

EXECUTIVE DECISIONS IN DERMATOLOGY

AUGUST & SEPTEMBER 2020

Issue Focus: Going Digital

NAVIGATING COVID-19 RECOVERY

INTERACTIVE NEWSLETTER



Association of Dermatology
Administrators & Managers

EXECUTIVE DECISIONS IN DERMATOLOGY

AUGUST & SEPTEMBER 2020

inside

Interactive newsletter

Executive Decisions in Dermatology is interactive, getting you to the information you need more efficiently. Navigate the newsletter with ease. Use the Home Icon to bring you back to the table of contents and click all URLs to go to the featured website.

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Executive Decisions in Dermatology is a bi-monthly publication of the **Association of Dermatology Administrators & Managers (ADAM)**. ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 600 members include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM or for more information, please visit our website at ada-m.org, call 866.480.3573, email ADAMinfo@samiworks.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 5550 Meadowbrook Drive, Suite 210, Rolling Meadows, IL 60008.



Association of Dermatology
Administrators & Managers



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President's Corner

Digital technology has become an integrated part of almost every aspect of our daily lives from checking the news to ordering our groceries. Professionally, the latest EMR systems and software programs provide increased analytics while telehealth appointments are becoming a bigger part of almost all our businesses. All these advancements offer a world of possibilities.

In this issue of **Executive Decisions in Dermatology**, we explore how digital technology is enhancing patient care, offering engaging patient communication options and helping our practices get back on track towards revenue goals and profitability. We can harness the power of digital technology to ensure patient safety, build stronger patient relations and improve practice operations.

Featured articles include:

- **How Technology can Improve the Patient Experience**
- **Optimizing E-prescribing**
- **Corporate Member Perspective: Connecting with Customers and Business Model Shifts During COVID-19**
- **How Dermatology Practices Can Embrace Social Media Without Violating HIPAA**
- **BOD Insights on Using Digital Technology to Connect and Communicate with Patients**

In our recent ADAM Business Meeting, we recapped the past year, reviewed our financials, celebrated our successes and officially transitioned to our new Board of Directors. I want to personally thank Tony Davis as our exiting President. Tony will be staying on the Executive Committee as Immediate Past President, and I value his ongoing support and insights. Elizabeth Edwards and Virginia King-Baker are stepping off the Board. I want to share my sincere appreciation for their dedication in moving the organization

forward, especially during these challenge times. If you were unable to attend the meeting **view the recorded webinar** to get caught up – plus there were some fun surprises you won't want to miss!

I would also like to welcome Jonathan Banta, Troy Starling and Wendy Stoehr as our newest Board members. I'm thrilled they are part of the team as we tackle new initiatives. We have already launched a **new job board** offering complimentary position postings for ADAM members. Additionally, we will soon be launching online round table discussions and virtual cocktail hours. Connect with your colleagues from the comfort of your office or your home. The dates, times and topics will be released soon.

As we define our future direction, your voice is vital. Please participate in our **member survey**. We are invested in supplying content you need. Share the information and resources that can help you and your practice continuously improve.

You can also take a hands on approach to supporting our Association. Make an impact and volunteer for one of committees ranging from supporting our ADAM Annual Meeting, shaping our educational offerings, crafting our member publication or assisting in our annual benchmarking survey. **Sign up today.**

ADAM is here to support the practice administrator profession and your individual success. Take advantage of your member benefits and get more involved. As with most things in life, you get out what you put in. Please join me as we continue to grow together toward a brighter tomorrow.

Janice Smith

Warm regards,
Janice Smith,
ADAM President



ADAM INITIATIVES

2020 ADAM Virtual Membership Meeting Highlights

Thank you to the over 100 members that attended the July 16 ADAM Membership Meeting. Highlights include:

- The new **ADAM Job Board** is live! ADAM members can post jobs for up to 90 days and browse listings for free...that's a \$300 value! Upgrade your listing to be featured for only \$50.
- Virtual roundtables will soon be launched containing breakout rooms for specific topic discussions such as financial, human resources and COVID-19.
- Details on the new virtual networking events and New Member Virtual Engagement Zoom webinar will be announced in **ADAM Intel**.

View the Membership Meeting Presentation.



2019 – 2020 Highlights

- 2020 Annual Meeting Developed with Record Breaking Attendance Numbers
- New ADAM Annual Meeting Mobile App Launched
- New ADAM Member Networking Event Developed
- Cancellation of 2020 Annual Meeting



2019 – 2020 Highlights

- New Covid-19 Resource Webpage Developed and Launched
- Launched 5 complimentary webinars relating to challenges with Covid- 19 Over 300 participants
- New ADAM Job Board Developed and Launched



AUGUST & SEPTEMBER 2020

New On-demand and Live Marketing Webinars

ADAM members now have complimentary access to two marketing related webinars, courtesy of the American Society for Dermatologic Surgery. Jennifer Kilkenny of Total Social Solutions spoke about pay per click (PPC) and social media advertising in July. The presentation included helpful examples of common ad rejections, how to avoid them, attract pre-qualified leads and enhance your practice's awareness and engagement on social media.

On Thursday, August 13, she will discuss the importance of knowing how people in your area are using Google to plan the most effective marketing message and content. Learn how to analyze and make use of this data by joining live at 7 p.m. CDT.

Access the webinars on ada-m.org.





