

Hiring Technologically Advanced Staff

Karen Zupko, BSJ, and Sheila Hall, MS, MBA

Because of the healthcare technology revolution, hiring skilled people for every position in your practice is critically important today to ensure investments in software and hardware are optimized.

NEW GAME, NEW RULES

Given the technology revolution in medicine, it's a new game—from electronic health records (EHRs) to Physicians Quality Reporting System (PQRS), e-prescribing, and the use of social media in marketing. Attractive government incentives available now will soon turn to penalties for those who don't participate. The most successful orthopedic practices will make significant investments in automation, such as practice management software that easily produces useful reports accessible on the Internet. Smart practices use technology to track inventory and referrals. They will have a functional, business-oriented Web site with a patient portal linked to an EHR that results in PQRS payments and facilitates e-prescribing. Utilizing time-saving, efficiency-enhancing technology in every business transaction, as well as in the clinical process, from patient registration to online supply ordering and bill paying, means a practice saves money and makes money by having the same number of staff working at their highest and best use with greatly improved results.

Digitally-focused practices eschew paper patient phone messages. Instead, when entered into the computer system, they drive doctor- and staff-specific task lists and become part of the overall flow of clinical and other information management. The use of electronic record faxing and scanning benefit cards directly to the computer software means no more jumping up and down and running to the copy machine. Communicating by secure text message and e-mail with partners, patients, and referring physicians

Ms. Zupko is President, KarenZupko & Associates, Inc. (KZA), a practice management consulting and training firm based in Chicago, Illinois. KZA has worked with thousands of orthopedic surgeons nationwide.

Ms. Hall, MS, MBA is a KZA writer and researcher, focused on the intersection of business and medical communications to improve practice operations and patient health.

Address correspondence to: Karen Zupko, KarenZupko & Associates, Inc, 625 N Michigan Ave, Suite 2225, Chicago, IL 60611 (tel, 312-642-5616 ext 220; fax, 312-642-5571; e-mail, kzupko@karenzupko.com; Web site, www.karenzupko.com).

Am J Orthop. 2011; 40(4): 204-205. Copyright 2011, Quadrant HealthCom Inc. All rights reserved.

is becoming de rigueur in some practices.¹ But changes like these represent a huge shift in workflow. Some staff or applicants who have “worked in a doctor’s office 17 years” may have difficulty adapting to the change. Forward-thinking practices should consider recruiting from other industries, such as financial services, operations, or telecommunications, where employees are familiar with using software tools to drive their daily workload and communicate with customers.

Fundamental to using computers is typing. Many physicians and staff can develop improved speed and accuracy at the keyboard by using typing software that can be downloaded to a computer, such as Mavis Beacon Teaches Typing (The Software MacKiev Company, Boston, Massachusetts), which can be bought for as little as \$12.99 (<http://www.broderbund.com/c-33-mavis-beacon.aspx>). Alternatively, Web-based typing tutors are easy to find and sometimes free (if you don't mind the advertisements). One site we like for lessons is TypingWeb (<http://www.typingweb.com>), which will save and track your progress for free. You also have the option of upgrading, for a one-time fee of \$9.99, which removes the advertisements and allows you to access premium lessons. Improving typing speed may seem like a ho-hum investment, but consider the increase in productivity you will gain if you have an employee who types 20 words per minute (wpm) now, and is later able to type 60 wpm—an achievable improvement with a little dedication. A fun gauge to evaluate your entire staff's capabilities is to have them do a quick typing test; you can find some 1-minute tests at FreeTypingGame.Net (<http://freetypinggame.net>).

WHO WILL SKIPPER THE BOAT?

