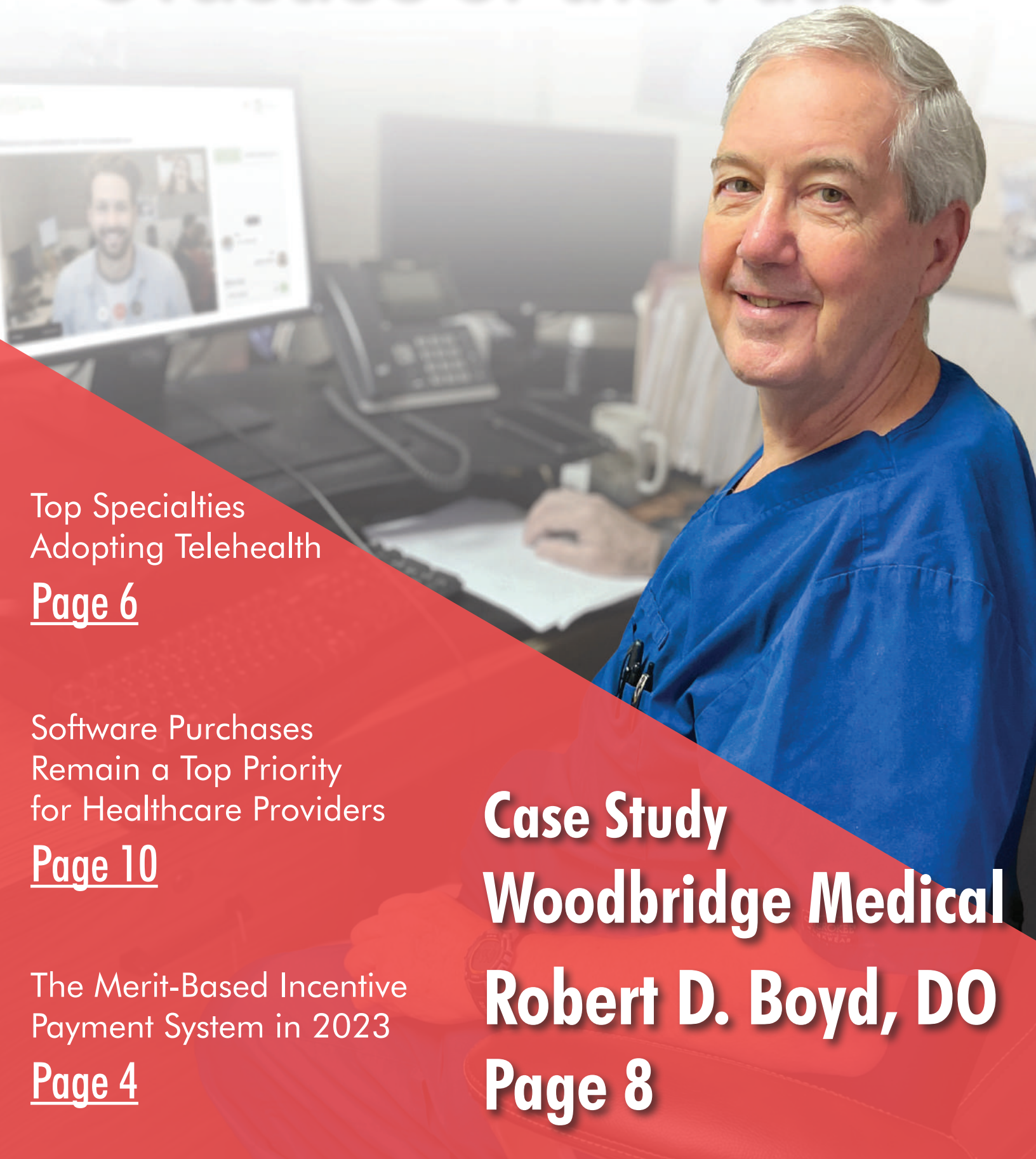




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Practice of the Future



Top Specialties
Adopting Telehealth

Page 6

Software Purchases
Remain a Top Priority
for Healthcare Providers

Page 10

The Merit-Based Incentive
Payment System in 2023

Page 4

Case Study
Woodbridge Medical
Robert D. Boyd, DO
Page 8

Table of Contents

Letter from the (Research) Editor
Page 3

The Merit-Based Incentive Payment System in 2023
Page 4

Top Specialties Adopting Telehealth
Page 6

5 Questions About Patient Appointments and Reviews
Page 7

Case Study with Dr. Robert D. Boyd, DO
Page 8

How Missed Appointments Affect Your Bottom
Line and How You Can Manage It
Page 10

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Featured Provider

Robert D. Boyd, DO

We paid a visit to Dr. Robert D. Boyd, DO of NJ's Woodbridge Medical Group and talked to him about telemedicine and moving away from in-office visits, how his patients have adapted, and his love of running.

Read full story inside:
Page 8

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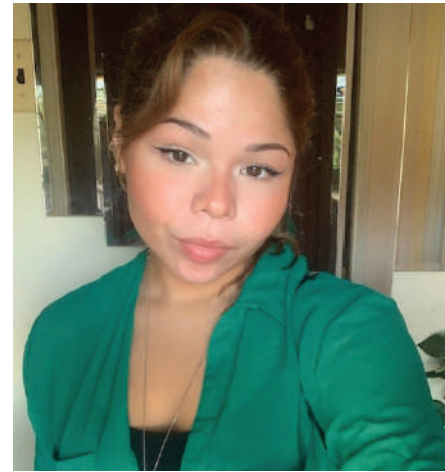
Letter from the (Research) Editor

I've always been a fanatic of shows like "CSI," "Law and Order," and "Criminal Minds." Understanding the terrible things people did and why they did them is something that has endlessly piqued my interest. However, it wasn't until I took a psychology class in high school that I discovered something even more interesting to me than psychology.