Federal Fodder

HHS Authorized to Implement Site-Neutral Payments Policy

A recent U.S. Court of Appeals for the District of Columbia **decision** found that the **U.S. Department of Health & Human Services** (HHS) was within its rights to reduce some payments to off-campus provider-based departments for E/M services to make them equivalent to other outpatient payments. The decision reverses a September 2019 district court **ruling**.

Rationale

The Centers for Medicare & Medicaid Services' (CMS) **Final Rule** implementing the policy explains that "to the extent that similar services can be safely provided in more than one setting, we do not believe it is prudent for the Medicare program to pay more for these services in one setting than another."

What Does This Mean for Your Practice?

Under this policy, payments for hospital outpatient services provided in off-campus provider-based departments will be cut by 60%.

A CMS **fact sheet** details that the policy to apply a Physician Fee Schedule (PFS)-equivalent payment rate for the clinic visit service when provided at an off-campus provider-based department that is paid under the Hospital Outpatient Prospective Payment System (OPPS) will lower the current Medicare payment of approximately \$116 for this type of clinic visit to \$81.

Questions about this policy or other practice affairs concerns can be emailed to **advocacy@samiworks.net**. ■

Disclaimer: The materials presented here are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or potential risk.

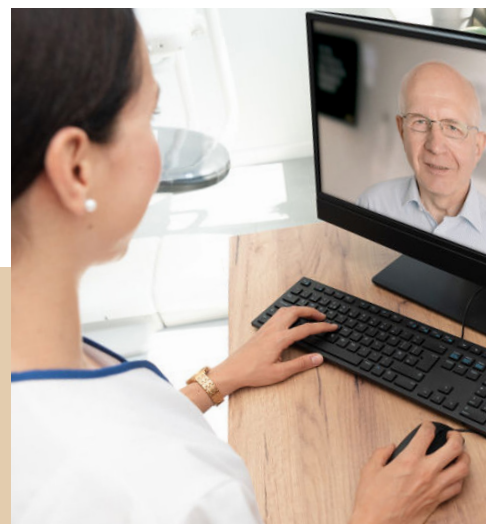
SAMI SOLUTIONS
FOR ASSOCIATION
MANAGEMENT, INC.

The SAMI Advocacy and Practice Affairs Team is dedicated to education and advocacy on behalf of dermatology practice managers and their patients.



Board of Directors **INTERVIEW**

How has your practice used digital technologies during COVID-19 to connect and communicate with patients?



**2020-2021 ADAM
President Elect
Michele Blum**

*Practice Manager
Front Range
Dermatology
Associates (FRDA)*



**2019-2020
ADAM Board
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Elizabeth Edwards,
MS**

*Dept. Administrator
University of Texas
Southwestern Medical
Center*



**2020-2021 ADAM
Secretary /
Treasurer
Bill Kenney, MHA,
FACHE, CMPE**

*Chief Executive Officer
Dermatology
Consultants, P.A.*

Front Range Dermatology Associates (FRDA) brought telehealth up through MODMED in about 48 hours. We also used the expertise of our good friend Tim August at The Association of Certified Dermatology Techs to create a great video tutorial for electronic communications that was managed through our website. Tim was able to set up secure, HIPAA compliant drop boxes that our patients could utilize in sending in photos in advance of their telehealth appointments, thus giving our providers a leg up with review before the visit even began. Our staff did a ton of educating our patients on the process ahead of time so that our patients had the most successful visit possible during that time.

Since the pandemic started, we have been using Blue Jeans for virtual visits; Epic E-Consults for "store and forward" telehealth; and My Chart for scheduling appointments, prescription refill requests and patient questions. It's also been a great way to push out communications to patients about virtual visits, our reopening of the clinic and precautions we are taking to ensure their safety while here. In addition, we have offered phone encounters with patients as well. Some of our patients have embraced technology and virtual visits, while others have been reluctant to try. Right now, we are keeping all possible communication and visit options available so we can best serve them.

Dermatology Consultants rapidly implemented website pages for video visits, retail product curbside pickup and retail product ordering. Our practice enhanced our already existing social media channels and increased messaging frequency with focus on patient care, safety and skin cancer awareness. We also sent eight patient communications to our Constant Contact e-mail list over an eight week period, including video messages, and our practice achieved a 40% open rate. In clinic, our waiting room monitors have updated messaging to reflect safety guidelines and other applicable changes patients must be aware of when visiting our practice. We continue to make regular changes to our website as needed.





**2020-2021 ADAM
Vice President
George E. Smaistr Jr.,
FHFMA, CMPE, CPC**

*Office Administrator
Texas Dermatology
Specialists*



**2020-2021 ADAM
President
Janice Smith**

*Office Manager
Pinnacle Dermatology*

We are using both EMA telehealth features and Doxy.me for the provision of telemed visits. The Doxy.me was easier to implement and better accepted by the patients. Simultaneously, we implemented a new patient reminder system from SolutionReach. A key feature of this system offered a web-based interface for 2-way text messaging with patients who are scheduled for an appointment. This has helped a lot to control social distancing in the clinic and assists greatly in managing the appointment times and changes that sometimes happen.

Our biggest change has been adding telemedicine across the practice. It's allowed patients to continue to receive care without the fear of coming into the office. Patients who have used this technology have liked it, but as states reopen, we are seeing a lower utilization of this service. In fact, patients who used it previously are now opting to come into the office instead. I believe there will come a point in the near future where we will need to re-evaluate offering this service once Medicare and other insurances return reimbursement to pre-COVID levels, which in my opinion, are not sufficient to cover the overhead needed for those visits.



