

# JUCM™

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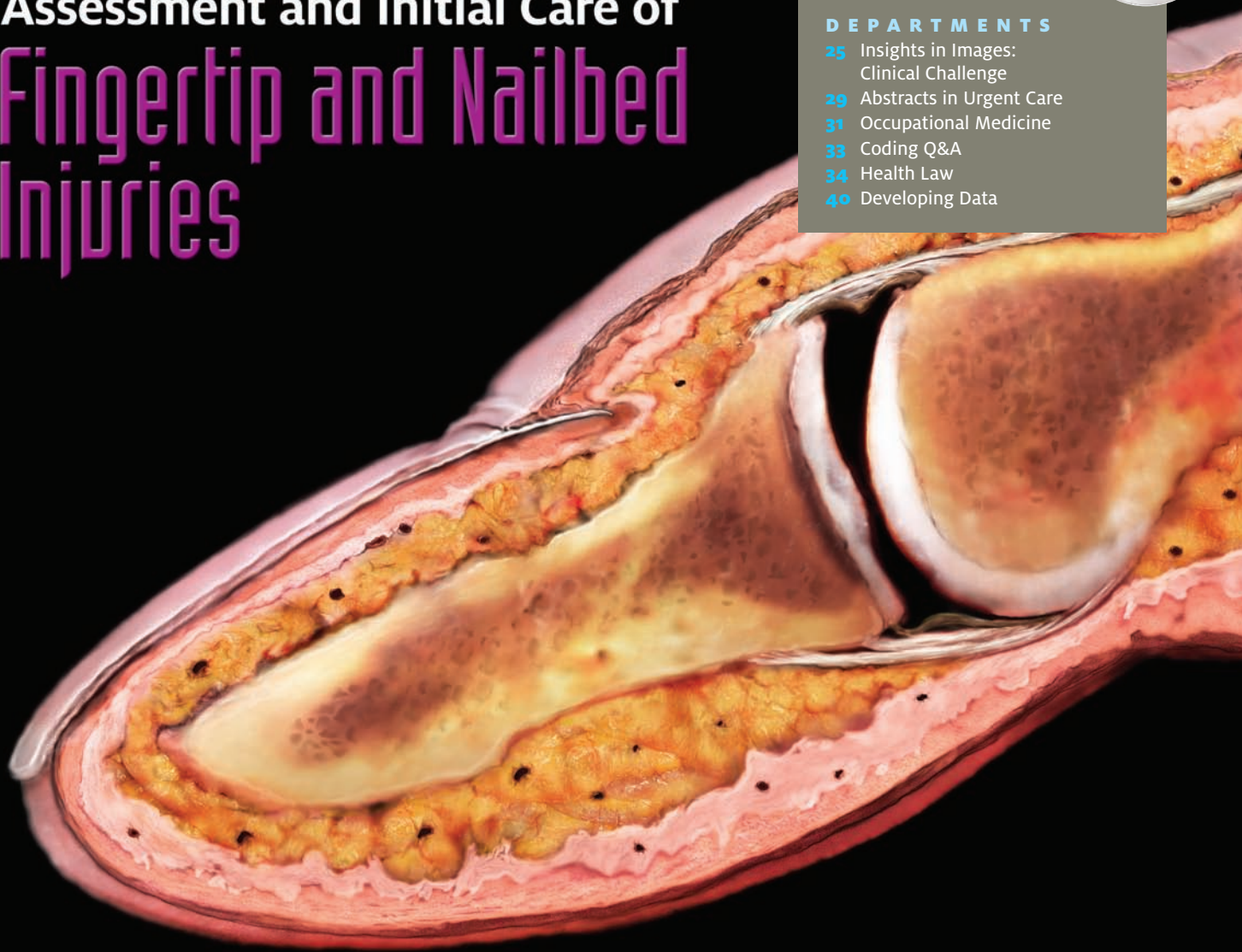
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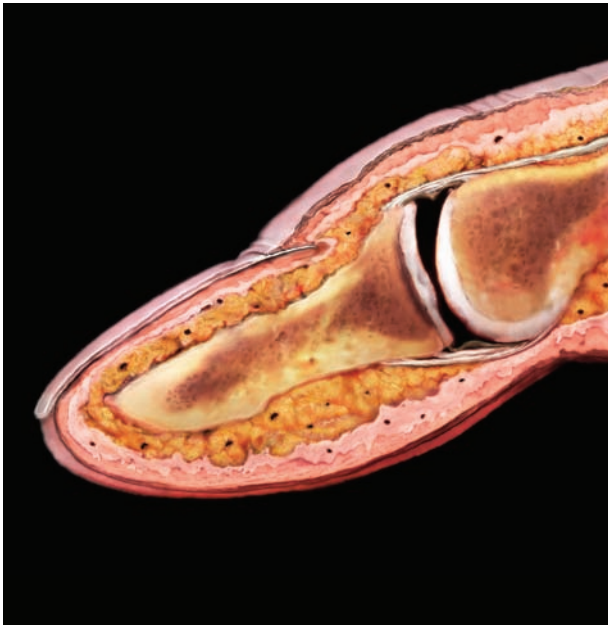


