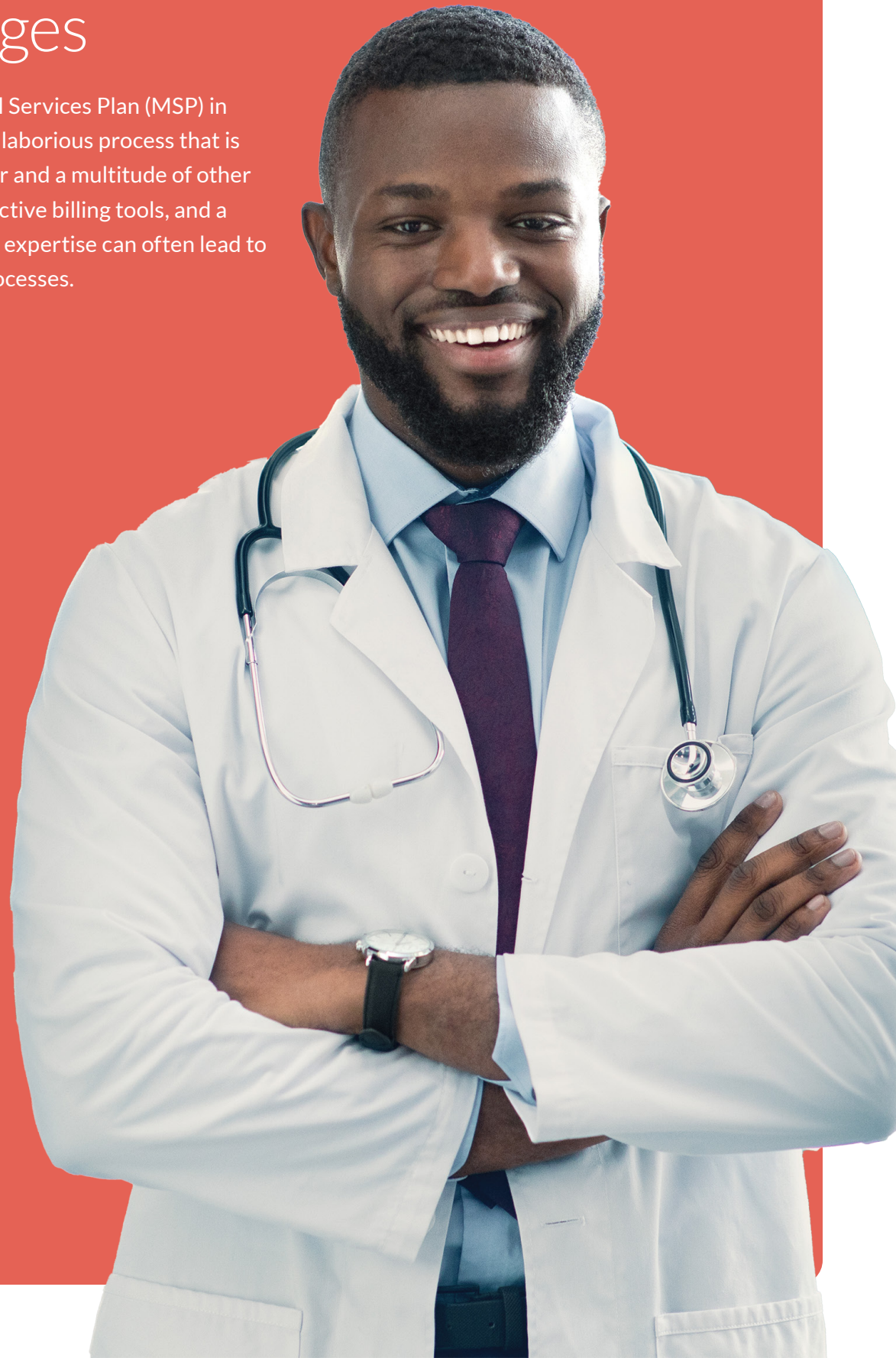
## 3 | Patient care

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PART 1:

# Solve Billing Challenges

Billing to the Medical Services Plan (MSP) in British Columbia is a laborious process that is prone to human error and a multitude of other issues. A lack of effective billing tools, and a shortage of time and expertise can often lead to ineffective billing processes.



