Austin Medical Times

Bringing Healthcare News to the Forefront

November Issue 2018

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A State Of The Union Of The Medical Profession

By Phillip Miller
Merritt Hawkins

How many patients do physicians see a week? How many hours do they work? How many are employed by a hospital and how many remain in private practice? How do younger doctors differ from older ones, and how do female doctors differ from males?

These and a wide range of other questions about who physicians are and how they practice are addressed in the newly released Survey of America's Physicians: Practice Patterns and Perspectives.

Conducted biennially by Merritt Hawkins on behalf of The Physicians Foundation, the survey is based on close to 9,000 physician responses and reveals data touching on some of the most pressing trends and challenges in healthcare today, including:

- **Poverty/the social determinants of health.** 88% of physicians surveyed indicate that some, many or all of their patients have a social condition (poverty, unemployment, etc.) that poses a serious impediment to their health. 56% said that many or all of their patients have such an impediment while only 1% said that none of their patients have such an impediment.
- Opioid use: The majority of (69%) are prescribing fewer pain medications in light of the opioid crisis.
- **Employed vs. independent physicians.** While employed physicians work 3.4% more hours than practice owners (a counterintuitive finding) they see 11.8% fewer patients.
- Male and female physicians. Female physicians spend 12% more time on non-clinical paperwork than do male physicians and see fewer patients.
- **Value-based payments.** Only 47% of physicians indicate that

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Scott and White Health Plan to Acquire FirstCare Health Plans

Scott and White Health Plan, part of Baylor Scott & White Health, has signed a definitive agreement to acquire FirstCare Health Plans.

This acquisition will allow the two provider-owned health plans to come together to create a more comprehensive and sustainable insurer with a driving focus on enhancing the customer experience through advanced technology.

"For more than 35 years, Scott and White Health Plan has served Central Texas and surrounding communities," said Jeff Ingrum, CEO of Scott and White Health Plan. "Uniting our health plans will allow us to ensure the long-term viability for both, continuing our histories of Texans serving Texans."

Collectively, the plans cover nearly 400,000 members. Once finalized, the acquisition will mean for those members an expanded network of providers in the communities the health plans serve.

"We are confident this is in the best interest of our members, providers, agents and employees," said Darnell Dent, President and CEO of FirstCare Health Plans. "I am proud of FirstCare's legacy of excellence, compassion and high-quality service to our communities in North, West and Central Texas. We are looking forward to advancing that legacy."

The definitive agreement signed

see Baylor Scott& White... page 14

Financial Forecast

Know Your Practice's Soft Spots Before the Payer Audit Arrives

By Reed Tinsley
CPA,CVA,CFP,CHBC

Focus on these hotspots to reduce audit risk. Even if your physician practice puts the strongest policies in place to prevent compliance missteps, a payer audit is always possible. If your practice performs regular self-audits, however, it could reduce anxiety about auditors at your door. Self-audits are one of the most important tasks for practices. Performing self-audits can also help you uncover the reasons behind revenue losses, claim denials, and refund demands.

Before heading full-steam for a self-audit, however, you need to know the areas where your practice is more vulnerable and focus your self-audit on those areas. Check out these common client-asked FAQ's on what areas you should focus on when preparing for self-audits.

Q: Why do payers decide to audit medical practices?

A: A payer might opt to audit your practice for several reasons: a random event that create an anomaly in your coding/billing, a benchmarking event, etc. However, it may be impossible to determine what triggered an audit. It is possible that your practice may be a government target, but whatever the reason, you must always be prepared for one.

Q: Which coding/billing areas do payers audit most often?

A: Payers decide to audit most frequently due to concerns in the following areas, defined as "The Big Five":

1. Evaluation and management (E/M) codes (99201-99215, 99281-99284, etc.)
2. CPT procedure code utilization by frequency
3. CPT procedure code utilization by relative value units (RVUs)
4. Modifier utilization (modifiers 25, 57, 59 [or the new "X" modifiers], etc.)
5. Time (total provider work hours your practice bills for)

Suggestion: Be sure to keep compliant with all payer rules on all issues – but take extra care to ensure that you have no compliance holes in the aforementioned "Big 5" areas.

Q: What are some specific reasons payers conduct audits?

A: Within the "Big 5" of audit hotspots, there are several specific missteps that could drive auditors to your front door. Practices are frequently audited for these reasons:

No documentation: The provider doesn't submit any medical records to support the claim. I see this so many times. A bill without documentation should be handled by a patient by requesting a copy of the medical record. Claims without any documentation at all are low-hanging fruit for auditors, as they are often the easiest to prove. With no documentation, there is no support for the bill.