## Assessment and Initial Care of Fingertip and Nailbed Injuries



## November 2008

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### CLINICAL

## 11 Assessment and Initial Care of Fingertip and Nailbed Injuries

Injuries to the fingertip and nailbed may be the result of a crushing blow or sloppy handling of saws or other power tools. Understanding the relevant anatomy is the first step toward proper initial care and long-term positive outcomes.

By Scott M. Zimmer, MD

### PRACTICE MANAGEMENT

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Front office personnel affect a patient's perception of your practice and can support—or hinder—your quest to build a healthy business. Hiring a good manager and assembling the right team can be a make-or-break factor.

By Alan A. Ayers, MBA, MACC



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### In the next issue of JUCM:

Acute foot injuries often send patients to urgent care—though sometimes weeks or months after the onset of pain. How should your approach differ for injuries that occurred an hour ago vs. a month ago? The first of a two-part series.



## JUCM CONTRIBUTORS

It's a rare (and very lucky) person who hasn't experienced the pain of slamming a fingertip in a door or bashing it with a hammer or other blunt object. Likewise, few things get patients to an urgent care center faster, especially when the mishap occurs outside of their physician's normal office hours.

With winter fast upon us and fuel costs still high, fingertip and nailbed injuries may become more common as more folks cut and stack wood to heat their homes. Of course, an errant swing of an ax or slip of a chain saw isn't the only way injuries of this nature occur, but how you respond to them could mean the difference between an injury that will heal and a digit that may permanently lose sensation or, worse, need to be amputated.



In our cover story, Assessment and Initial Care of Fingertip and Nailbed Injuries (page 11), **Scott M. Zimmer, MD** reviews what to look for in the initial evaluation of a patient in distress and discusses the various techniques and treatments for these often-serious injuries. Dr. Zimmer is director of hand and upper extremity surgery for University Hospitals Medical Practices and director of the UH Geauga Hand and Upper Extremity Center in Cleveland.

This month's issue also features a practice management article from an expert who's familiar to loyal *JUCM* readers, **Alan A. Ayers, MBA, MAcc**. In *The Front Office: Window to Your Practice* (page 18), he discusses the critical role of the manager and front desk



staff to the success of an urgent care center. Surround yourself with good employees and you'll free yourself up to do what you do best: practice sound medicine.

### Also in this issue:

**Nahum Kovalski, BSc, MDCM** reviews abstracts of new articles on the San Francisco Syncope Rule, antibiotics in treating pyelonephritis, and the role of multidetector computed tomography (MDCT) in diagnosing appendicitis.

**Frank Leone, MBA, MPH** examines the ins and outs of launching a marketing campaign for your urgent care center. Hint: The approach will be much different if you live in New York City versus a tiny hamlet in the Adirondacks.

**John Shufeldt, MD, JD, MBA, FACEP** discusses how to not only survive, but prosper in the wake of current turbulence in the economy.

**David Stern, MD, CPC** reveals changes in the ICD-9 coding system that could impact your bottom line.

As always, we'd like to hear from you. If you have a thought about an article you read here—be it a challenge to one of our author's conclusions, a general reaction to how we're doing, or an idea for a future article—please send an e-mail to our editor-in-chief, **Lee A. Resnick, MD**, at [editor@jucm.com](mailto:editor@jucm.com).

And, if our cover story hasn't issued enough of a warning already, be careful gathering that wood this season. ■

### To Submit an Article to JUCM

*JUCM*, *The Journal of Urgent Care Medicine* encourages you to submit articles in support of our goal to provide practical, up-to-date clinical and practice management information to our readers—the nation's urgent care clinicians. Articles submitted for publication in *JUCM* should provide practical advice, dealing with clinical and practice management problems commonly encountered in day-to-day practice.

Manuscripts on clinical or practice management topics should be 2,600–3,200 words in length, plus tables, figures, pictures, and references. Articles that are longer than this will, in most cases, need to be cut during editing.