## CHALLENGE #1:

### MANUAL PROCESSES AND POOR KNOWLEDGE OF BILLING CODES ARE CAUSING ERRORS.

Picture this scenario: a doctor is running one to two hours behind, and their appointments are starting to pile up. There's no time to do billings between visits, so they delay paperwork for later — surely there will be more time the next day or next week. Or, they ask their staff to complete the paperwork based on their notes, but the staff may not understand all of the intricacies of the encounter. Guess what? The next day is the submission cut-off date — the last day to submit claims to MSP for payment in the following two-week period! In this hectic practice, not only are billings not being optimized, incentives and billing bonuses are also getting missed, and billings may not be submitted correctly — or not at all.

#### **SOLUTION 1:** Train your staff on day-to-day billing.

Hire a reliable office manager or receptionist and train them and any other admin staff on billing. Start by enrolling them in the UBC CPD billing education session. DoctorCare also [offers primary care staff training and skills development](#). Secondly, writing out billings on a day sheet to enter later is inefficient. Instead, schedule a few minutes after each patient visit to input billing information directly in your Electronic Medical Records (EMR).

#### **SOLUTION 2:** Organize your day to optimize billings.

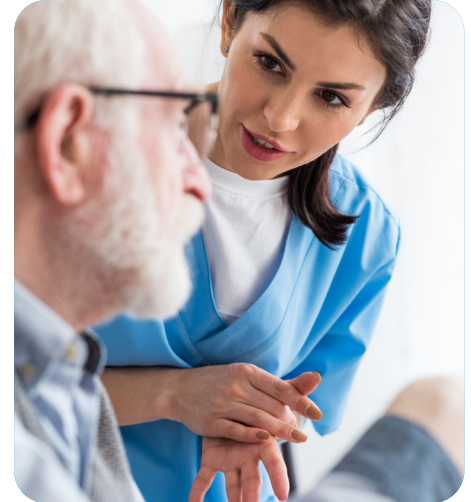
If you need additional billing expertise, DoctorCare's Practice Care British Columbia offers primary care practice management that helps support your staff. Our solution offers:

- Additional insights into your billing performance that help you capitalize on chronic care bonuses and resolve your MSP outstanding errors.
- We work with you to manage your panel - actively monitoring your panel, patient registries, and establishing new processes for ongoing panel management.
- Manage, track, and facilitate your complex care planning and management for chronic and mental health conditions.
- Stay on top of your preventive care incentives and improve patient screening rates.

If you would like to take the administrative burden of billing off your plates, DoctorCare's Billing Care British Columbia offers full-service billing support. Our solution offers:

- Support in identifying challenge areas and opportunities for improving your processes.
- We review and submit your billing claims and we also fix and resubmit any claims errors.
- We integrate with most popular EMR platforms including Oscar, Accuro, Telus and others.

It's important to find people you can trust to do the job right, freeing you up for more important work.



DoctorCare's Practice Care program: Identify billing and operational efficiencies with everything from billing support to patient communications.

[Learn more about Practice Care.](#)

#### **DoctorCare's Billing Care program:**

Alleviate the pain of billing submissions and managing and correcting billing errors when you are using an EMR.

Visit: <https://www.doctorcare.ca/billing-services/billing-care/>

## CHALLENGE #2:

### MANAGING BILLING WORKFLOW CAN FEEL IMPOSSIBLE.

You and your staff should be able to effectively resolve billing issues as they come up. But if you don't have training and/or experience, you won't be able to resolve issues quickly or efficiently. You're busy — how do you find time to identify issues in your practice and come up with solutions?