One day during class, we were learning about subliminal messaging. My teacher explained to us that subliminal messaging was a tactic used in advertising to get consumers to purchase the desired product while being unaware that they were being advertised to. The example she gave dealt with a study conducted in a movie theater. Apparently, a researcher inserted images into a movie for 1/3000th of a second, urging moviegoers to buy popcorn and a

Coca-Cola. As a result, Coke sales increased by more than 18%, and popcorn sales by more than 57%! Malicious use of this tactic led to the ban of subliminal messaging, and it is now illegal in the UK, US, and Australia. The concept of images barely perceivable by the naked eye influencing the desires of a person was something extremely fascinating to me and made me ask more questions. If images affect the mind, how might colors, lights, and sounds affect the mind?

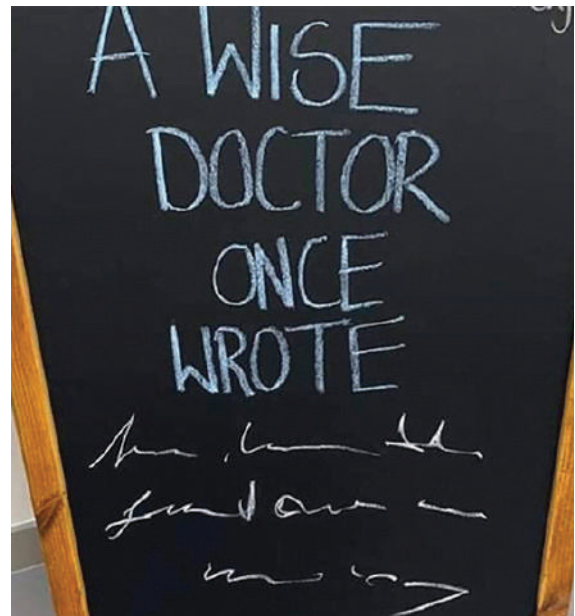
What I discovered that day is that there is an underlying psychology to advertising, and there were teams of people constantly trying to figure out how to reach and increase their customer base. There is much more to advertising than just pretty colors and cool pictures. So now I work as a marketing analyst, studying the chang-



ing habits of consumers, industry trends, analyzing the impact of different marketing activities, and coming up with different strategies to reach potential customers. There's always something new to learn, new to uncover, and that's my favorite part about my work—and life in general!

