Office Efficiency

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Introduction-Why this Topic?

- The Oregon Clinic GI Division, 3 separate GI practices working with 3 different staffing models.

- List serve questions re: “How many staff should I have?”

Innovative Staffing for the Medical Practice; by Deborah Walker Keegan, PhD, FACMPE.

Objectives

- Review the current changes and trends in healthcare, and how those changes drive the need for different staff skill sets.
- Understand the consequences of over- or understaffing.
- Learn the four steps to optimal staffing
- Analyze your current staffing model, by using the Staff Workload Evaluation Process.
- Explore innovative staffing solutions.

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- “The important thing is to identify the future that has already happened.”

-Peter F. Drucker

Changes and Trends in Healthcare

- Expanded Patient Access Channels:
  - Patient Portals – to send and receive messages, lab results, appointment requests, etc.
  - Secure Messages – emails from Patients directly through Outlook or to the Electronic Medical Record (EMR).
  - eVisits – Office visits via Skype or via emails.

Changes and Trends in Healthcare

- Patient Centered Medical Homes or ACOs:
  - Intended to be real-time, one-touch strategies
  - Coordination of care from the primary care physician (PCP), to the specialist, home health agency, hospital and/or home.
  - Patient is actively managed through registries and targeted outreach processes.

Changes and Trends in Healthcare

- Consumer Directed Health Plans:
  - Insurance eligibility verification (greater risk than employer sponsored plans)
  - Financial clearance (payment of co-pays and deductibles) before the patient is seen. Relying on real-time adjudication.
  - Greater demand for less expensive options (eVisits).

Changes and Trends in Healthcare

- Pay for Performance, Meaningful Use, Population Health Management, etc. :
  - Workflows (and tools) centered around data gathering.
  - Addition of staff to analyze, support and implement the evidence-based patient care programs.

Dangers of Overstaffing

- Higher than needed staff costs
- Inability to ratchet up productivity - staff get used to working at a particular pace
- Increase in Human Resource challenges - idle hands….
- Moral hazard -staff who shirk tasks can have a negative impact on the team

Dangers of Understaffing

- Staff recruitment and retention problems
- Poor patient care – *that's now easily shared via Social Media*
- Increased malpractice and/or business risk
- Inefficient physicians – which may lead to lower productivity and a greater chance for burn-out

Office Efficiency Goal

"What is our goal? The right number of staff, in the right place, with the right skills, at the right cost, with the right behavior, with the right rewards, with the right outcomes. No more, no less."

-Rightsizing: Appropriate Staffing for Your Medical Practice.

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- New Era of Staffing Challenges:
  - Traditional staffing models will be inefficient and ineffective
  - "Traditional" staff skills are not enough. We need staff who can manipulate Excel spreadsheets and pdf files, convert EMR data to csv files, and know a little about statistics.
  - We need to hire the best and brightest (who are hard to find!) *while educating our current staff* to continue to meet the new demands of patients, insurance carriers, etc.

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- Studies have shown that productivity increases with the number of FTE/ FTE physician. Revenue and expenses increase as well.

- Typically the more staff in a medical practice, the greater the level of productivity, BUT ONLY IF THE ADDITIONAL STAFF MAKE A POSITIVE CONTRIBUTION TO PRACTICE PROFITABILITY.

Office Efficiency

- "Better-performing medical practices ensure that staff are performing at optimal levels, making a positive contribution to practice profitability."

  – Innovative Staffing for Medical Practices

Four Steps to Optimal Staffing

- Step 1: Benchmark staff FTE and costs
- Step 2: Evaluate staff workload

RIGHT STAFF

- Step 3: Redesign work processes
- Step 4: Innovate your model

RIGHT THING

Step 1: Benchmark Staff FTE and Costs

- Benchmarking the staff FTE and costs per physician FTE is a macro level view of the types of staff and their associated costs. It doesn't indicate WHAT they do, or what they are EXPECTED to do.

