From Obstructed to Productive:

Boost Your Bottom Line with Better Practice Flow

The secret to delivery of more efficient care may lie in office set-up and staff utilization.

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Doctors go into medicine so that they can care for people. To have this opportunity their practices must, like all businesses, make a profit in order to keep the doors open and re-invest in the practice. In the tough healthcare payer and economic climate we are in, it is increasingly difficult for practices to be profitable. But tough times in our businesses often turn into a plus when they make us look inward to see how we can better provide the services we offer, how we can offer those services more economically, and how we can be more productive.

This article will explore concepts for changing your practice flow to be more efficient and allow you to be more productive. Practice flow is defined as the movement of patients, staff, doctors, and information through your practice. It is all about time management.

For doctors to be more productive is sometimes viewed as a negative. There is a connotation associated with productiv-

ity that suggests the doctor will spend less time with each patient in order to have time to see more patients, thus being "more productive." But there is a better way to increase the productivity of a doctor and a practice. It starts with assessing how the physician's time is consumed with an emphasis on the concept that:

"The doctor's main task is to care for patients. Tasks that do not require a medical education should not be consuming the doctor's time."

In a sense, your business is dispensing medical knowledge and skill. The more time you are able to do that and the less time you do other things, the more productive you can be—the more patients you can care for. The more care you dispense (whether that be more care to the same number of patients, or more care to more patients), the more productive—the more profitable—you will be.

At this point some of you may think, "There is no way I could see more patients in the same amount of time each day." Others are saying, "Sure, if I were not doing this or that I could see several more patients every day."

In either case, take a moment to think through a typical clinical day and identify all the tasks that consume time but that do not require your education, knowledge, and skill. Measure the amount of time these tasks/events take in order to determine the magnitude of time being lost to care for patients.

Next, determine how many patient visits that time would permit if you were able to spend it caring for patients. Once you determine the amount of revenue that is not being captured, you know the true magnitude of the loss and can then begin to solve the practice flow issues that are causing you to lose valuable time.

Since it is often hard to "look outside the box" and assess your day objectively, the following guide will help you in the process of identifying, measuring, and solving your practice flow problems to allow you to be more productive and boost your practice's bottom line.

Doctor Productivity

Because he or she is the reason the practice, staff, and patients are there, start with the doctor to identify the logjams in his/her day. To assess logjams in the doctor flow of your practice and determine if the dermatologist is losing opportunities to care for patients, assess the responses to these key questions:

- Are doctors out of their exam pod (group of exam rooms) while seeing patients?
- Does the doctor have to walk more than 12-14 feet between patient visits?
- Do doctors have to walk to give instructions or information to support staff in your practice?
- Do doctors in your practice have times when they are prepared to see a patient, but there is no patient ready to be seen?

If the answer to any of these questions is "yes," then there are doctor flow problems in your practice. This is because, if the doctor has to leave the pod or walk any distance to give instructions/information, then time of the higher paid staff (the doctor) is being consumed to walk to a lower paid staff. This indicates that emphasis is being placed on keeping the lower paid staff efficient but not the higher paid resource: the doctor.

If the doctor is walking farther than 12-14 feet between visits, this equates to lost time. This additional walking could result from having to deliver instructions/information as discussed above. Or perhaps the arrangement or complement of rooms is such that the doctor walks farther. For instance, if your exam rooms are all on the way side of the corridor, you walk farther than if the rooms were directly across the hall from one another. Or if you do not have a workstation in your pod where you can take calls and review charts but instead must walk to your private office that is not near your pod, then you are losing time.

Additionally, if there is not another patient ready to be seen as soon as the doctor finishes with the previous patient, then the practice is losing time to care for patients. This delay could be caused by a number of things from the way the check-in desk is staffed, the job descriptions of staff handling patient visits conflicting with the task of getting a patient smoothly through the office, a mismatch in the rate the appointment schedule brings patients in compared with the doctor's rate capacity to see them, or the amount/layout of the office space.

In addition to identifing these and other tasks/events that cause you to lose time to care for patients, also note the amount of time each activity consumes. Do this by noting the start and end time of each task/event. This time study will give you the information you need to determine the amount of time and revenue your current practice flow problems are costing you and your practice.

Table 1 is an example of a portion of a time study, where the Practice category is tasks only the doctor can perform, the Staff category is tasks the doctor now performs that could be delegated, and the Lost category is events that are consuming time that could be engineered out of the system.

