

Transcript Details

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Improve Staff Utilization in Your Practice

HOSPITAL OWNED MEDICAL PRACTICES: TIPS FOR SUCCESS

To create and keep a customer is crucial to the success of any medical practice. To do so you need the highest and best use of your staff. Listen in if you want to learn more on how to achieve that. Welcome to the Business Of Medicine. I am your host Dr. Larry Kaskel joining me today is Dr. Marc Halley founder and CEO of the Halley Consulting Group. Marc has been in the practice management field and consulting service for many-many years.

DR. LARRY KASKEL:

Marc welcome to the show.

DR. MARC HALLEY:

Thank you very much Larry. Pleasure to be here.

DR. LARRY KASKEL:

How long actually have you been consulting?

DR. MARC HALLEY:

Oh 23 years

DR. LARRY KASKEL:

Wow.

DR. MARC HALLEY:

But I am a very young 23 years old.

DR. LARRY KASKEL:

And can you sum it up in one statement what you have learned of the medical industry?

DR. MARC HALLEY:

Oh no.

DR. LARRY KASKEL:

Okay. Well actually on one of your presentations you have a picture and a quote and I don't understand it is a 2 man and a truck, can you explain on that?

DR. MARC HALLEY:

Well that is a one of those 20-minute jokes that I use frequently when starting a speech, but the essence is that we have got to truly understand the real problem before we can step in and fix it. That's what we are after.

DR. LARRY KASKEL:

That's what a consultant is suppose to do, they are supposed to come in, look at the doctor's watch and tell him what time it is.

DR. MARC HALLEY:

That is the theory.

DR. LARRY KASKEL:

What are the some of the pressures that are really affecting medical practices today as compared to the past and are really cutting into our profitability?

DR. MARC HALLEY:

Well there are very private practice physicians in particularly who are tuned into reduce reimbursement for the same work what they were doing 6 months, 12 months, and 2 years ago. Also, private practice physicians are used to seeing unfortunately increases on the

expense side of their businesses, staff screaming for additional compensation.

DR. LARRY KASKEL:

Every year they ask for more money and I say well, you know I don't get it. What I get paid is fixed by the insurance company. They don't give more every year. They give me less and so and if you want to raise that means I make less money.

DR. MARC HALLEY:

They don't care, that's the funny thing, how they have to buy that 3.5 and 4 dollar gallon gas to get to work in back you know.

DR. LARRY KASKEL:

That's true.

DR. MARC HALLEY:

Additional pressures. So key for us obviously or achy for us in surviving that challenge is to enhance our productivity and highest best use staffing is a way to do that.

DR. LARRY KASKEL:

Did you coin that term or is that an industry term?

DR. MARC HALLEY:

Well "highest and best use" is actually a term from the property management industry, which I was in several years ago and highest and best use relates to how do we best use a particular property at a particular point in time. Do we put a building on it, do we hold it to later appreciate what do we do with that property.

DR. LARRY KASKEL:

And you have been able to translate into people?

DR. MARC HALLEY:

Well we have said who are our resources as it were in the medical practice and you touched on it, obviously the most critical resources and 75%-80% of our cost structure in medical practice involves people and they are the most valuable critical resource and the most

expensive resource, obviously the most expensive being the physician himself or herself with the support staff following.

DR. LARRY KASKEL:

Are there physicians that you come across when you go out in this vast country of ours and consult that really are so impressed with themselves that they think that they are the reason for success of their practice and totally ignore the fact that there are these wonderful, fantastic people upfront, behind them, aside them, making them successful?

DR. MARC HALLEY:

Well in the old days perhaps we find a few more, these days most of the physicians that we deal with really understand how critical their support staff members happen to be and thankfully we have not seen as much of that attitude as we used to see years ago.

DR. LARRY KASKEL:

That's good. The salaries that I pay my front staff is just it's incredible. I am not going to go into it, but they make a lot of money and they have job security, which the rest of the world you know no one has jobs.

DR. MARC HALLEY:

That's right. That's right. We reminded our staff that when the July employment figures came out for the United States we were looking at 51,000 people who lost their jobs during the month of July and made us all great for the have ours.

DR. LARRY KASKEL:

Right. All right, so what can I do in my practice to practice highest and best staffing, I still don't get it, I don't know what to do?

DR. MARC HALLEY:

Let me share with you, we start with the physician and we say "doctor are you doing things in your practice and your daily walk as you enter the practice and start seeing patients and everything that is associated with patients, are you doing things that could be delegated to somebody else that don't require that degree to accomplish and will have physicians as we talk with them look at each other and say well sure I might hate paperwork and I say why are you filling out paperwork. Well you know frequently I can't afford to have the staff to fill out the paperwork, so I end up doing it and we say now wait a minute think of that argument, you mean to tell me that you are spending 15 minutes at 80 or 90 or 100 dollars an hour filling out a piece of paper because you don't want to spend 12 dollars an hour to have somebody else do it, and still have you check it and sign it, and all kind of cock their heads and look like they are confused a little bit, then we say doctor the only time you should take your pen out of pocket is to sign your name.