Step 1: Benchmark Staff FTE and Costs

- Categorize the staff by their ASSIGNED JOB TITLE and FTE status *to compare to published benchmarks by specialty*.

  (Ex: 8 Pt Account Reps/12 Phys = .65 FTE)

Staff Category	Staff FTE per FTE Physician
General Admin	.25
Patient Accounting	.65
Information Technology	.10
Housekeeping	.25
Total Business Office	1.25

Step 1: Benchmark Staff FTE and Costs

Staff Category	Staff FTE per FTE Physician
Medical Receptionists	1.00
Medical Transcribers	.25
Medical Records	.50
Total Front Desk Support Staff	1.75
Registered Nurses	.50
Medical Assistants	1.50
Total Clinical Support Staff	2.00
Total Employed Support Staff	5.00

Step 1: Benchmark Staff FTE and Costs

- Examine the cost per FTE and the cost as a % of medical revenue, to compare to published benchmarks.

  (Ex: $241,860 for the 8 Pt Acct Reps/12 Phys = $20,155/FTE Phys.)

Staff Category	Total Staff Costs	Staff Costs per FTE Physician	Staff Costs a % of Total Medical Revenue
General Admin	$90,000	$7,500	2.55%
Patient Accting	$241,860	$20,155	4.55%
Info Technology	$120,000	$10,000	.70%
Housekeeping	$67,200	$5,600	.10%
Total Medical Revenue			$5,315,604

Step 1: Benchmark Staff FTE and Costs

- To prepare for Step 2 (Staff Workflow Evaluation Process) inventory the TYPE OF WORK ACTUALLY PERFORMED by each staff member.

Name	Work Function	Hours Per Week	FTE
Bob - Receptionist	Medical Reception	30	.75
	Medical Records	10	.25
Subtotal		40	1.00
Sally- Med Asst	Medical Assistant	20	.50
	Medical Reception	20	.50
Subtotal		40	1.00

Step 1: Benchmark Staff FTE and Costs

- This exercise offers insight to whether tasks can be re-assigned to others (right staff at the right cost) without creating more “touches”.

Ex: Can Bob’s Medical Records tasks be re-assigned, to allow him to take more calls currently done by Sally?

Key Work Functions	Staff FTE
Bob – Medical Reception (30 hrs/week)	.75
Sally – Medical Reception (20 hrs/week)	.50
Total Receptionist Needs	1.25

Step 1: Benchmark Staff FTE and Costs

- These comparisons between the category of tasks via their job description vs what the staff actually do, supports the need for staff/task re-design (re-assignment).

- The goal is to re-assign tasks as long as it doesn't create more "touches/hand-offs" and is done by staff at the right cost.

Step 2: Evaluate Staff Workload

Case Study:

GI South has two locations, with attached Endo Centers, and 12 physicians.

Problems: High abandon rate of calls on Monday, increase in patient complaints and the receptionists have a higher number of outstanding outbound call tasks.

Step 2: Evaluate Staff Workload

- First, learn the EXPECTED workload ranges for each process.

Work Function	Per Day	Per Hour	Per Transaction
Telephones with Messaging*	300-500	43-71	N/A
Telephones with routing (EMR) system*	1,000-1,200	142-171	N/A
Appointment Scheduling with no registration*	75-125	11-18	N/A
Appointment Scheduling with full registration*	50-75	7-11	N/A

* Source: Woodcock, Elizabeth W. 2009. Mastering Patient Flow: Using Lean Thinking to Improve Your Practice Operations. Englewood, CO. MGMA

Step 2: Evaluate Staff Workload

- Second, select the work function that most closely matches the ACTUAL workload ranges for your process, and the have the staff tally the types of calls taken during a typical week.

Work Function	Per Day
Telephones with routing (EMR) system	1,000-1,200
Appointment Scheduling with no registration	75-125
Appointment Scheduling with full registration	50-75

Step 2: Evaluate Staff Workload

- Third, observe your staff and calculate the average time it takes them to perform the task.

