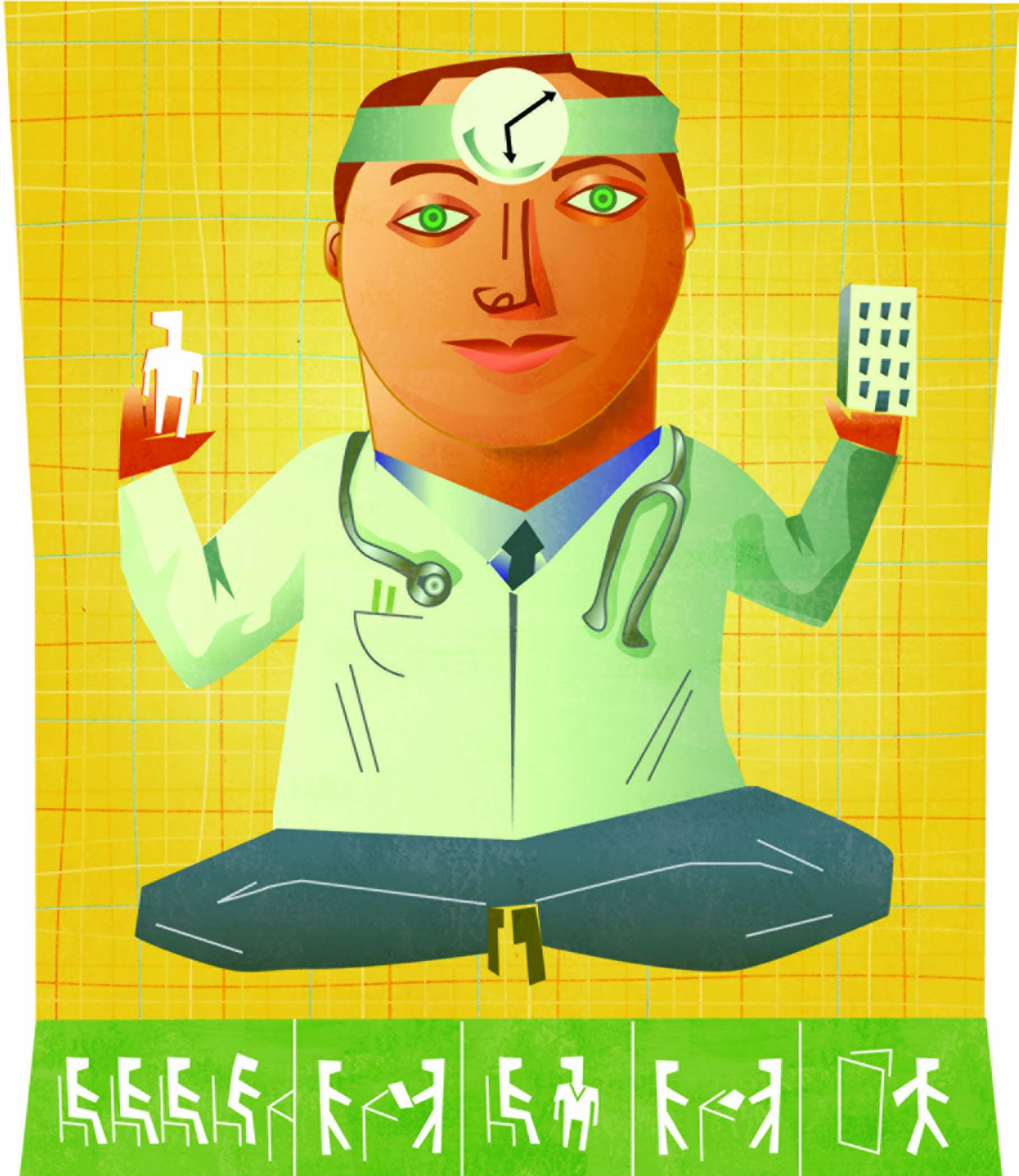


BY CAROL PATTON

STAYING *ON* SCHEDULE



It may be the biggest challenge for doctors, but the cost of chronically running behind can be enormous—in patient satisfaction, employee morale, and to the bottom line. Use these best-practice tips for keeping on task and on time.

February 25, 2003 is a day Dr. Ty Weller would just as soon forget.