Monica Rivera, Research Editor

Humerus Corner



The Merit-Based Incentive Payment System in 2023

by Justina Molloy



On November 18, 2022, the Final Rule for MACRA/MIPS was published by the Federal Register. A PDF version of the Final Rule Published document is available on <https://www.federalregister.gov>.

New changes in the 2023 reporting year include:

1. 2022 was the last year for exceptional performance.

Positive, neutral, or negative adjustments will continue to apply in the 2023 performance period. Negative adjustments will be applied for reporting at 0-74.99 points, with points \leq 18.75 getting a full negative MIPS payment adjustment of -9%.

For 75.00 points, a neutral adjustment shall be applied, and 75.01 points or higher will result in a positive payment adjustment based on a linear sliding scale.

The impact of reporting for the 2023 year will be applied as payment adjustments to reimbursements for the year 2025.

2. Under the quality category, nine Clinical Quality Measures (CQMs) have been added, and thirteen Clinical Quality Measures have been retired.

Among those retired, the most notable are CQM #110: Preventive Care and Screening: Influenza Immunization, and CQM #111: Pneumococcal Vaccination Status for Older Adults.

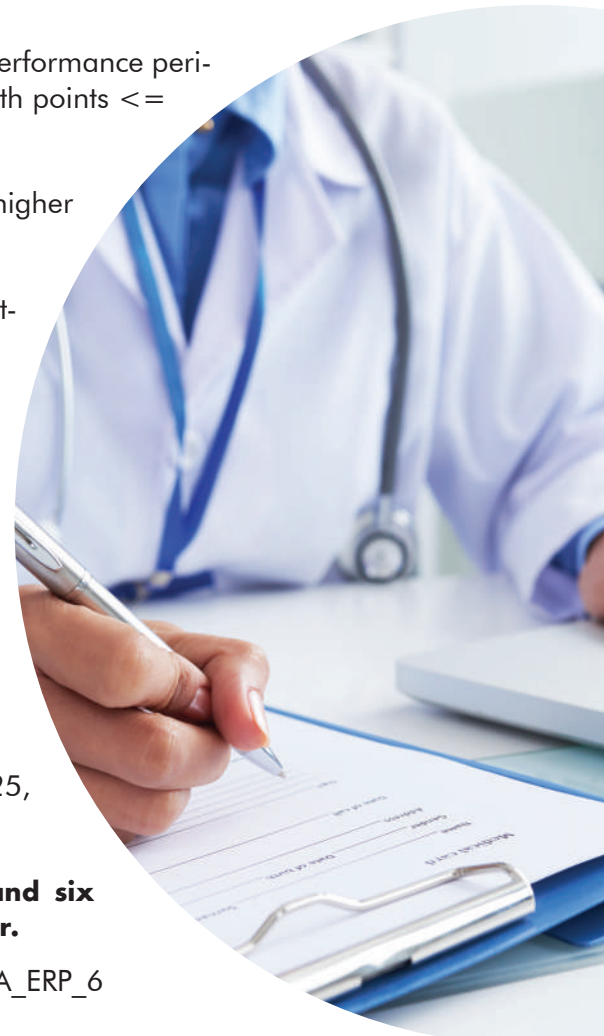
New CQMs by code* – #485, #486, #487, #488, #489, #490, #491, #492, #493

Retired CQMs by code* – #76, #119, #258, #265, #323, #375, #425, #455, #460, #469, #473, #110, #111

3. Four new Improvement Activities have been added to the list, and six Improvement Activities have been retired for the 2023 reporting year.