### **SOLUTION:** Implement better tools and processes.

Find a process, system or solution that breaks down the barriers in your billing workflows. Building in reminders, recall schedules, and EMR forms make it easier to remember codes in your daily workflow. Putting a process in place to minimize errors ensures you and your staff will know how to quickly fix common errors when they do come up.

Remember, all medical billing claims must be submitted within a certain time frame - otherwise, they won't be eligible to be paid (and yet another reason why you should get into the habit of billing daily)! All claims need to be submitted **within 90 days** of the original date of service. Claims that are submitted beyond this deadline will be refused with a BV explanatory code from MSP. While you can attempt to recover these over-age claims, MSP requires a valid reason for the delay.

#### NUMBER ONE BILLING ERROR SEEN IN AUDITS

According to the British Columbia Medical Journal, audits reveal that physicians commonly bill the prolonged counseling fee codes incorrectly.

[Read More.](#)

## NEED HELP GETTING STARTED?

For more than 10 years, 2500+ primary care physicians have relied on our billing hotline when they have questions, want clarification on MSP billing codes, or just need ad-hoc support. We'll even phone MSP on your behalf for important issues.

[Contact us today at info@doctorcare.ca to get started.](mailto:info@doctorcare.ca)

## CHALLENGE #3:

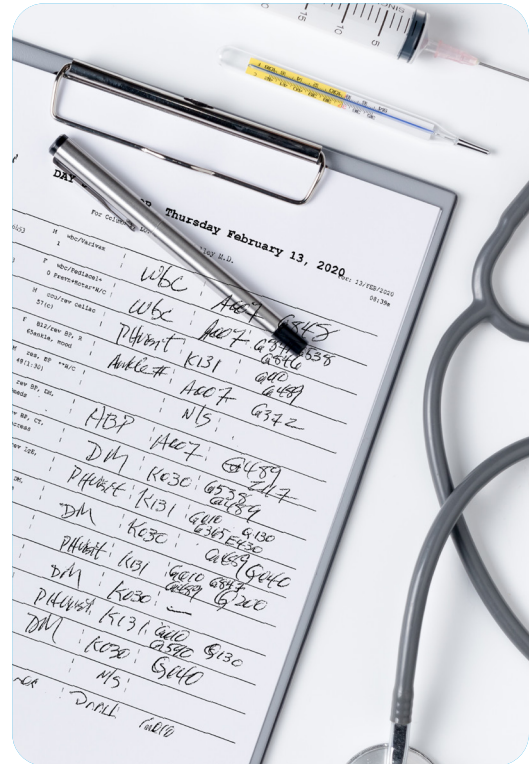
### BILLING INACCURACIES CAN LEAD TO BILLING AUDITS.

Any system that pays for services involves an audit process. Health Insurance BC processes over 100 million claims each year. Due to the large volume of claims, the system allows physicians to submit billings, in most cases, without pre-approval. This billing system is built on trust and is designed to pay you in a timely way. As a result, physicians may continue to bill incorrectly for many years, and it is not until they are audited that they become aware of a problem.

Relying on MSP to tell you that you did not bill something correctly could result in delayed or even lost revenue.

#### **SOLUTION 1:** Increase insights with greater visibility.

It can be hard to get deep insights without sacrificing time on patient care. If you don't have the time to mine reports for the data you need, find someone who does. Your trained in-house billing expert and/or other admin staff can share the responsibility of performing regular analysis on your billings. Or, you can bring in expert help. DoctorCare's [Practice Care](#) program reports give our doctors a big-picture, easy-to-understand view of billings and performance over longer periods of time.



#### **SOLUTION 2:** Check your Mini Profile regularly and often.

The mini-profile is made available by the Doctors of BC to all physicians who have billed at least one year of fee-for-service earnings to MSP. The profile gives you important information about your billings, and it tells you how your billings compare with other physicians in your peer group. If you are outside the statistical average, you may find yourself in a situation where you would need to justify that difference. The mini-profile enables you to take proactive steps to address any potential problems.