We prefer submissions by e-mail, sent as Word file attachments (with tables created in Word, in multicolumn format) to [editor@jucm.com](mailto:editor@jucm.com). The first page should include the title of the article, author names in the order they are to

appear, and the name, address, and contact information (mailing address, phone, fax, e-mail) for each author.

Before submitting, we recommend reading "Instructions for Authors," available at [www.jucm.com](http://www.jucm.com).

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### To Find Urgent Care Job Listings

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## The Front Office: Window to Your Practice

**Urgent message:** Patients will return again and again—and tell their friends, too—if your center’s manager and employees are unfailingly courteous, competent, and thorough.

Alan A. Ayers, MBA, MAcc

If you’re planning to own and operate an urgent care center, you’re probably not thinking about managing an administrative office. Instead, you envision yourself hurrying between exam rooms, suturing cuts, setting fractures, and dispensing orders. Digging your way out of paperwork, refereeing staff disputes, tracking down cash, and assuring supply cabinets are stocked are probably not in your dreams.

The front office of an urgent care center isn’t only the first and last place patients interact with the practice: It’s critical to assuring that the center gets paid for every visit and has all the resources it needs to run smoothly.

But despite its importance, all too often the front of-



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fice is the least funded and most neglected part of the urgent care operation. By focusing on the management, staff, processes, and physical environment of the front office, an urgent care center operator can potentially improve the performance and morale of the entire facility.

### **Your Key Employee: The Center Manager**

Most urgent care centers employ a full-time manager, although the scope of his or her duties may vary depending on daily patient volume, owner-

ship structure, and the extent of external billing and operations support. In a freestanding, independent urgent care center, the manager is typically a “jack of all trades” who oversees day-to-day operations, imple-

ments marketing programs, provides financial reports, and supports the delivery of urgent care services. In a multicenter network, tasks like marketing, accounting, training, and billing may be consolidated into a centralized structure that supports each individual center. In these networks, the managers function in more of an administrative role.

As you'll see in **Table 1**, an urgent care center manager has a full plate of responsibilities. In many centers, the manager is trained in all support functions and fills in as a medical assistant or front desk attendant as needed.

The ownership and volume of the practice will also determine the skills and experience required of an urgent care center manager. This person's background may range from a Registered Nurse or MBA graduate, to a technologist or medical assistant with on-the-job training. As with any position, it's important to assure that the center manager has the knowledge, skills, and experience to be effective and take the facility to the next level. This position requires someone with extensive experience in human resources, clinical operations, billing, customer service, and physician relations. Many centers choose to promote from within, which can be a good practice, but it should be done with consistency and based on merit—job qualifications must be met as if hiring someone from the outside. When a center manager's duties are administrative in nature and this person lacks the experience, authority, or management training to make operational decisions, his or her impact on the overall business may be greatly diminished.

Whether promoting from within or hiring externally, qualifications for center managers typically include:

- Associates/bachelors degree
- Health care experience (3-5 years)
- Supervisory/management experience (1-2 years)
- Human resources experience
- Strong work history/references from previous employers
- Customer service experience
- Professional presentation

Center managers must be able to perform with min-

**Table 1. Day-to-Day Responsibilities of the Urgent Care Center Manager**

- Interview, hire, orient, train, and develop staff and assure all HR policies are followed.
- Develop staff schedules, review time cards, and compile payroll.
- Hold staff meetings, recognize staff achievements, and address staff concerns.
- Conduct performance appraisals and provide mentoring/coaching to staff.
- Review daily balance sheets, reconcile the cash drawer, and make bank deposits.
- Review invoices and prepare accounts payable packages.
- Manage medical and office supply inventory; place, check, and stock orders.
- Assure chart documentation is complete and submit charges for billing.
- Research billing issues, identify causes of errors, and adjust or re-bill accounts.
- Assure medical and clerical equipment is maintained and in working order.
- Assure facility is clean, maintained, and all systems are functioning properly.
- Check alarm system, security cameras, and videos.
- Review center logs, including lab, x-ray, narcotics, reportable incidents, and daily duties.
- Respond to patient feedback and resolve customer service issues.
- Assure compliance with all operating standards, policies and procedures, and laws/regulations.
- Identify, organize, and participate in grassroots marketing activities.

imal supervision and understand that “contributing” means doing more than their assigned tasks—it means having a measurable impact on the company's bottom line by putting the right team members in place, maintaining quality standards, meeting patient needs, and controlling costs.