Insufficient documentation: The provider's documentation lacks certain patient facts that the payer deems vital (e.g., the patient's overall condition, diagnosis, services the provider performed, etc.). I see this a lot as well. And quantity of documentation does not necessarily equal quality. All too often I see volumes of words on claims but they don't say anything nor do they comply with the documentation guidelines.

Medically unnecessary service: The payer's claim review staff identifies

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Legal Matters

Peer Review Of Employed Physicians

John T. Synowicki, JD Polsinelli, PC

As the health care industry sees increasing alignment among hospitals and other health care providers, a reoccurring issue is how to handle peer review for physicians who are engaged with the provider through credentialing, but also through an employment relationship. Inevitably, peer review concerns arise for some of those physicians, often resulting in separate employment and peer review evaluations of the physician. It is important for providers to look at these arrangements proactively, as the structure of the relationship can streamline how the hospital handles the underlying situation.

This issue can arise where physicians are employed directly by the Hospital. Although this applies only on a limited basis in Texas, some physicians enter into a physician employment agreement (PEA) with providers, in addition to receiving privileges with the provider. The PEA often contains a provision that the loss of employment by the physician will result in the automatic loss of membership and privileges at the hospital through immediate termination.

Additionally – and more commonly in Texas – a situation can arise where the physician is employed by an affiliate of the Hospital, or with a group who is contracted as an exclusive provider. Under such circumstances, it is not uncommon for the affiliate to directly employ the physician, and for the PEA to contain a clause that the loss of employment by the physician requires the physician to immediately resign from any affiliated hospitals or other credentialing entities. This could trigger an automatic termination of privileges and membership, or require the physician to voluntarily resign his privileges and membership at affiliated entities.

In April 2017, the National Practitioner Data Bank (NPDB) issued formal guidance on the issue of employed physicians to clarify issues surrounding loss of employment in relation to privileging issues. The NPDB clarified that where a physician was under peer review, but lost his privileges and membership due to an automatic action related to employment termination or resignation, the termination was not reportable to the NPDB. The NPDB stated the "termination was not a result of a professional review action and, therefore, was not reportable. It does not matter that the employment termination *** automatically resulted in the end of the practitioner's clinical privileges." National Practitioner Data Bank Insights Publication, April 2017.

The NPDB publication provides several important takeaways. First, it confirmed that when the loss of privileges is automatic, it is considered an administrative action, and the loss of privileges is not reportable to the NPDB. Thus, even if there is a parallel peer review investigation underway at the Hospital when the physician's employment terminates, there is no reporting requirement related to the loss of privileges, provided that the loss of privileges was automatic.

Second, the NPDB guidance

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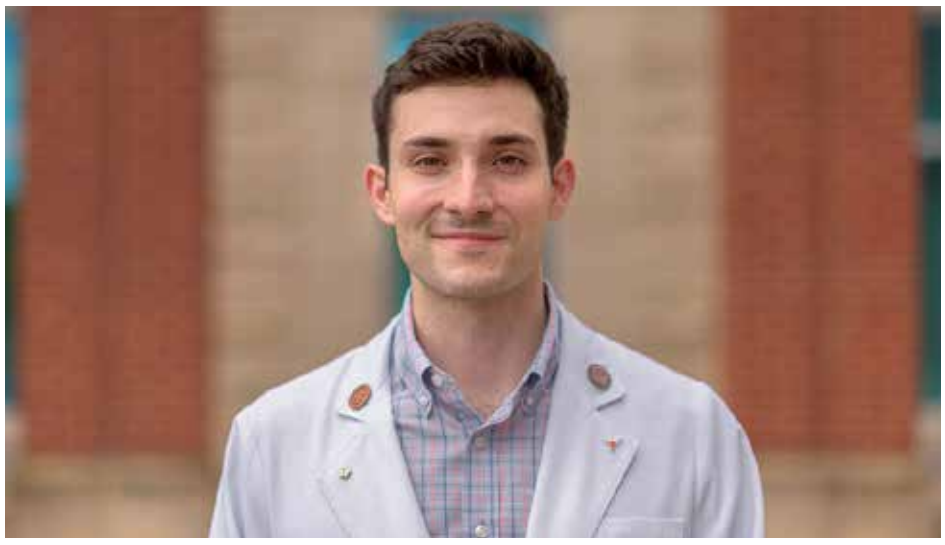
Becoming Fluent: Using Language To Change Medicine

Thomas Dowlearn Learns the Languages of Medicine, Business and Spanish to Help Patients



Thomas Dowlearn, Texas A&M College of Medicine student

By Katherine Hancock

Learning a new language opens doors to communicate with new people, in ways you never could before. This is certainly the case for one Texas A&M College of Medicine student, Thomas Dowlearn, who's learning the languages of medicine, business and Spanish.