## THE IMPORTANCE OF ICD-9 CODES ON THE MINI-PROFILE

It is important that you use the appropriate codes when billing MSP. If you enter only generic ICD-9 codes, your profile may reflect a lower morbidity score (i.e., patients would be incorrectly assigned to a lower-morbidity ACG), even though your patients may be sicker than those of your peers.



### **SOLUTION 3:** Good documentation eliminates after-hours paperwork.

For doctors, daily documentation is never-ending; the paperwork backlog takes away from time better spent with patients. Ideally, doctors should see patients and complete documentation during clinic hours and leave at closing time, with little to no paperwork left to complete after hours. The reality is many doctors log extra time filling out forms, which can impact work-life balance – and ultimately, productivity.

The Billing Integrity Program (BIP) provides audit services to the Medical Services Plan (MSP) and the Medical Services Commission which is authorized to monitor the billing and payment of claims in order to manage expenditures for medical and health care benefits on behalf of MSP beneficiaries. The BIP will base an audit decision primarily on the degree of documentation within a medical record. The BIP's working definition of an adequate medical record is the ability of another physician from the same specialty, who does not know either the physician or the patient, to continue care of the patient based on the documentation contained in the medical record.

So how do you ensure you are up to the BIP standard? Start by setting up regularly used patient forms and templates for easy access during (or just after) a patient consult, and figure out ideal appointment timing. Should patients be slotted in every 15 or 20 minutes with five minutes in between to complete documentation? Or would another ratio work better for your practice?

We've heard from our family doctors that approximately 15% of patient visits involve forms. If you complete them during the patient's visit, it's done and there's no need to follow up for missing information. In fact, it's important to book dedicated visits for form completion because many require digging through patients' charts for historical data. Patients can be poor historians; you'll need factual medical data for a lot of these forms.

Making and maintaining an adequate medical record of the encounter that appropriately supports the service being claimed will save you in an audit. Medical inspectors look for proper documentation in the patient's record to support the criteria to bill any fee-for-service fee item. For example, if the fee item is time-based, the medical inspector will look for start and end times to validate the claim. Having little or no documentation in your clinical records to support your claim is interpreted as "no benefit."