New Improvement Activities by code* – IA_AHE_10, IA_AHE_11, IA_EPA_6, IA_ERP_6

Retired Improvement Activities by code* – IA_BE_7, IA_BE_8, IA_PM_7, IA_PSPA_6, IA_PSPA_20, IA_PSPA_30



4. Promoting Interoperability (PI) Category Updates

- a. Scoring for PI measures is being updated. Please visit <https://qpp.cms.gov> to view the updates.
- b. Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) is added as a new Health Information Exchange (HIE) Objective.
- c. Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program (PDMP) measure is required.
- d. The Query of the PDMP measure is expanded to include Schedule III and IV drugs.
- e. The Public Health and Clinical Data Exchange Objective requires reporting of active engagement and is consolidated to two levels of active engagement.
- f. Automatic reweighing.

Automatic reweighing will be discontinued for nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical nurse specialists starting with the 2023 performance period.

The small practice special status (15 or fewer clinicians) will be available in 2023. By claiming this exemption, you are reweighing your PI category scoring by removing the PI category from scoring and redistributing the weight to the other categories as such: 40% Quality, 30% Improvement Activities, and 30% Cost.

5. Benchmarks

Measures with a benchmark will have the 3-point floor removed. The measures will receive 1-10 points.

Measures without a benchmark and measures that don't meet case minimum requirements (20 cases) will also have the 3-point floor removed and the measures will receive 0 points, unless reporting as a small practice (which will grant 3 points).

This change does not apply to new measures in the first two performance periods.

**You can find more details on the Quality Measures and Improvement Activities that were added and removed on <https://qpp.cms.gov>.*



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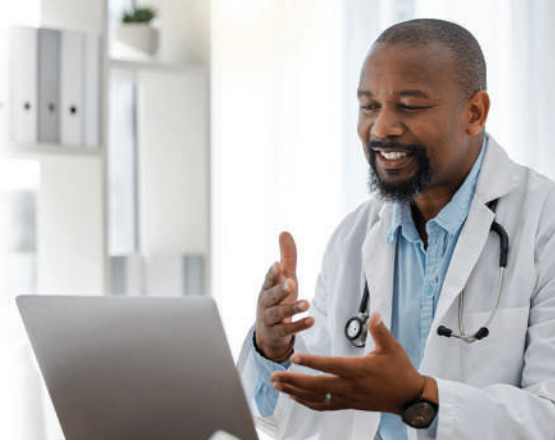
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Top Specialties Adopting Telehealth

by Monica Rivera



The shift from in-person to virtual care was necessary for doctors during the peak of the pandemic. As a result, providers of all specialties were required to rethink how they conduct their appointments and manage their patients' chronic illnesses. The aftereffects of the pandemic sparked interest for providers of all specialties to explore online platforms and expand their offerings for patient care.

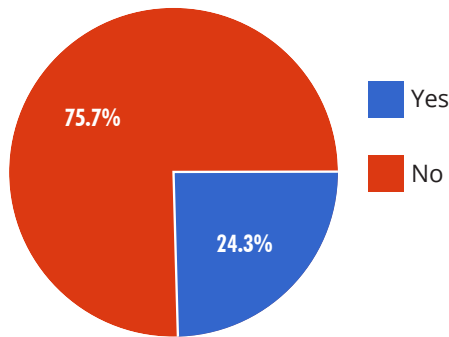
Virtual care expands potential clientele for doctors and gives them the flexibility to work from any location. Not only that, but it also lends a helping hand to those patients who are home-bound or have difficulty traveling for their appointments. However, there are specialties where telehealth is certainly more practical and beneficial for both patient and provider.

