

Challenges & Opportunities for Today's Private Practices

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PROTECT. OPTIMIZE. GROW. LEARN.

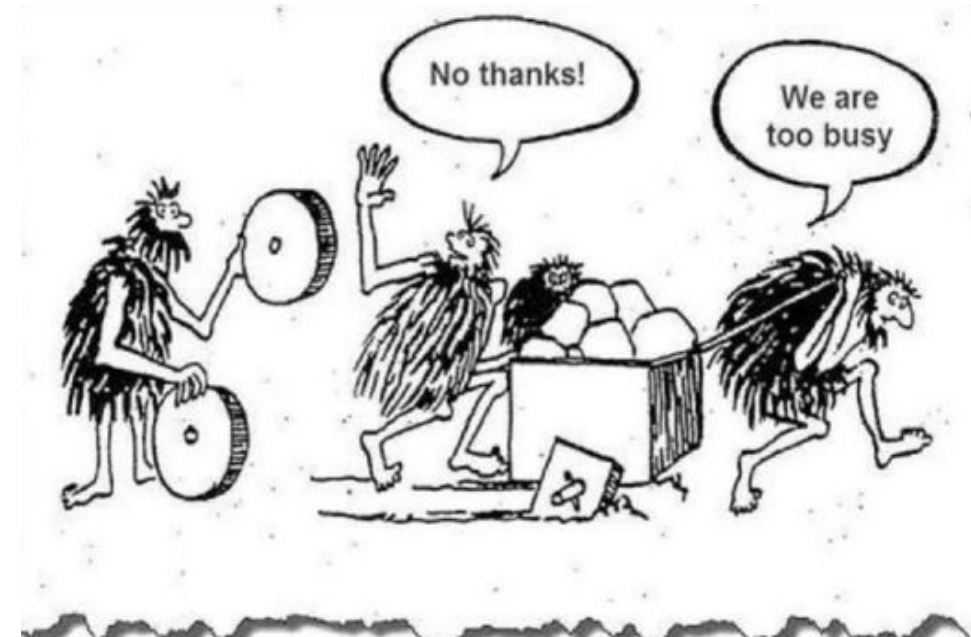
Agenda

- Challenges & Opportunities for Today's Private Practices-why this topic?
 - Healthcare is experiencing a period of unprecedented change
- Current Healthcare Situation
 - COVID (recovery continues)
 - Telehealth
 - Financial Impact
 - Reduction of Medicare reimbursement
 - What practices are focusing on for 2024 and beyond:
 - AI, Automation, and Outsourcing
 - Increase in Patient Engagement
 - Consolidation/Mergers – Super Groups
 - Staffing Struggles
 - Consolidation and changes in how we work
- Growing Provider Shortages-Physician Burnout
- How Can Curi Advisory Support Private Practices?

Why is this topic relevant?

We/Curi Advisory/Arrowlytics are standing by – ready to help our clients “put on the wheels” to their cart of stones.

By having a better understanding of their challenges, we will be better prepared to assist and support them in the best way.



COVID-19 Recovery Continues

What's going on in private practices:

- 2022 visit volumes increased
- Fewer pandemic closures
- Productivity
- Advancements in technology

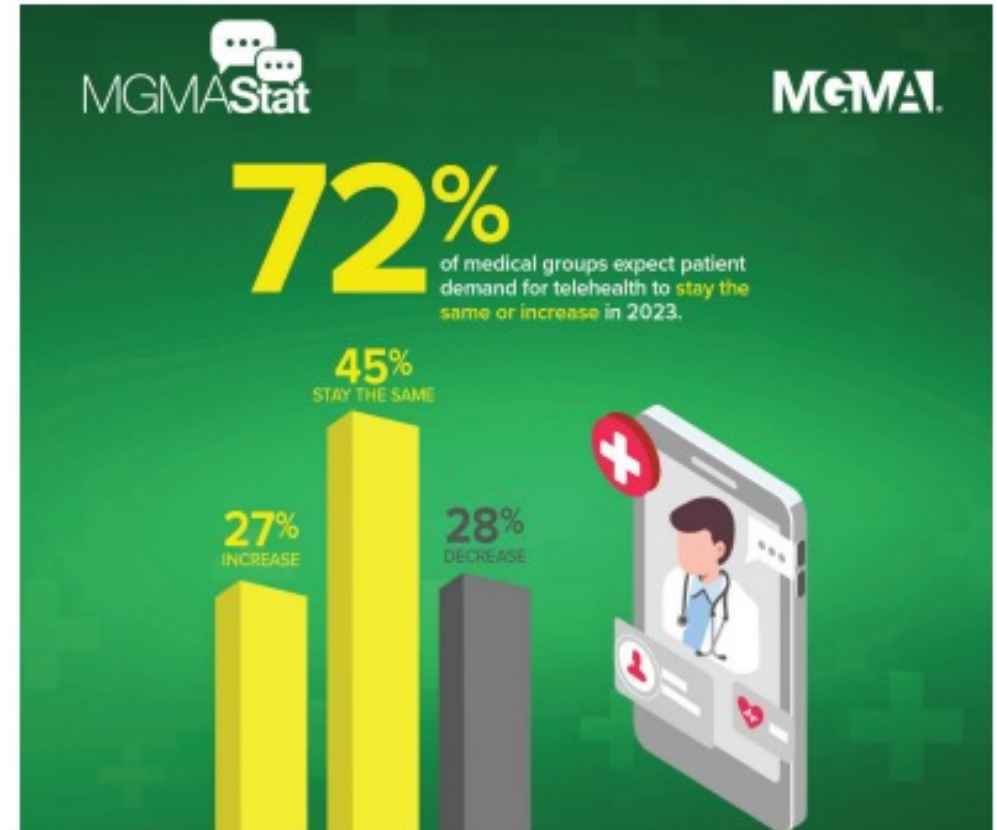
HOWEVER:

- Financial challenges
- Spike in demand for mental/behavioral healthcare
- Staffing shortages
- Physician burnout



Future of Telehealth

- Almost ½ of medical practices shifted to more telehealth visits at the beginning of '22
- “Tripledemic” of COVID, RSV, and Flu in the Fall, which caused a spike in demand
- 72% of medical group leaders expect the demand for telehealth to remain or increase



Telehealth

Complete List for Calendar Year 2023

- <https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

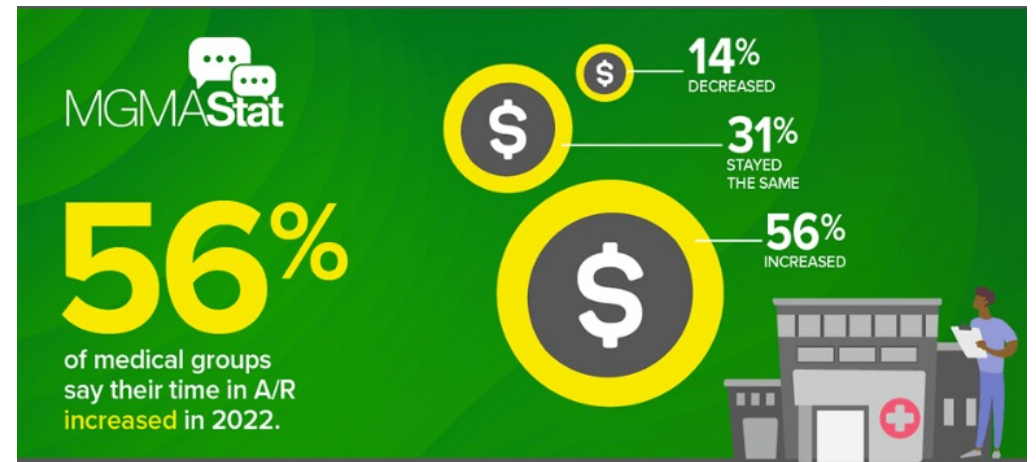
LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2023 - updated November 1, 2022				
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirement	Medicare Payment Limitations
92550	Tympanometry & reflex thresh	Available Through December 31, 2023		
92552	Pure tone audiometry air	Available Through December 31, 2023		
92553	Audiometry air & bone	Available Through December 31, 2023		
92555	Speech threshold audiometry	Available Through December 31, 2023		
92556	Speech audiometry complete	Available Through December 31, 2023		
92557	Comprehensive hearing test	Available Through December 31, 2023		
92563	Tone decay hearing test	Available Through December 31, 2023		
92565	Stenger test pure tone	Available Through December 31, 2023		
92567	Tympanometry	Available Through December 31, 2023		
92568	Acoustic refl threshold tst	Available Through December 31, 2023		
92570	Acoustic immitance testing	Available Through December 31, 2023		
92587	Evoked auditory test limited	Available Through December 31, 2023		
92588	Evoked auditory tst complete	Available Through December 31, 2023		
92601	Cochlear implt fup exam <7	Available Through December 31, 2023		
92602	Reprogram cochlear implt <7	Temporary Added 04/30/2020 for PHE; Expires with PHE plus 151 days		
92603	Cochlear implt fup exam 7/>	Temporary Added 04/30/2020 for PHE; Expires with PHE plus 151 days		
92604	Reprogram cochlear implt 7/>	Temporary Added 04/30/2020 for PHE; Expires with PHE plus 151 days		
92607	Ex for speech device rx 1hr	Temporary Added 03/30/2021; Expires with PHE plus 151 days		
92608	Ex for speech device rx addl	Temporary Added 03/30/2021; Expires with PHE plus 151 days		
92609	Use of speech device service	Temporary Added 03/30/2021; Expires with PHE plus 151 days		
92610	Evaluate swallowing function	Temporary Added 03/30/2021; Expires with PHE plus 151 days		
92625	Tinnitus assessment	Available Through December 31, 2023		
92626	Eval aud funcj 1st hour	Available Through December 31, 2023		

\$Financial Impact

Costs are rising faster than revenues

- Staffing costs ↑
- Supply costs ↑
- Payor prior authorization requirements are on the rise
- AR increased in '22
- Additional cost sharing from payors with patients
- Increase in self-pay patients and uninsured patients

- What could help here?
 - Attention to coding and revenue cycle
 - Practices staying on top of their payor contracts
 - Patient Experience being considered and elevated



