SEPTEMBER 2021

MGMA DATADIVE BETTER PERFORMERS

PERFORMANCE AND PRACTICES OF SUCCESSFUL MEDICAL GROUPS

AN MGMA DATA REPORT

MGMA®

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ABOUT MGMA

Founded in 1926, the Medical Group Management Association (MGMA) is the nation's largest association focused on the business of medical practice management. MGMA consists of 15,000 group medical practices ranging from small private medical practices to large national health systems representing more than 350,000 physicians. MGMA helps nearly 60,000 medical practice leaders and the healthcare community solve the business challenges of running practices so that they can focus on providing outstanding patient care. Specifically, MGMA helps its members innovate and improve profitability and financial sustainability, and it provides the gold standard on industry benchmarks such as physician compensation. The association also advocates extensively on its members' behalf on national regulatory and policy issues.

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Introduction

Surviving a pandemic year was a challenge unlike few others. For medical groups that thrived amid the uncertainty, it's a measure of practice excellence.

With data from across three surveys (*Compensation and Production*, *Cost and Revenue*, and *Practice Operations*), MGMA evaluated 4,099 organizations. Among them, **829 stand out above the rest** in at least one of four categories:*

OPERATIONS	• Less than the median for percentage of total A/R over 120 days • Less than the median for days adjusted FFS charges in A/R • Greater than the median for adjusted FFS collection percent
PROFITABILITY	• Less than the median for total operating cost per work RVU • Less than the median for total cost per total RVU • Less than the median for total operating cost as a percent of total medical revenue • Greater than the median for total medical revenue after operating cost per physician
PRODUCTIVITY	• Greater than the median for total medical revenue per physician • Greater than the median for total medical revenue per staff • Greater than the median for work RVUs per staff • Greater than the median for provider work RVUs for at least 66% of providers; **-or-** • Anesthesia practices: greater than the median for ASA units for at least 66% of providers
VALUE	• Practice reports on quality metrics; **and** • Practice qualifies for Better Performer status in at least one other category

With this data set, it's important to remember that these examples are the exceptions, not the rules. But if you are in a position to actively commit to advancing excellence, this data set is your North Star.

This report, in addition to presenting industry benchmarks for successful medical groups, offers frontline insights into how many of these organizations have tackled the challenges of the COVID-19 pandemic to get back to focusing on exceptional business performance while still delivering high-quality care.

Note: The ***2021 MGMA Better Performers*** data is based on 2020 data and reflects information throughout the start of the year and the pandemic months. The reported data is a baseline for benchmarking 2021 operations.

* Participation across all three surveys (*Compensation and Production*, *Cost and Revenue*, and *Practice Operations*) is required to be considered for Better Performer status across all categories. **Learn more about participating in the surveys**.

Benchmarks

PROVIDER COMPENSATION AND PRODUCTIVITY

Physicians in Better Performer practices reported higher productivity when compared to all reporting practices. Many Better Performers also earned more in total compensation.

BROADER TRENDS

The *2021 MGMA Provider Compensation and Production* report found primary care physician total compensation increased by 2.6% between 2019 and 2020. Advanced practice providers (APPs) also experienced a slight increase (1.25%) in compensation during the same period.

Physician-owned practices reported higher levels of productivity for many specialties in total encounters and work RVUs (wRVUs) in the report.