Thank you to ADAM's Immediate Past President Tony Davis for his time and service. The ADAM Board of Directors and entire membership are grateful for his leadership, especially in navigating ADAM through the COVID-19 pandemic. We will appreciate your tenured insights as you support us in the Immediate Past President role moving forward.



INSIGHT

Obtain even more insights from ADAM's past Board Members in previous issues of *Executive Decisions*, located in the members-only section of ada-m.org!





Ask the LAWYER

Q&A with Michael J. Sacopulos, JD
Medical Risk Institute



Cooties, Coronavirus and Telemedicine

My father is in his mid 80s with a long list of medical problems. He has frequent doctor appointments. My dad has never made full use of technology. He refers to computers as “machines” and calls his grandchildren to help navigate the cable box and the smart TV. In short, my father would not be seen as a prime candidate for a telemedicine visit. That said, he has fully embraced telemedicine in this COVID-19 era. “It beats driving over there and sitting around waiting with a bunch of sick people.” He has a point.

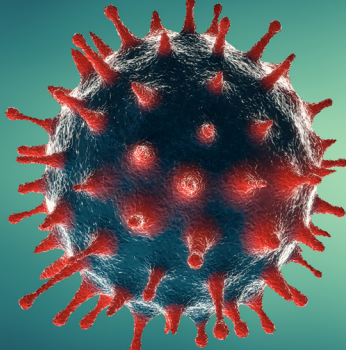
Telemedicine is as popular as it has ever been. CMS has created parity with reimbursements and state regulators are accommodating the ever expansion of telemedicine. Even our friends at the Office of Civil Rights have taken a more accommodating position with HIPAA and the HITECH Act. In this time of pandemic, telemedicine has entered its golden age. As the saying goes, “It is an ill wind that blows no good.”

If your practice is contemplating moving in to telemedicine or has taken the plunge but are uncertain if you are fully compliant, this is the article for you. There are a number of moving parts when it comes to telemedicine. Certainly, technology is required to pull this off. There are also the regulatory requirements. While my father and I will leave it to others to help you with the technology, I can assist with a regulatory overview. Regulations are going to come from both your state government as well as federal authorities.

Let us start at the state level. Traditionally, one of the largest hurdles for practices wanting to engage in telemedicine was licensing of providers. The rule is that you must be licensed in the state where the patient is located. For those practicing near state lines, this can be an issue. Imagine that you have a practice in New York City. You have patients that commute into the city from New Jersey and Connecticut. If your practice were to go into telemedicine, your providers would theoretically need to be licensed in New York, New Jersey and Connecticut to see patients. There are now some ways that this can happen much more easily. As of April, 47 States and the District of Columbia had temporarily modified licensing requirements to enable physicians to cross state lines in person or via telemedicine. Dozens of states waived the in-state licensing requirement for telehealth visits during this time of pandemic. For those interested in telemedicine for the long haul, you should look into the Interstate Medical Licensing Compact. This is a way to expedite licenses in other states at a reduced cost and effort.

States also regulate the establishment of physician/patient relationship. Traditionally, many states require that the patient must first be seen in person before qualifying for future telemedicine visits. You can imagine the appetite for this regulation in the COVID-19 era. Those states which have had this requirement have at least temporarily suspended it. One part of the physician/patient relationship which has not been suspended anywhere is the fact





that evaluation and treatment of patients must be of the same quality and nature both telephonically and in person. This means that you cannot have a diminished form online. In the words of the State Federation Medical Boards, "Treatment and consultation recommendations made in an online setting will be held to the same standards of appropriate practice as those in traditional in person encounters."

One thing that you need to be aware of with telemedicine is that the informed consent process is different. Remote patients raise different issues for the informed consent process. Specifically, the informed consent must address security measures taken with the use of telemedicine technology such as encrypting data. The informed consent should also specify the physician's name and credentials as well as the scope of medicine that the physician is willing to provide remotely. For a more descriptive listing of items to include in a telemedicine informed consent, please see the Federation of State Medical Boards' **Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine**.

It is probably best to mention several areas of patient care which have not altered by going online. First, continuity of care. There is no change in this requirement. Patient should be able to seek with relative ease follow up care or information from physicians who conduct telemedicine visit. Remember that the Office of Civil Rights is very interested in patients' access to their medical records. Speaking of medical records, there is no general status for a telemedicine patient. Records must be kept with the same specificity for both telemedicine visits and in person visits.

One major change in current telemedicine regulation comes in the form of patient privacy (HIPAA/HITECH ACT). The Director of The Office

of Civil Rights issued an announcement several months ago stating, "Under this notice, covered healthcare providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger Video Chat, Goggle Hangouts, Zoom or Skype, to provide telehealth without risk that OCR might seek to impose penalties for noncompliance with the HIPAA rules..." So, there you have it. At least during this time of pandemic secured communication requirements have been relaxed. I do anticipate that those requirements will be reintroduced at a later date. For now, you have some different opportunities and technologies available to communicate with your patients (there are some HIPAA compliant platforms that you may wish to start using so you are ready when things go back to the traditional rules, including Go to Meeting, Skype for Business, Up Dox, Zoom for Healthcare, Dox Dot Me, Amazon Chime and Tiger Connect).

States also regulate the prescribing of medicines in the telehealth setting. Traditionally, some states have required an in person visit before prescribing controlled substances to a patient. Some states, such as Ohio, have recently relaxed that requirement to assist in providing remote care during the pandemic. Again, I anticipate these rules will come back into force when the world moves into a post COVID-19 time.