Medicare Reimbursement

- <https://www.cms.gov/Medicare/Medicare-fee-for-service-payment/pfslookup>



Rising Administrative Burdens

Patient cycle visit times *Collection at time of service* *Reducing costs of operations with technology*

Are the right people in the right jobs? *How should insurance benefits be verified?* *Wait time?*

Patient Portal *Hall Space usage?* *Can a mid-level increase efficiency?* *Online Reputation?* *Patient Surveys?*

Act as general contractor in facility project *Who called out sick today?* *Release of Records*

How to keep the physicians AND staff Happy *Which PACS system to use?* *Will we open on time if it snows tonight?*

Rising Administrative Burdens

“Americans are emerging from the COVID-19 pandemic like survivors of a wildfire surveying an unfamiliar landscape. As we take stock of what’s left, we are forced to rebuild, but we need not simply restore what was taken in a hollow echo of what we knew before. We can make health care and the infrastructure that supports it better, stronger, more resilient.”

Time

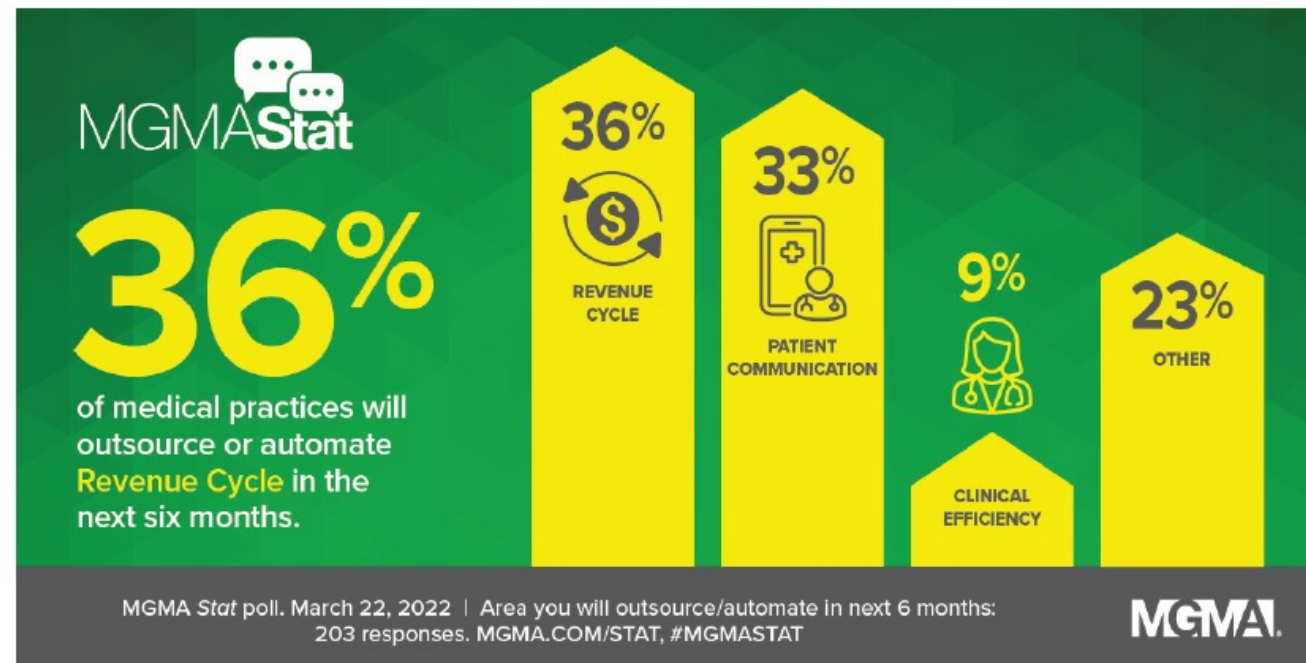
June 10, 2021



FOCUS FOR 2023 AND BEYOND

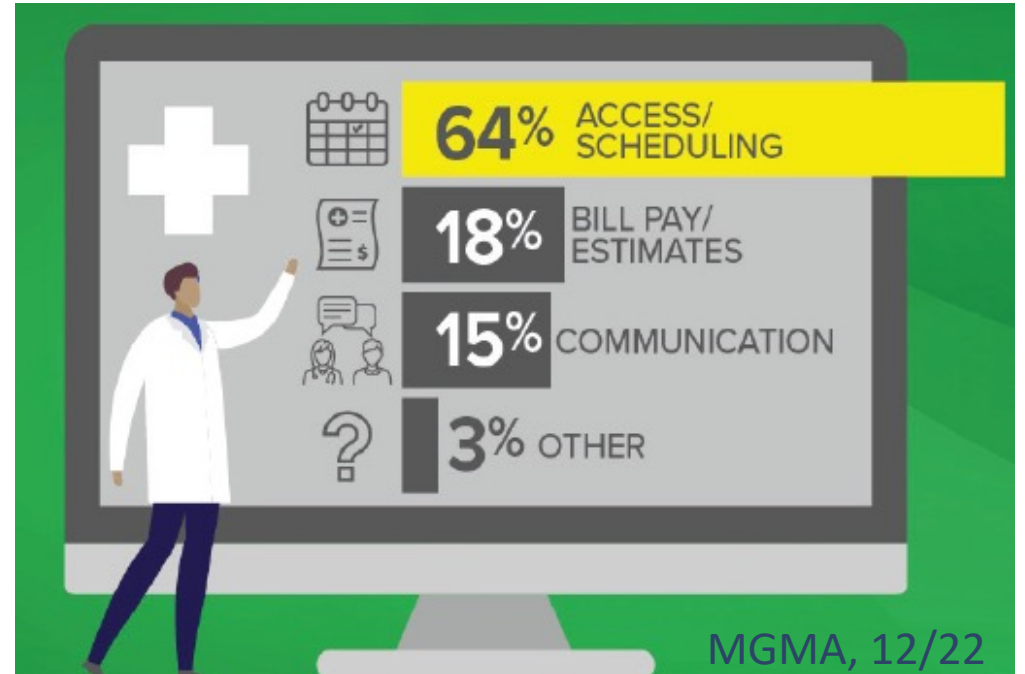
Automation, AI, and Outsourcing