Productive, happy employees generally feel they're making unique contributions that provide a sense of personal pride. If a center manager has the necessary resources, he or she should be able to work independently—anyone who has worked under a dreaded micro-manager understands the motivating power of a leader's trust. When the center manager makes decisions, urgent care providers and the center's owners shouldn't interfere. This doesn't mean to abandon accountability—such as weekly update meetings and

**Table 2. Front Desk Processes**

**Patient Greeting:** Patients should be greeted in a welcoming and professional manner as they enter the facility. When there's a wait, the front desk should ask the patient his or her first name and write it on the waiting list, along with the arrival time. Check-in time should be the time the patient arrives, not when he approaches the front desk to complete registration.

**Registration:** Front desk staff should explain each form and its purpose to ensure understanding and to limit the patient's time spent filling out the forms. Patients are typically given a registration package that includes demographic/insurance information, medical history, HIPAA acknowledgment, and the center's financial policies. Information on secondary insurance and any guarantor should be obtained from all patients. For existing patients, the staff should review information in the computer system—such as address and insurance plan/group numbers—to assure nothing has changed. Asking the patient if anything changed since his last visit is insufficient because he may not know what information is already in the system.

**Insurance Verification:** Insurance verification should occur prior to every physician encounter. This crucial step can be facilitated by providing links to insurance websites on the registration PC desktop, a list of verification phone numbers, or by subscribing to an online verification portal. Staff should verify plan participation, urgent care co-pays, and any unmet deductible.

**Payment Collection:** Staff should collect either the deductible portion or co-pay at the time of service. Payments are typically collected prior to the visit for co-pays and outstanding balances. For past balances, the registration staff should be versed in the reasons insurance companies deny claims. For deductibles and self-pay patients, patients are typically escorted by the clinical staff to the discharge counter where charges can be calculated and the correct amount collected after the visit.

**Charge Entry/Coding:** Depending on the practice management system in place and whether the urgent care center performs its own billing or outsources to a third party, the front desk may code charts and calculate charges. Physicians generally complete documentation for the visit, including entering ICD-9 and CPT codes. The front desk should be aware of ICD-9 and CPT incompatibilities, which can create delays in getting claims out on a timely basis.

written status reports—or to withhold guidance on critical decisions. While each center manager will have a unique style, personality, and talents, the owners still set the overall tone and direction of the practice.

The manager's office is typically located near the front desk to oversee the registration staff, answer questions, and resolve customer service issues as they arise. Center managers typically work a 40-hour week, during daytime hours, although they may occasionally fill in for absent staff members on nights and

weekends. Larger urgent care centers may employ multiple managers who oversee administrative functions and coordinate clinical support, as well as shift supervisors who have management responsibility when the center manager is away.

### **Greeting the Patient: Registration Staff**

Like the center manager, patient registration staff must juggle a variety of tasks while assuring patient needs are met. The front desk is the patient's first interaction when entering the urgent care center and sets the tone for the entire visit and experience. To assure a positive experience, the front desk staff must act as:

- **Diplomat**—Handle difficult situations and patients with tact.
- **Listener**—Pick up on unspoken messages.
- **Problem Solver**—Handle each patient and situation efficiently and courteously.
- **Crisis Counselor**—Calm troubled or angry patients with compassion and reassurance.
- **Time Saver**—Reduce the number of unnecessary questions or issues for staff and physicians to deal with.
- **Public Relations Expert**—Present the most positive image of the center.

But the role of the front desk doesn't stop with great customer service. The staff has to be knowledgeable and comfortable with insurance benefits and how they're administered, acting in the following capacities:

- **Investigator**—Decipher information from an insurance card, website, or telephone call.
- **Validator**—Access, obtain, and understand information about insurance and benefits eligibility.
- **Enforcer**—Collect patient balances in a professional, yet "forceful" manner.

In short, the front office staff needs to be trained well enough to understand insurance terminology and explain it competently to patients. Moreover, if patients don't understand their benefits, the front desk staff must be willing and able to help.

Salaries and benefits are an urgent care center's biggest costs, so the extent to which the center manager can schedule front office staff without compromising service will have an immediate impact on the bottom line. Consideration should be given to seasonal and daily volume trends. For instance, if a center sees most of its patients between 9:00 am and noon, and again between 4:00 pm and closing, there may be times in the afternoon when the registration staff is underutilized. It's the center manager's responsibility to assure time isn't wasted, by delegating tasks such as cleaning, filing, marketing, or patient follow-up during any slow periods. Some centers hire part-time front office staff in the mornings and evenings and then utilize back office staff for patient registration in the afternoon.

