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# Healthcare

*Better Ways ▲ Better Results*

A NEWSLETTER FOR THE HEALTHCARE INDUSTRY

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## Running Late? A Scheduling Makeover Can Help



attitudes that lead to wasted time and lost productivity.

**Determine when your day begins.** If a patient has a 9 a.m. appointment, what does that really mean? Does it mean you see the patient promptly at 9? Does it mean a nurse takes vital signs and escorts the patient into an examination room at 9? Or does it simply mean the patient is supposed to check in at 9? Start your scheduling makeover by getting to the bottom of this basic question and make sure everyone in the practice is working from the same set of definitions and expectations.

**Educate patients.** If the practice schedule has predictable bottlenecks (e.g., Monday mornings or after-school time slots), counsel patients to avoid these busy times. Likewise, educate them on the need to call if they're running late and to come in early if their health insurance has changed. Also educate parents on the need to book a separate appointment if they're bringing a second child along who has suddenly developed a bad cough.

**Assign a traffic cop.** Hire proactive and motivated front desk employees to greet patients and ensure that the office flow is smooth. Perhaps a medical assistant or office manager coordinates patient activity with clinical staff, monitors how

**I'm late, I'm late for a very important date. No time to say hello, goodbye. I'm late, I'm late, I'm late!**

*Alice in Wonderland's White Rabbit*

The cost to your practice of chronically running behind schedule can be enormous in terms of patient satisfaction, employee morale and your bottom line.

Medical and dental practices that successfully smooth out the peaks and valleys in their daily schedules can see more patients more efficiently, and reduce wear and tear on staff and clinicians. For many, it starts with a scheduling makeover: a critical look at actions and

# Disability Insurance

## Do You Have Enough Coverage?

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Insurance experts don't agree on much, but they do agree on this: You face a much higher probability of being disabled than of dying during your working years.

But a typical individual disability policy covers just 60 percent of net income and caps monthly benefits. For physicians in certain surgical specialties, even \$10,000 a month doesn't come close to replacing 60 percent of their net income. Add in the demands of a growing family or practice, and many physicians find they simply need more coverage.

### The Challenge Of Adding Coverage

In the wake of a massive financial shakeup of the disability insurance industry a few years ago, good disability coverage is getting more expensive, more restrictive and harder to find. Fortunately, there are strategies for increasing and/or supplementing your disability coverage.

**Investigate a high-limit policy.** A few insurance companies have developed high-limit policies designed to bridge the gap with up to \$15,000 extra a month in disability benefits. High-limit policies generally only pay benefits for a maximum of five years. While high-limit supplemental coverage is offered in most states, it doesn't come cheap. And it must be renewed every three or five years, typically at rising premium rates. This insurance isn't meant to replace a primary disability policy — only to provide temporary financial security until you can sort through your options.

**Consider critical-illness insurance.** This is an excellent option for high earners and physicians who live in states where insurers are capping monthly disability benefits (such as California and Florida). Benefits are triggered strictly by the diagnosis of a covered condition, such as cancer, heart attack, renal failure or stroke. So you can collect even if you eventually return to work. Unlike disability benefits, which are distributed monthly, proceeds from a critical-illness policy are paid in a lump sum.

**Protect your retirement contributions.** A second type of supplemental disability coverage, called "retirement-contribution protection insurance," allows you to continue adding to your retirement savings if you become totally disabled. There are options that pay benefits directly to a trust and allow you to direct the money into a wide range of investments, including annuities, stocks and mutual funds.

**Look at coverage on the practice side.** There are a variety of business policies that could dovetail nicely with your primary disability

coverage. This makes perfect sense when you consider that your practice is the engine that ultimately generates your income. "Business protection" or "overhead expense" insurance can be used to pay ongoing expenses, like rent and salaries, if you can't work. Likewise, a "reducing term disability income" policy can provide coverage for business loan payments while you are disabled.

**Look to life insurance.** It's also possible to tack disability coverage onto your life insurance, with a "waiver of premium" option. This benefit, which kicks in about six months after you purchase the life coverage, will pay your premiums for the duration of the policy if you can no longer work.

The benefits are particularly robust in the case of a whole life policy, for example. Here, the insurer would continue paying premiums and the policy's cash value would continue to build tax-deferred. With proper planning, the policyholder could then borrow against the cash value tax-free. Note that a waiver-of-premium option is also available with term life insurance. Upon disability, the policy will convert to whole life or universal life coverage.

### The Comfort Of Solid Protection

If you choose your options wisely, you'll have the comfort of knowing that even if an illness or injury forces you to stop practicing, you'll still have a source of income to provide for family and loved ones. ■

patient appointments and walk-ins are spaced throughout the day, and interacts with patients when there are unexpected delays.