Let's assume a time study on you determines that 20 minutes of both your morning and afternoon sessions is lost to non-medical tasks/events such as not having a patient ready to see, having to walk to find a support staff, not knowing which room is next, etc. This is 40 minutes lost each day that you are in clinic. If you see about 25 patients in a four-hour

Table 1. Time Study Excerpt

Task	Timing		Distribution			Total
	Start Time	Finish Time	Practice	Staff	Lost	
Find next patient	8:25:30 AM	8:26:00 AM		0:00:30		0:00:30
Review hr	8:26:00 AM	8:28:23 AM	0:02:23			0:02:23
Exam I	8:28:23 AM	8:35:59 AM	0:07:36			0:07:36
Look for staff	8:35:59 AM	8:37:14 AM		0:01:15		0:01:15
Exam I	8:37:14 AM	8:39:19 AM	0:02:05			0:02:05
Dictate	8:39:19 AM	8:40:42 AM	0:01:23			0:01:23
Walk	8:40:42 AM	8:41:05 AM			0:00:23	0:00:23
Talk in hall	8:41:05 AM	8:41:58 AM			0:00:53	0:00:53
No patient	8:41:58 AM	8:45:20 AM			0:03:22	0:03:22

session, this equates to spending on average about 10 minutes with each patient. If you got these 40 minutes back to see more patients, the economic benefit to your practice would be substantial, as detailed in Table 2 (at right).

To perform a similar calculation for your practice, you will need to determine the true amount of time you spend with each patient practicing medicine (this is after the nonmedical tasks/events are subtracted out) and the average collection per office visit (not the amount charged but what the practice actually collects for the visit).

If your assessment identifies time that can be recaptured, there may be a need to invest in staff, space, or technology to recapture that time and associated revenue. In that case, you should determine the revenue potential and subtract the investment dollars to establish the net gain. Then determine if the net gain is worth it. Remember that some investments, such as in space and technology, will be one-time expenses that generate additional revenue year after year; whereas additional staff will be an ongoing expense. Generally, you should find that the additional revenue will by far outweigh the additional expenses.

Table 2. Financial Impact

	40	minutes regained each day
/	10	minutes on average with each patient
=	4	additional patients each day
X	4	days per week worked
=	16	additional patients each week
X	46	weeks worked per year
=	736	additional patients each year
X	$150	money collected per visit on average
=	**$110,400**	**additional dollars generated each year**

Logjams Upstream from the Doctor

In addition to solving the logjams that happen in the doctor's flow, you will need to assess the flow of staff, patients, and information and remove any logjams in these flows to be sure the flow of ready patients for the doctor is not impacted.

Just as you observed your flow and identified flow issues, do the same for the staff that have direct patient contact while the patient is in for their visit. This will be mainly the receptionists and clinical staff. Identify tasks/events that prevent them from addressing the patients in the office that day. For instance:

Receptionists

- The receptionists may be getting caught up on the phone and not able to check in patients, which delays the patient being ready for the doctor.
- The task of delivering ready charts may require the receptionist to leave her/his area and walk, which limits the time he or she is actually able to check in patients.
- Other duties, such as medical records, may cause recep-

tionists to lose time to check in patients.

Clinical Support Staff

• The clinical support staff may be tasked with patient triage calls that tie them up and keep them from readying the next patient or assisting the doctor in the exam.

• There may be communication systems that require staff to leave their doctor's pod to see if there is a ready patient or deliver instructions/information, which wastes staff time and makes them unavailable to the doctor.

• The space layout may be confusing and require the clinical staff to escort the patient out after the exam which consumes their time and keeps them from getting to the next patient sooner.

All too often practices focus too heavily on keeping overhead down and seek to do this by using a staffing model that is too lean. As a result, the staff end up performing tasks that are counterproductive to the ultimate goal of having a patient ready for the doctor to see. When observing the staff to identify and measure the logjams, keep in mind that their main focus should be on having ready for you, the doctor, a patient to see. If there are duties that keep staff from doing this, then their job descriptions need to be adjusted.

Table 3 offers some solutions to common staff model/flow problems.

Recapturing Time

The most valuable asset your practice has is the time of the doctor. Using that time as wisely as possible will allow your practice to be in the best position possible to deliver quality care at a lower cost per patient visit and address the changing payer and healthcare system.

The key to using your time best is having an understanding of the patient volume capacity of the doctor if there was nothing keeping him/her from only practicing medicine, then organizing the practice flow and space to allow the doctor to achieve that potential. ■

Table 3.
Solutions to Common Staff Model/Flow Problems

• Phones should not be answered by the receptionist tasked with greeting patients and checking them in. Have staff dedicated to answering the phones, making phone appointments, and pre-registering patients so the receptionist can better concentrate on having you a patient ready to see.

• Use electronic communication systems such as EMR, light signaling systems, printers, "ear buds" attached to walkie talkies, etc. to eliminate the need to walk to transmit instructions/information.

• Have clinical staff with main focus of readying patients for the doctor and assisting the doctor in the exam room. These staff can perform other non-urgent tasks when they have available time, but the key is to not assign them tasks such as phones and diagnostic tests that would take them away from their doctor for long periods.

• Provide the staff work stations that are located and equipped so they do not have to leave their area.