This is the most critical step of the workload evaluation process.

Work Function	Average Per Day
Telephones with routing (EMR) system and scheduling appointments for new and established patients	80

Step 2: Evaluate Staff Workload

- Measure the amount of work that needs to be accomplished. In this example, the number of calls per day, for a week.

Day of the Week	Mon	Tues	Wed	Thurs	Fri	TOTAL
Inbound Calls	500	400	350	300	350	1,900

Step 2: Evaluate Staff Workload

- Third, review the REQUIRED FTE to complete the tasks and calculate the performance gap.

Day of the Week	Mon	Tues	Wed	Thurs	Fri
Inbound Calls divided by	500	400	350	300	350
80 calls Per day/staff	80	80	80	80	80
Required FTE	6.25	5.00	4.375	3.75	4.375
Current FTE	5.00	5.00	5.00	5.00	5.00
Gap	(1.25)	0.00	.625	1.25	.625

Step 3: Re-design the Workflow

- Re-trained two medical record staff members to answer inbound phone calls on Monday.
- Two inbound call receptionists are assigned to other duties Tuesday-Friday.
- Unexpected findings, need to focus on one type of task to reduce staff anxiety:
  - Inbound vs outbound call tasks
  - Management of the task “buckets” in the EMR, i.e. Open Access Calls vs Referrals to other Specialists

Step 4: Innovate

- Encourage patients to register online, and enter health information.

- Provide patients with appropriate expectations re: when lab results would be available.

- Develop an Advice Department, who can, in addition to gathering information:
  - Schedule Appointments
  - Refill Medications via protocols

Step 4: Innovate
Check In & Out

- Automated patient reminders
- Kiosks in the waiting room for the patient to pay their own co-pay
- Barcode forms to be printed from the EMR system, completed by the patient, and scanned back into the EMR.

Step 4: Innovate
Check In & Out

- Centralize as many functions (i.e. referral, eligibility) as possible to keep multiple staff from calling the same carrier, referring provider office, etc.

- iPads to capture signatures on HIPAA, Financial Policy and Consent forms

- Move the patient check in and check out functions to the exam room (to eliminate the patient waiting in multiple areas). Increases patient satisfaction.

Step 4: Innovate Clinical Visits

- Chart Prep- determine what information can be entered into the patient's chart to alleviate the provider's burden. I.e. Problem, medication and allergy list from the PCP's office visit note.

- Centralized Advice Department so that patients can quickly obtain answers without waiting for the Medical Assistant.

- Offer eVisits via Skype (or other virtual meeting product)

Step 4: Innovate Business Office

- Online payment system where patients can enter their own payment plans based on your parameters. Have the system auto-post those credit card payments.
- Automated eligibility verification
- Pre-payments to include co-payments, co-insurance and deposits.

Step 4: Innovate Medical Records

- Transition from the “chart pull” mentality to “data migrators”. Entering key data elements into discrete data fields in the EMR system that can be used later by nursing staff and physicians.

- Leverage technology such as Optical Character Recognition (OCR), bar coded paperwork and fax to pdf files, which can be automatically indexed into the EMR.

- Explore more Quality Assurance based functions (double checking for path results, recalls, patients over 50 yrs of age, etc) which would help decrease risk and increase revenue.

Re-Evaluate

- After re-designing the staff's tasks and applying innovative ideas, re-evaluate the cost per FTE and the cost as a % of medical revenue.
- Did we decrease the cost of staff as compared as a % of medical revenue?

Staff Category	Total Staff Costs	Staff Costs per FTE Physician	Staff Costs a % of Total Medical Revenue
Patient Accting	$241,860	$20,155	3.00%
Total Medical Revenue			$8,062,000

Re-Evaluate

- Benchmark
- Evaluate
- Re-design
- Innovate
- Repeat.

Questions?

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