Dowlearn sees language a little differently than most. He's becoming fluent in how to speak within the field of medicine to communicate with fellow physicians and with patients. With a bachelor's in business and an MBA under his belt, he's pretty well versed in business, too. But he's adding Spanish to his repertoire as well.

"I'm not sure why, but the idea of combining these three approaches to language and ideas just fits for me," Dowlearn said. "Each helps me relate to more people, gain more perspectives and understand more people."

The language of medicine

When Thomas was in high school at St. Thomas High School, in Houston, Texas, he loved sports. His junior year, he was playing basketball when he started to get a tingling feeling in his leg.

It kept getting worse. Pretty quickly it became painful just to walk or sit down. He even began sitting on a doughnut cushion in his classes to try to relieve the pressure. After an MRI, he was diagnosed with a herniated disk in his lower back. Dowlearn had to quit playing sports.

After a few months of physical therapy, he found no relief, and his physicians opted for surgery to repair the disk.

"When I woke up from surgery, the pain was gone—almost completely," Dowlearn said. "I thought to myself, 'This is amazing! I want to transform people's lives like this too.'"

That surgery tangibly set in Dowlearn's mind the ability of medicine to change a person's life and to restore a sense of normalcy for those who are suffering.

So he began to shadow Dr. Ross Reul, a heart surgeon, who was also a family friend, at the Texas Heart Institute.

"I was fascinated by what could be done for people. After seeing the first triple bypass procedure, I was hooked," Dowlearn added. "I want to help people get back to living a normal and productive life through medicine."

The language of business

After high school, Dowlearn went to Austin to study business at the University of Texas. It might seem like an odd choice for a guy who just fell in love with medicine and was dedicated to being a physician. But as he says, it's just another language he wanted to learn.

"I went into business school because, first, I wanted a safety plan for my career. But the real reason was that I knew to be a good physician, I

see Texas A&M...page 12

Oncology Research

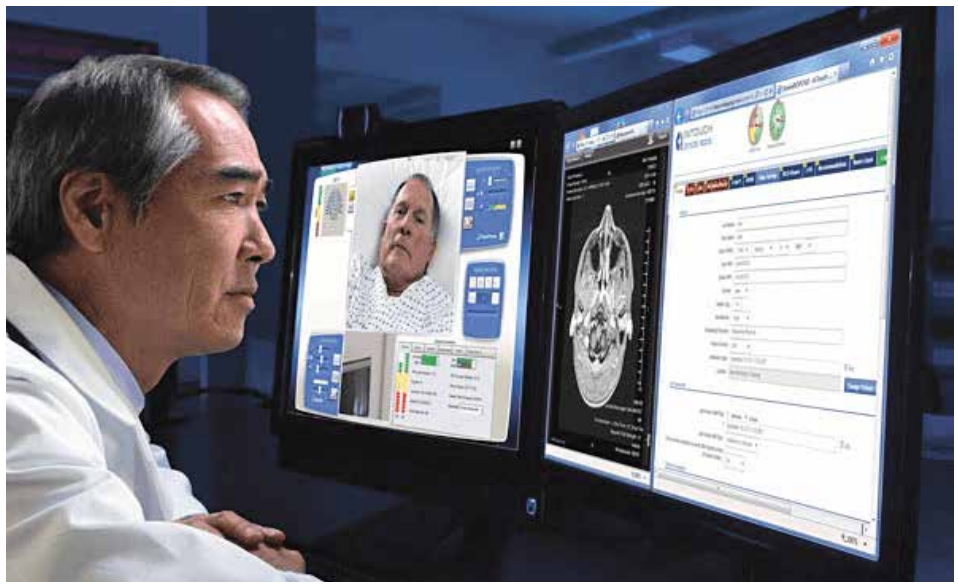
Telemedicine: When I'm Here, But My Doctor Is There

By Rebecca Fisher, M.D., Austin Brain Tumor Center

In recent years, there have been extraordinary medical and technological advancements in healthcare.

In an ideal world, location would not be an obstacle to accessing leading-edge cancer care, the reality is that in states as vast as Texas, patients often travel long distances for specialized consultations and treatments. Traveling for care can be exhausting, costly, and untimely for patients and their caregivers.

Telemedicine has been in use for many years. More recently, it is becoming more common in cancer care. In appropriate settings, telemedicine can be a viable and beneficial option for patients and physicians.



What is telemedicine, and how might you or a loved one benefit from it?

Telemedicine enables physicians to connect directly with patients who need highly specialized care, even if they live hundreds of miles away from the physicians' offices. This is accomplished through a range of technologies, including video conferencing. Video conferencing makes it possible for patients to see and speak directly with a physician. Additionally, it allows for medical records to be shared, including imaging studies. Physicians within a healthcare network can access patient records and share files through encrypted, HIPPA-compliant technology.