- 1. Behavioral health:** The most popular use for telehealth technologies is in the behavioral health sector. The stigma surrounding going to therapy and seeking mental care is a common setback for those who need it. Telehealth proves to be a safe and convenient option for getting mental and behavioral healthcare at home, whilst eliminating the need for travel, arranging child-care, or taking time off work. More importantly, it helps by making credible providers accessible to patients in areas in which they are not readily available. Platforms such as BetterHelp.com are big leaders in facilitating virtual mental healthcare for patients of all backgrounds.
- 2. Cardiology:** The biggest use of telemedicine in cardiology, or telecardiology, consists of providing consultations and ongoing monitoring for chronically ill patients. Using remote patient monitoring tools, doctors can assess and make decisions about ongoing care (like increasing medication doses) for their patients more quickly and efficiently, thus improving patient outcomes. Patients with the greatest need for remote cardiology consist of those who live far, have a busy schedule, have mobility difficulties, or require continuous care and monitoring. Since not all in-person care can be made virtual, patients benefitting the most from virtual care are those experiencing heart failure, systemic hypertension, or arrhythmia.
- 3. Pediatrics and family medicine:** All children and adolescents deserve high quality healthcare regardless of location, race, or socioeconomic status. Telehealth lowers geographical and/or logistical barriers to improve outcomes and reduce the total cost of care. Pediatricians can help patients manage conditions by providing tools for virtual visits, medication management, symptom surveys, and more. Children and adolescents are generally more comfortable at home, and telehealth can be used to help manage diabetes, asthma, speech therapy, autism support, and more. This can result in reduced emergency room visits, better patient outcomes, and less unexpected time off work for parents.
- 4. Dermatology:** The beauty and cosmetic industry is booming, generating a high demand for teledermatology—specifically, specialists in the aesthetical procedure domain. The use of telemedicine in dermatology, or teledermatology, can dramatically reduce wait time and improve the probability of a patient getting a consultation with one or more providers, allowing for accurate diagnosis.
- 5. Pathology:** Another specialty leveraging telemedicine technologies is pathology providers. The use of telemedicine tools allows for training and education, second opinion diagnostics, and improving access to healthcare services in once-unreachable areas.

Closing: Without a doubt, there are patients who feel telemedicine is more convenient, but there are also many who still prefer in-person visits. While in-person care will never go away completely, providers across all specialties are looking to balance both in-person and virtual care for their clients. The COVID-19 pandemic acted as a catalyst for reinforcing and boosting the use of telemedicine across many specialties. Overall, telemedicine is a great step towards improving the efficacy of delivering quality healthcare and improving patient outcomes.

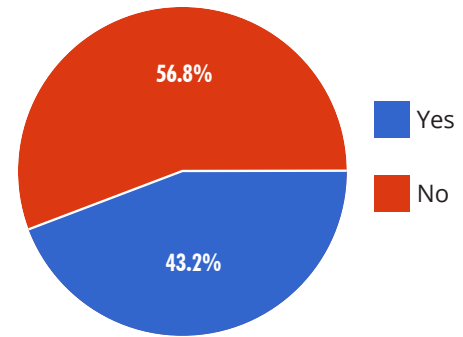
5 Questions About Patient Appointments and Reviews

Q1: Do you use an online patient appointment scheduling system?



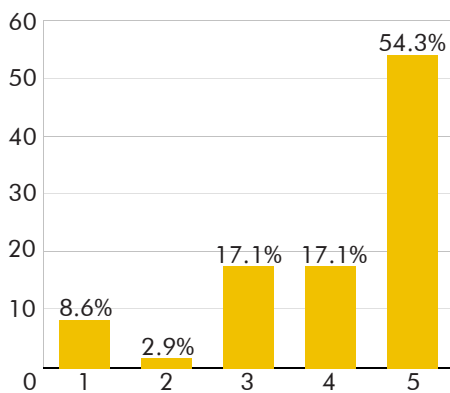
76% of healthcare providers don't use an online patient appointment scheduling system

Q2: Do you send patients reminders for their appointments?

