



Effective Strategy in a Multidiscipline Clinic

Financial Disclosure

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Ericka P. Simpson, M.D.: Nothing to disclose

Stephanie Staten: Nothing to disclose

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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

Fukrther 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
 - Branding
 - Referral Base
- Patient Education
- Research
 - Clinical and serum/tissue biomarkers
 - Clinical studies/trial (screening, consenting, research visits)
 - Natural history
 - Databases

Challenges

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

Key Operational Attributes

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Where Do We Start?

- Step 1: Who are the Key stakeholders:

- ❖ Pulmonology
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- Step 2: EMR Build Discussion

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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



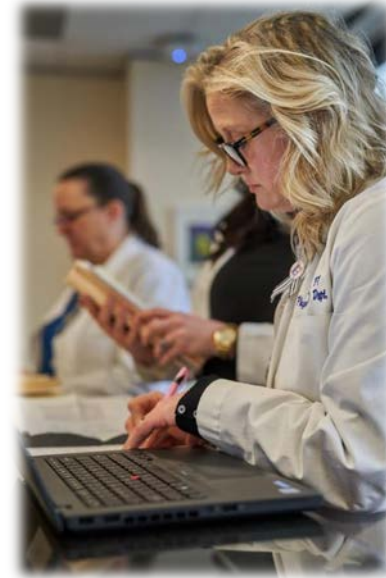
Review denials

- 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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