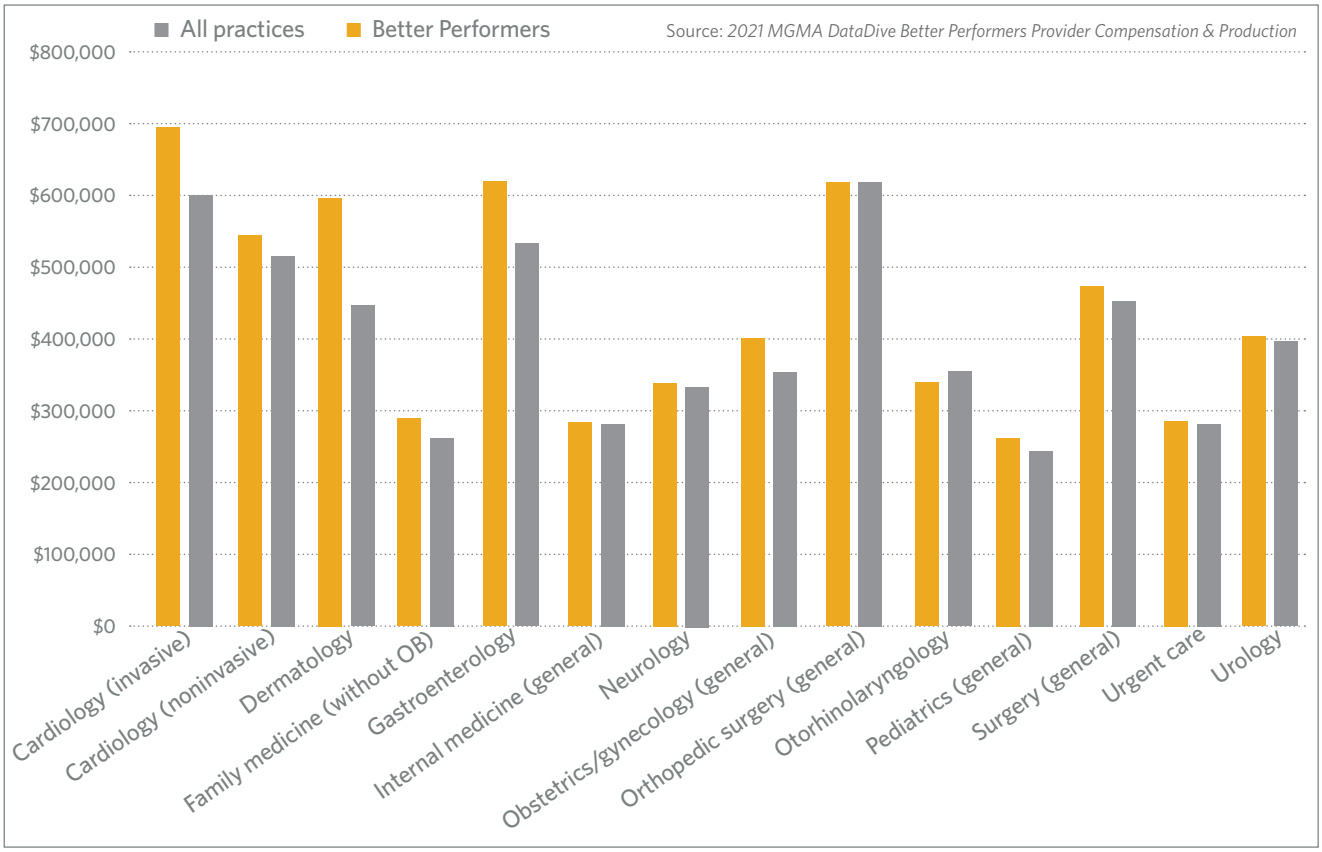
Read more in the May 2021 MGMA data report, *Provider Pay and the Pandemic.*

PERCENTAGE DIFFERENCE BETWEEN BETTER PERFORMERS AND ALL PRACTICES

	Total compensation	Work RVUs (wRVUs)
Cardiology (invasive)	15.56%	29.16%
Cardiology (noninvasive)	5.84%	22.38%
Dermatology	33.41%	40.48%
Family medicine (without OB)	7.18%	21.01%
Gastroenterology	15.35%	30.86%
Internal medicine (general)	0.41%	21.90%
Neurology	3.21%	24.80%
Obstetrics/gynecology (general)	12.71%	27.91%
Orthopedic surgery (general)	-0.02%	17.71%
Otorhinolaryngolohy	-2.75%	18.60%
Pediatrics (general)	5.98%	19.16%
Surgery (general)	5.06%	20.30%
Urgent care	2.48%	11.16%
Urology	2.00%	9.49%

Source: *2021 MGMA DataDive Better Performers Provider Compensation & Production*

DIFFERENCE IN MEDIAN TOTAL COMPENSATION



ACCOUNTS RECEIVABLE (A/R)

MGMA Better Performer practices reported collecting more A/R in the first 30 days, leaving less to be collected in the 120+ days bucket.

PERCENTAGE DIFFERENCE BETWEEN BETTER PERFORMERS AND ALL PRACTICES*				
	Primary care practices	Nonsurgical specialty practices	Surgical specialty practices	Multispecialty practices
0-30 days in A/R	6.77%	6.07%	2.46%	8.02%
31-60 days in A/R	-0.92%	-0.06%	0.14%	-1.67%
61-90 days in A/R	-0.79%	-0.29%	0.84%	-1.70%
91-120 days in A/R	-0.28%	-0.31%	0.51%	-1.24%
120 or more days in A/R	-4.78%	-5.97%	-3.94%	-3.41%

* Mean reported

Source: 2021 MGMA DataDive Better Performers Cost & Revenue

COPAYMENT AND BALANCE COLLECTION

The *2021 MGMA DataDive Practice Operations* survey report found a decrease of 8% to 13% in the percent of copayments collected at time of service from 2019 to 2020.