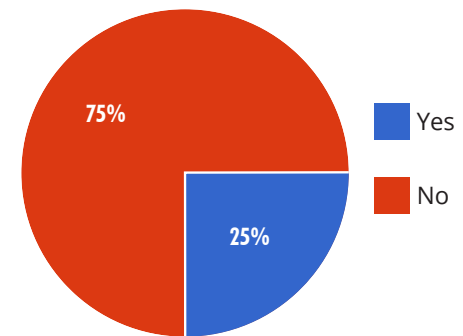


57% of healthcare providers don't send patients reminders for their appointments

Q3: On a scale of 1 to 5, what impact do you think reminders have on missed appointments?

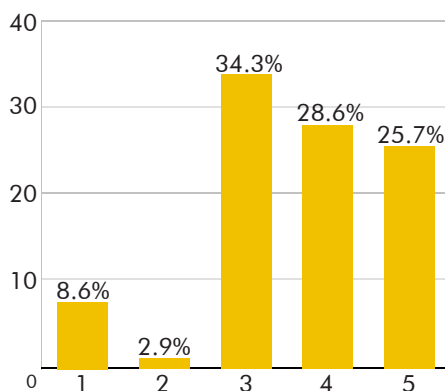


Q4: Do you ask your patients for reviews?



75% of healthcare providers don't ask patients for reviews

Q5: On a scale of 1 to 5, what impact do you think patient reviews have on new patient visits?



Nearly three-quarters of those surveyed are not using online appointment scheduling. While more than 70% feel that missed appointments are strongly impacted by patient reminders, only 43% of respondents are currently sending such reminders. Offering patients the convenience of scheduling appointments online and receiving automated appointment reminders benefits both patient and practice.

Also, only 25% of those surveyed are asking patients to post reviews, although nearly 90% agree that such reviews have some to great impact on new patient visits. Business is changing, and medical practices are no exception. To thrive, to compete, and most importantly to keep the community healthy, you've got to keep your finger on the pulse of healthcare and adapt to those changes.

Case Study - Woodbridge Medical

Featured Provider: Dr. Robert D. Boyd, DO

Q: The COVID pandemic impacted the medical industry (as well as the world in general) in many ways. How did using Vosita help you adapt to the changes in your medical practice?

A: When the pandemic hit in March 2020, I started using telemedicine in my family practice. Many changes had to be made to adapt to this way of practicing medicine. I became more dependent on technology and less on human staffing. Many of my staff left precipitously when they told each other that if they quit quickly and applied for funding, they would get their full pay plus \$600 per week. Overnight I went from 27 employees to seven, with three of the employees working from home. I turned to Microwize, my IT support group, for help, and right away they told me about Vosita. Using Vosita, I was able to allow patients to set up their own appointments if they wished. Vosita also has become my go-to audio/video app for connecting with patients. The support staff has been fantastic, from Robert, to Tim, to Ahmed and Samy. They have all been readily available and very helpful to the patients who need help learning their way through video technology. To this day almost three years later, I am using Vosita with virtually all my patients to conduct audio/video connections synchronously. Patients have found it very easy to use if they have a cell phone, which almost everyone does. I send the patients a text message, we hang up after they confirm receipt, and all they have to do is open the link and click allow and accept on their end, and we are connected. I have a lot of fun with seniors who tell me that they couldn't possibly use their cell phone to see me, and a few seconds later they are beyond themselves with joy when they see that they were able to connect to me easily.

Vosita has changed my practice in ways I didn't anticipate. I quickly realized that I could treat patients as soon as they got sick by having them use their cell phones from their sick beds. They just hold their cell phones over their heads, and there I am to see and examine them and e-prescribe some medication to their pharmacy right away. I have realized that for years I required my patients to spend a day or two getting better before they could sit in my waiting room, sometimes for longer than they wanted while they didn't feel good.

Vosita has proved itself an easy-to-use audio/video program that is so convenient I have actually had three patients so far contact me from their toilet!! Talk about convenience. But this is how things should be. Contact your doctor, get him or her to see and talk to you as soon as possible remotely, and get the medication that you need started right away.

