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# PREPARING STAFF

for

## Electronic Health Records



Healthcare in the 21st century is moving more towards technology than ever before; technology has become a huge part of daily life and is now a much more prevalent part of healthcare. How information is transferred from doctor to doctor or practice to practice is changing rapidly, and because of this staff and patients need to know what to expect.

### Findings

Findings is published quarterly by SpineSearch LLC, one of the nation's premier recruitment and training companies.

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Electronic Health Records (EHR) makes it possible to access medical records on a much broader level than Electronic Medical Records (EMR). EMRs are standard medical and clinical data gathered from a provider's office; this data is not transferred to other healthcare providers and is the equivalent to a paper chart. EHRs contain and share information from multiple providers and encompass more of a full medical history for the patient. This allows the patient's health to be tracked over time. Practices will be able to cross reference a patient's allergy to medication or receive alerts for drug interactions. Now, providers have the advantage of viewing the patient's charts on a secure network. Even though there are many advantages with using EHRs there are still challenges that providers and staff will face.

### Transitioning:

Medical staff has to prepare for the transition in their office. Even though many offices are using this technology, some are still either switching over to EMR or are using both paper and paperless charts. Medical practices still have to figure out how much electronic data to use in conjunction with patient care. Certain errors that would be commonly found in a paper chart can be averted using EMRs. For instance, poor penmanship would be eliminated using digital charts making it easier for providers and pharmacists to read drug orders; if the ordering process is more efficient, then patient wait time will be improved. Also, EHRs make it easier to share information between doctor's offices. Electronic charts take up significantly less space than paper charts.

Even though the initial cost of an electronic system would cost more upfront, the practice would be saving money on paper and storage space. In the past charts were faxed or emailed between offices and this took up too much time.

## Training:

Preparing medical staff to use these systems is most important; a lot of the issues practices have with EHRs is lack of user training. Maintenance costs are another thing staff should be prepared for. With any technology there has to be the understanding that there will be need for IT support. Temporary loss of productivity is to be expected since you will most likely need a day of training to learn how the EHR system.

## Overdependence:

Sometimes there are unintended consequences that come with using EHR, like overdependence on technology. In case the system is down, doctors and nurses need to know how to provide medical care and chart in the absence of computer technology.



## Privacy:

In some cases, patients may be concerned about their privacy. Medical history is very private and kept between the patient and the doctor. Patients may feel like there is more of a chance of their information being shared or seen inappropriately. However, imposed regulations strengthen already existing laws like the Health Insurance Portability and Accountability Act; there is much less of a risk of patient privacy violations. In conjunction, hospitals and medical practices have fired employees for improperly viewing patient information. These records are being kept on a secure network but it is important to remind staff that there will be consequences if they view or share patient information inappropriately.

**“IN CASE THE SYSTEM IS DOWN, DOCTORS AND NURSES NEED TO KNOW HOW TO PROVIDE MEDICAL CARE AND CHART IN THE ABSENCE OF COMPUTER TECHNOLOGY.”**

## Errors:

An increase in errors is another fear that medical staff has about using EHRs. People make mistakes and doctors, nurses and billing specialists can make mistakes when inputting data. EHRs are also not standardized nor are they centralized.

Not all EHRs are compatible with each other, so entering information into one system may not be transferable to a system in another office. The possibility of changing files can occur whether it's intentional or unintentional.

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Even though some practices may be hesitant to use EHRs there are tons of advantages that come from using EHRs and as the years progress, the technology will only become better and better. Staff should be introduced to the systems and trained appropriately in order to insure a seamless transition, and maximal benefit from these advanced technologies.

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# Healthcare

## Recruitment Trends



Healthcare recruitment trends are ever changing and because of this recruiters must pay attention to the new need of hospitals and medical practices year to year. There has been a shift in physician recruitment based on community population and physician specialties in top demand.

Some trends in recruiting include using social media as a means to recruit qualified candidates. Using social media as a recruitment tool will only become more prevalent in the years to come. Whether the recruiter is posting a job listing on a Facebook job board or using Skype to conduct an interview for a candidate that lives out of state, technology has become a vital link to potential candidates. A recruiter can better assess what candidate is the right fit for the job by using social media outlets. This means recruiting for a job will take less time than before. A lot of the issues recruiters face is candidates not being seen in a timely manner by the employer, and then candidates move on to other job prospects. Recruiters are becoming more and more cognizant of proactive hiring and not reactive hiring. It is better to find the right talent to fit in with the company rather than struggle to hire someone after an employee has quit.