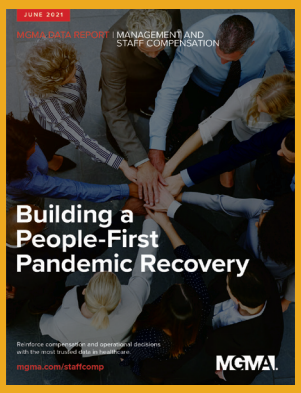
However, practices also reported an increase of 10% to 15% in the percent of patient-due balances collected at time of service.

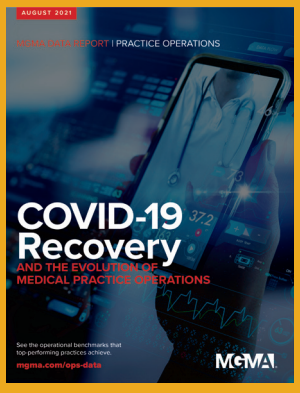
Read more in the August 2021 MGMA data report, *COVID-19 Recovery and the Evolution of Practice Operations.*

PERCENT OF COPAYMENTS COLLECTED AT TIME OF SERVICE		
	2019	2020
Primary care specialties	89.90%	81.25%
Nonsurgical specialties	89.90%	77.03%
Surgical specialties	89.90%	82.20%

PERCENT OF PATIENT-DUE BALANCES COLLECTED AT TIME OF SERVICE		
	2019	2020
Primary care specialties	14.76%	30.00%
Nonsurgical specialties	10.00%	25.00%
Surgical specialties	17.00%	27.00%

Sources: 2021 and 2020 MGMA DataDive Practice Operations





WHERE DO I LEARN MORE ABOUT PRACTICE DATA DURING THE PANDEMIC?

Each MGMA DataDive survey release throughout 2021 included a special data report highlighting major benchmarks, trends and expert insights from frontline medical practice leaders. For a deeper dive into each survey report's findings, download ***Provider Pay and the Pandemic***, ***Building a People-First Pandemic Recovery***, ***A Tale of Two Recoveries: Medical Practice Ownership and COVID-19***, and ***COVID-19 Recovery and the Evolution of Medical Practice Operations***.

PRACTICE EXPENSES AND REVENUE

MGMA Better Performer primary care practices reported spending more in total operating cost compared to all responding practices. Total operating cost includes support staff and general expenses such as information technology, medical and surgical supply, building occupancy, furniture and equipment, etc.

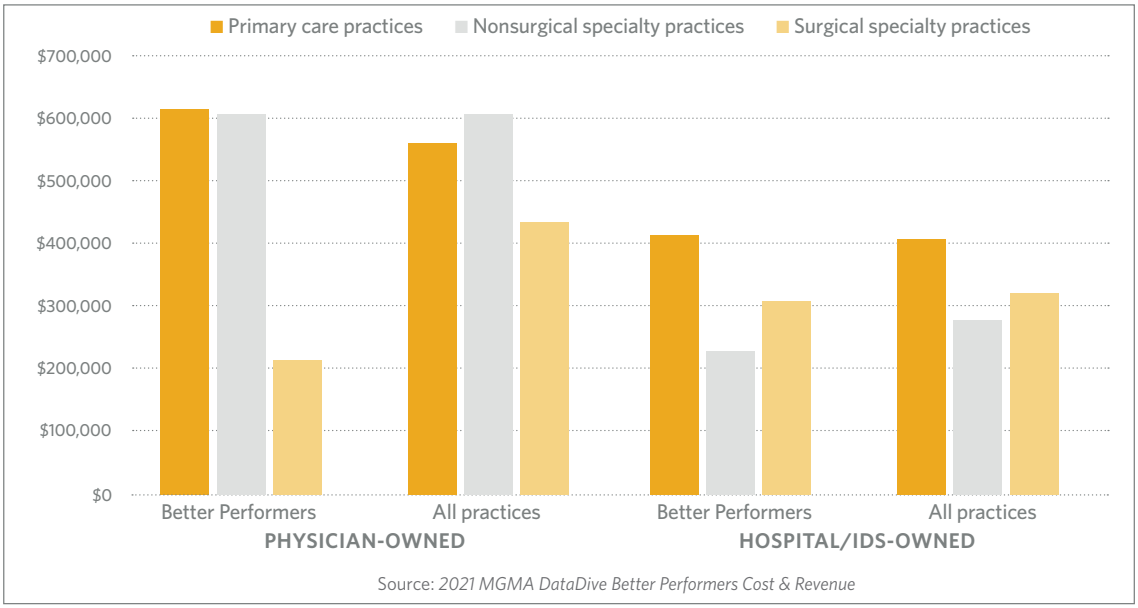
Regardless of specialty and ownership, Better Performer practices also reported earning substantially more in total medical revenue after operating cost when compared to all reporting practices.