With telemedicine, patients have access to extensive and diverse expertise with more treatment options, while saving time and expense.

Telemedicine does not completely eliminate the need for patients to travel for certain aspects of treatment and in-person doctor visits. But the robust communications technology effectively extends the reach of healthcare providers by allowing some consultations and follow-ups to take place remotely. This is vitally important in many areas of Texas, where access to specialty healthcare is limited or non-existent.

As an example, if a patient in Texas has been identified by their medical team as a potential candidate for highly precise proton therapy, oncologists specializing in this type of treatment can use telemedicine to conduct a preliminary consultation with the patient to determine if the treatment is appropriate for them. This helps eliminate unnecessary travel.

The patient visits their local physician's office for the appointment, where the appropriate specialist is added remotely via telemedicine technology. Specialties available also include blood and marrow transplant, CAR-T therapy, pediatric hematology, neuro-oncology, and advance care planning.

Telemedicine makes it possible for patients to connect with physicians by allowing some consultations and follow-up to take place remotely. Consultations can include voice, videoconferencing, sharing and reviewing scans and images,

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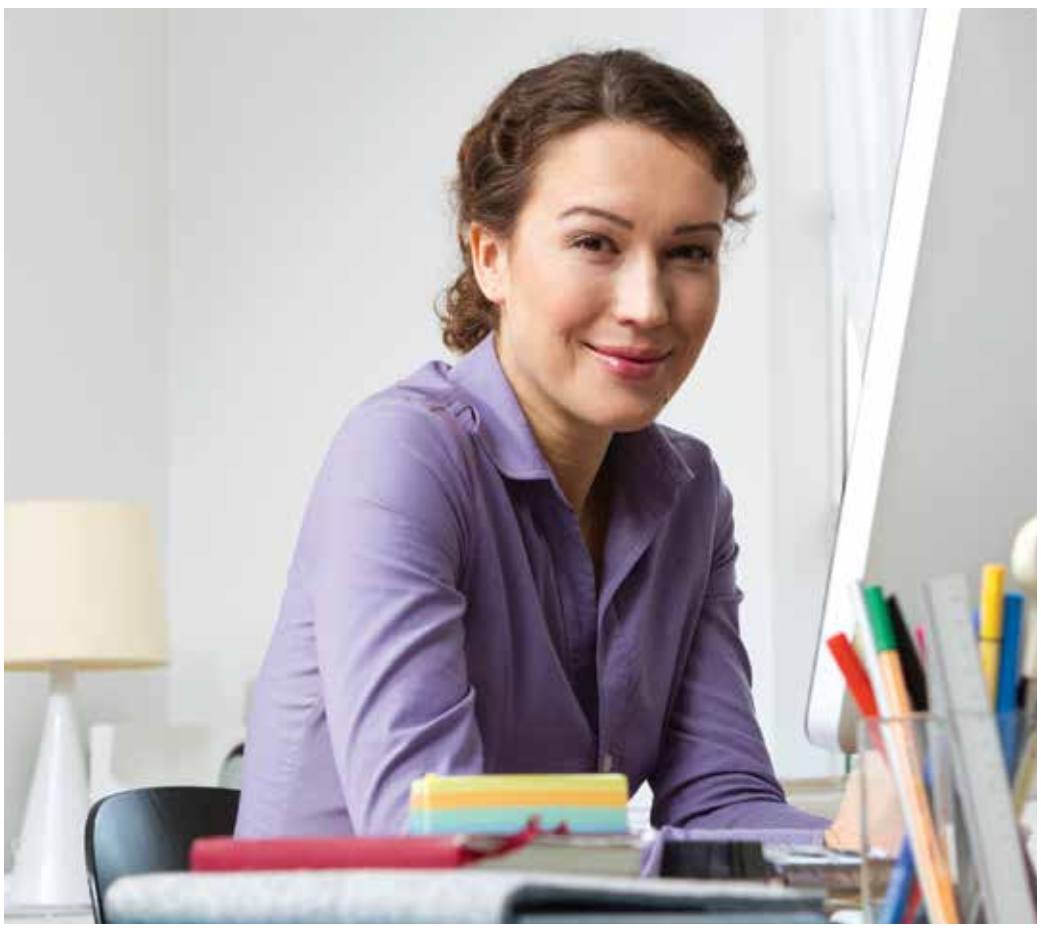

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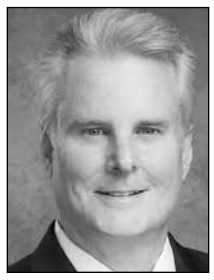
New Technology

Is Your Healthcare Built On The Right Foundation?