One of his patients, Aristotelis Belavilas, was scheduled for a 2 pm appointment. Weller, a pain management specialist in Las Vegas, was supposed to give Belavilas a steroid injection in his spine to help fight pain before his patient left on vacation to Greece.

Belavilas came early, but Weller didn't arrive until 5:15 that afternoon. Belavilas received no apology or explanation for the long delay, and believed the doctor was rude to him. He stormed out of the doctor's office without any treatment and later sued Weller in small claims court. Weller's crime: having Belavilas wait more than three hours for medical care.

Belavilas won the suit and was awarded a \$250 judgment, but he didn't care about the money. All he wanted was a little respect. Although the physician appealed the decision, the pair ended up settling. Weller wrote a letter of apology to Belavilas and offered to donate \$360 to the Nevada Childhood Cancer Foundation while Belavilas agreed never to talk about the case to the media.

While the case set off debates across the country as to whether Belavilas was justified in suing the doctor, it also shed light on an important problem that still challenges many physicians today: staying on time with patient appointments.

It sounds simple, but it's among the most difficult goals for any practice to achieve. Blame it on emergencies, chatty patients, or double-booked appointments. Regardless of the reason, the fallout can be hazardous to a physician's reputation and bottom line. Still, some practices manage to run like clockwork, keeping patients waiting no longer than 15 minutes. How do they do it? They apply a variety of techniques that keep them on task, in focus, and on time.

Smooth flow

Consider asking this question to each person employed at your practice: If a patient has an 8 am appointment, what does that mean? Does the doctor see him at 8 am? Is he brought back to the exam room at 8 am? Does the nurse record his

chief complaint or take his blood pressure at 8 am? Or, is the patient supposed to check in at the front desk at 8 am?

Don't be surprised if everyone has a different interpretation. Most do, says Debi Croes, a principal at The Croes Oliva Group, a national health-care consulting firm based in Burlington, Massachusetts.

"It all starts with the definition of where [the day] begins," she says. "You can't have a correct operation unless everybody has the same definition. This is a really big point."

To test the waters, sometimes she schedules business appointments with physicians when their practice opens in the morning but arrives 30 minute early. More often than not, she's waiting in the parking lot or outside the practice's front door with other patients who are confused about what their 9 am appointment time means, especially when staff doesn't arrive until 8:55 am.

She says this is a very common mistake among practices, but it is easy to fix. Yet, the opposite can be equally as problematic. She tells the

story of one physician who began seeing patients when they arrived, sometimes one-half hour earlier than their scheduled appointments. They quickly learned to come early since the doctor observed a first-come, first-seen schedule. Soon patients began coming anytime they pleased and complained when they weren't seen within 15 minutes of their arrival time. The lesson, says Croes, is for physicians to create their own rules and be consistent.

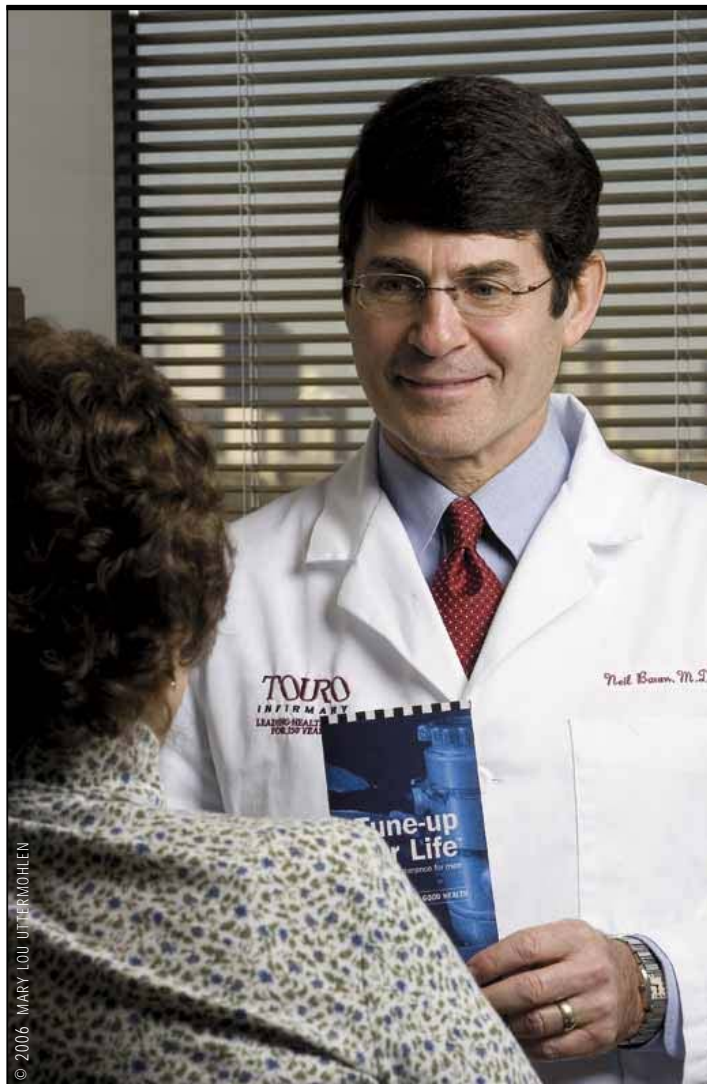
Another tip is assigning someone to be in charge of office flow. It could be a medical assistant or office manager who would monitor patient appointments on a daily basis and identify potential problems that could cause delays.