PERCENTAGE DIFFERENCE BETWEEN BETTER PERFORMERS AND ALL PRACTICES

	PHYSICIAN-OWNED		HOSPITAL/IDS-OWNED	
	Total operating cost	Total medical revenue after operating cost	Total operating cost	Total medical revenue after operating cost
Primary care practices	12.05%	13.28%	1.29%	76.71%
Nonsurgical specialty practices	0.66%	27.14%	-12.83%	64.88%
Surgical specialty practices	-53.08%	40.81%	-7.60%	87.14%

Source: *2021 MGMA DataDive Better Performers Cost & Revenue*

DIFFERENCE IN MEDIAN TOTAL OPERATING COST



Source: *2021 MGMA DataDive Better Performers Cost & Revenue*

DIFFERENCE (PER FULL-TIME-EQUIVALENT PHYSICIAN) BETWEEN BETTER PERFORMER AND ALL OTHER PRIMARY CARE PRACTICES

	PHYSICIAN-OWNED	HOSPITAL/IDS-OWNED
Total support staff cost	$6,772	$6,798
Total general operating cost	$78,184	$12,790

MGMA Better Performer primary care practices spent more on support staff and general operating expenses, regardless of ownership, compared to all practices.

The *2021 MGMA Cost and Revenue* survey report found that physician-owned practices saw modest increases in total operating costs in 2020 versus 2019 levels, with surgical specialties reporting a 13.83% one-year increase in costs as practices scrambled to acquire personal protective equipment (PPE) and cleaning supplies for ensuring safety.

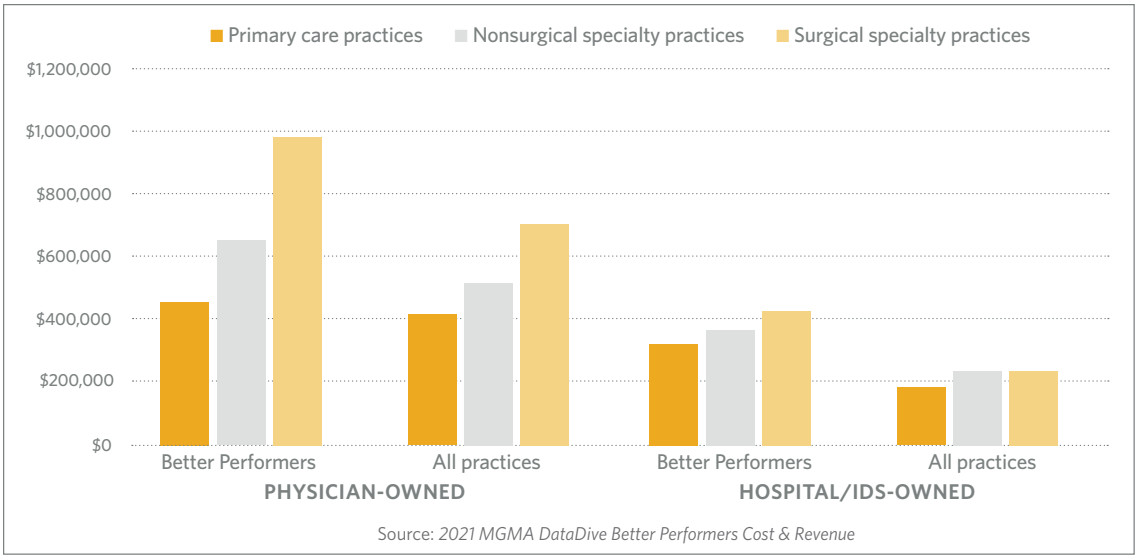
Read more in the July 2021 MGMA data report, *A Tale of Two Recoveries.*

DIFFERENCE IN TOTAL OPERATING COST PER FTE PHYSICIAN

	2019-2020	
Practice type	**Physician-owned**	**Hospital-owned**
Primary care	2.69%	-6.42%
Nonsurgical	5.61%	-2.53%
Surgical	13.83%	-7.95%

Sources: *2020 and 2021 MGMA DataDive Cost & Revenue*

DIFFERENCE IN TOTAL MEDICAL REVENUE AFTER OPERATING COST



Source: *2021 MGMA DataDive Better Performers Cost & Revenue*

OPERATIONAL HOURS

Better-performing practices report being open a few more hours per week compared to all practices.