- MGMA Stat polling in March 2022 pointed to a big focus on RCM outsourcing and automation
- Plans to add patient communication and other tools for clinical, call center, and IT service
- As practices continue to grow, there will be an ongoing need to target and acquire high-value patients
 - Medical groups will need data to operate sophisticated marketing campaigns
- Data needs to be easy to access, useful, intuitive, and affordable



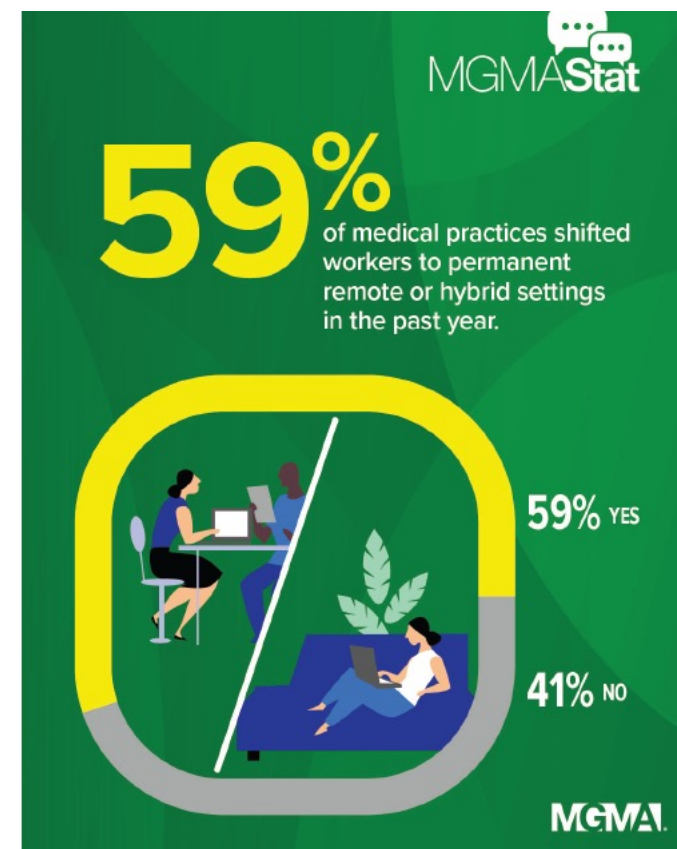
Patient Engagement

- Two-thirds of medical groups added or improved patient self-service tools in 2022, most frequently in:
 - Online self-scheduling and improved appointment templates
- Additions of a digital front door and digital registration/intake forms
- Added functionalities within the patient portal, such as messaging
- Automatic and pre-payment options online.



Consolidation and How We are Changing the Way We Work

- Mergers, Acquisitions, Joint-Ventures, and Private Equity(PE) investments are predicted to ramp back up
- More than ½ of practices shifted workers to remote or hybrid settings
- Increased need for new practice managers to step into leadership roles
- Increased role in physician leadership in practices is vital

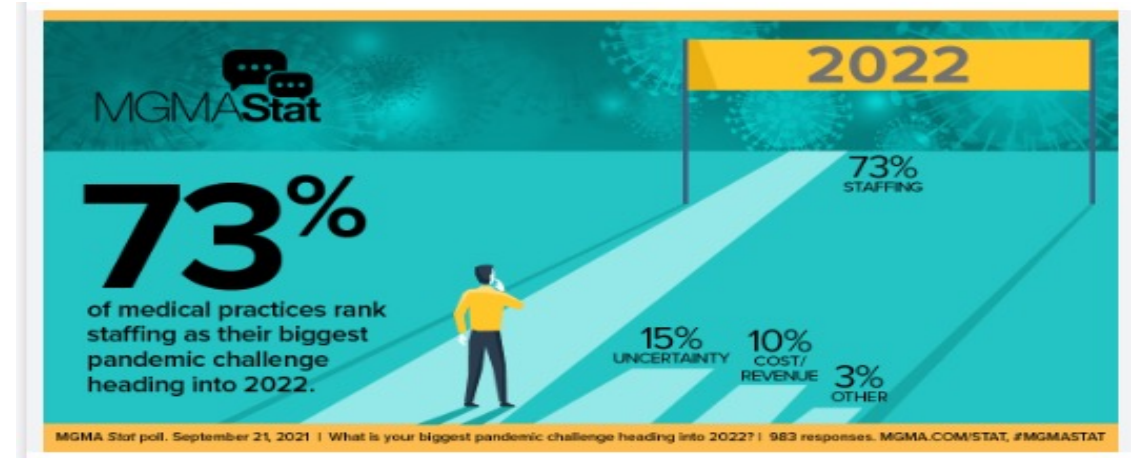


Staffing Struggles

What's going on?