Eager to qualify for the Health Information Technology for Economic and Clinical Health (HITECH) Act (which was enacted with stimulus funds to promote the implementation of EHRs), many practices are racing to adopt an EHR system that will require new digital skills and will change every business and clinical process in the practice. The CMS web site states, “To get the maximum incentive payment (\$44,000 over five years), Medicare eligible professionals must begin participation by 2012.”² Implementing an EHR without knowing the existing skills of your staff is analogous to buying a car before you know how to drive or purchasing a plane before you have mastered the ability to pilot it. Limited by their skills, many staff will slow down the implementation process—and some will resist participation altogether, possibly quitting needlessly. We have witnessed a 64-year-old

physician assistant (PA) simply refuse to learn how to use the EHR, claiming age as a reason. As a result, the practice he worked for hired a medical assistant to transcribe for him, which increased overall labor costs. In this same practice, a woman in the business office, who was 1 year older than the PA, now files claims and handles explanations of benefits and payment posting—all electronically. When she first began working for the surgeon, they used a pegboard system! Older age is not an impediment to learning automation. Even if your practice isn't planning to move to EHRs immediately, improving staff skills and rewarding those who have ideas for increased use of new technology, or improving existing systems, will give your practice an advantage.

WHAT'S A PRACTICE TO DO?

Here's our recommended course of action if you are considering implementing an EHR that requires use of Windows (Microsoft, Redmond, Washington). First, assess the current capabilities of your staff. We have found a useful tool for employers at Total Testing (<http://www.totaltesting.com>). We rely on their pay-as-you-go plan, which is a mere \$20 per test. To qualify for bulk pricing, you must prepay for a minimum of 26 tests—worthwhile if you have a large staff. The combination assessment on the Microsoft Office suite (Microsoft, Redmond, Washington) takes about 25 to 35 minutes to complete, and the output includes a report showing time spent on each question or task, correctness, and familiarity with Word, Excel, and PowerPoint.

We recommend having each person take the assessment in a private office—in other words, without “coaching” from coworkers. Make it clear that you are using the results to design learning plans for each person based on their skill level and that no one will be penalized as a result. By implementing these assessments, one office manager quickly realized the limitations of the staff in using the present practice management software because their knowledge of Windows was so poor. The manager further found that staff lacked confidence with using the software and believed that a mistake might “break” the system.

In advance of installing an EHR, it's wise to invest in training that equips staff with the skills and confidence to master the new tool. We have found a few resources to be helpful. First, Microsoft Learning (<http://learning.microsoft.com>)

offers several resources, including “Learning Plans,” which may be of particular interest if you would like staff to take a competency exam in a particular area or to have a structured set of courses laid out. One plan that might be relevant covers Windows Vista and Office 2007 (Microsoft, Redmond, Washington) essentials.

Regional training companies are another option. One Chicago-based firm is Computer Training Source (<http://www.ctstraining.com>). They offer customized classes, and readers can likely find a similar local firm. They also offer live online training, allowing 4 staff members to participate in a 2-hour session for the same hourly rate. Alternatively, you can pre-pay for 4 hours of distanced learning for about \$800. We see this education as an investment in a practice that pays dividends for years to come.

There are free tutorials online. One to look at is Baycon Group (<http://www.baycongroup.com>), which offers tutorials on Microsoft Office Suite as well as Windows Vista and XP. While the site has advertisements, they're not very distracting, and we like how the content is broken up into a list of questions. Beginners and advanced users alike can scan through the list to find answers.

Local junior colleges often provide day-long training sessions. In one practice, several key management staff enthusiastically accepted the offer to learn Excel. Doing so meant that they were able to export reports from the clunky practice management system and manipulate the data into a very user-friendly dashboard for the physicians, showing key metrics with colored charts and graphs.

GET GOING!

Technology is here and evolving. Don't fall behind now with a staff that is disinterested in mastering new skills. Surgeons need to take the lead by investing time in their own training.

REFERENCES

1. Dolan PL. Doctors, patients use smartphones, but can't make mobile connection. *American Medical News*. October 4, 2010. <http://www.ama-assn.org/amednews/2010/10/04/bil21004.htm>. Accessed March 25, 2011.
2. EHR incentive programs. Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/ehrincentiveprograms/#BOOKMARK1>. Updated February 25, 2011. Accessed March 25, 2011.