DIFFERENCE IN NUMBER OF HOURS OPEN PER WEEK (EXCLUDING WEEKENDS) BETWEEN BETTER PERFORMERS AND ALL PRACTICES	
Primary care practices	3.00
Nonsurgical specialty practices	4.50
Surgical specialty practices	5.00

Source: *2021 MGMA DataDive Better Performers Practice Operations*

ADDITIONAL RESOURCES

MGMA DataDive
Access industry-leading benchmarking data to understand the past and present to propel your practice into the future.

MGMA *Stat* COVID-19 polls
Find the latest, real-time data on how healthcare leaders are responding to the pandemic, along with expert insights and best practices.

MGMA COVID-19 Recovery Center
Find MGMA's latest operational resources, tools and stories of success from across the healthcare industry.

MGMA Consulting
Leverage the industry leader in creating meaningful change in healthcare, one organization at a time.

Medical Practice Excellence: Leaders Conference
Register for #MPE21, offered in-person Oct. 24-27 in San Diego and via Digital Experience (DX) Nov. 16-18.

MGMA COVID-19 Podcasts
Find all MGMA Insights and Executive Session podcasts from our ongoing COVID-19 series.

Practice profiles

WOMEN'S CARE, EUGENE/SPRINGFIELD, OREGON
BETTER PERFORMER: PRODUCTIVITY AND PROFITABILITY

BY CHRISTIAN GREEN
MA, WRITER/EDITOR, MGMA

IN 1988, WOMEN'S MEDICAL SERVICES, OAKWAY OB/GYN AND KAPLAN & HERZ CAME TOGETHER TO FORM WOMEN'S CARE, Lane County Oregon's longest-operating independent physician group specializing in women's health. In 1991, the practice opened a clinic in Eugene, which included a lab for on-site testing and provided imaging services. Later, in 2007, a clinic in Springfield opened. In addition, Women's Care has a fertility center in Eugene and a center for genetics and maternal-fetal medicine in Springfield.

According to Josie Van Scholten, MBA, chief executive officer, the physician-owned practice has 17 partner-owners; 27 providers, including four midwives and three nurse practitioners (NPs); and 140 staff across the four locations. Among the services Women's Care offers are continence and pelvic support, annual exams, gynecology, maternal-fetal medicine, neonatal-perinatal medicine, obstetrics, reproductive endocrinology, as well several classes, including childbirth, breastfeeding and newborn baby care.

"We're a mid-sized company ... we really try to leverage the best of both worlds as far as being big enough to offer that wide range of services for our patients," Van Scholten expressed. "But we're small enough, especially within our various clinics, that we can take the team approach and the physician assistant scheduler team can quickly respond to patient needs and adjust their practices as they need to."

The practice has also partnered with eight other specialties to form Northwest Health Partners, a clinically integrated network (CIN). The network shares an EHR, IT and most contracting, which, according to Van Scholten, helps the practice to gain efficiencies for functions "that can be really expensive and burdensome to maintain."

PRODUCTIVITY

As an MGMA Better Performer in productivity, Women's Care surpassed MGMA's criteria in the following areas:

- Greater than the median for total medical revenue per physician
- Greater than the median for total medical revenue per staff
- Greater than the median for wRVUs per staff
- Greater than the median for provider wRVUs for at least 66% of providers.

PATIENT ACCESS

Women's Care didn't completely close its doors during the COVID-19 pandemic, but its services were limited. "It's been really uneven; it's a feast or famine," noted Van Scholten of the practice's volume. **"We were shut down in surgery, mammography and annual exams, and then surgery came back really big; there was pent-up demand."**

Although Women's Care was limited in its telehealth offerings, patient access benefited. Van Scholten noted that there was hope to use virtual care for quick OB checks and allow patients in their third trimester to skip the hassle of getting in and out of a car and across the parking lot.

For the full version of this Better Performers profile, visit mgma.com/bp-womens.

MINIMIZING NO-SHOWS

To minimize no-shows, Women's Care sends out text reminders and follows up with phone calls, particularly for high-risk patients. "With a fetal nonstress test (NST), they really can't miss an appointment," remarked Van Scholten of the importance of seeing a patient. So, for example, if daycare is an issue, the practice looks for creative solutions such as having a staff member sit with a patient's child outside, so they can get the test done.