If you are engaged in telemedicine, contact your insurance broker. You want to make sure your professional liability covers providers that are treating patients in different states. Also, you should have plenty of cyber insurance. As you know, cyber risk is a growing threat for practices. I would not begin seeing patients remotely through telemedicine without discussing things thoroughly with my insurance broker.

I want to leave you with a 7-point checklist for starting a telemedicine practice:

1. Address licensing issues;
2. Understand need for prior relationship and prescribing limitations;
3. Develop informed consent notices and continuity of care plans;
4. Plan for changes in future regulations or reverting back to pre-COVID-19 requirements;
5. Address patient privacy (HIPAA issues);
6. Select and document appropriate remote care;
7. Talk to your insurance broker.

These seven points will move you well down the path to being compliant. You may also wish to look for changes in telemedicine regulations. As you know, this is a dynamic area with important changes happening routinely right now. I recommend that you look to the Federation of State Medical Boards, The American Telemedicine Association, CMS and The Office of Civil Rights for new guidance as things change with telemedicine.

COVID-19 feels like an adult, deadly game of cooties. You remember the imaginary childhood term for germs or repellent quality of unfortunate classmates. I think that telemedicine will help your patients feel more comfortable with being treated. It should provide safety for both your practice and patients. Who knows, ultimately you might be like my father and find that, "This whole telemedicine thing isn't too bad." ■

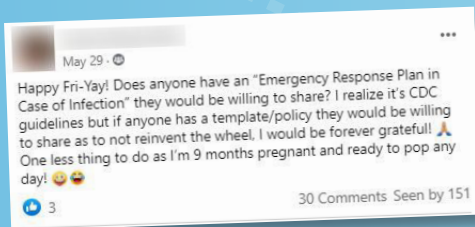
Michael J. Sacopulos is the CEO of Medical Risk Institute (MRI). Medical Risk Institute provides proactive counsel to the healthcare community to identify where liability risks originate, and to reduce or remove these risks. He is the author of "Tweets, Likes, & Liabilities". He is a frequent national speaker and has written for Wall Street Journal, Forbes, Bloomberg and many publications for the medical profession. He may be reached at msacopulos@medriskinstitute.com.



Get CONNECTED: COVID-19 EDITION



Curious how peers are handling the COVID-19 pandemic? Looking for feedback on a new policy regarding testing or quarantining? ADAM's members-only Facebook group is a trusted place to exchange information, ideas and support during the COVID-19 pandemic. As practices re-open, members are using this fantastic resource for confidential discussions with peers. Here are some recent conversations:



COVID-19 is flaring where we are at, so we tested our staff. I now have 2 EEs out with positive swabs. I'm drafting an employee testing protocol. Are you testing? How frequently? Why or why not.

- We had two people potentially exposed and were out until tests were negative. We have not had any positives.
 - Are you doing ongoing testing?
 - No. We are not. They are going to the centers in town that are doing the testing.
- We are only testing if staff are symptomatic or have had potential exposure. No positive cases thus far.
- We've had some positives and they would self-isolate/quarantine for 14 days. They can return to work before that if 2 negative tests within 24 hours of each. But after 14 days they can come back with full PPE on.
 - Are you doing blood draws for the second 2 tests?
 - No. Swabs. Finding out that some people still show positive test swabs long after 14 days. Lab says that's been happening. That's why CDC changed to a symptom base return to work instead of just negative tests.

- I was told by our local lab director that swabs are only effective until day 3 after the exposure through the first three days of symptoms. After that time the cells are no longer active in the nasal tissue as they move down in the lungs or GI. I understand that once the swab is positive- the protocol should be lab draws every 5-7 days to watch for a declining IgM and a rising IgG. Once the IgM is low then that person is no longer shedding the virus and is amounting an immune response — hence the elevated IgG. We were advised to not let the EE come back until they were IgM negative and IgG positive — or in the rare event of a 'silent carrier' that that person was asymptomatic for 14 days with no elevating IgM.
- Did you test all staff or were these two symptomatic and tested? For the positive staff members, do you believe they had an exposure in the office or in their personal life?
 - We tested everyone after the first became symptomatic. The problem is by the time they're symptomatic we've all been together for several days. Ugh. So now after testing via swab I have a positive with no symptoms. We are implementing weekly swab testing now.

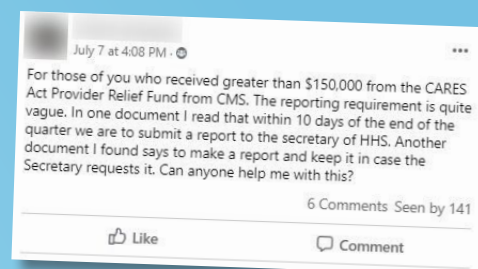


For small private owned practices of under 50 employees have you had any employees exposed to a confirmed Covid 19 patient (outside the office) that then had to self-isolate for 14 days? How are you handling this in regards to FFCRA that says they have to be paid for those two weeks? Are you requiring proof of exposure to a confirmed case? If so, what documentation are you requiring? We are located in Virginia but I believe FFCRA is Federal. Anyone found their State has regulations that override that? Thanks in advance for any advice you can offer.