Q: How smooth was the transition from seeing patients in the office exclusively to strictly offering telemedicine? How have your patients responded?

A: The transition from seeing patients live to using telemedicine has really been seamless. At first, they more than understood the situation and were just happy to get the care that they were seeking. I did get some pushback when the pandemic eased up a little in the summer of 2021, but by then there were a lot of doctors no longer available. Some retired at a faster pace than pre-pandemic, some cut their hours, and some actually died. Patients fully realized that we were now in a different world and soon accepted that it would never be as it once was. Over the last year or so many patients asked me if I would reopen. Some were disappointed when I told them that I have decided to stay as 100% telemedicine. As I talked to them they understood, accepting that this is how life is now. When I have a situation that requires hands-on, I refer the patients out. This doesn't happen too often, and is associated with a condition that needs a surgeon or interventionist to evaluate the problem. Telemedicine allows me to clearly and easily evaluate rashes and other skin conditions and many masses or anatomical abnormalities. I have diagnosed hernias and even hemorrhoids using the camera. (A female patient sent me dozens of hemorrhoid photos during one of my lighter moments.) But it demonstrates the convenience and versatility of telemedicine. I will candidly add that my staff and I feel much safer in our telemedicine world. Patients mean well, but too often don't mask up when they should, and even refuse. None of us has gotten COVID-19 or the flu thanks to our isolation. Our families are grateful for that. Some of my physician friends have confessed that their wives and children aren't happy when they come home from seeing patients during a pandemic spike.



Dr. Robert D. Boyd, DO

After using telemedicine for a while I realized its added benefits. In today's world I am always on the computer in the evenings, and I readily contact patients for a video visit at all hours, a service they are very grateful for. I have had many family discussions with the living room filled with individuals of all ages to discuss COVID-19 and flu vaccinations. I have spoken to groups from churches and other backgrounds who have Q&A sessions on current medical problems. They have been extremely appreciative, and this has been a practice builder. I have also added many patients who are present during the telemedicine visits. Family members helping out, friends and neighbors who are helping with the electronics or in other ways, etc. see me on the screen and ask me if I am taking new patients.

Q: How would you compare the quality and the quantity of your patient visits now versus pre-pandemic?

A: The quantity of the patients now is the same as pre-pandemic. The quality of the visits is fine from my point of view. Even though I no longer have the hands-on aspect, which many of the patients say that they miss, telemedicine visits are more efficient and have their own advantages. I was taught in school to always put a hand on a patient's shoulder or to touch them in some way during a visit, and I fully appreciate the value associated with this. I feel it is part of the regret and loss that many people are having today as we have become more distant from each other due to the pandemic. I try to use telemedicine to help deal with this problem. I smile, joke, chat, and try to get in touch with a patient through their cell phones or computers to try to make a human, personal contact.

Q: How has this change in your business affected your insurance reimbursement rates?

A: I have no complaints as far as my reimbursement for telemedicine. By not seeing patients live I have stopped doing any procedures, which paid the bills. I have had to get creative to supplement my income and have been happy with how this worked out. I am doing Remote Patient Monitoring with many of my Medicare patients, and, again, Vosita has been key in having this happen. My office staff does Medicare Annual Wellness Visits which also supplement income. I operate my office now with only two receptionists and me, cutting my overhead costs. Office supplies are much less now, also lowering costs and reducing my supply problems.

Q: Life isn't just work, no matter how passionate you are about it! What else keeps you motivated and active and healthy?

A: I still have time to try to balance my life. I don't go to restaurants anymore or to the gym due to my concerns with the pandemic and many viruses in our environment. I have enjoyed long distance running for many years, and continue to participate in practices and races. I am doing virtual races year-round, using apps on my cell phone to document my distance and times, which are then sent to the organizing body. On November 6, 2022, I ran the New York City Marathon virtually. It took me 53 years of running but I was finally able to run my 100th marathon at age 75. Current electronic thinking similar to telemedicine allows us to safely run races of the same length and the same day as other racers, although virtual racers are not eligible for awards or cash prizes. Still, we get the same medals, certificates, and tee shirts as those in live attendance.

