Relatively new services and user-friendly devices make it easy to improve day-to-day operations and increase cash flow—and they don’t have to cost a lot.

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When practices consider ways to enhance office efficiency and improve cash-flow, attention often focuses on motivating and retaining employees, streamlining and filling the patient schedule, and developing better time-management and organization strategies for the physician and support staff. While these are all important elements of practice, the role of technology in improving office efficiency is often overlooked. One reason might be that many people find technology intimidating.

The good news is that several technological updates are now available to practices that can save time and money and help ensure that the practice collects payments due to it. The better news is that the technology is easy-to-use, widely available, and quite affordable. Some of the best new advancements are on-line.

Now is a good time to consider these offerings. As you close out this year’s books, consider whether the numbers meet, surpass, or fall short of your expectations. Then consider what changes you could make to ensure even better results in the new year. Some simple technology updates could go a long way toward improving your bottom line and making your practice more efficient. As the information technology director of a large dermatology practice, I’ll rundown some of the innovations we’ve recently implemented and that I believe offer the greatest promise for dermatology practices.
Technology Updates

Voice Over IP

Voice over Internet Protocol, also called Voice over IP or “VoIP,” is rapidly gaining popularity because it gives practices improved cost savings, enhanced voice and data performance, as well as reduced administrative overhead.

In its most popular business application to date, VoIP merges traditional phone lines and your Internet service into a single connection, which saves money because you are not buying separate analog lines in addition to a DSL or T1 connection for your phone system and network. At roughly $70 per line, 10 traditional analog lines with a separate DSL connection can easily run close to $800 per month. Compare this to a T1 which offers both voice and data functions at an average cost of $600 per month and the savings are obvious.

VoIP also allows many medical offices to reap the benefits of a faster, more reliable Internet connection by utilizing a T1 for voice and data transport. A T1 has 24 channels and allows users to send and receive information over the Internet at speeds up to 1.54Mbps while supporting up to 15 simultaneous phone calls with no noticeable lapse in the speed or performance of your Internet connection. While DSL and cable can have comparable or greater speeds relative to T1s when users are looking for information on the Internet or “downloading”, sending information or “uploading” can be a lot slower; with speeds as low as 256Kbps. This is only 17 percent the rate of a T1. More importantly, T1s tend to be more reliable because they are priority number one with service providers; and unlike DSL and cable, T1s are less sensitive to environmental factors like bad weather. This is very important when you consider the personal and administrative challenges of healthcare delivery.

VoIP solutions can be configured to work with your existing phone system and network, which is ideal if your current phone system is less than seven years old. In fact, a new system shouldn’t be considered unless it becomes cost prohibitive to fix, maintain or accommodate the needs of your changing practice. For practices in the market for new phone systems, VoIP technology works hand in glove with web-based “hosted telephony” solutions that offer more features and functionality while saving practices anywhere from 50-90 percent in capital expenditures. “Hosted telephony” means the brains of your phone system are located offsite in one of your provider’s network operating centers. This means you are protected from power outages so your phone system stays up and running regardless of what is happening back at the office. Hosted telephony and similar VoIP applications are changing practice management with the following user and administrator controlled functions:

1. Unified Messaging: allows voicemail to be carbon copied to email then automatically forwarded to other parties.
2. Outlook Integration: allows users to quickly dial contacts with the click of a mouse by harnessing an automated online “Rolodex.”
3. “Find Me/Follow Me” services: allow users to have one number that follows them wherever they go.
4. Web portals for the phone administrator to make changes that were previously the domain of a technician who had to make expensive, on-site service visits.
5. Reduced monthly fees because far-flung branch offices can be networked, making office-to-office calling local rather than long distance.

In some cases, your voice and data provider is also the provider of your hosted phone solution, including the handsets. This means all of your critical services are managed on a single platform with one point of contact. Even if you have your voice and data with one provider and your phone system with somebody else, VoIP solutions allow you to bundle your local, long distance and Internet services, which reduces paperwork and decreases the time spent calling three different parties to troubleshoot service issues, if and when they arise. In conclusion, anything that saves time puts money right back where it belongs; into your practice.

All-in-One Copier/Scanner/Fax

One of the best technology investments our practice has made is in an all-in-one copier/scanner/fax that has streamlined fax delivery and communication.