- First — know that there is actually an exemption for healthcare workers. We elected to not opt out and went ahead and set it up with our payroll company (ADP) and were able to create a way to track the hours for both this benefit and the Expanded Family Medical Leave for our staff that miss time because they are having childcare issues related to COVID-19. ADP gave us the columns to report the hours, and they apply the tax credit immediately back into our payroll cost.
- Thank you, can you tell me where I can get further information on the exemption for healthcare workers?
- You will probably want to look at the DOL website to see what you can find.
- We fit your category with 40 employees. With direction from our attorney, we opted to use the exemption. It's necessary to maintain consistency with each employee. For each instance of possible contact or contagion, we contact our attorney for advice. Just because someone is exposed to COVID does not mean they need to quarantine for 14 days. There are a lot of variables per case.

- We are in Virginia, and our local Department of Health stated they had to quarantine. We had two employees exposed at a pool party they went to last weekend, and the host tested positive 2 days later. He apparently had 4 co-workers already with positive test in quarantine.

- I'm in VA too. I think my employees were with your employees at the same pool party. Lol. I'm having same issues.
- You should require the document showing the results and if necessary, a doctor's note stating they must quarantine a certain amount of days.
- I'm CA, it is very difficult to get a test if you are not showing symptoms. And the tests are currently taking up to 15 days to get results...it's been awful here lately.
- Doctors are also refusing to order a retest after quarantine for a positive result. Our attorney is concerned about the shedding after 14 days as someone else mentioned. He wants documented negative results.
- We quarantine immediately and require a negative test result before they can return. We also send any associated staff to test if they were exposed within a time rake that would endanger them.
- PCP's in KS are requiring symptoms for testing. Makes it more difficult to decide what to do.



Join the conversation at
facebook.com/groups/Association
ofDermAdminsandManagers



Connecting with Customers and Business Model Shifts During COVID-19

Tips from ADAM's Corporate Members



This past spring, like many of our clients, we too were rapidly trying to adjust to the constant changes and updates that COVID-19 was inflicting. Prioritizing finding ways to assist our clients in continuing to serve their patients in three key ways:

- 1. Necessary Safeguards** — Strategizing with clients on how to minimize their risks by updating weaknesses discovered within their business continuity plans. Also, reminding clients to ensure that all ePHI created, received, transmitted or stored is protected from vulnerabilities, including access by unauthorized individuals.
- 2. Maintaining Consistency** — With accommodations being made for employees to work remotely whenever possible, consistency – regardless of location – must be maintained. We recommend implementing remote worker policies, providing secure devices, setting clear expectations and having monitoring in place to prevent possible breaches.
- 3. Embracing New Communication** — Finding ways to safely communicate with an increased dependency on phone calls and digital correspondences, while embracing new technologies, such as video conferencing. We also encouraged clients to post on social media platforms to keep patients informed of any pertinent information.

This year has undoubtedly been a testament to the resiliency of the entire healthcare system, with the focused commitment for the safety and continued care of their patients!



As a fully cloud-based and software-as-a-service company and solution, Modernizing Medicine® was well-positioned to serve our clients despite the remote setting. We had much of the technology in place prior to COVID-19, which has proven to be even more valuable in recent months. One goal has been to help clients help themselves directly in our EHR system, EMA® and Practice Management software by highlighting new features with short “how-to walk-throughs” in the platform — where and when they need it most. **modmed®** Communities launched during the pandemic, which provides a platform for clients to connect with their peers and our internal specialists to learn tips and tricks, share their best practices and provide feedback. It functions as an internal social media network for our clients and provides valuable insights to our company. As for trainings, **modmed University** is our learning platform for both new and seasoned clients to brush up on features and learn about new ones. Of course, video chat has been crucial to providing that face-to-face time that is so important, especially for implementations and training. In terms of our business model, we released **modmed Telehealth**, an audio-video telemedicine platform integrated with our EMA software, which has helped our clients see their patients virtually.





The COVID-19 pandemic continues to affect us all in many ways, both personally and professionally. Sun Pharma is committed to doing everything possible to protect our employees, our healthcare providers and office staff, as well as to ensure we can continue to deliver our medicines to patients.

Early in March, we moved to a work from home approach for office and field-based employees. For our sales force teams that meant suspending in-person visits to dermatology offices. In lieu of face-to-face visits, we have leveraged digital tools to keep in contact with our customers such as virtual meeting opportunities, to provide continued support, adequate supply to our medicines and access to Sun resources and patient support programs.

Starting in June, we restarted limited on-site field activities when possible and appropriate based on the respective local health guidance, while continuing with virtual interactions. We applaud the efforts of dermatologists and staff in providing care to patients during this difficult time and are open to assisting in any way that we can.

The health and safety of our employees and customers remains paramount and we are prepared to act nimbly to change course during this evolving public health environment.

TANDEM HR

Relationship building is key to connecting with our referral partners, customers and colleagues. Due to COVID-19 and social distancing guidelines, face-to-face interaction looks slightly different, but is no less important. We get creative in keeping those connections alive and meaningful. Tandem HR uses Microsoft Teams to coordinate meetings and socials.

Beyond the technology, we aim to relate and empathize with what businesses are going through. So many organizations are struggling through the pandemic right now. We ask how they are doing and how we can help. We are very fortunate to have HR experts on hand when employment law compliance is confusing, and new laws are popping up to adjust to the pandemic.

Additionally, we are very invested in keeping our employees healthy, safe and engaged. Employees are the face of our company and the ones connecting with the customers. It is not always easy to keep hundreds of remote employees engaged, but we have hosted game nights, book clubs, happy hours and contests so colleagues are continually engaged and can make connections during this scary time.