Staffing shortages were reported as being the biggest challenge by private practice

- Shortages of the office staff as other industries pull lower waged workers into other sectors
- The share of medical groups that had physicians retire early or leave due to burnout jumped to 40% in '22, up from 33% in '21
- Physician shortages and competition to recruit them



Practice Staffing Shortages – Steps Practices Have Taken

Adding Centralized Services

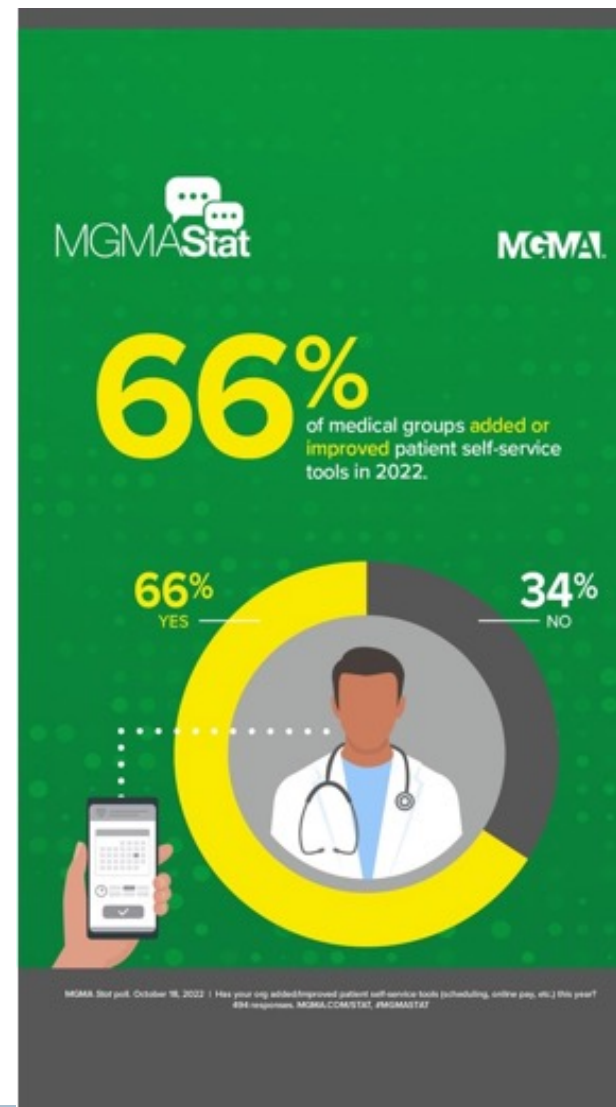
- Call Center
- Insurance verification/referrals

Cross-train, redesign jobs, and reorganize departments

- Combining duties
- Restructuring some jobs
- Allowing remote or hybrid work

Increase Patient Portal Utilization

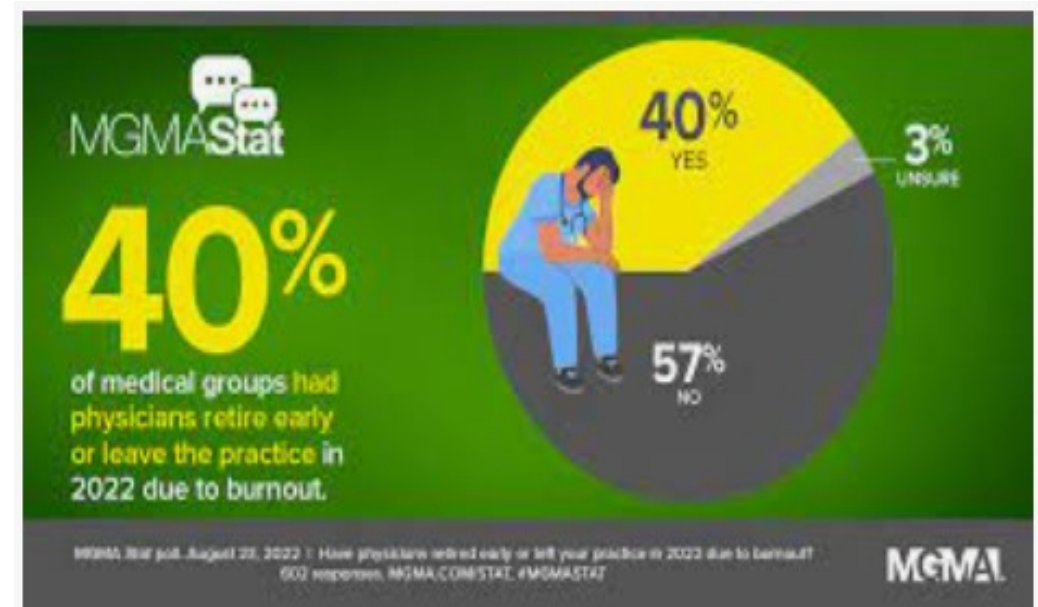
- Allow patients to pre-register for appointments
- Self appointments
- Messaging vs. calling the office