The practice often doesn't have to worry about open appointments; though Van Scholten noted that they have a patient re-call system that provides automatic reminders to reduce no-shows. **"That's probably one of the biggest things we do is to send out our re-calls right after we do our call schedule, so there's more availability toward a mid-call schedule," she stated. "Then we use a small team approach to really help triage the patient."** As the schedule fills up, the care team can then ask, "Does this patient really need to be seen?" If so, the practice can ask on-call physicians if they can see the patient or fill in unscheduled surgery spots.

ANCILLARY SERVICES

Women's Care also offers mammography services and an on-site lab. These services have helped with patient satisfaction, particularly because patients can schedule more than one service or test for the same visit (e.g., a mammography test with an annual appointment). "Obstetrics and gynecology is really unique," Van Scholten noted. "Through the pregnancy journey, you see patients so often that you really get to know them, and we really benefit from the fact that we have that patient relationship. It makes things easier."

AUDITING PAYER REIMBURSEMENTS AND REVIEWING PAYER CONTRACTS

Van Scholten noted that payer reimbursements are audited on an ongoing basis. "I think our billing team does a really good job of that," she maintained. In this regard, Women's Care has a tactical committee composed of physicians and coders that meets monthly to ensure proper documentation and to report back on denials. "Certainly with the new E/M coding this year, there was a lot of education and discussion about how to implement it," she said. For example, "Do we need to adjust some of our forms in our EHR to make it easier?" Van Scholten mentioned that the practice would conduct another internal audit before the end of the year to review how its providers are doing with the changes. She also noted that Women's Care typically reviews payer contracts on an annual basis; however, many of the practice's contracts are through its CIN, so it can vary.

CHART AUDITS AND UPDATES TO E/M CODES

Van Scholten noted that the practice's revenue coding team started meeting regularly in 2020 regarding the 2021 E/M changes, while also educating physicians on the changes. **"We created our own webinars that were available to physicians,"** said Van Scholten, which allowed the practice to receive feedback and answer questions. "The team also offered to go out and meet one on one with all the providers if they wanted," she added.

Women's Care held organizational meetings in which the coding team shared information and reported back on their efforts. The team included an IT person who helped update forms; for example, adding an E/M code calculator. Finally, Van Scholten noted that the practice conducts internal chart audits for physicians on CPT and ICD-10 codes annually and external audits every other year.

TACTICAL COMMITTEES AND STAFF ENGAGEMENT

As a physician-led practice, Women's Care is headed by an executive team and several tactical committees. As Van Scholten emphasized, the tactical committees serve to bring the organization closer, helping break down siloes. **"When we generate ideas from the people who are actually doing the work, we get way more buy-in that way," she said, "because the physicians and staff are involved in that process."**

Although Van Scholten noted that decisions can take a little longer to reach consensus, it's well worth it in the long run. "Once we make a decision, we're nimble enough to implement it," she said. "Because of the huge buy-in, it goes so much faster at that point."

This ultimately leads to better staff engagement, because there's more input from various teams, from the top down. "All our managers serve on these different tactical committees so that they get clear guidance from physicians about where we're headed," conveyed Van Scholten.

PROFITABILITY

As a Better Performer in profitability, Women's Care surpassed MGMA's criteria in these areas:

- Less than the median for total operating cost per FTE physician (P-O OB/GYN* median: $535,012).
- Less than the median for total cost per total RVU (Women's Care: $51.59; OB/GYN: $52.64).
- Less than the median for total operating cost as a percent of total medical revenue (Women's Care: 53.93%; OB/GYN: 67.11%).

* Physician-owned OB/GYN

MANAGING COSTS

Since the practice has multiple locations, Van Scholten noted that they've backfilled clinical staff for each location to keep FTEs lower. They also share employees in areas such as the call center, medical records and billing, and have been able to cut some positions in the latter area by streamlining work and retaining/hiring more certified employees.

"Most of our administrative services are in a separate rented office building to maximize clinical space for revenue-generating functions," Van Scholten said of cutting costs related to staffing. "We share big costs [such as] IT and payer contracting support through a [CIN] of several specialties." As a result of the pandemic, the practice is also assessing which staff can continue to work remotely to potentially reduce the need for administrative space.

The practice is also part of a group purchasing organization (GPO), so it regularly examines the cost of supplies and shares that information across sites, while taking advantage of bulk pricing.