I want to thank anyone who took the time to read my story. As you can see, I am a big proponent of telemedicine in today's world. It offers a lot to the patients and has offerings that even live visits can't provide. The convenience alone is a major consideration to offer the patients, especially in today's time-strapped world. Vosita has been a wonderful partner and continues to serve me and my patients very well.

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How Missed Appointments Affect Your Bottom Line and How You Can Manage It

by Monica Rivera



In the U.S healthcare market, practices lose over \$150 billion in missed appointments annually. A single missed appointment currently costs individual physicians an average of \$200. As a healthcare provider, you'll want to keep missed appointments in check as they can significantly impact your business.

Why Do Patients Miss Appointments?

Cancellations are a major challenge for any practice. While every practice is different and unique factors may be to blame, gender, age, and financial challenges are often responsible for patients not showing up on time or at all.

Generally, the top reasons for missed appointments are as follows:

1. Financial challenges
2. Anxiety or fear
3. Transportation challenges
4. Forgot appointment date

In some cases, the wait time is too long, or the practitioner has difficulty easing the patient's anxiety over a future appointment.

// **...practices lose over \$150 billion in missed appointments annually. A single missed appointment currently costs individual physicians an average of \$200.**

How Do I Address Missed Appointments?

Regardless of the reason, it's important for doctors to look for patterns in patient no-shows and cancellations. By identifying some of the key reasons for missed appointments, you can diagnose the problem and prescribe a solution that works for your practice and its patients.

1. Implement appointment reminders

Many practices may use phone, email, or text messages to remind their patients of upcoming appointments, and some practices will even use different combinations of these channels to get the reminders out. However, a six-month study determined that electronic reminders (email and SMS) resulted in lower no-show rates than phone calls. This study actually showed an



average no-show rate of 2.4% across 1193 appointments. It is to be noted that SMS text messages had the lowest no-show rate with 1.9%.

We recommend using appointment reminders to remind patients when their appointment is scheduled, as well as in the days leading up to, and on the day of, their appointment. A reminders system that integrates with your scheduler, like CGM's that integrates with its Medisoft and Lytec practice management systems and schedulers, can allow you to schedule the reminders as you're creating appointments to simplify the process.

2. Offer telehealth

2 in 5 Americans take time off work for their medical appointments. Whether it's anxiety about traveling, fear of contracting COVID or other illnesses, or just a busy schedule, there is a growing need for making healthcare more accessible for those who need it. Telehealth visits make healthcare more accessible by eliminating travel time, patient intake forms, and waiting room time.

Telehealth has made it possible to receive medical care from the comfort of your own home. It also increases access to healthcare in rural areas and cuts down appreciably on travel time and waiting times for both patients and providers. A solution like Vosita makes it easy for both healthcare providers and patients to find quality telemedicine doctors on their own terms anywhere in the US, making it possible for them to schedule visits at times that better fit into their own schedules.

With the high cost associated with no-shows, it pays to use education and communication to bridge the gap between patient and provider. Without a doubt, appointment reminders play a major role in reducing the number of last-minute cancellations or no-shows. Contact Microwize to get started with a solution that works for you.



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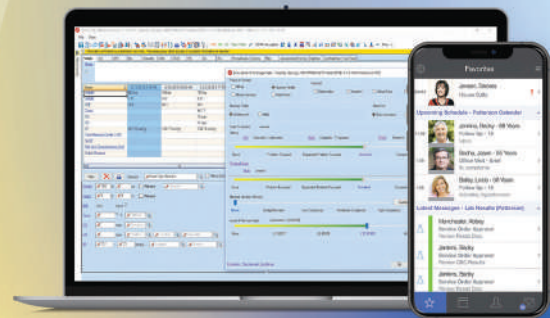
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