The printer/fax unit plugs into a regular phone line with DID capability to receive faxes. However, rather than automatically print each received transmission, faxes are directed via the network server to the appropriate recipient's computer. Various individuals or departments within the practice are assigned unique fax numbers. These individualized numbers all dial into the main fax, but the system recognizes the dialed fax number as the identity/destination of the fax. The recipient can view, print, or save the faxed file, as necessary. Staff can also send faxes directly from their computers.

The all-in-one system has proven especially useful for handling items such as pathology reports. These are automatically directed to the appropriate nurse or other staff member who reviews them and then can immediately upload them to the patient’s medical file using our EMR system. Alternatively, for paper records, the recipient could print the report and file it in the record.

Using this system, there are no lost or misplaced faxes. There’s some savings on supplies, such as ink and paper, because we’re only printing what we need to print. Most importantly, we avoid paying a staff member to essentially spend the day collecting and distributing faxes. Instead, the person who would normally deliver faxes around the office is free to accomplish more productive tasks.
Various all-in-one devices are available in a range of prices, so it's important to look for one that meets the specific requirements of the practice at a good price. A good system need not be exorbitantly expensive. Consider memory capacity to ensure that the system will be able to handle the volume of faxes the practice receives.

**Dermpath Uploads**

To cut down on the number of faxes your office receives, determine whether it's possible to upload pathology reports directly from your dermatopathology service providers' websites. Most companies already provide this service, but many practices do not seem to know it is available. Simply call the companies that your office deals with, ask if they offer uploads, and request access. The dermpath company will give you a log-in and password that a designated staff member can use to access reports in PDF format. If you don't have Adobe software (adobe.com) that permits you to read PDFs, you can obtain a copy for little or no cost. The reports can be uploaded to the patient's electronic medical file or printed and inserted in their paper file. We have found that uploading the reports from the websites offers more rapid access to reports and saves time for staff, again freeing staff to do other work.

**TeleCheck**

Consider for a moment the time, manpower, and expense wasted in your practice managing check payments and obtaining reimbursement for “bounced” or “insufficient funds” checks. Now imagine there is a quick, easy, and efficient way to guarantee that you receive payment for every check written to your practice. Such a system exists and is available to practices: TeleCheck (www.telecheck.com).

TeleCheck is an electronic transaction verification service that converts paper checks into electronic payments. The system has been available for some time but seems to be underutilized in medical practices. It connects directly with a patient's bank to authorize automatic funds transfer for any processed check. It works with the same key-pad/swipe-pad as a credit card reader. The patient simply hands the receptionist/cashier a check—they don't even have to fill it out, as the office staff will key the amount of the charge into the system. The staff member swipes the check and then receives either an authorization code that guarantees payment or a rejection. If the transaction is authorized, an electronic funds transfer is generated to the practice, and no further follow-up or tracking is needed. Similar systems are in use at stores across the country.

If you already accept credit card payments, talk to your Visa or MasterCard vendor about adding TeleCheck. If you already have a credit-card reader, it will probably work for checks as well. If not, updated hardware can be purchased or leased. Rates for use of the TeleCheck system vary based on the volume of transactions in a given month. This cost is well worth the convenience and the security of guaranteed payment. Remember that you will be able to offset the cost of staff time to track bounced payments, postage for sending bills to non-paying patients, and the fees of a collections agency.

Especially if your practice sells cosmeceutical products or provides a high volume of out-of-pocket procedures, which can have high price-tags, TeleCheck might be a wise investment.

**Online Registration Materials**

If you don't already do so, consider providing access to new patient information forms on your practice website. We provide the standard registration/insurance information form, copies of our HIPAA privacy practices, and the HIPAA consent forms on-line. When new patients schedule an appointment, we inform them that they can go to the website, download the forms, fill them out, sign them, and bring them to the office when they come for the visit. This expedites the patient check-in process and cuts down on the wait time for patients, as the dermatologists are able to see them more quickly. We also save on postage costs of mailing these forms to patients.

Although a minority of patients are not on-line or simply opt not to complete the forms, roughly 70 percent of patients take advantage of the opportunity to complete the forms ahead of time. Many comment favorably about the convenience and time savings.

**ClienTell Patient Communication**

Of all the technology we've recently added to the practice, an automated phone messaging system called ClienTell (www.clienttell.net) may have had the most tremendous positive impact. ClienTell is a secure voice mailbox that permits the practice to communicate with patients through recorded messages. In practice, it has proven most useful for communicating with patients about biopsy results and labs. Each patient is assigned a personal ID number (their Social Security number in the case of our practice) that they use to access the system to retrieve messages from any touch-tone phone.