Another big trend for healthcare recruiters is recruiting for the rural job market. This has never been an easy task for recruiters. A lot of medical and nursing students attend school in urban areas and are not geared toward the rural market. NPPs and providers are less likely to pursue positions in rural areas fearing isolation and lower insurance and public program reimbursement. An important tip for recruiters to know is that recruiting for rural areas should start when candidates are still in school. Rural physicians are aging and this creates an issue in these areas because these populations require more care for chronic conditions like diabetes and heart disease than urban areas. Taking a look at schools that are located in a less populated part of the country will make it easier to recruit. A student that



has lived in a rural area is more likely to take a job in rural area than someone who hasn't.

Also, if there are incentives to make a move to these places like loan forgiveness or a sign-on bonus, then people are more likely to give these jobs a chance; these are things to take into consideration when looking to hire for a rural setting. Paying attention to the changing trends will help practices be able to fit more qualified candidates into jobs that best suit the employee and the employer.

***“A RECRUITER CAN BETTER ASSESS WHAT CANDIDATE IS THE RIGHT FIT FOR THE JOB BY USING SOCIAL MEDIA OUTLETS.”***

# Events



October 9-13, 2013  
28th Annual Meeting  
Ernest N. Morial Convention Center  
New Orleans, LA

We're Exhibiting!  
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November 8-9th 2013  
NYSIPP Pain Conference  
Hyatt Regency  
Jersey City, NJ  
We're Exhibiting!



November 14th 2013  
Nurses.com Career Fair  
Citi Field  
Flushing, NY  
Come Visit and Learn with Us!  
Course: Good Advice for Bad Backs

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# TIPS

**NP / PA**

## REIMBURSEMENT

Nurse practitioners and physician assistants (collectively referred to as Non-Physician Provider's: NPPS) are being utilized more than ever by medical practices. The advent of managed care, with a shift to capitation, spurred much of this development by creating incentives to save costs by using the least expensive, best-trained person to meet the patient's needs while saving the physician for his or her high-end and best use.

### 1) Understanding the Role of NPPs

NPPs supervising physician is responsible for the overall direction and management of the NPPs professional activities and assuring that the services provided are medically appropriate for the patient. Both Nurse Practitioners and Physician Assistant's must meet certain criteria in order to obtain both licensure and certification. However, national board certification (ANCC or AANP), is not required in every state within the United States

### 2) Scope of Practice

NPPs follow guidelines dependent upon scope of practice as defined by the state in which they practice. Depending on the state, the scope of practice may be different for NPP's, but in most cases they are working either in collaboration or under the supervision of a physician. Furthermore, scope of practice is governed by the credentialing committee (hospital or ASC) that governs what the NPP is allowed to perform in a particular facility.

### 3) Direct vs. Indirect

Direct billing refers to the physician billing directly for their fees. Incident-to billing refers to a Medicare billing mechanism allowing services provided by NPP's (non-physician provider) to be billed under the physician's National Provider Identifier (NPI) only when the rules apply. There are many reasons why practices are not billing these services correctly: lack of understanding of 'incident to', difficulty documenting

who provided the services, or trying to avoid reduction in reimbursement for services provided by non-physician practitioners. 'Incident-to' billing claims are also vulnerable to overutilization and they are not applicable in a hospital setting. Once the guidelines are better understood, there will be fewer mistakes made by the providers.



### 4) Patient Satisfaction

NPPs provide care to patients in the same capacity a physician would, but a lot of physicians question if patient satisfaction will be the same. In the recent years more providers have been utilizing NPPs in their practice because of rising health costs so patients have been seeing NPPs more than ever. NPPs are able to help create continuity of care; therefore, patients feel like their needs are being met not only by the doctor but by the NPP as well. In large part many patients are just as satisfied with the care they receive from an NPP as they are with a doctor.

### 5) What the Future Holds

Using NPPs helps increase patient satisfaction which can be challenging when a physician incurs a heavy patient load.

Incorporating NPPs as independent providers can initially boost revenue by increasing the number of patients that can be seen in a practice, creating a more efficient cost structure. The incorporation of more NPPs into both hospital and outpatient settings will allow these facilities to manage increased patient volume, and provide high quality care.

Understanding of billing for NPPs will be crucial for financial success. Reviewing Medicare guidelines, understanding the difference between direct and 'incident to' billing, and discussing options with billing experts will help both in and outpatient facilities maximize revenue and increase utilization of the NPP.

# **FAST** Growth

2010-2020

Healthcare occupations are projected to grow exponentially over the next ten years. The healthcare field is expected to produce 3.2 million jobs from 2010-2020.



## **Job Growth by 2020**

## **Current Incomes**



**48%**

Registered Nurse

 \$64,690  
median



**34%**

Medical Assistant

 \$28,860  
median



**50%**

Home Health Aide

 \$24,000  
average



**30%**

Physical Therapist

 \$65-85,000



**39%**

Physician's Assistant

 \$70-90,000  
starting

# SpineSearch Sightings



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