



Prescriptions *Medical Alert*

Fall 2010

Practices that manage their own billing must also factor in other overhead costs, including the expense of purchasing and maintaining computer hardware and practice management software.

Should Your Practice Outsource Billing?

An efficient billing process is essential to the financial viability of your medical practice. For larger practices, having one or more staff members handle insurance claims and billing on a full- or a part-time basis may be the most effective strategy for tackling these administrative tasks. But when practices are smaller, deciding whether to maintain medical billing and related financial operations internally or to outsource these functions to a third-party provider may require a more detailed cost-benefit analysis.

The most straightforward way to determine whether it makes sense to outsource your practice's financial operations is to tally up the cost of employing in-house staff to handle billing, plus the time the physicians and nurses spend dealing with matters related to billing, and compare these expenses with the cost of hiring an outside service provider. These initial numbers can serve as a starting point in the analysis.

For smaller practices, keeping billing in-house may mean missing out on the economies of scale offered by a billing service. In addition to paying wages and benefits to employees, practices that manage their own billing must also factor in other overhead costs, including the expense of purchasing and maintaining computer hardware and practice management software. Employees may also require periodic training in both IT systems and coding procedures. Even with training, employees in smaller offices may find it difficult to keep abreast of the latest developments in coding and billing procedures. Billing errors can have costly consequences, resulting in lost revenue, lengthy disputes, delayed payment, and even legal action.

Continued on Page 4

Inside This Issue:

- 2 The Benefits of Voice Recognition Software*
- 3 Recognizing Depression in Your Patients*

The Benefits of Voice Recognition Software

Whether taking clinical notes while talking with a patient, updating medical records, writing e-mails, or performing routine administrative tasks, you may be spending considerable amounts of time each day writing by hand or tapping away at a computer keyboard. But, improvements in voice recognition software are making it easier for physicians to dictate directly to a personal computer or similar device, which then instantly turns the spoken word into a typed document.

While no vendor of voice recognition software claims the technology can transcribe speech with perfect accuracy, some providers advertise that, when used properly, the accuracy rate is as high as 99%. Documents written with voice recognition programs may still require minor editing, but the time needed to fine-tune a dictated document is, generally, far less than the time it takes to key in the same number of words. While the average person types about 40 words per minute or less, people typically speak at a rate of 120 words per minute. Even after factoring in the time spent correcting minor errors, voice recognition technology can improve the efficiency of most physicians.

Voice recognition technology can also make writing more comfortable. Rather than having to sit at a computer keyboard or take notes by hand, physicians can update a chart, prescribe medication, or compose a letter while wearing a wireless headset and walking around the room. Most programs allow users to connect to the Internet and write e-mails using verbal commands. When on the road, users can record their dictation into a handheld digital device and then later connect the device to a computer for transcription.

In order to get the most out of voice recognition software, physicians may need to learn how the program works and how the technology responds to different speaking styles. Most voice recognition software packages include tutorials that help users get started, guiding them through the process of establishing a “voice profile” for their individual speech patterns. It is not necessary to speak loudly or slowly when using a voice recognition program, but it is important to enunciate words and avoid mumbling, and to use the program in a room where noise is minimal. As the program becomes accustomed to the user’s speech patterns, accuracy will improve.

Voice recognition programs are becoming increasingly clever, but they are not yet capable of reading minds. To minimize the need for subsequent editing, users can learn basic verbal commands that alert the program that, for example, capitalization or a new paragraph is needed. The auto format function can also be activated to create shortcuts for names, phone numbers, and addresses. If certain blocks of text appear frequently in documents or correspondence, these passages can be entered into the program in advance and given a title. The user can then recite the title and command the program to insert the text, thus eliminating the need for cutting and pasting.

Before choosing a voice recognition program, investigate the products available and test the various options. There are software products designed specifically for physicians that are programmed to recognize medical terms and to follow the format of standard documents used in medical practices, such as patient charts and records. Some providers of electronic health record (EHR) systems have also built voice recognition software into their products.

When used properly, voice recognition software can enhance productivity in your practice, minimize transcription and other administrative costs, reduce the amount of time it takes to maintain medical records, and, ultimately, allow the physicians in your practice to spend more time with patients, and less time writing. *ℙ*



Recognizing Depression in Your Patients

While job stress, family crises, financial setbacks, social isolation, or the pain and anxiety associated with a chronic or acute illness can certainly trigger clinical depression, other times there is no obvious reason or triggering event. Like many physicians, you may not have time during regular office visits to engage in lengthy discussions with patients about the state of their mental health. Fortunately, screening tools have been developed that can identify patients who are experiencing symptoms of depression and could benefit from mental health referrals.