By Mark Johnson
President, Xtrii

Having When you build a house we all know the importance of building it on the right, solid foundation. If you don't, all the investments in the framing, walls, roof, and fixtures would be at risk. The same is true for building your healthcare organization and operating processes on a risky, unstable foundation.

Today, healthcare is being reshaped around a digital foundation. The optimal clinical and business processes, patient access, and timely care are dependent on systems. How reliable, secure and solid are your organization's systems and underlying technologies?

If you ask your internal I.T. Manager they will likely tell you that everything is fine... that is until the very unpleasant day that you find out that it wasn't fine after all. The day a Hacker has invaded your systems and stolen customer information, medical records and other sensitive data. The day the network crashes and you hear that it will take hours or days to recover. The day that your core systems are down, and you realize that your company doesn't have an actionable Disaster Recovery Plan nor a Business Continuity Plan. How will that day impact your business and your customers?

If you are unable to take customer orders or process customer requests, where will your customers turn to fill their needs? Most likely your competitors. Once they do, will you be able to get your customers back or will they continue to turn to your competitor that is more reliable?

What liability and risk does your healthcare organization assume during those technology outages and/or system breaches? Savvy business leaders know they must have a clear understanding of their business risks, operations vulnerabilities and how they will handle unexpected issues. Even if you use cloud services or your systems are operated by a third-party, you still must have a reliable, secure network infrastructure to access those systems and services and a viable plan for how you will continue your business operations if the systems are not available. Business leaders must identify and understand their vulnerabilities and risks, and proactively take actions to address them.

What is the best way to do so? An unbiased, independent, comprehensive technology assessment is the best way to reveal the realities and develop the right plan to address your vulnerabilities. The weakness of depending on internal opinions is the reality that people tend to be very biased about their own work and are often blind to weaknesses within their daily routines. You need an unbiased, seasoned professional that provides a fresh, clear view of the overall operating environment and expertise to help you implement the optimal processes and address the technology and business risks.

The age of Digital Transformation is here, and it relies on a solid digital foundation. Act now to ensure your business is built on a solid, digital foundation that can withstand the growing digital demands and can be trusted to support your business's future.

Mark Johnson is a global technology leader that has advised and led the top healthcare organizations. He currently serves as President of Xtrii, www.Xtrii.com. For additional information on healthcare technology and to see more of Mark's technology tips and insights, visit www.Xtrii.com.◆

Marketing Essentials

Digital Ads and Healthcare: What Makes Some Companies So Successful

By Carolyn Lange
Healthcare Success

In marketing, the Pareto principle—or the 80/20 principle—applies to a lot of what we do. For example, more often than not, 20% of the healthcare organizations in any given demographic are responsible for 80% of the ad space.

The rest are missing out on a digital advertising opportunity—and that's one of the most powerful tools we have today to ethically target more patients and better cases. So what sets these top 20% of healthcare digital advertisers apart from the rest?

1. They test their ads

Far too often, people think of digital ad campaigns as a "set it and forget it" marketing tool. They simply run a couple of ads that look well enough and wait for the leads to roll in. The theory seems to be that as long as they have something up and running, it's better than nothing.

But in many ways, it's like throwing money away. The top 20% of healthcare advertisers consistently test their ads to make sure they have the potential to convert patients.

If impressions are high but clicks are low, do something about the ad copy. If the click rate is high but you aren't getting any form fills, direct your ads to a new landing page. Top healthcare advertisers are constantly changing their advertising strategies.

2. They don't give up

On the opposite side of the spectrum from the "set it and forget it" crowd are those who believe digital advertising just won't work in their specialty. They've tried advertising before, didn't see great results, and decided to stick with traditional media advertising, like billboards and brochures.

We believe all of these things are part of a well-rounded cross-channel ad campaign. But digital advertising is usually part of this, in some capacity.

Constant testing is one part of the equation to running successful ads. In addition, you have to understand what channels your patients frequent to determine where to shift the majority of your advertising budget.

3. They study their audience

When you know your demographic fairly well, it's easy to believe you understand their behaviors. But you simply cannot determine the actions your patients take online unless you do the research.

For example, we hear a lot of doctors say that they don't need digital advertising because most of their patients are seniors. But according to a 2018 Gallup poll, 52% of people aged 50-64 are on Facebook, along with 32% of people 65 and older.

Seniors see Facebook ads online every day, and many are actively searching for healthcare, or have children who may be making their primary healthcare decisions.

Another example: we often hear doctors say that they would never click on a paid Google ad, so why would their patients? But remember that you

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Healthy Heart

Eat Smart – Live Longer

By American Heart Association

Recent estimates show around 10 percent or fewer U.S. adults and children get the recommended 4.5 cups of total fruits and vegetables per day. Currently, less than 1 percent of Americans meet the American Heart Association's definition of ideal cardiovascular health, primarily due to poor diet. In fact, poor diet was the single leading contributor to premature death in the U.S. in 2010. Today, nearly two in three American adults and one in three American children are overweight or obese.