Growing Provider Shortages

Older Patients and Retiring Doctors

- **WHY is there a Shortage?**
- In 2019 there were more active physicians per 10,000 population in this country than ever before. (WHO – 8/22)
 - 1975 – 15 docs per 10K
 - 2019 – 30 docs per 10K per
 - 2021 – 117K physicians left the workforce
 - Biggest decline in internal med, family practice, and emergency medicine
- Population is living longer. Demands will increase, and supply will not be able to catch up



Growing Provider Shortages

Physician Burnout

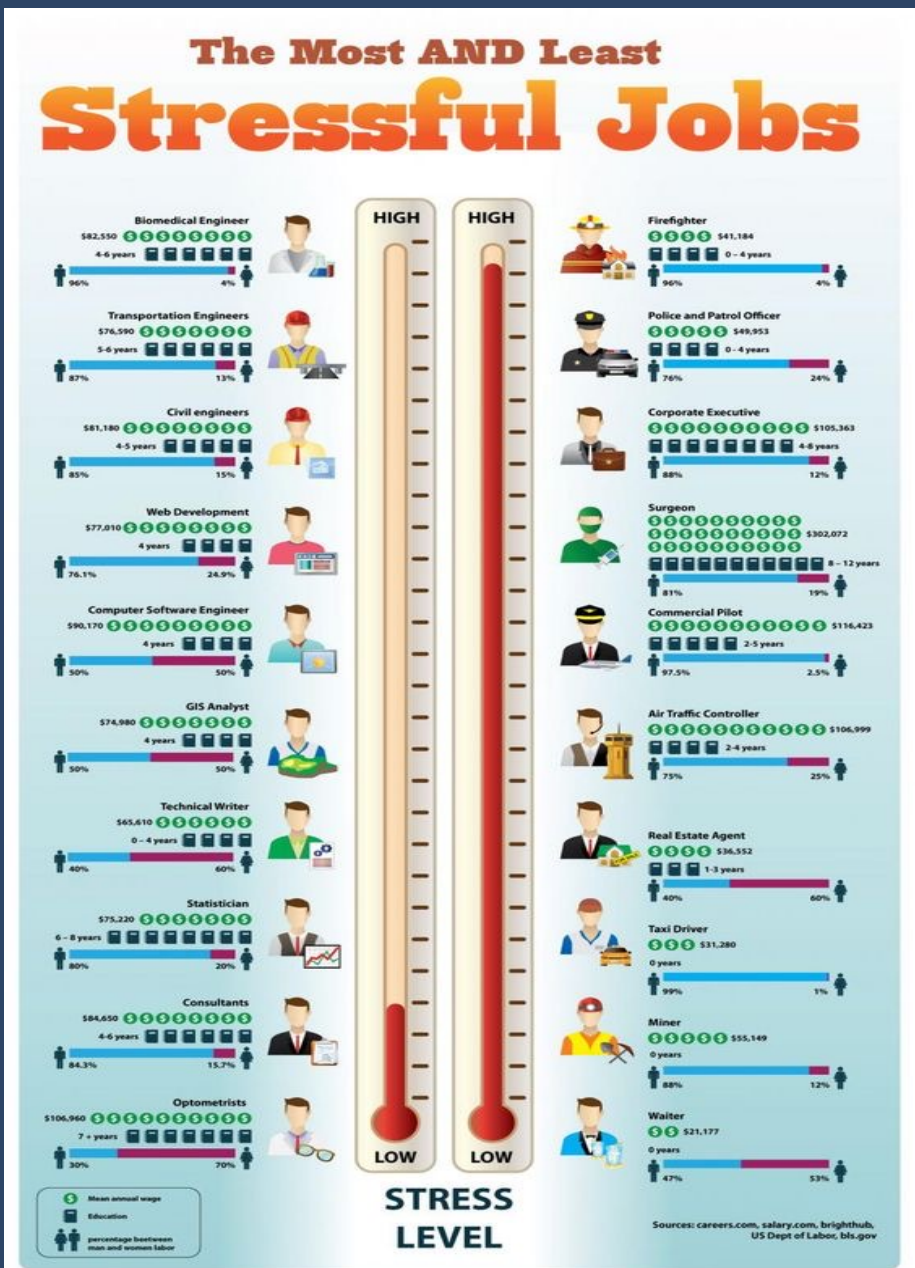
- Burnout rates spiked during the COVID-19 Pandemic
- Doctors in the U.S. experience symptoms of burnout at almost twice the rate of other workers.
- What factors influence the decision to leave healthcare?
 - Insufficient staffing levels
 - Emotional toll of the job
 - Demanding nature/intensity of workload
 - Long hours
 - Paperwork
 - Fear of getting sued
 - Bureaucracy
- The economic impacts of burnout are significant and cost the U.S. \$4.6 billion every year....