Research indicates that depression goes unrecognized in large numbers of patients who could benefit from treatment, whether in the form of medication, counseling, or a combination of the two. In fact, a study by researchers at the University of Rochester Medical Center published in the *Journal of General Internal Medicine* in May 2010 found that around one-quarter of people who suffer from clinical depression are undiagnosed, and of those, less than half receive treatment. Besides experiencing sometimes debilitating despair, patients who are depressed are less likely to recover from physical ailments, in part because they are often less motivated than healthy patients to follow the treatment protocols recommended by their doctors, such as taking their medications and following diet and exercise plans.

Further complicating the problem is the fact that some patients who are clinically depressed often do not recognize the symptoms in themselves or are in denial of their condition. Physicians may be able to diagnose depression in patients who are not consciously aware of their mental state by posing a series of less direct questions. For example, patients can be asked whether they are having trouble sleeping, have lost or gained weight, cry frequently, have trouble concentrating, feel less pleasure than in the past, or experience intense feelings of anxiety, hopelessness, or despair. These questions may be administered verbally by a physician or nurse, or they may take the form of a written questionnaire that the patient can complete while in the waiting room. Questionnaires have been written based on the criteria used for diagnosing depressive conditions according to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. More specific screening tools for

certain populations have also been developed, such as the Geriatric Depression Scale.

Questionnaires can help provide a basic assessment of a patient's mental health. But, because they depend upon the patient's ability to answer the questions honestly, these test results may not reveal the patient's actual level of distress. Physicians should also consider the patient's medical history, including family history, which could indicate a genetic predisposition to depression, as well as the patient's personal life, which could include various stressors likely to trigger depression. It is also important to be aware that a chronic illness or disability that causes fatigue or pain can negatively affect mental health, as can taking prescription medication with potential mood-altering side effects.



It is also important for physicians to keep in mind that depression can take many forms. Some patients who seem introverted or sensitive, for example, may actually be depressed. These patients may resist discussing the possibility that they are depressed, in part because they believe symptoms are part of their personality or the diagnosis of a mental health condition could worsen their already diminished sense of self-esteem.

Rather than confronting patients directly, you may wish to broach the subject by explaining the treatment options for people who are feeling “stressed” or “down.” If a patient is reluctant to consider medication or therapy, you could offer behavioral strategies to improve mood, such as exercising, getting more fresh air, or spending time with friends. Once the subject of depression has been introduced, the patient may return to the subject later and be willing to consider a referral to a mental health professional. *P*

Patients Want Timely Access to Their Medical Records

Americans place a high priority on having access to their own medical records when this information is needed, according to the results of a survey by GfK Roper for electronic health record (EHR) provider Practice Fusion.

More than 1,000 adults were asked about their views regarding the handling of their personal medical records. The survey found that the top concern about patient medical records, cited by 28% of respondents, was that they would be unable to access their records when needed. Another 19% of respondents worry that their records will contain inaccurate or outdated information, 16% are concerned their records will be stolen or used fraudulently, 13% worry that their records will be lost or accidentally destroyed, 12% are concerned that their records will not be accessible in an emergency room, and 12% worry that their records will not be transferred to a new doctor.

The survey results also showed that, while men are more concerned about inaccurate or outdated records than women (22% vs. 16%), the inability to access medical records was cited as the top concern across income levels, genders, and regions. The poll also found that concern about record availability in an emergency room increases significantly with age, with only 3% of respondents aged 18–24 citing this as their top concern, compared with 21% of respondents aged 65 and above. *P*

Prescriptions

Continued from Page 1 Should Your Practice Outsource Billing?

Medical billing services strive to alleviate these headaches by taking over the management of your practice's entire "revenue cycle," including coding, claims submissions, collections from patients, accounting, and financial reporting. Most of these third-party providers levy fees based on a percentage of the receipts collected. While these services will collect a portion of your revenue, they are incentivized to ensure that bills are collected in full and on time, and service providers will often pursue unpaid claims and collect on delinquent accounts. If delegating your financial operations to a billing service reduces the length of time your practice must wait to receive payment and raises overall collection rates, this potential improvement in cash flow should be entered into your cost-benefit analysis.

On the other hand, if your office has recently moved to an electronic health record (EHR) system, claims submissions are likely to become more streamlined and may require less time and effort on

the part of physicians and administrative staff. The efficiencies gained through the use of EHR technology when integrated with a practice management system can make outsourcing billing functions less necessary.

Ultimately, the decision to outsource your practice's financial operations or to keep these functions in-house may be based on the level of control you wish to maintain over your revenue cycle. While having a third party handle billing can reduce the time physicians and staff spend haggling with insurance providers, it can also add another layer of bureaucracy that may hinder claims negotiation. Simply by streamlining processes and minimizing waste, some practices have found ways to manage their billing in a more cost-effective manner than by using a third party. But, if your main goal is to reduce the amount of time spent on administrative tasks, a billing service could be the right choice for your practice. *P*