Dietary habits contribute to multiple cardiovascular risk factors including blood cholesterol, blood sugar and blood pressure. At the same time, fruits and vegetables are an important part of a heart-healthy dietary pattern. A recent review concluded that increasing the portions of fruits and vegetables can reduce the risk of cardiovascular disease.

The American Heart Association encourages Houstonians to Eat Smart during the month of November. Eat Smart Month is part of the AHA's "Healthy For Good" movement, which focuses on eating smart, adding more color - such as vegetables - to meals, getting more exercise and making "being well" a priority.

For a 2,000 calorie diet, the American Heart Association recommends 2 cups of fruits and 2.5 cups of vegetables each day. The average American adult consumes around 1 to 1.5 cups of each daily. Follow these healthy guidelines to update your eating style and improve your nutrition profile.

- Cut down on saturated and trans fats by choosing non-tropical vegetable oils instead of foods rich in saturated fat or trans fat for cooking. These oils contain monounsaturated and polyunsaturated fats. Check the Nutrition Facts label and avoid foods with hydrogenated oils.
- Choose canned fruits packed in juice rather than syrup.
- Use nonstick cooking spray instead of greasing bakeware with butter or shortening. And use it in skillets instead of butter for cooking.
- Make your own salad dressings by mixing healthier kitchen oils (such as olive oil) with vinegar and herbs.
- Look for whole grains and lower sodium when you buy things like bread, crackers and snacks.
- Choose poultry and fish and limit red meat. Always look for leaner pieces and trim away skin and visible fat before cooking.

You want to be Healthy For Good. The American Heart Association wants to help, with science-based information and you-based motivation. Help spread the word by downloading the Eat Smart Month Toolkit and highlight how to make the healthy choice the easy choice for patients, employees, staff and partners. The kit comes with a full suite of marketing materials including posters, resource guides and shareable social media graphics. Four weeks of daily tips and weekly articles are also included. Find it all at www.heart.org/eatsmartmonth.

Here's wishing all a festive, happy and thankful November. We are thankful to be part of the Houston community. Follow us on Facebook – @AHAHouston– and post a picture of your healthy Thanksgiving meal with the hashtag #eatsmartmonth. We'll be looking for your pictures!◆

Local Walmart and Sam's Club Associates, Customers and Members Raise $224,000 for Dell Children's

National Campaign Crosses $1 Billion in Fundraising Since 1987

Walmart and Sam's Club associates, customers and members in Central Texas put their money where the miracles are during the annual Children's Miracle Network Hospitals fundraising campaign.

The Central Texas community raised $224,000 for Dell Children's Medical Center of Central Texas. The effort was part of a national campaign for Children's Miracle Network Hospitals which resulted in $36,510,164 million raised, putting the total raised in the U.S. and Canada since 1987 over the $1 billion mark.

"Research by Engage for Good shows that the cumulative $1 billion in cash raised for CMN Hospitals over the years by Walmart and Sam's Club represents the largest amount ever raised for a nonprofit by one company in North America," said David Hessekiel, president of Engage for Good, a trade group that tracks cross-sector efforts to generate positive social and business impacts.

Donations poured in Aug. 27 to October 7, as Walmart and Sam's Club associates at 31 locations held various in-store fundraising activities and asked customers and members at the register to help kids live better. In addition to asking for donations at the register, associates in local Austin area locations held employee potlucks, bake sales, created in store wishing wells and hung up umbrellas encouraging customers to drop in 'pennies from heaven' to raise funds for Dell Children's.

"The critical funds that Walmart and Sam's Club raise annually for Dell Children's Medical Center allow us to continue to be a safety net hospital for our community and carry out our mission of caring for the poor and the vulnerable. These donations help Dell Children's cover millions of dollars in charity care while also providing special services for families like music, art and pet therapy ensuring kids can be kids, even when they're in the hospital." Megan Campuzano, Children's Miracle Network Program Director at Dell Children's

"The $1 billion raised by Walmart and Sam's Club customers, members and associates has changed the world of children's healthcare," said John Lauck, president and CEO, Children's Miracle Network Hospitals. "Because of their generosity, tens of millions of kids across the U.S. and Canada are living better."

Walmart and Sam's Club funds impact each of the 170 Children's Miracle Network Hospitals, which treat one in 10 children across North America. Hospitals use the funds based on what they need most — typically providing lifesaving equipment and research, supporting top therapy programs and providing charitable care.◆

Medical Profession
Continued from page 1

any of their compensation is tied to value-based payments. Valued-based payments comprise about 14% of the total income of these docs.