We are all in this together! #WorkingInTandem



At UniteRx, our business model is client-focused, and we have built relationships based on consistent two-way communication and responsiveness. As well, our in-office dispensary (IOD) clients are dermatology practices from across the United States, so communication has regularly been through telephone, email and/or video technology.

With that said, two primary aspects of our business model were impacted during the COVID-19 pandemic:

- 1. Onboarding new clients:** When a new client is opening the practice's IOD, the UniteRx team is on-site for the first week. During COVID-19, the go-live process moved to virtual audio/video conferencing and screen-sharing technologies. While not optimal, we partnered with clients to make it work and will be following up with on-site visits when safe.
- 2. Supporting existing clients:** We added weekly COVID-19 e-updates to our client communications strategy and called clients regularly to get feedback on best practices i.e. what was working and what was not relative to practice operations and patient support. In the e-update we provided:
 - Best practices shared by our dermatology clients, from how to optimize telehealth to managing prescription refills.
 - Links to relevant COVID-19 resources from credible third parties, including updates about telehealth reimbursements and/or other changes from payers. ■





How Dermatology Practices Can Embrace Social Media Without Violating HIPAA



Loretta Maddox is a Sr. Compliance Consultant with Healthcare Compliance Pros (HCP). She has over 20 years of

experience in the healthcare industry. Loretta's expertise is regulatory compliance with an emphasis on HIPAA and the HITECH Act. She authors articles for various industry publications, provides education to medical schools and residency programs, and speaks at the state and national level for professional associations. She received her master's degree in health law and policy from the Cumberland School of Law at Samford University, is a board-certified Fellow in the American College of Medical Practice Executives and is Certified in Healthcare Compliance.

By Loretta Maddox

The adoption and usage of social networking platforms in healthcare is at an all-time high. With Facebook alone reporting 2.6 billion users in the first quarter of 2020*, it only makes sense for the healthcare industry to embrace more of a social media presence.



People are spending more time online. It is estimated that **95% of people in the United States** use the internet, with 86% using it every day. Of the 86% of daily users, 74% are on some type of social media. Based on these numbers, having a presence on social media is no longer optional for healthcare providers.

Many dermatology practices have embraced social media by utilizing Facebook, Instagram, Twitter and other platforms to engage current patients and attract new ones. With the increased usage of patient information on these social media sites, HIPAA Rules must be followed to avoid potential violations.

Great Outcome Gone Wrong

Not too long ago, a client reached out to us with a social media-related incident. A procedure was performed on a patient resulting in an excellent outcome. The patient was incredibly happy with the results and so was the medical assistant who helped care for the patient. The medical assistant was so excited she posted a picture of the patient on her own social media page, along with the caption, "Another satisfied patient." Subsequently, one of the medical assistant's friends commented after recognizing the patient, "I didn't know he is a patient there! He is one of our really good friends." The medical assistant did not ask the patient for permission to post his picture. But even if she had approval, it would not have been enough from a HIPAA standpoint.

What happened in this incident is not an isolated event. With the everyday use of social media, it has become natural to snap a photo and post it, almost without a second thought. This is why it is imperative to have policies, procedures and ongoing training to address the appropriate use of social media in healthcare settings. It is especially true when patient photos and other types of protected health information (PHI) are used on social media for marketing purposes. HIPAA does not prohibit using PHI for marketing purposes, but it requires a specific authorization process to be compliant.

HIPAA Compliant Authorization

The HIPAA Privacy Rule requires written authorization for uses and disclosures of PHI that are not otherwise permitted by the Rule. Posting patient photos or other patient information on social media does not meet the definition of a **permitted disclosure**. This means that the patient, or the patient's personal representative, must provide written authorization for this type of use. Verbal consent is not enough. Posting PHI on social media without written authorization is a **HIPAA violation**.

For an authorization form to be considered HIPAA compliant, it must include the following:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
- The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
- A description of each purpose of the requested use or disclosure.
- An expiration date or event relating to the individual or the purpose of the use or disclosure.
- Signature of the individual or the individual's personal representative and date.
- The individual's right to revoke the authorization in writing and instructions for how to do so.
- The inability of the covered entity to condition treatment on the authorization.
- The potential for information disclosed according to the authorization to be subject to redisclosure by the recipient and no longer protected.
- If the covered entity is going to receive payment specifically for the use or disclosure of patient information, then a statement to that effect must also be included.

A copy of the signed authorization must be given to each patient, and the practice must keep a copy.

Conclusion

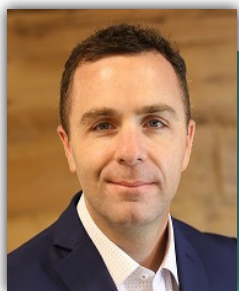
Incorporating social media use in your dermatology practice can be beneficial for patient engagement, education and marketing products and services. To ensure HIPAA compliance when using patient photos, testimonials and other patient-related information online, make sure to obtain a HIPAA compliant authorization from the patient before such use. Having policies and procedures for appropriate use, assigned responsibility for managing social media platforms and ongoing training for your entire staff (including physicians) will help keep your practice in compliance. ■

**<https://www.statista.com/statistics/264810/number-of-monthly-active-facebook-users-worldwide/>*





How Technology Can Improve the Patient Experience



Byron Adams is Technology Director and Chief Technology Officer at AZCOMP Technologies. He can be reached at badams@azcomp.com.