**Give patients something to do.**

Theme parks figured it out a long time ago: Give folks waiting in line something to look at or do and the wait doesn't seem so long. Instead of leaving patients alone in an exam room, for example, let them watch a brief video about their specific condition, or provide an informative patient education kit for them to read.

**Get a "tail."** More busy practices are utilizing clinical staff members – a nurse, medical assistant or lab technician – to "tail" physicians from patient to patient. Incredible efficiencies can be achieved once that staffer better understands the physician's practice patterns.

For example, while a busy pediatrician is explaining the need for adherence to an antibiotic schedule to a worried parent, the assistant can be gathering samples or preparing a prescription for a signature. The staffer can also escort patients to the checkout area and guide the doctor to the next room.

**Schedule strategically.** Use a tickler file to identify patients who usually require more time and have schedulers automatically give them longer appointments. Have them also schedule 20-minute "catch-up breaks" for you in the morning and afternoon.

**Designate days.** Some practices have experimented with devoting a day each week to patients with specific conditions or illnesses. For example, Mondays are reserved for walk-ins, emergencies, routine administrative tasks and lab work; Tuesdays are devoted to pediatrics; Wednesdays

are reserved for general medicine; and Fridays alternate between patients with diabetes and high blood pressure.

**Be wary of double-booking.**

Physicians and dentists idled by patient no-shows may be tempted to double-book appointments in the same way that airlines oversell seats. Unfortunately, this would result in you usually running late, because most patients do show up for their appointments. A better strategy for combating no-shows is having your receptionist call to remind patients of upcoming appointments.

**Staff up.** Of course, the most profitable way to see patients is for you to see all of them personally. But when you reach capacity, the second most profitable way is to have somebody else see them, assuming you have sufficient volume. Some physicians are reluctant to hire nurse practitioners, physician assistants and other midlevel providers because their salaries eat into profits. However, the breakeven point for

such providers is only about three to four patients a day.

**Don't allow interruptions.** This is one cardinal rule that should never be broken: Physicians should not be interrupted during patient visits unless there's an emergency.

**Don't forget the little things.**

Even small changes can make a big difference in keeping you on schedule. Something as simple as a duplicate prescription pad can help you avoid having to rewrite the same information in the patient's chart. Likewise, moving the supply room and sample closet closer to exam rooms can save wasted steps.

A scheduling makeover can result in a true win-win. Besides the obvious benefits to you, your patients will be happier, and so will your employees, who can come to work every day knowing they are going to deal with a realistic schedule instead of constant patient complaints. ■

*For more information contact Steve Lutz at 630-545-4550.*



## Watch Your Reps

Despite the value that pharmaceutical reps can provide in terms of education and samples, unmanaged appointments with them can wreak havoc on your schedule. As the number of pharmaceutical sales reps increases (there are currently more than 100,000), the competition for physician time becomes fiercer. Here are two strategies to help you manage the crush:

- Designate a specific time of the week for meeting with them and ask your receptionist to communicate this policy to reps, making it clear that the doctors in your group won't meet outside this regularly scheduled time.
- Take advantage of new Web-based services and scheduling software that allow pharmaceutical reps to register online and self-schedule their office visits based on your parameters.

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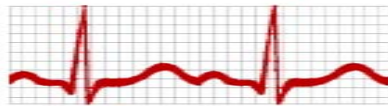
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## Vital Signs



### Sour Economy Leads To More Employee Theft

Tough economic times are taking their toll on medical and dental practices in more ways than one. Economic pressures – from a spouse losing a job to trouble meeting mortgage payments – have led to an increase in employee theft and embezzlement. Savvy practices are tightening up their defenses with steps like these:

- 1. Document and distribute.** Convey that you are actively engaged in the business side of your practice by distributing your financial/accounting policies and procedures to all employees. Philosophically, the message to send is, "I trust you, but I will verify."
- 2. Know your employees.** Use a reputable third-party organization to conduct background checks.
- 3. Segregate duties.** Cross-train employees so that different staffers handle and record cash. And rotate financial responsibilities periodically.
- 4. Check for compliance.** Randomly conduct spot-checks every few days and compare your schedule with your day sheet to verify that all the treatment delivered was posted. Routinely scan adjustments to ensure there was a valid reason for making them.
- 5. Make employees your ally.** The most common way to detect internal fraud is through a tip from an employee, customer or vendor. Since employees are likely to report misdeeds, it makes sense to give them practice-wide fraud education.
- 6. Cover yourself.** "Employee dishonesty" insurance, also known as an employee fidelity bond, protects you if an employee embezzles from you or steals something from your office. Ask whether you can purchase a "blanket bond," which will cover everyone in the office and will preclude you from having to update the names on the policy every time someone new comes onboard. ■