- **The physician shortage:** 80% of physicians indicate that they are at full capacity or are overextended and do not have the time to see more patients. Physicians are working fewer hours and seeing fewer patients on average, contributing to the physician shortage
- **Physician burnout:** 78% of physicians sometimes, often or always have feelings of burnout. The burnout rate is higher for female physicians than for males. 46% of physicians plan to make a major change in their practices.
- **Telemedicine:** 18.5% of physicians now practice some form of telemedicine.

The Survey of America's Physicians is one of the largest and most comprehensive physician surveys conducted in the U.S. and includes a wealth of data and analysis of interest to anyone who follows physician practice and workforce trends. Visit www.merritthawkins.com◆

Financial Forecast
Continued from page 3

information in the medical record that leads them to decide that services that the provider reported were not medically necessary based on Medicare coverage policies.

Incorrect coding: The provider submits documentation that does not line up with the choice of code. This often occurs when coding for E/M services.

Some of the more frequently incorrect E/M claims are: coding for a consultation (99241-99245) rather than an outpatient office visit (99201-99215); misreporting new (99201-99205) and established (99211-99215) patient E/M codes; and coding for a high-level office visit (99204-99205; 99214-99215) when reporting a lower-level code would have been more accurate.

Suggestion: Make sure your practice is as compliant as possible in the above areas; also, make sure you conduct your self-audits in the areas of most concern to your particular practice.◆

Texas A&M
Continued from page 5

would need to know how to manage the business end of medicine. That way I can better treat patients and impact even more lives," Dowlearn said.

Quite simply, Dowlearn wants to help make the business of medicine better. He wants physicians to practice in a way that makes sense and improves the experience of the health customer: the patient.

"Health care is an immensely complex system, care is extremely expensive, and there are many opportunities to improve the system," Dowlearn said. "I want to try to improve it, and my passion for doing so grows more and more each day."

Dowlearn came to Texas A&M for medical school because of the five year "MD Plus" degree program that allows Texas A&M medical students to combine their medical degrees with a master's degree at another college at the university. In Dowlearn's case, he was able to add his MBA to his MD in just a year.

"The way I see it, business is just another language to help me take care of people," Dowlearn said. "There's a human and a business case for changing health care to be more of a long-term-focused system. At the end of the day, if we can improve prevention, we can reduce the cost and make it more profitable. This makes health care better for everyone."

The language of Spanish

Dowlearn fell in love with Spanish in high school. He attended a private Catholic school, where Father Jack Hanna, the priest who taught Spanish, did more than just get students to understand vocabulary.

"The way he approached the language made me passionate about the culture, not just the language," Dowlearn explained. "I'm doing everything I can to be prepared to be there for Spanish speaking patients."

He's taking advanced Spanish classes at Texas A&M and medical Spanish is part of the Texas A&M College of Medicine's elective curriculum. He is learning how to examine patients in Spanish and how to ask the best questions to help find a diagnosis.

"The emphasis on family and community in Latino culture really connects with me," Dowlearn said. "I think being fluent in Spanish is one of the best ways to make an impact in medicine in Texas."

During a mission trip to Colombia, that connection to Spanish-speaking cultures was solidified.

"I couldn't carry on the conversations I wanted to have with these people who needed our help," Dowlearn explained. "I knew that if I could learn more, I could understand more and actually help these people who need it most."

The language of children

"If you can say to a child, 'Let's look for butterflies in your ears' instead of saying 'hold still' –you'll be able to connect with a child and reduce stress, and hopefully get to the bottom of why a child is in pain or sick," Dowlearn said.

Dowlearn is in his second year of medical school and is leaning toward pediatrics and says he hasn't ruled out cardiovascular pediatrics.

"There's just something about helping a child get better," Dowlearn explained. "But here, too, you need to grasp the understanding of a different language—the language of kids."

Dowlearn's passion for pediatrics developed when he volunteered at Dell Children's Medical Center and during the mission trip to Colombia. He learned quickly that he had to communicate solutions to the parents. "If you're not educating and convincing the parents, then the kids don't get the treatment they need or form important healthy habits."

He says that helping the families of Texas, through this compilation of different languages, seems like the key to success for his future. "If I can bring this all together, to look at things in new ways and be able to explain things in ways people really understand—I feel like I can make a difference." In fact, one of the ways he's trying to make that difference today is through his role in co-creating SHIFT Competition, the first ever Texas-wide medical school case competition. SHIFT was held this past weekend at Texas A&M College of Medicine and brought together seven of Texas' medical schools to discuss innovative solutions to healthcare challenges facing rural Texans.◆

Oncology
Continued from page 6

coordination of local supportive care, symptom management – or any combination of those services as clinical circumstances require.

