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Meet the Presenter…

On the topic:

Do You Run Your Practice or Does It Run You?

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Do You Run Your Practice….. or Does it Run You??

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When was the last time…..

• You left the office within 15 minutes of seeing your last patient…..
  – With all your work done for the day?
  – Without worrying about what you may have forgotten to do before you left?
  – Without worrying about the mound of work you have to do the next day?
When was the last time…..

• Your last patient of the day left the office within 15 minutes of your posted closing time?
• No patient had to wait more than 15 minutes beyond their scheduled visit time?
• You had a break in the middle of your shift that you didn’t feel guilty about?
• You had a full lunch break?
• You ate lunch at all?

Do you feel like…..
IS THIS YOU?

Or this?
Bottlenecks....

• Identifying the Bottlenecks in your Practice is the first step to gaining control, and creating an atmosphere of efficiency, calm and well being.
  – Bottlenecks can be a “what”
  – Bottlenecks can be a “who”
  – Bottlenecks can be a “why”

• A risk/gap analysis of your practice’s bottlenecks is vital to identifying areas of inefficiency and taking corrective action

Bottlenecks: What

• The “whats” are policies and procedures
  – Sometimes there are bottlenecks because there are NO standardized policies and procedures
  – Sometimes there are bottlenecks because there are too MANY policies and no room for the “what ifs,” so it chokes the practice
  – Sometimes there are bottlenecks because there are conflicting policies
  – Sometimes there are bottlenecks because there are procedures but no one knows what they are
Examples

• Scheduling and Rescheduling Patients
  – Policy for when certain patients/types of patients should be scheduled
  – Policy for ensuring that a new patient is scheduled within two weeks of their call
  – Policy for handling emergency patients, same day
  – Policy for handling patients who show up early, or late, or not at all
  – Policy for rescheduling patients
    • When the doctor is called away to the hospital
    • When doctor calls in sick
    • Emergency situations (bad weather, etc.)

Examples continued

• Administrative Policies
  – Policy for completing and signing chart/op notes within 48 hours of patient encounter
  – Policy for end of day close out (checks and balances) “when the day is over, the day is over”
  – Policy for submitting orders, referrals, transfers, Rx Refills within 24 hours
Examples continued

• Billing and Collection Policies
  – Claims submission policies
  – Claims follow up policies
  – Front desk collection policies
  – AR/Revenue Cycle Management policies
  – Bad Debt/Collections policies

Examples continued

• Personnel Policies
  – Policy to address expectation of hours worked
  – Policy to address coverage of absent employee
  – Policy to address tardiness, excessive absences
  – Policy to address workplace and personal hygiene
  – Policy to address vacation/PTO requests
  – Policy to address employee performance standards
Bottlenecks: **Who**

- Sometimes the Bottleneck can be a person in the organization
  - The staff member who shows up late all the time
  - The doctor who doesn’t complete chart notes so billing can’t go out
  - The nurse who procrastinates on sending referrals, prescriptions, returning patient calls
  - The staff member who gripes about everyone else

Bottlenecks: **Why**

- Why do we do things this way?
  - Because that’s the way we’ve always done it
  - Because I’m too old to change
  - Because that’s how I was trained
  - Because that’s the way I like to do it
  - Because that’s the policy
  - Because I just had to figure it out on my own
Keys to Taking Control of Your Practice

• Analyze all your policies – in bite-sized pieces
  – Identify biggest areas of inefficiency first
    • Review the policies
      – Does the policy allows us maximum efficiency?
      – Is the policy outdated?
      – Is the policy being followed?
      – Is the policy still relevant?
    • Write a policy, if you don’t have one
      – A policy and procedures manual is one of the key elements of an effective compliance program

Keys to Taking Control continued

• Analyze your obstacles
  – Staff training/cross training
    • Can everyone do their job and at least one other person’s job?
  – Personnel
    • Do you have any “bad apples”?
  – Time
    • Are you allocating time each day for administrative work?
  – Technology
    • Are you using technology to help you save time and work more efficiently?
  – Space
    • Is your clinic space allowing for maximum efficiency and patient flow?
Keys to Taking Control continued

• Work on the improvements
  – Staff training/cross training
  – Have regular meetings to go over procedures and expectations
  – Allocate time each day for administrative work
  – Alter your space to improve efficiency and patient flow

Keys to Taking Control continued

• Get the “buy in”
  – Communicate the objectives, reinforce in staff meetings
  – Train, train, train! Empower staff to take control of “their” policies and procedures
  – Realize that change is hard for some people. Help them see the up side of change
  – Consider using recognition and rewards
  – Don’t forget about positive reinforcement
  – Encourage the staff to participate in the transformation
Keys to Taking Control continued

- Have Weekly Staff Meetings
  - Larger organizations may need to departmentalize
  - 30-45 min – buy lunch if you want staff to stay over the lunch hour – they do not clock out, so be aware of overtime
  - Engage all staff members, ask for departmental reports
  - Use statistics to show progress/decline in the practices performance, keep the emotion out of it
  - Don’t forget about positive reinforcement – always use part of staff meeting for motivation. It’s not a gripe session

Questions?

- Thank you for your attendance!

- Get your questions answered on PMI’s Discussion Forum:
  http://www.pmimd.com/pmiForums/rules.asp