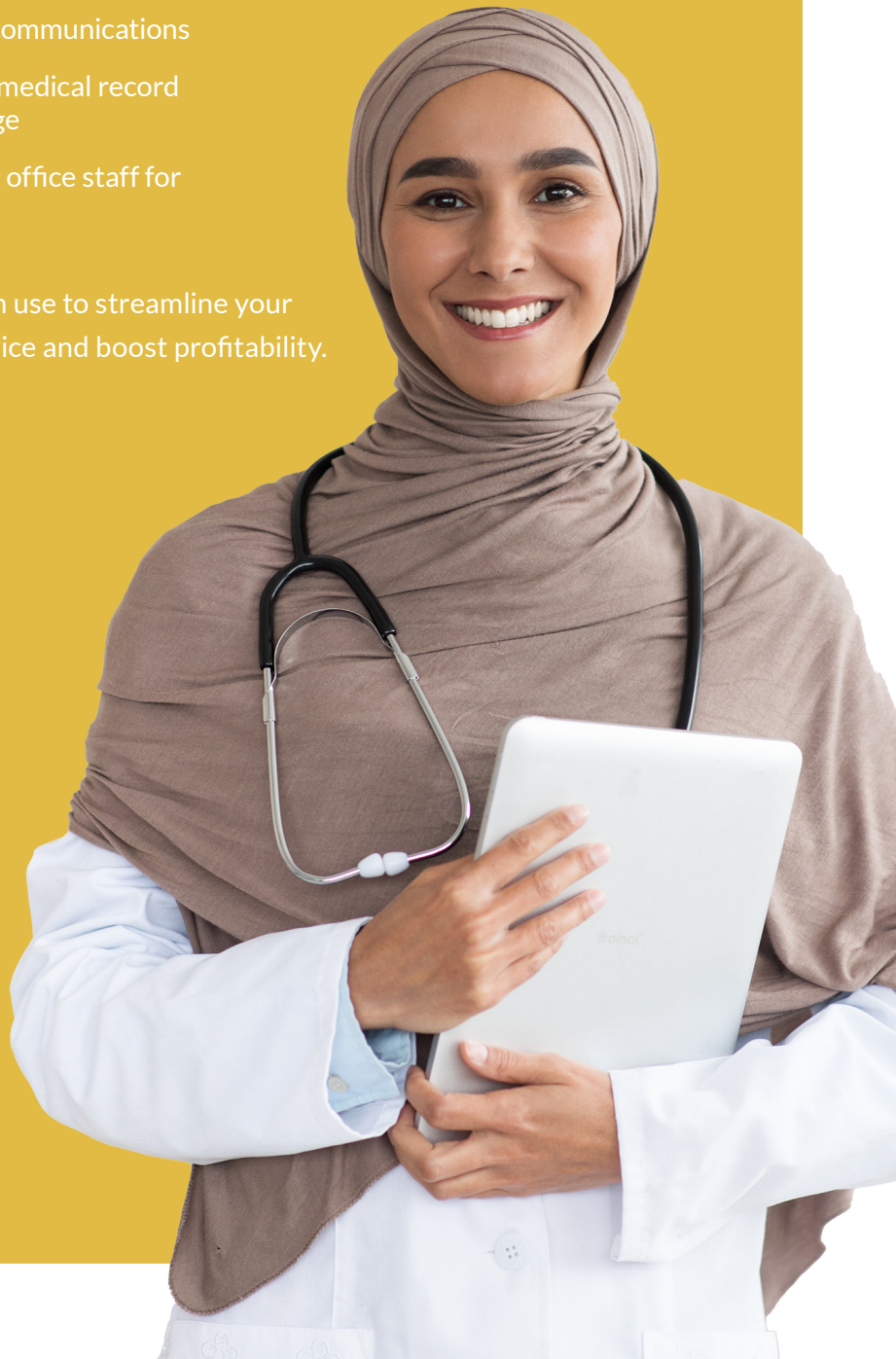
## PART 2:

# Increase Practice Workflow Efficiency

Overall efficiency is key to a smoother, more profitable practice. Speed of service can be impacted by anything from where your reception desk is located to how you book appointments to the methods you use to communicate with patients. The average family practice faces a number of workflow issues, including:

1. Physical office layout
2. Triage and patient access
3. Day-to-day documentation
4. Using telecommunications
5. Electronic medical record (EMR) usage
6. Leveraging office staff for support

There are a number of strategies you can use to streamline your workflow, save time, provide better service and boost profitability.



## CHALLENGE #1:

### POOR PHYSICAL OFFICE LAYOUT.

**Picture this scenario:** a patient walks into a clinic, stands in line, registers, sits down, waits and waits, then hears the doctor call her name. The doctor walks the patient into a room, opens a file, then finally talks to her – now multiply this by the number of patients seen that day and that adds up to a lot of wasted time for the doctor and the patient!

#### **SOLUTION 1:** Increase staff/employee efficiency.

Give qualified staff responsibility for preliminaries such as walking a patient to a room, checking weight and blood pressure, etc. That way, the doctor simply has to enter a room where a patient is already waiting, and no time is wasted.

#### **SOLUTION 2:** Direct patients with clear signage.

Let patients know where to check in with an easy-to-spot sign. Train staff to greet and appropriately handle incoming patients.

#### **SOLUTION 3:** Prevent contagion in the office.

Keep hand sanitizer and masks on hand for incoming patients – it's an easy way to reduce the spread of illness. Train your staff to encourage regular use.