By Byron Adams

Patient experience means everything these days. In reality, patient experience has *always* meant everything, but it's quickly garnering innovative approaches to improve it. Many of these innovations are the direct result of advancing technology, but before delving into how to leverage technology to improve patient experience, it is critical to understand *why* patient experience is so important.



A Shifting World

The growing trend of “patients as payers” isn’t going away. Patients in every field of medicine have started to take a more active role in their healthcare outcomes and controlling their healthcare costs as they become a larger percentage of the payers for their services. Just 10 years ago, deductibles were much lower on average than they are now. When people start paying higher costs, they become much more conscious of how and where they’re spending their money. They’re realizing that if they’re going to be paying for it, they should start taking a more active approach in ensuring they get the best care for their money.

Where Tech Comes In

In 2019, the Trump Administration signed the “Executive Order on Improving Price and Quality Transparency in American Healthcare to Put Patients First.” It’s a mouthful, but the name does the explanation justice. The order aims to increase patient access to information that allows them to make the best healthcare decisions for themselves. Patients were already taking to the internet for information, and now they can do more thorough research on health providers than ever before.

Resources like Google, LinkedIn, Facebook and other platforms continue to provide massive insights when it comes time for patients to make decisions about medical care. In an age when increased access to information makes everything so much more transparent, medical providers need to recognize that technology is critical to the patient experience and key to remaining a competitive practice.

Coming Full Circle

Potential patients use the internet to determine which medical services to spend their money on. They look at every piece of information they can, including customer reviews. These customer reviews are always based on patient experience, and technology comes full circle here; if updated technology within the practice isn’t used, it negatively affects the patient experience, which causes negative reviews. Bad tech begets a bad internet presence, causing potential patients to take their business elsewhere.

The Right Technology

It’s all about keeping up with patient expectations. Here are some great ways you can improve patient experience via technology within your practice:

- Online eligibility verification
- Online self-service appointment scheduling
- Automated appointment reminders and confirmations
- Online patient intake or in-office patient kiosks
- Secure online patient messaging
- Electronic patient statements
- Online patient payment portals
- Telehealth services

These are just the operational changes you can make to improve the technology you use to run your business. You should also educate consumers and increase your personal brand using social media. Be sure to provide assurances of your efforts to meet regulatory guidelines and protect sensitive data, too. Go above and beyond the requirements of executive orders.

Think Personally

How have your own experiences as a customer made you feel about any business at which you’ve ever spent money? I recently visited a pediatrician’s office with my kids and knew I’d owe a portion of my bill that day. But when I arrived, there was no mention of costs. We met with the doctor, who was fantastic. However after we were done, the staff member checking us out told me we were free to go. There was no explanation of costs or coverage or any mention of anything else needed from me. I even volunteered to pay my portion of the cost, but they stated they would bill insurance and request my portion later.

This might seem typical but what came next made it difficult for me to continue taking the practice seriously. I received only a paper statement in the mail with no option but to pay my portion by either writing in my credit card information or mailing a paper check.

There are so many options for improvement here: price transparency before services are rendered, an option to pay before leaving the practice, an emailed statement, online payment options or even secure payment by phone. Instead, their lack of updated technology led to a poor patient experience for me. It’s clear the practice doesn’t invest in new technology, which leads me to question them in other ways. Even though the doctor provided great care, the experience surrounding that care is causing me to rethink who I’ll take my kids to in the future.

Your practice’s technology affects your patient experience, and your patient experience determines what’s shared on the internet and how others view your practice. So, it’s time to start exploring the new technologies that can give your patients the best experience possible. ■





The Benefits of Optimizing E-prescribing



R. Darren Williams is a certified pharmacy technician (CPhT) with 15 years' pharmacy experience in national chain

and independent pharmacies. He led pharmacy analytics for an independent pharmacy, optimizing operations, inventory management, revenue cycles and patient satisfaction and loyalty. Darren also has extensive project management and implementation experience, in addition to being an accomplished student researcher in cancer drugs, microbiology for health and disease, clinical trials, and more. He earned a Bachelor of Science in Chemistry from Valdosta State University in Georgia and is a member of the Georgia Society of Health-System Pharmacists, American Chemical Society, and National Pharmacy Technician Association.

By R. Darren Williams, CPhT

Digital technology is transforming the healthcare industry, and medication dispensing is no exception. Despite the benefits and availability of digital tools, medical providers as well as pharmacies still rely on handwritten and/or faxed prescriptions, but the number of "hard copy" prescriptions is decreasing annually.

According to **Becker's Hospital Review**, in 2018, roughly 77% of all prescriptions were delivered electronically- up from 73% in 2016. However, dermatologists were not among the top five medical specialties utilizing e-prescriptions. E-prescribing was led by five medical specialties:

- Oncology (84%)
- Sports medicine (82%)
- Nephrology (80%)
- Cardiology (80%)
- Family medicine (79%)

The top three benefits of e-prescribing are universal. However, let's take a look at how optimizing e-prescribing provides unique benefits to the health of a dermatology practice and its patients.



1. Accuracy: Interpreting the handwriting of the prescriber is an obvious risk to the pharmacy accurately filling the prescription, and an e-prescription mitigates this risk entirely. A review of multiple studies by the **National Institute of Health (NIH)** reported error rates decreasing from 43% to under 7% within one year of e-prescribing implementation, increasing safety and more.