Burnout is NOT

- Boredom
- Lack of balance
- An under/over-stimulating job
- Personality clashes or hateful bosses
- A medical diagnosis

And it's VERY different from simple job stress



The Stress Continuum model

Stress First Aid Self-Care / Organizational Support Model

www.ptsd.va.gov

Figure 1: The Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness <p>FEATURES</p> <ul style="list-style-type: none"> At one's best Well trained and prepared In control Physically, mentally, and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically and legally 	<p>DEFINITION</p> <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk <p>FEATURES</p> <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleep Muscle tension, heightened heart rate, breathing, or other physical changes Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> Any stressor / trigger 	<p>DEFINITION</p> <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves an emotional/mental "scar" Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> Loss of control Panic, rage, or depression No longer feeling like normal self Excessive guilt, shame, or blame <p>CAUSES</p> <ul style="list-style-type: none"> Life threat Loss Inner conflict Excessive wear and tear 	<p>DEFINITION</p> <ul style="list-style-type: none"> Persistent and disabling distress or loss of function Clinical mental disorders Unhealed stress injuries <p>FEATURES</p> <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment Hopelessness <p>TYPES</p> <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse

Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. *Combat and operational behavioral health*, 107-119.

Job-Related Burnout (JRB) – ICD

A syndrome resulting from chronic workplace stress that has not been successfully managed

"I just don't make a difference anymore" Lack of a sense of personal accomplishment

Inefficacy

Callous dehumanization and depersonalization. "They deserve their problems, don't bother me with them"

Cynicism

Emotionally depleted so that you have simply nothing left to give


Exhaustion

Burnout in medicine

- \$4.6B a year
- Disruptive behavior
- Increased absenteeism
- Increased patient complaints
- Increased errors
- *Likely* increased lawsuits





THE LEGISLATION  SOLUTIONS & RESOURCES ▼ NEWS & ...

THE PROBLEM

Even before the COVID-19 pandemic, healthcare workers faced elevated rates of burnout, depression, anxiety, post-traumatic stress disorder (PTSD), and suicide. Now more than ever we must support the well-being of our healthcare workforce.

<p>400 physicians die by suicide each year.</p>	<p>2X physicians and nurses die by suicide at 2x the rate of the general population.</p>	<p>200% burnout has been shown to cause a 200% increase risk in medical errors.</p>	<p>62% of nurses and 42% of doctors are feeling burned out while battling COVID-19.</p>
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Burnout Canaries in a Coal Mine

They are healthy birds, singing away as they make their way into the cave. But, when they become full of soot and disease, no longer singing, can you imagine us asking why the canaries made themselves sick? No, because the answer would be obvious: the coal mine is making the birds sick.



The screenshot shows the top navigation bar of The New England Journal of Medicine website. It includes the journal's logo and name, a 'SUBSCRIBE OR RENEW' button, and a grid of featured articles. The main article is a 'Perspective' titled 'Confronting Health Worker Burnout and Well-Being' by Vivek H. Murthy, M.D., M.B.A. The article's metadata is displayed, including the date (August 18, 2022), the journal issue (N Engl J Med 2022; 387:577-579), and the DOI (10.1056/NEJMp2207252). Navigation options for the article, such as 'Article', 'Figures/Media', 'References', and 'Citing Articles', are also visible.

Burnout manifests in individuals, but it's fundamentally rooted in systems. And health worker burnout was a crisis long before Covid-19 arrived. Causes include inadequate support, escalating workloads and administrative burdens, chronic underinvestment in public health infrastructure, and moral injury from being unable to provide the care patients need. Burnout is not only about long hours. It's about the fundamental disconnect between health workers and the mission to serve that motivates them.

U.S. Surgeon General Report-5/22

Factors associated with burnout among health workers

- Societal and Cultural**
 - Politicization of science and public health
 - Structural racism and health inequities
 - Health misinformation
 - Mental health stigma
 - Unrealistic expectations of health workers
- Health Care System**
 - Limitations from national and state regulation
 - Misaligned reimbursement policies
 - Burdensome administrative paperwork
 - Poor care coordination
 - Lack of human-centered technology
- Organizational**
 - Lack of leadership support
 - Disconnect between values and key decisions
 - Excessive workload and work hours
 - Biased and discriminatory structures and practices
 - Barriers to mental health and substance use care
- Workplace and Learning Environment**
 - Limited flexibility, autonomy, and voice
 - Lack of culture of collaboration and vulnerability
 - Limited time with patients and colleagues
 - Absence of focus on health worker well-being
 - Harassment, violence, and discrimination

“This is beyond my control...”