#### **SOLUTION 4:** Update your layout.

Simple office space efficiencies can improve your overall service delivery – think about how your waiting room is laid out, how your consulting rooms are organized, and even where your receptionist's computer is located. How can you make things easier for staff to do their jobs and patients to be seen most efficiently? If you're not sure how to improve things, DoctorCare can consult with you on best practices, and make suggestions for a space that makes more sense.



## CHALLENGE #2:

### TRIAGING AND PATIENT ACCESS.

In the traditional service delivery model, it was common for patients to have to book an appointment seven days in advance, and a long patient backlog was the norm. In an ideal practice, patients should be triaged so that those with urgent needs are seen the same day or next day to reduce patient backlog.

#### **SOLUTION:** Change your booking model.

Improving access to care is a priority for the Ministry of Health and should be a key priority for your clinic as well. We recommend setting aside 5 to 10 timeslots daily for same-day appointments for patients with urgent issues. The number of slots, length of time for each slot, time of day, and day of the week will all depend on your practice patterns. It's a simple but effective approach that can help minimize walk-in clinic use and increase patient satisfaction.



## CHALLENGE #3:

### TIME-CONSUMING IN-PERSON COMMUNICATIONS.

In the traditional model, emails and phone calls were discouraged, since doctors could not bill for time spent. That meant patients had to come into the office for every issue – even those that could be resolved with a quick email or phone call – compromising efficiency and pushing outpatients who might need that in-office time more.

The Ministry has released fee codes to support physicians with this initiative. For more information about billing virtual care codes, [read our blog here](#).

#### **SOLUTION:** Save time with phone calls and emails.

In today's model of patient care, phone calls and emails have become a vital component to delivering efficient care. They reduce unnecessary visits to your office, freeing up your office hours for patients who need your attention in person. And you get paid for them!

## CHALLENGE #4:

### INEFFICIENT EMR USAGE.

Not having a full understanding of EMR capabilities can mean time is wasted on unnecessary manual processes.

#### **SOLUTION 1:** Get additional training for your EMR's.

Embracing technology is the key to improving patient care, and creating better work-life balance for you. By understanding EMR capabilities, you can maximize efficiency through EMR forms, templates, billing systems, and reminders.

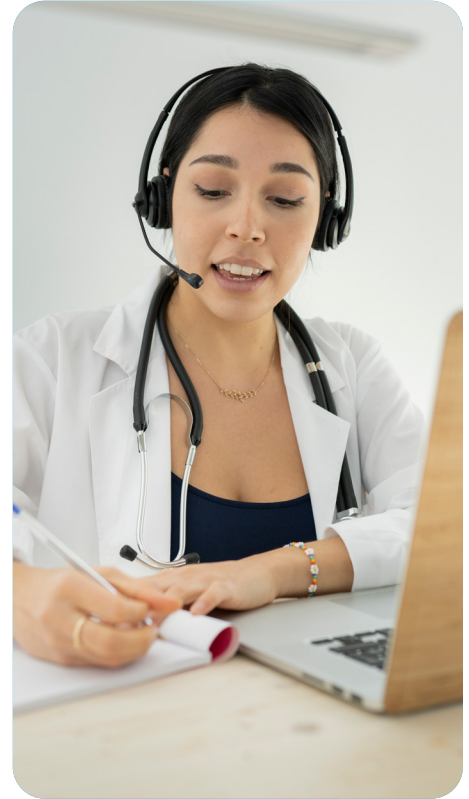
We recommend you to train your staff, do a full audit and set up your EMR properly. When used efficiently, EMR forms are pre-populated with information from the patient's chart. All you need to do is add your notes, and the form is sent to the next health care practitioner to address the next step in the patient's journey. For you, this eliminates incomplete consults or the need to search for patient information.