For a dermatology patient, a prescription error could negatively impact therapy success and lead to dissatisfaction and lack of confidence in the dermatologist. According to a **2018 survey**, 91% of dermatology patients stated their skin condition impacted their daily lives and half of those further stated their skin condition caused sadness and missed activities. If a prescription is filled for the incorrect medicine, dose, etc., therapy success is negatively impacted, and the patient may understandably blame the dermatologist, resulting in patient dissatisfaction and/or negative online reviews and word-of-mouth.

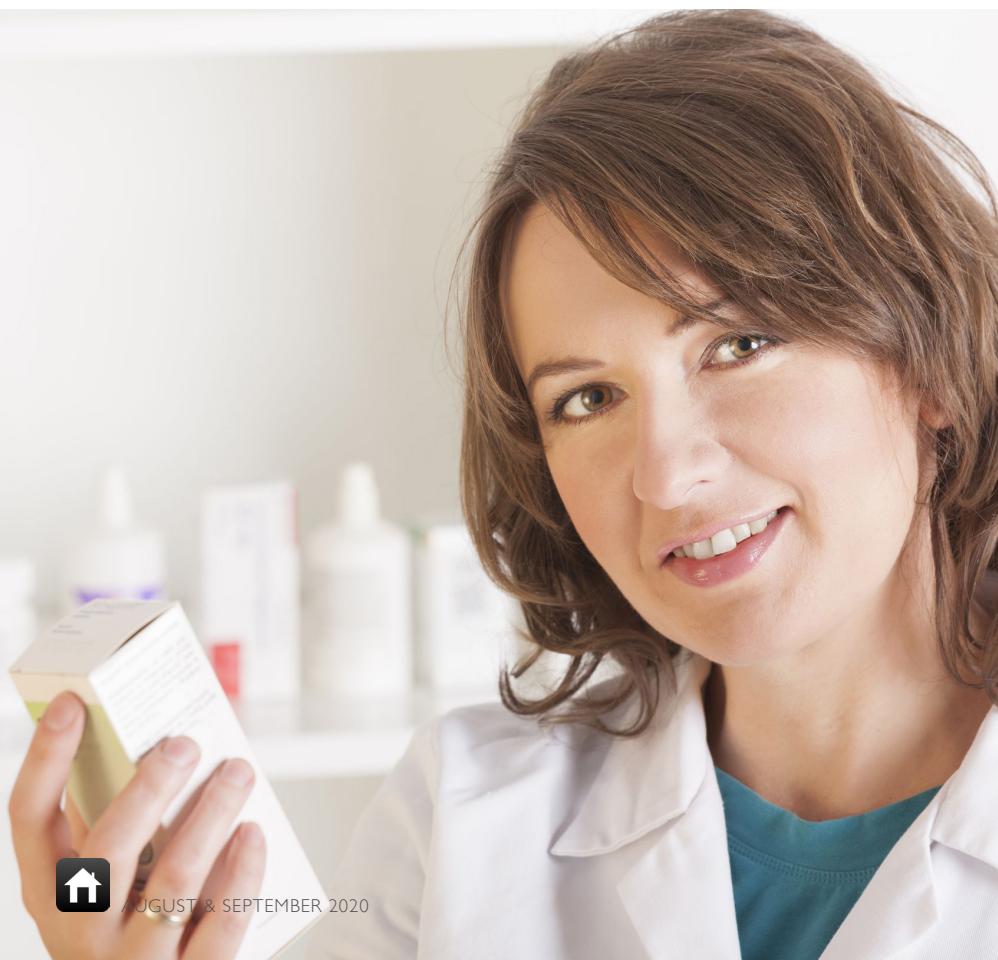
2. Adherence: **JAMA Dermatology** published a 2016 study showing the impact of e-prescribing on dermatology therapy adherence. The study, conducted by **University of North Carolina School of Medicine**, found a 16% reduction in nonadherence when the prescription was in electronic format compared with a paper prescription.

Add point-of-care dispensing (aka in-office dispensing) to the dermatology practice and utilize e-prescribing, and adherence improves 60-70%, according to the **New England Journal of Medicine**. Dispensing the prescription in the provider's office eliminates a second stop for the patient at a pharmacy and ensures he/she leaves the office with medication in-hand, beginning the prescribed treatment immediately.

3. Efficiency: Multiple studies have captured the amount of time and/or money spent managing calls and faxes to and from pharmacies — as much as an average of \$30,000 annually. E-prescribing reduces these back-and-forth communications, as information is clearly communicated with no need for interpretation of the prescriber's handwriting; in addition, the risk of the patient losing the written prescription and having the pharmacy call the dermatologist's office for it is also eliminated.

Again, when e-prescribing and in-office dispensing are combined, this benefit is optimized. With in-office dispensing, the dermatologist now has a "prescription help desk" and gains immediate visibility to the patient's prescription drug coverage, co-pays, etc., enabling formulary changes on-the-spot and eliminating unnecessary calls to and from the retail pharmacy.

Digital innovation in healthcare is presenting multiple opportunities to improve the health of a dermatology practice and its patients. While investments in electronic solutions to support practice operations may not be as alluring as purchasing new procedure-focused equipment, the ability to optimize the monetary and nonmonetary return-on-investment (ROI) for your practice and your patients is more immediate and long-term. And, finding practice operations solutions partners that can help identify the optimal combination of digital solutions is key to recognizing and maximizing that ROI. ■



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