Office of the U.S. Surgeon General



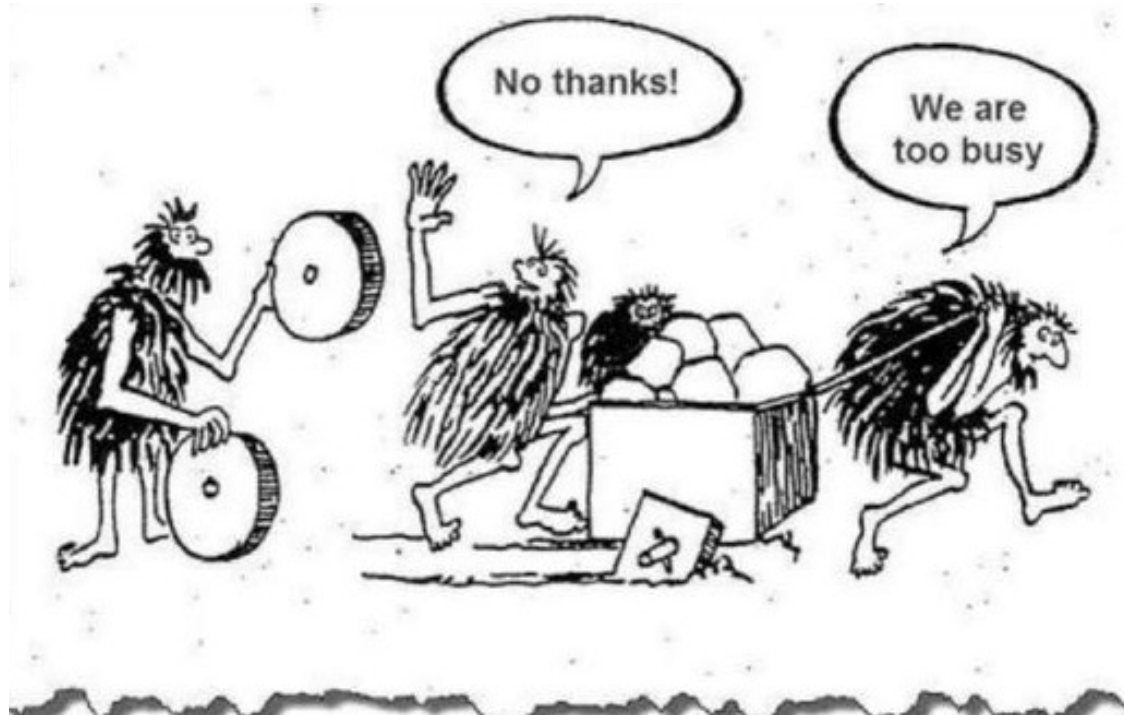
[surgeon_general rpt/health-worker-wellbeing-advisory.pdf](https://www.hhs.gov/surgeon-general-rpt/health-worker-wellbeing-advisory.pdf) May, 2022

How Do We Help Practices?

“Hit the Easy Button?”

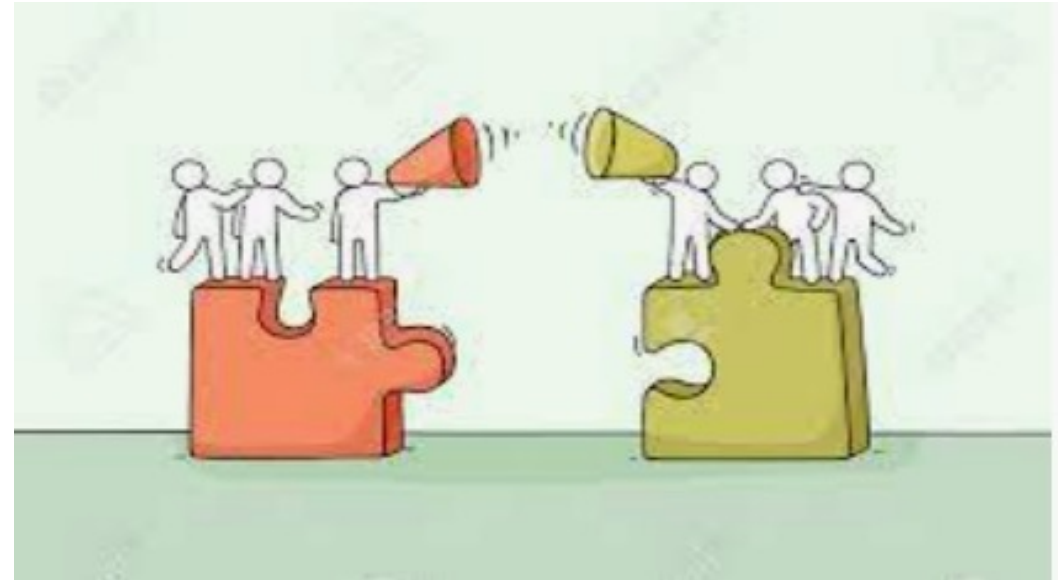


How Can We Help Practices?



How Can We Help Practices?

- Communicate Effectively. Simplify—keep things short, sweet, and to the point
- Provide them with technology that can be relied on to save time and effort
- Develop trusting relationships with practice leadership and staff
 - Be reliable and supportive
 - Assist in celebrating wins (ORM and KPI improvements)
- Help to strategize on optimizing. Offer our consulting services when appropriate



Curi Advisory's HR Solutions

COMPLIMENTARY SERVICES*

- Unlimited access to timely HR advice, via phone, email, and live chat**
- A dynamic online HR Resources Portal**
- OIG exclusion list monitoring***

INCREMENTAL SOLUTIONS

- Full-service talent acquisition, recruiting, and onboarding
- Customized staff/leadership training and development
- Executive-level recruiting
- Management incentive plans
- Part-time HR services and representation**
- Background checks and assessments for current employees and candidates**
- Compensation reviews for all employee levels
- And more!

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Collaboration is key. Let's connect.



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