#### **SOLUTION 2:** Ensure patient CPPs are complete in your EMR.

Having a complete Cumulative Patient Profile (CPP) is part of good patient care. But to achieve that, you must be disciplined with updates from pharmacists on medications, discharge summaries, surgery details, updated diagnoses, etc. Plus, if you get audited, having completed CPPs means you can just hand them over to provide a full understanding of that patient.

Give your office staff ownership of CPPs so your time is better spent with patients. Ensure they are trained to accurately update CPPs, and that they understand the importance of regular updates.

Creating a set of standard questions for the staff to ask every patient is also recommended, as it allows for an easy and standardized process.



DoctorCare's [Practice Care](#) program helps doctors with EMRs:

- ♥♥ Set up timely patient recalls (diabetes, CHF)
- ♥♥ Generate accurate patient lists (diabetes, CHF, schizophrenia, bipolar, smokers, etc.)
- ♥♥ Get information from toolbars (preventive, diabetes, smokers, WBC, CHF)
- ♥♥ Send reminders (preventive, diabetes, smokers, WBC, CHF)
- ♥♥ Document visits and complete forms (diabetes, CHF, smoking cessation documentation based on best practice)

## CHALLENGE #5:

### UNDER-UTILIZING OFFICE STAFF.

Many practices struggle with using office staff to their full potential. But doctors get busy, and there's usually no time to think through how processes could be updated.

### **SOLUTION:** Leverage your team to help build efficiency.

Schedule specific time to rethink processes. Hire qualified staff to fill in the gaps.

For example, a medical secretary/assistant could triage a patient to take basic medical histories, ask initial intake questions, guide patients to their next steps after your consult, check heart rate, blood pressure, weight, possibly provide injections and more. Adding just one person with this skill set could improve your efficiency by 5-10%.

As mentioned previously, DoctorCare has a Primary Care Staff Training Program that ensures your staff is using the best possible tactics for all administrative and operational processes for your office.

For more information, visit: [www.doctorcare.ca/training/](http://www.doctorcare.ca/training/)



PART 3:

# Improve Patient Care

Want to make patient care better? Be accessible and support patients with ancillary services. Here's an overview of some of the challenges you may face and approaches to tackling them.



## CHALLENGE #1:

### INCREASE THE USE OF COMPLEX CARE PLANNING.

High-needs patients and those with chronic issues can require a lot of your time – most practices simply don't have the resources to give these patients the support they need. So how do you help patients manage their health in a more independent way?

**SOLUTION 1:** Incorporate complex care planning and preventative risk assessment initiatives.

#### COMPLEX CARE PLANNING AND MANAGEMENT

Adapt the way you practice to incorporate the two complex care incentives that compensate GPs for the time and skill needed to care for patients with eligible complex conditions. 14033 is payment for managing patients who have documented confirmed diagnoses of at least two eligible chronic conditions as outlined within the Billing Guide. 14075 encompasses patients of any age with frailty requiring assistance with instrumental (IADL) and non-instrumental (NIADL) activities of daily living. Care expectations for patients with eligible complex conditions include the development of a care plan and ongoing clinical follow-up of the patient over the subsequent year.

#### PERSONAL HEALTH RISK ASSESSMENT (PREVENTION)

The family physician is in a unique position. Based on their knowledge of each patient's personal medical condition, family history, lifestyle and work circumstances, family physicians can fit available health promotions and recommended disease prevention interventions to the individual patient. Family physicians can take advantage of Personal Health Risk Assessment visits with at-risk patient populations as part of proactive care, or in response to patient request for preventive care from the patient in one of the target populations.

**SOLUTION 2:** Offer same-day access.

Change how you set up your schedule and how your staff book in appointments to consistently leave open slots for urgent same-day visits. This will go a long way in increasing patient access.

### HERE ARE THREE IMPORTANT NOTES TO HIGHLIGHT WITH PATIENTS:

1. By using a walk-in clinic, it inhibits continuity and quality of care, you leave a gap in your medical summary, and you miss the opportunity for follow-up.
2. Having incomplete information about tests and prescriptions increases the risk of potential error.