Other times, a big waiting room could be the culprit. She remembers one obstetrician with time management issues, partly because he didn't have enough patient exam rooms. So he shrunk the size of his waiting room and expanded the number of exam rooms in his office, all within the same square footage.

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“He told me, ‘You fixed my operations. This enormous waiting room was a sign of my dysfunction,’” says Croes. “He built two extra exam rooms. That translated to close to (an extra) \$250,000 a year.”

Dr. Neil Baum believes the problem mainly boils down to office flow. A urologist in New Orleans, he averaged 30 patients each day, mostly within 15 minutes of their designated appointments.

On a typical visit, he briefly greets the patient in the exam room. Shortly after, his nurse enters the room to record the patient’s history on a tablet PC. At this time, Baum leaves the room to examine another patient. After each exam, he shares diagnostic and treatment information with the nurse, who then enters the data into a computer system and prints out a report for the patient that summarizes the visit and includes details like when to take prescribed medications.

While the report is being prepared, a patient can watch a five- to seven-minute video about his specific condition. Each video features Baum explaining a com-



Dr. Neil Baum, a New Orleans urologist, organizes his appointments carefully and keeps patients involved at every step. This keeps him efficient and helps patients feel they have his undivided attention.

mon ailment and treatment options. Afterward, Baum returns to the exam room, summarizes the information once more and answers any questions. Then the patient is handed the summary report, which also reiterates highlights of the video.

“Patients only retain 5 to 10 percent of what they hear,” says Baum, who is slowly rebuilding his practice post-hurricane Katrina. “Once you give them written material that summarizes what you said, you can enhance the likelihood of patient compliance many fold.”

But there are other advantages. He says patients rarely call the practice with follow-up questions, which can consume valuable time from staff and cause delays in delivery of care. Sometimes, it even makes patients feel like Baum is devoting more time to them than the standard five minutes per visit. Part of the reason is they’re occupied—either with him, a nurse, or a video—instead of being left alone in an exam room.

Still, there’s one cardinal rule that should never be broken: Don’t interrupt physicians during patient visits unless there’s an emergency.

This was a valuable lesson one patient taught him years ago. While examining the patient, Baum was interrupted by a phone call. He stepped out of the room and returned within a few minutes. During the same exam, he was interrupted two more times, each time stepping out of the room to accept the call. When he returned to the same exam room the third time, the patient informed him that he would seek care elsewhere. Baum was devastated.

Now patients believe they have his timely, undivided attention. “One patient said, ‘I can see you’re thinking out of the box,’” Baum says. “My attitude is there is no box. I’m not even seeing a box.”

Dr. Ari Brown, a pediatrician in Austin, Texas, also relies on what she calls the Disney World approach. When parents check in at the front desk, they’re usually handed a developmental assessment for the child and lead or cholesterol screening forms to complete while they wait 15 minutes to see her.

“If you give them something to do, they don’t feel like

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Dr. Charles Sophy, a psychiatrist and family practitioner in Beverly Hills, California, devotes each weekday to patients with specific conditions or illnesses. “You’re not trying to shift where you’ve got to suture [a patient] in one office and handle a diabetic in another office.”

they’re twiddling their thumbs waiting for you,” says Brown, explaining that Disney World keeps patrons occupied while waiting in long lines for rides. “And you just saved yourself time because you don’t have to ask those questions.”