In response to COVID-19, the practice has eschewed printed intake forms and mailing lab results in favor of moving this information into its portal. Likewise, Women's Care provides ultrasound pictures electronically, as well as online payment options, and is moving toward providing electronic statements for patients.

BENCHMARKING

In addition to using MGMA benchmarking data, Van Scholten noted that Women's Care uses outside CPAs to provide benchmarking, along with providers often benchmarking against their own performance. She also mentioned that Oregon recently enacted an equal wage law, which has prompted the practice to diligently monitor salaries. "Sometimes it's hard, especially when certain job classes seem to move faster than inflation. … Instead of just responding to one person who may want to leave, you're revisiting the entire job class."

(Photo courtesy of AP Imagery, space designed by Laura Ruth Edge of L. Ruth Interior Design)

OWENSBORO PEDIATRICS
BETTER PERFORMER: PRODUCTIVITY AND PROFITABILITY

BY CHRISTIAN GREEN
MA, WRITER/EDITOR, MGMA

LOCATED ON THE SOUTHERN BANKS OF THE OHIO RIVER, IN WESTERN KENTUCKY, Owensboro is the state's fourth-largest city. During the peak of the pandemic in June 2020, the city's unemployment rate was just 4.2%, well below the national average of 11% and slightly lower than the previous June (4.4%), prior to the pandemic.1 The area's strong economy centers around such industries as bourbon and tobacco, personal protective equipment (PPE), and healthcare, including the city's largest employer, Owensboro Health.

Situated between the major cities of Chicago, St. Louis, Cincinnati and Nashville, Owensboro is also a central distribution hub. And it has a vibrant downtown and riverfront, which has attracted many hotels, restaurants and boutiques, thanks in part to a $40 million grant from the U.S. government during the last recession.

All these factors make Owensboro an appealing place to live and return to, especially for the providers and staff at Owensboro Pediatrics. Finding doctors is no trouble for Practice Administrator Ross Scott, MBA. "Since 1996, we've never had to recruit anyone [to the practice]," Scott said. "All our physicians are from this area and want to come back to this area."

Owensboro Pediatrics was founded in 1996 by Drs. Michael F. Yeiser and David E. Danhauer. Scott, who has been with the practice since 2010, noted that all seven of the practice's physicians are partner-owners, including Yeiser, who is still practicing. The practice has four nurse practitioners (NPs), two physician assistants (PAs) and 34 staff. Among the services Owensboro Pediatrics offers are well-child exams, school physicals, sports physicals, walk-in and evening sick clinics, and walk-in immunizations.

PRODUCTIVITY

As a Better Performer in productivity, Owensboro Pediatrics surpassed MGMA's criteria in the following areas:

- Greater than the median for total medical revenue per FTE physician (Owensboro Pediatrics: $997,784.58; Pediatrics — physician owned: $908,610.00).
- Greater than the median for total medical revenue per staff.
- Greater than the median for wRVUs per staff.
- Greater than the median for provider wRVUs for at least 66% of providers.

PATIENT ACCESS

Convenience is a key element of Owensboro Pediatrics' care delivery goals. "The main thing we want to do for our patients is to be accessible. … We want to be here for our patients when they get sick, because that can be nerve-racking," said Scott. This is reflected in the practice's extended hours:

- The practice is open from 8 a.m. to 8 p.m., Monday through Thursday.
- Evening hours are reserved for sick visits only.
- The practice also has Saturday hours and an all-day walk-in clinic, five days a week, from 8 a.m. to 11 a.m. and 1 p.m. to 4 p.m.

Owensboro Pediatrics did not offer telehealth before the pandemic. Although the practice performed many ADHD rechecks via telehealth, most patients and providers made it clear that they preferred in-person visits. "We did do some [telehealth], but it's not a large percentage at all," noted Scott about the low demand. "It's gotten less over time; especially with little kids, it's just tough to see what a baby's eardrum looks like over telehealth."

The practice actively assesses staffing levels relative to patient access to reduce time to third-next-available appointment. "We are always trying to make sure that we're staying ahead on our physician staffing to anticipate our needs," said Scott.

PATIENT ENGAGEMENT BOLSTERED BY MARKETING

While Owensboro Pediatrics does not pay for advertising, it has a strong presence on social media by sharing insights on salient and seasonal topics, such as school physicals or guidance on mask-wearing for students. The practice is also well connected to the community, donating to many child-centric organizations. **"We want to donate to organizations that have to do with children, normally toward kids of need," stated Scott. "We want to make sure that we're spending our resources to advance the kids that really need it."**

MINIMIZING NO-SHOWS

Despite the pandemic, during July and August 2021, Owensboro Pediatrics was busier than it's been during those months in years past. As such, the practice rarely has open appointments. That said, to minimize no-shows, the practice has a text reminder system to continue to contact patients until they respond.