## CHALLENGE #2:

### NOT BEING ACCESSIBLE TO PATIENTS.

**It's the stereotype of the busy doctor's office:** a patient arrives on time but has to wait 30, 40, or 50 minutes because the doctor is running behind. It could be because appointment times are too short, or because last-minute appointments had to be accommodated. So how do you keep your schedule on track? How do you fit in same-day appointments without impacting other patients?

**SOLUTION:** Look at the data to see when patients need you – and for how long.

Calculate how long an average patient appointment takes, then start scheduling patients according to this average time interval. This could mean scheduling every 15 minutes with a two-minute break at the end of each appointment. Or every 20 minutes with a five-minute break. It depends on your needs and the needs of your patients. Scheduling shorter or longer appointments than the actual average lead to long wait times or downtime that could be used for patient care. Figuring out what works best for your practice will reduce your appointment backlog and speed up patient care, minimizing complications and additional visits.

**SOLUTION:** Conferencing And Telephone Management.

Conferencing incentives support collaboration between participating community family physicians and other health care professionals by compensating GPs for conferencing with Allied Health Care providers, specialists, or nurses and other non-physician health care providers in the management of patients. Telephone Advice incentives remunerate GPs with specialty training and support teleconferencing with other physicians and allied care providers. Lastly, GP to patient telephone and two-way relay communications via phone, text or email are other non-face-to-face 'visits' or 'touches' between the physician or specific delegated staff, and the patient or their medical representative also help improve efficiency of care.

**SOLUTION:** Ask your patients.

Conducting patient satisfaction surveys once or twice a year can validate assumptions about your practice or bring new insights. Surveys may seem like a bit of a departure from the traditional patient care delivery model, but ultimately, it's a smart way to gather information. One practice did a survey that showed them clearly that their long wait times were a problem – it was patients' single biggest complaint.

Patients are the most valuable stakeholder in your practice – use their voices to help you improve!

### We can help.

At DoctorCare, we take inventory of the demand for how many services you provide in a year, and analyze your time for each appointment to recommend optimal scheduling.

[Request more info.](#)



## CHALLENGE #3:

### PROVIDING ANCILLARY SERVICES TAKES FAR TOO MUCH TIME.

High-needs patients and those with chronic issues can require a lot of your time – most practices simply don't have the resources to give these patients the support they need. So how do you help patients manage their health in a more independent way?

#### **SOLUTION:** Look to outside resources.

Community resources, chronic care resources, and other external resources can help patients. You can also find a lot of great resources available on the Doctors of BC website. [Visit the website here.](#)

#### RESIDENTIAL CARE

The GPSC Residential Care initiative is designed to enable physicians to develop local, scalable, and sustainable solutions to residential care delivery. The initiative supports Divisions of Family Practice, or self-organizing groups of family physicians where no Divisions exist, to design and implement local solutions that deliver dedicated GP MRP services for patients in residential care facilities. In addition to the initiative's funding, there are a number of existing GPSC incentives and MSP fees available to support full-service family physicians providing residential care services.



## Conclusion

Using the tips in this whitepaper to build a better, more efficient practice will help you improve patient access and enhance care, and your own work/life balance.

DoctorCare can help you move towards an ideal practice, giving you the help you need so you can focus more on your patients. We help you increase revenues, save time, improve patient care, streamline operations, and give you peace of mind in the event of audits.

We take care of doctors. So you can take care of your patients.

Request a practice consult today.

Visit [doctorcare.ca](https://doctorcare.ca) or email [info@doctorcare.ca](mailto:info@doctorcare.ca).



At DoctorCare, we take the stress out of your medical billings with pain-free billing management. We deliver fully transparent and detailed financial reporting, analytics, insights, and simple recommendations that ensure doctors finally have peace of mind in understanding exactly how they're paid and are optimizing their revenue on a monthly basis.