Patient education also ranks high on her to-do list. Her staff informs patients about why the practice may be running behind and provides guidance to avoid it. Parents are consistently told to call if they’re running late, to come early if their health insurance has changed and if they’re bringing a second child along who has suddenly developed a bad cough, to book a new appointment. She has even co-authored a book, which many of her patients have read, called *Baby 411: Clear Answers and Smart Advice for Your Baby’s First Year*, (Windsor Peak Press, 2003). Among her favorite chapters is “Behind the Scenes: Why Is My Doctor So Late?”

“Educate the patient—that’s the first step,” Brown says. “It’s not rude to say, ‘We don’t want you waiting in the waiting room for an hour. Here are some things you can do.’”

Me and my shadow

Although surveys have not been conducted on the average length of time patients wait to see their doctors, one fact is clear: Patients today are now much less tolerant of physician delays than in the past.

Anecdotally, some physicians estimate that as many as 20 percent of patients at a practice will switch doctors because of long delays. In an attempt to minimize wait times and patient complaints, some doctors are experimenting with different approaches while others have made drastic changes, like converting to a boutique or concierge practice where patients pay their physician an annual fee to reserve time slots throughout the year.

There’s no magic solution but individual physicians are discovering what works best for their practices. Consider Dr. Anita Jackson-Kelley, an ear, nose, and throat physician in Raleigh, North Carolina, who sees as many as 40 patients a day.

She uses “shadows.” These clinical staff members—



nurse, medical assistant, or lab technician—follow her from patient to patient and understand her field of medicine and practice patterns. For example, while Jackson-Kelley is telling a patient about the need to take antibiotics for a sinus infection, the shadow is already gathering samples or placing a prescription pad in front of her. Shadows also escort patients to the checkout area and guide the doctor to the next room.

“They know more about what you should be doing than you do,” she says, explaining that their added value is efficiency and time management.

She also hires aggressive and motivated front desk employees who greet patients and ensure that the office flow is smooth. Usually, they coordinate patient activity with clinical staff, monitor how patient appointments and walk-ins are spaced throughout the day, and know how to interact with patients when the doctor is faced with unexpected delays.

“They’re smart enough to know that if I’m running late in surgery to tell patients, ‘The doctor’s going to be

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late. She wouldn't want you to wait so why don't you grab some lunch and come back at 1:30pm?" she says. "That's the type of professionalism you're paying for—somebody's who's always on the lookout."

Mixed bag

Another way to stay on time is to focus employee responsibilities. One group practice with approximately 100 providers dedicates each nurse and medical assistant to a specific task. For instance, one nurse would perform triage, another would handle prescription refills, and an MA would be responsible for nothing more than escorting patients into exam rooms, taking vital signs, and recording chief complaints. Duties would then be rotated every day or week, allowing clinical staff to be very focused and efficient, says Dr. Jay Anders, an internist who formerly worked at the practice.

Anders, now the chief medical officer at InteGreat Concepts, Inc., an electronic medical records company headquartered in Scottsdale, Arizona, also scheduled 20 minute catch-up breaks for himself in the morning and afternoon and switched from double-booking patient appointments every 15 minutes to scheduling one appointment every 10 minutes.

No matter how hard he tried, his schedule was always off by at least 30 to 40 minutes when double-booking. He believed asking patients to wait any longer than that wasn't fair to either them or him, since delays extended his already long workdays and could contribute to physician burnout.

"[Double-booking] disrupts flow because you're not really sure what a patient is going to come in with," he says, adding that this new system prevented him from falling behind. "In a double-booked day, one slow patient would wind up being a problem."

He also identified patients who usually required more time than just 10 minutes for appointments. He kept a tickler file of such patients and had schedulers automatically give them 20-minute appointments. Not only were his patients happy, so were employees who came to work every day know-

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Self-Service Appointments

Imagine a system where patients log on to a computer, enter a portal into their physician's scheduling system, request the appointment they like, and then receive a confirmation from the physician's office.

"I would hope that within the next five to six years, we have a very solid national communication infrastructure that gives high level service that you'd really like to have for an on-line scheduling system," says Dr. John Durham, the chief medical officer at Greenway Medical Technologies, a provider of electronic health record and practice management software solutions in Carrollton, Georgia.