Telemedicine is making it possible to reach more patients, and deliver care more efficiently and conveniently without compromising quality, regardless of patient location. The future of cancer care is here, and it includes telemedicine that is effective for patients.

Rebecca Fisher, M.D., is a neuro-oncologist at the Austin Brain Tumor Center, a part of Texas Oncology, located at 901 W. 38th Street, Suite 200, in Austin, Texas. For more information, visit texasoncology.com ◆

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- Smart-house technology, including nest thermostats
- Whirlpool washer and dryer in each residence
- Spacious walk-in closets and on-site storage options include bike storage and bike shop
- Controlled access to parking garage and all floors with reserved parking available and Car2go parking
- State-of-the-art fitness center with free weights and cardio machines, yoga studio with spin bikes and TRX equipment
- Outdoor yoga and event lawn
- Natural-gas outdoor grills and Hill Country stone fire pit with multiple areas for outdoor cooking, dining and entertaining
- Sparkling pool with modern, landscaped pool courtyard and splash lounge, featuring outdoor kitchen, grills and televisions
- Private lounge with espresso machine, PC and Mac computers, printers, and flat screens
- Dog spa with bathing and grooming options

WESTERLY

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Baylor Scott& White
Continued from page 1

by Scott and White Health Plan and FirstCare Health Plans' owners, Covenant Health System and Hendrick Health System, is now subject to regulatory approval. Pending that approval, the acquisition is expected to be finalized in early 2019.

It is important to note that nothing changes for members or employees of either health plan today.

For more information on Scott and White Health Plan, visit: SWHP.org.

For more on FirstCare Health Plans, visit: FirstCare.com. ◆

Legal Matters
Continued from page 4

focuses on the result that terminated the physician's privileges, not whether the review began due to a peer review investigation or an employment concern. Thus, regardless of whether the underlying issue starts as an employment concern or a peer review concern, if the physician's employment terminates, and there is a provision for an automatic termination of privileges and membership, it is not reportable to the NPDB.

Although the NPDB guidance provides important clarification for providers, it also leaves open several questions that have not been addressed by the NPDB and which require close factual scrutiny, including, but not limited to, the following:

- Does the PEA allow the employer to notify the Hospital of the termination?
- Is the termination of privileges under the bylaws automatic, or is it considered a separate resignation by the physician?
- Does the automatic termination of privileges apply in all loss of employment situations, or only in for-cause terminations?

The answer to each of these questions could have a decisive impact in how to handle the situation.

While each situation is unique and requires a careful review of the relevant medical staff bylaws, PEA, and facts involved in each matter, tying privileges to employment may provide an opportunity for hospitals to automatically terminate a physician's privileges and membership without having to conduct a full-scale peer review investigation.◆

Marketing Essentials
Continued from page 9

are not your audience. The only way to know about your audience's behaviors is to study them–and they're changing every year!

4. They care about ad copy and imagery

Typically, digital advertisements are quite short, so you may not think the text and imagery is of much importance. But effective ad copy and images are all part of testing your various campaigns.

That means scrutinizing even the images that seem like a natural choice. For example, a team photo of smiling doctors could help patients feel at ease with your practice–but it may not catch their eye in the first place. Test various photos, including "after" photos, or images of people enjoying activities that may have been difficult before visiting your office.

It also means researching and thinking carefully about what your patients want from your organization. Do they care that your team is triple board certified? It's certainly a plus. But they may be looking for information about your level of care above your credentials. These are all things worth testing.

5. They set clear goals

There's no use running an advertisement if it's not connected to any clear goal. This is true of billboards, brochures, and Google ads alike. Understanding your goals helps you and your marketing team make better decisions about ad content, audience, and placement.

Looking to get more patients to one specific service line or specialty? Adjust Google ad keywords and make sure the landing page is relevant to those services. Want to build brand awareness in your community? Facebook ads can bring in high impressions without too high a cost. Want to get more prospective patients calling your office? Cohesive cross-channel campaigns can get you there.

6. They use negative keywords

Negative keywords are a huge part of constantly testing and adjusting your Google and Bing ads. We've talked a lot about finding what does work within your ads, but it's just as important to notice what doesn't.

Let's say you're running ads for an OB/GYN practice. You probably don't want to advertise to someone researching a keyword like "define OBGYN." Chances are high this person is not ready to have a baby.

You also don't want someone searching for employment: like "OBGYN job" or "OBGYN salaries." And of course, you don't want to spend money on a click from someone searching for that "OBGYN tv series." These are all negative keywords, many of which you may discover as you continue to run your ads.◆

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AUSTIN HEART & STROKE WALK

Looking to add to your fall fitness routine? Join us for the timed 5k run at this year's Austin Heart and Stroke Walk. Your $40 registration will help support life changing research right here in Central Texas.

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Miracle Mile
Timed 5K Run

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