Effective Strategy in a Multidiscipline Clinic
Financial Disclosure

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Effective Strategy in a Multidisciplinary Clinic

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Problems

True commitment
Need to salary physicians
Allied Health Professional time support
Patient Access (uninsured, of network)
Importance of Billing
Philanthropic Support
Further Effective Strategy

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What Clinics?

Amyotrophic Lateral Sclerosis
Myasthenia Gravis
Inherited Neuropathy
Myotonic Dystrophy
What Setting?

- Academic Department Clinic
- Hospital based Clinic
- Private or Group Practice
- Community Clinic
Where Do We Start?

• Step 1: Who are the Key stakeholders:
  - Pulmonology
  - Neurology
  - PT/OT/Speech
  - Social Work
  - Nutritional Services
  - Advocacy

• Step 2: EMR Build Discussion
  - IT
  - Registration
  - Billing Office
  - Administration
Where Do We Start?

- **Step 3: Space and Time**
  - Clinic Space
  - Staff support
  - Frequency of clinic
  - Number of patients/clinic

- **Step 4: Support**
  - Advocacy
  - Philanthropy
  - Affiliated hospital/university
  - Vendor/DME
Opportunities

• Center of Excellence
  o Branding
  o Referral Base

• Patient Education

• Research
  o Clinical and serum/tissue biomarkers
  o Clinical studies/trial (screening, consenting, research visits)
  o Natural history
  o Databases
Challenges

• Recruitment, retention, & training team members
• Funding or time support for team members
  o Independent vs hospital based allied health professional
  o Assessment of out of network or indigent patients
  o Federal-legal compliance (‘fee splitting or kickbacks’)
• Billing & Coding
• HIPAA compliance
• Clinic Coordination
Key Operational Attributes

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Where Do We Start?

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Where Do We Start?

• Step 3: Are Modifications Needed?
  
  **Registration Process:**
  
  - Most often occurs at a clinic front desk area
  - Adapted to occur in the lobby
  - Eliminate long lines at the front desk

  **Scheduling Process:**
  
  - Multiple modalities are involved
  - Initially scheduled with one provider
  - Added to all schedules 2-3 days before clinic

  **Patient Evaluation Process:**
  
  - Moved from exam rooms to include larger spaces
  - Determined the provider may need to go to the patient
Pitfalls to avoid?

• Analysis is required!
  - Co Pay Collections
    • Collecting for multiple specialties
    • Must be able to explain to patients
  - Review denials
    • Suggest monthly meeting with your business office
    • May indicate where process adjustments are required
  - Must be mobile
    • Had to purchase additional laptops
    • Printing paper was difficult
    • Quick discussions with multiple providers are required
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