The company is already testing its beta version of on-line scheduling that is incorporated into a more robust system that will also enable patients to view their lab results and parts of their medical record on-line as well as receive alerts and reminders for medication refills.

Some kinks still need to be worked out. At times, patients can't connect with their doctors' Web sites or are interrupted during the process of scheduling an appointment. Likewise, such systems must be intuitive by responding in the same way employees would to a variety of scenarios. For example, the system must recognize emergency situations and refer patients to the emergency room instead of allowing them to book an appointment days or weeks later.

Still, Durham believes such systems will become the standard. Until then, the medical technology community has only begun to identify its benefits.

"We look forward to seeing how many different ways it can enhance the efficiency of point-of-care," Durham says. ■

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ing they were going to deal with a realistic schedule instead of constant patient complaints.

But scheduling techniques can vary drastically between practices. Consider Dr. Charles Sophy, a psychiatrist and family practitioner in Beverly Hills, California, who devotes each weekday to patients with specific conditions or illnesses. For example, Mondays are reserved for walk-ins, emergencies, routine administrative tasks, and lab work. Tuesdays are mental health days where patients can schedule psychiatric appointments. Wednesdays are devoted to pediatrics. Thursdays are reserved for general medicine. Fridays alternate between patients with diabetes, high blood pressure, and skin disorders.

He believes other doctors could benefit from this type of scheduling. "It's really easy to focus on that disorder," he says. "You really get sharp on it. You're really on top of diabetes and not trying to shift where you've got to suture [a patient] in one office and handle a diabetic in another office."

The same holds true for common dermatology procedures like removing skin tags or warts. Whenever possible, patients requiring such procedures are scheduled on the same day so they can be moved in and out in a timely fashion.

Sophy's nurse practitioner (NP) is another reason he stays on schedule. She runs Saturday clinics that specifically target patients with certain conditions. On one Saturday, for instance, she may run a free hypertension clinic and invite all patients with high blood pressure and suggest they bring other family members and friends who may be at risk for the condition. Another clinic may target pa-

tients with diabetes.

He believes these clinics offer multiple benefits: They're a user-friendly way to monitor the health status of patients, save physicians valuable time from performing routine exams during busy weekdays, and are also a great marketing tool since they attract new patients.

Still, some physicians are reluctant to hire NPs, physician assistants (PAs) and other midlevel providers because their salaries eat into their profits. However, many don't realize that the break-even point for such providers is around three to four patients a day, according to Randy Bauman, the president of Delta Health Care, a national health care consulting firm in Brentwood, Tennessee.

According to the *2005 Physician Compensation and Production Survey Report* developed by the Medical Group Management Association, for every \$1 billed by a primary care practice, a PA or NP typically receives almost 27 cents in compensation. That number ranges depending upon the type of practice. For example, PAs in a family practice earn nearly 25 cents in compensation off every income dollar while PAs in a surgical practice receive almost 32 cents.

"The most profitable way to see a patient is for you to see them," says Bauman. "But when you reach capacity, the second most profitable way to see a patient—as long as you've got the volume—is to have somebody else see them, pay them less, and make a [profit] on it."

Not many practices track how long patients wait to see a provider, despite the fact that payers routinely include standard wait times in physician con-

tracts. Bauman believes practices inadvertently violate that standard every day and are clueless about how long patients wait.

Even small changes can make a difference in wait times. For physicians without an electronic medical record system, he suggests using a carbon prescription pad to avoid rewriting the same information—and preventing potential medication errors—in the patient's chart.

Another area is the sample supply closet. Where is the closet located? Near the exam rooms? At one physician's practice, Bauman says it was placed at the other end of the office, far away from the exam rooms. So every time the doctor wanted to give patients a handful of samples, he had to walk out of the exam room and pass by the nurse's station where he was interrupted with questions or phone messages. Ten to 15 minutes later, he would return to the exam room with the samples.

"Physicians just don't think about this," says Bauman. "A lot of times, they don't get good mentoring about what it means to be a physician and to be efficient with their time. Time, of course, is their most valuable commodity." ■

Carol Patton is a Las Vegas-based free-lance writer. This is her first article for *Unique Opportunities*.