

Maximizing Physician Productivity

BY RICHARD C. HAINES

An individual doctor's personal productivity is controlled by four factors: the doctor's *Style*, the practice's *Systems*, *Staffing* to support the doctor, and *Space* to support the doctor.

The doctor's style has to do with the way he or she likes to manage the patient. This is often the most difficult aspect of the doctor's practice setup to change, and oftentimes the least productive element to try and change.

The systems which support the doctor can be easily altered and easily accommodated by the doctors and the staff. Doctors generally accommodate changes to their systems, as long as it makes life easier.

Staffing is a touchy item. The doctor's ability to be really efficient in a managed care environment oftentimes depends critically on how well he or she has delegated to ancillary staff. This can be difficult for some doctors to do.

The final element for consideration is space. If the doctor does not have enough exam rooms, he or she cannot generate the patient throughput and optimize practice efficiency.

There is a synergistic relationship among the four S's. To help a doctor achieve his or her potential, all the elements need to be understood and integrated to allow the doctor to smoothly go from patient side to patient side with the least amount of down time in between.

THE DOCTOR'S WORK AREA

Whenever a doctor shows up to work, he or she has a right to expect adequate space and adequate staff to meet his or her potential. A retina doctor may need his or her exam rooms set up differently than a cornea subspecialist. Each doctor needs the number of rooms that his or her patient output demands. This is a discrete quantity of space and should not vary depending on how many doctors are in the office. It is the doctor's job to see patients; it is the clinic's job to see that there are adequate patients, adequate space, and adequate staff to do that job.

In direct support of the doctor, the technicians also need adequate space to prepare and process more patients per hour than the doctor can produce. This preparation space can be either integrated with the doctor's exam module or be distinct from it. Regardless, it does little good to have a doctor capable of seeing six patients per hour and staff only capable of preparing four.

CLINIC-WIDE SCHEDULING

Doctors typically have specific expectations regarding their weekly access to the clinic. For many ophthalmology practices, this equates to six half-days of exam time each week. If this is the case and if the practice has four doctors in it, then it can be easily seen that the office needs to provide 24 half-days of examination time per week to serve its doctors.

If that same clinic is only open Monday-Friday, mornings and afternoons, then the number of doctors in the clinic at any time would average 2.4 (24 divided by 10 = 2.4).

This means that the office should provide three exam modules for the physicians and schedule either two or three doctors in the clinic every day of the week.

An undisciplined schedule for such a clinic might have one doctor in one day and four doctors in another day. Comparing that to the maximum of three as shown in the example above, the undisciplined schedule is wasteful. Not only is more space needed for that fourth doctor, but also for the staff to support that doctor and the space to support the staff. But, there is a hidden implication to this as well. With the undisciplined schedule on a four doctor day, ancillary services will tend to be overloaded. Then, on a subsequent day when there is only one doctor in, those same services are way under-utilized. By normalizing the schedule of access of physicians, patient loads on ancillary services can be more predictable and staffing can be more regular.

STAFFING

Doctor productivity can be harmed by inadequate or inappropriate staffing. In much of the literature being written

The Four S's of Production

An individual doctor's personal productivity is controlled by four factors:

The doctor's *STYLE*.

The practice's *SYSTEMS*.

STAFFING to support the doctor.

SPACE to support the doctor.

Continued on page 2

Physician Productivity: Style, Systems, Staffing, Space

Continued from page 1

for doctors today, there are constant references to staffing reductions. Even if the staff member is not fully busy, sometimes the value of the physician's time they free up is greatly in excess of their salary.

Another issue has to do with doctor interruptions. When staff has a problem (it may be a phone call from a patient or some other issue), their first reaction is often to pass responsibility for that issue on to the doctor. A lot of these issues could be solved other ways than by just asking the doctor. Instead, the staff should be responsible for managing most problems that are within their capabilities. Those issues that have to be directly addressed by the physician, get addressed with the doctor at specified times when the doctor allows himself to be interrupted.

It is not uncommon in observing staff to realize that they may spend a total of an hour a day doing nothing more than walking from one place to another within the facility. Not only is the staff not productive during this time, but they are also generally not available to assist the doctor. So, in order to keep the staff working in one place, and to keep them available for the doctor, look for ways to move information that does not require the staff to get up and move.

PATIENT PER HOUR RATE

The rate at which a doctor puts patients out of his or her service dictates the minimum rate that the patients should be brought in to his or her service. It will also determine the number of chairs the doctor needs in the waiting room to support his or her patient flow, the number of parking spaces required in the parking lot and the number of check-in and check-out people necessary. This patient per hour rate

should be reassessed every year to identify any changes that are necessary.

COMMUNICATION SYSTEMS

Ineffective communication systems in a practice often rob a doctor of the opportunity to smoothly flow from one patient to the next with minimal interruptions. If the doctor is to smoothly move from patient side to patient side, then all forms of "interruptions" need to be minimized. For instance, doctors often leave the exam room and look for their tech in order to assist the doctor, issue a verbal instruction, or find what room to go to next. This loss of productivity can be very damaging to a practice and can be easily eliminated by systems.

For instance, if the doctor is in the exam room and needs assistance, the doctor can activate a light signal system to summon a staff member to the room. This way, no matter where the technician is working, he or she knows that they are needed by the doctor and can proceed to assist the doctor. When a doctor is done with one exam and wishes to go to the next patient, he or she does not need to find the staff to find out which room is next. By activating the room sequencing light system by the door to the patient room, the light by the room of the next patient *in sequence* begins to flash and the doctor knows right where to go to stay on track.

While these techniques are simple, they minimize the need for the doctor to have face-to-face communication with staff between one patient exam and the other, thus increasing the doctor's effectiveness and the staff's effectiveness at the same time.

About the Author: Richard C. Haines is president of Medical Design International, located in Tucker, Georgia.