"Recently, even if they've responded 'yes, they'll be here,' we still send a follow-up text the day before the appointment," noted Scott about how many distractions there can be over a long holiday weekend, for example. "Especially around the holidays, we were getting a lot of no-shows when we opened back up … it's easy to forget when you have four kids you're chasing around."

In addition, the practice tracks open appointments through a scoreboard in its EHR. As mentioned, however, Owensboro Pediatrics is currently booked six weeks out. "When we did [have open appointments], we could reference our scoreboard and that's when we were working those reports to get in people that hadn't been in in a while," said Scott.

AUDITING PAYER REIMBURSEMENTS AND REVIEWING PAYER CONTRACTS

Owensboro Pediatrics reviews payer contracts annually and formally audits payer reimbursements quarterly by running reports to compare to their fee schedules. As Scott expressed, the billing staff does a great job of catching one-offs when payments come in, which are promptly addressed. "In pediatrics, our vaccine reimbursements really just have to be watched closely to make sure that those costs are being covered," said Scott. "Obviously, you don't want to go a whole quarter and wait to your formal time when you look at everything."

LEADERSHIP AND STAFF ENGAGEMENT

Scott meets with Owensboro Pediatrics' seven physician-owners weekly. In addition to Scott, the practice has a management staff composed of a clinical supervisor and a billing manager, whom Scott meets with weekly as well. Scott emphasized that the lines of communication are always open as leadership "talks constantly, all day, every day." To that end, **while the physician-owners have final say in organizational decisions, Scott's meetings with the other managers have become crucial in terms of taking the pulse of the staff and addressing day-to-day issues.**

PROFITABILITY

As a Better Performer in profitability, Owensboro Pediatrics surpassed MGMA's criteria in the following areas:

- Less than the median for total operating cost per wRVU (Owensboro Pediatrics: $51.50; Pediatrics — physician owned: $92.43).
- Less than the median for total cost per total RVU (Owensboro Pediatrics: $45.71; Pediatrics — physician owned: $76.67).
- Less than the median for total operating cost as a percent of total medical revenue (Owensboro Pediatrics: 55.38%; Pediatrics — physician owned: 64.23%).
- Greater than the median for total medical revenue after operating cost per FTE physician (Owensboro Pediatrics: $445,254; Pediatrics — physician owned: $368,697).

MANAGING COSTS

Owensboro Pediatrics focuses on three main areas to keep costs down:

1. **Staffing**: Scott noted that the practice cross-trains as many employees as possible. "As any gaps pop up in our schedule, people calling in different areas, or just for any reason we need to move somebody, we can switch them around and then keep our full-time equivalents down," he said.
2. **Supplies**: The practice is part of MGMA BestPrice. In addition to group purchasing, the practice continually compares suppliers and their costs, and is not committed to one vendor.
3. **Vaccines**: The group's physicians have had their own physician buying group (PBG) since 2009, with offices in Kentucky and West Virginia. According to Scott, this provides significant savings on the purchase of vaccines.

Read the full version of this Better Performers profile in the October 2021 issue of *MGMA Connection* magazine.

Additional ways the practice keeps costs down:

- **Benchmarking provider and staff salaries** — A local CPA firm provides some benchmarking data for Owensboro Pediatrics, but Scott says his primary resource is MGMA DataDive. "When I started submitting to that four years ago … I found it to be one of the best tools," stated Scott.
- **Cost containment** — Scott worked with managers across the organization to limit staff overtime in the past year. "We have the managers of each area watching their employees' time worked to make sure we do not have excessive OT," he said. "We try to spread the hours around, increasing hours of those well below the OT threshold, while decreasing those employees nearer the threshold."
- **Outsourcing** — The practice realized savings by outsourcing IT needs several years ago after previously using an in-house IT professional. Outsourcing afforded new services and expertise. "One of the main things was gaining the group knowledge of all the IT professionals," said Scott of the partnership with a local firm. "They also increased our security across the board. Our monthly IT package consists of dark web monitoring, a higher level of spam protection, etc.," he added.

On top of these factors, Scott puts his bachelor's degree in accounting to good use by reviewing basic in-house accounting items for the practice, but its CPA firm is responsible for reviewing the books and all accounts each month.

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mgma.com/data

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