ClienTell can be used to deliver an individualized message to a patient about a specific matter. Suppose the dermatologist attempts to respond to a patient's question regarding a prescription but cannot reach the patient directly. Rather than leave a message about personal health information on the patient's answering machine, the physician could leave instructions directing the patient to call the ClienTell system. The physician could then leave a detailed, personalized, very specific, and HIPAA-pri-
Technology Updates

To Learn More About ADA-M

The Association of Dermatology Administrators and Managers (ADA-M) Information Technology committee aims to keep members apprised of current technology in the medical field. Resources available on the ADA-M website include the newsletter archives, members-only section, job bank, and links to other medically-related websites and resources. For more information on ADA-M please visit their website at www.ada-m.org.

vacy-compliant message that only the patient can access through the patient’s ClienTell mailbox.

But the system is most useful for delivering pre-recorded biopsy and lab reports to patients. Whenever a dermatologist in the practice takes a biopsy, the patient is informed to call the system in seven days to learn the results. We know that the practice will receive the report from the lab within five days. In the event of a malignant diagnosis, the dermatologist will contact the patient on day five to discuss the results (no malignant diagnoses are rendered via the mailbox system). Otherwise, an appropriate pre-recorded report is delivered to the patient’s mailbox describing the biopsy results.

Because the physician can pre-record numerous messages at once (up to 199 pre-recorded messages), a staff member directed by the dermatologist can review the reports and assign the message for delivery to each patient in a matter of seconds, freeing up the doctor’s time. But, since the message is in the physician’s own voice, the patient appreciates the perceived personal attention. Each message ends with instructions for the patient to call the office directly with any additional questions or concerns.

Patient response to the ClienTell system has been extremely positive. Implementing the system has helped cut down the number of patient phone calls by about 60 percent. The message retrieval system is easy to use and access. There is no equipment to purchase or install. We’ve had no complaints from patients about retrieving their messages. We have pre-printed instructional cards that we distribute to all patients who have a biopsy taken, and access instructions are also included at the bottom of all post-operative care sheets that we give to patients.

The system tracks usage activity and generates reports to alert the practice to messages that have not been retrieved in order to allow appropriate follow-up.

The cost of the message system is nominal, especially when broken down per physician. In light of the convenience and savings for the practice, it is well worth it.

CareCredit

At some point in practice, every dermatologist is likely to encounter a patient who cannot afford a necessary procedure. In many cases, the physician ends up either establishing a payment plan for the patient, which can be time- and resource-consuming, or providing the service as a professional courtesy or charity case. However, a patient credit program exists to help eligible patients pay for procedures, including both medically indicated and cosmetic services.

CareCredit (www.carecredit.com) is a patient financing company that serves numerous medical specialties and has been recommended by the American Society of Dermatologic Surgeons (ASDS). The company offers coverage from $1 to over $25,000. They offer three, six, 12, and 18-month no-interest plans, as well as 24, 36, and 48-month extended payment plans.

CareCredit’s website specifically lists coverage for cosmetic surgery, and they will cover eligible patients seeking cosmetic services—including Botox, dermal fillers, or even purchase of cosmeceuticals—from dermatologists. However, the company has covered several patients in our practice who require Mohs surgery.

Patients must complete a brief credit application that may be submitted by fax, by phone, or on-line, and the response is generally rapid. The policy in our practice is to inform patients of the program and help them with the application, if necessary. If a patient does not qualify for coverage, then the practice will work with him or her to provide necessary procedures.

If a patient is approved, payment is immediately transferred to the physician’s account when the covered service is rendered. CareCredit charges a fee to the practice based on the payment plan used, but the charges are reasonable. In our experience, CareCredit has helped several patients have access to care that the practice otherwise would have had to provide at a loss. Other specialties, such as dentistry, have long made use of in-house or external payment plans and credit services to cover high-cost procedures. There’s no reason dermatologists should not similarly encourage patients who can to take more responsibility for their healthcare.

Think IT Over

It seems so often lately that discussions of “technology” focus on the latest gadgets and gizmos that may well simplify and improve leisure and business but can also pose inherent challenges or involve a learning curve. Importantly, dermatology practice should realize that the best technology updates for them need not be complex or cumbersome. Several user-friendly information technology updates are now available at little or no cost that can significantly improve day-to-day practice. Practices that keep up to date on IT advancements and consider their potential usefulness in practice will make informed, beneficial decisions.