Typically, a front office staff member is hired as an entry-level employee who receives on-the-job training and meets the following qualifications:

- Previous health care experience or training.
- Completing and passing of a hiring assessment tool.
- Strong and positive feedback from professional references.
- Professional appearance and positive attitude.

Center managers must understand that hiring for the front office is much more than filling openings—it's identifying and meeting the center's operating needs. Front office staff typically has the highest turnover of any position in an urgent care center. Even if there's a desperate need to get a position filled, hiring out of panic or desperation almost always leads to regret. The costs associated with hiring the "wrong" individuals for front-line positions is more than the time, money, and effort of recruiting, interviewing, and training—it's also measured by future business that may be lost when that employee interacts with customers, the costs of billing and collections errors, and pressures on other employees who must pick up the slack created by underperformers.

It's therefore vital to take time to find the "right" personality and skills for front office staff. The capacity and desire for further growth are essential traits—no point in hiring someone who is as "good as they're going to get" or someone who has great potential but no desire to grow in the job. Effective front office staff provides a reliable pipeline for future center managers.

### Setting the Front Desk in Motion

Once a manager and front office staff have been se-

lected, the real work begins. People are only effective insofar as good policies, procedures, and processes have been defined, implemented, and consistently executed. In short, staff members who know exactly what they're supposed to do in every patient encounter experience less stress and work more efficiently than those who face their jobs unprepared.

Critical front office processes include greeting and registering patients, verifying insurance, calculating charges, and collecting payment. Staff must be confident in the duties they're assigned, as highlighted in **Table 2**.

Whenever the front office staff seems ineffective, the center manager should watch closely to determine whether it's a "people" or "process" issue. If burdensome documentation and difficult-to-navigate computer systems cause the front desk to get behind and focus more on "processing" than "serving" patients, then an examination of front desk systems might be in order.

If processes are sound but the front office staff isn't motivated to perform, implementing employee incentive programs can help the center achieve its goals. Sample incentives include:

- Lowest number of cancellations in a month (% of hours scheduled).
- Greatest cash collections (% of amount owed).
- Lowest number of registration errors (% of patients registered).
- Highest patient satisfaction (% of patients seen).
- Lowest number of billing errors (% of transactions).

Staff performance can also be improved by focusing on the work environment.

### Put Yourself in the Patient's Shoes

Although creating a comfortable atmosphere at the front desk may seem more daunting than providing excellent clinical care, it's really not that difficult—just look at the experience from the patient's perspective. Patients want reassurance that they're going to be treated well and a front desk that's organized, efficient, friendly, and aesthetically pleasing provides cues as to the medical care that can be expected in the back.

First off, watch your signage. Entering a practice where the reception window has multiple pieces of paper taped around it—either handwritten and photocopied notices—projects neither an inviting or professional air. Moreover, signs that communicate what patients can't do (or what they *must* do) often convey a very negative and distrusting tone. The best patient



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## THE FRONT OFFICE: WINDOW TO YOUR PRACTICE

### Table 3. Front Office Setup and Layout

What does your front office look like? Does it contain a clean and neat reception area that communicates that your center cares enough about its patients to keep its environment pleasant? The following goals should be considered when evaluating your front office:

- This is a professional office, not a home.
- We care that you're comfortable.
- Clutter and chaos do not belong here.
- This is a joyful place for both men and women to work.
- We have planned our office décor.

These goals can be met by avoiding the following:

- Photocopied and handwritten notices to patients.
- Signage that conveys a negative tone.
- Bulletin boards overflowing with announcements and memos.
- Cluttered desks and countertops, making the staff appear disorganized.
- Piles of supplies, giving the appearance of a storage closet.
- Beanie babies, lace doilies, and cheap trinkets.
- Grungy, soiled carpeting and worn furnishings.
- Dead/dying plants or dust-laden fake plants.

communication is face-to-face, so limit signage unless it's absolutely necessary. When signage can't be avoided, it should be professionally made and carefully phrased.

You'll find additional suggestions on front office setup and layout in **Table 3**.

### Bringing It All Together

As mentioned earlier, the front office sets the tone for the patient's experience with the urgent care center. To make sure the experience is a patient-centered one, it's necessary to assure the right people, processes, and environment are in place for excellent service. A top-notch front office will not only impress upon patients that the urgent care center is a well-run medical practice, but it's the key to generating positive word of mouth and bottom-line growth.

If you want to sharpen the appearance of your front office, walk into the lobby of an upscale hotel or financial institution and look at its walls, counters, and desks. What impressions do you get? Your urgent care visits are giving an impression, too—make sure it's a positive one. ■