DR. LARRY KASKEL:

Marc you talk about the doctor that does the paperwork because they doesn't realize that someone being paid 15 dollars an hour is a better use of his time, but what about the doctor that is really a control freak that does not like to let go of these things, that is a harder person to change?

DR. MARC HALLEY:

Well that is true and particularly as we deal with clinical issues it can be a real challenge, but it is disheartening to their staff members and it obviously affects their income when they don't delegate everything they possibly can delegate to their clinical assistant or to others and that in fact leaves to the second point once we have looked at a physician and eliminated everything from his or her daily life that can be delegated. The first person they are going to delegate to usually is their clinical assistant and then we have to go to the clinical assistant and make sure that the clinical assistant has everything delegated away from him or her that is possible as well for example any well managed practice every time a doctor opens the exam room door the clinical assistant is right there managing that physician's productivity. It's the clinical assistant's job to number one make sure the patient is comfortable and well cared for and number two to manage the physician's productivity and smart physician's have learned that over the years.

DR. LARRY KASKEL:

Is that a gentle way of saying doctor you are running late, lets move it?

DR. MARC HALLEY:

Yes it is a gentle way of doing that and also an interesting way of saying as soon as the doctor opens the door, I am there to receive instruction to close the visit and to point that doctor to the next room and again in our experience a physician whose clinical assistant is always at that door can see another couple of patients a day in the same amount of time he is using today. Now where is our nurse, well our clinical assistant may be on the phone that's the most common. Why is that clinical assistant on the phone well because they are arguing with an insurance company or trying to get a referral again. It doesn't take a clinical assistant necessarily in many practices to do that, somebody with some reasonable knowledge and instruction and oversight can sit on that phone and argue with an insurance company and so on and so forth,so lets delegate that away from the clinical assistant so that we are focused on meeting the service needs and the clinical needs of those patients that we see and then documenting that performance.

DR. LARRY KASKEL:

Marc you mentioned in your last statement close the visit, can you elaborate on that?

DR. MARC HALLEY:

One of these physicians that I have met recently has built and really taken this to the limit as highest and best use and implemented in very effectively, and he has noted there are really 4 components to a visit, the first is data gathering, the second is the assessment and the physical exam, again he is a primary care provider, the third is diagnosis and developing a treatment plan and the fourth is closing the visit making sure the patient is given instructions and scripts and so on and so forth and understands what to do next and then of course closing the visit may also include moving the patient on for a referral whatever the case maybe. This particular physician said to himself do I have to do all 4 of those steps, I don't do that when I am in the hospital, I depend on clinical peoples to do that for me, so why don't I work with my own clinical people who can (a) do the data gathering and then reflect to me what they have learned, I can still ask questions and seek additional insight, secondly I do the assessment, physical exam, I do the diagnosis and the treatment plan that is

what I am trying to do and then I give certain instructions, but allow my clinical assistant to close up the visit and help the patient exit, and this particular physician uses two clinical assistants and 5 exam rooms to see a large number of patients everyday and still walks out on time amazing.

DR. LARRY KASKEL:

Is there something written in the literature that kind of support to give to physicians who have trouble delegating and or sharing responsibility?

DR. MARC HALLEY:

Yes. He actually develops a protocol manual that he and his clinical assistants have used and they can tap into family team care, the website.

DR. LARRY KASKEL:

Because some of the physicians I know never close their visit. Now with electronic medical records you really have to close that encounter or it kind of stays open forever.

DR. MARC HALLEY:

Well it does and he uses his clinical assistants to close that visit and they remain in the exam room with him that is why he needs two of them, but it is a phenomenal experience and based on the analysis that has been done at his practice not only has his productivity improved, but patient's satisfaction is improved, and his practice of medicine from a clinical quality standpoint has improved.

DR. LARRY KASKEL:

All right so you have told us how to use highest and best clinical assistants, the physician, and now lets move to management.

DR. MARC HALLEY:

There are 2 types of employees in the medical practice. The first ones we call those who are primary physicians. The others are support role. The primary roles of the physician, the clinical assistant, and actually the receptionist. Every other role including the manager is a support role, although they may interact with the patient and frequently do. The 3 most critical roles in determining the experience the patient has are those primary roles including that receptionist. Now often times managers will overload their receptionist with too many other duties, so that they don't have anytime to receive patients, greet them properly, collect proper information, certainly collect copay, and then monitor what's going on in the reception room making sure that patients are comfortable, but they understand if the physician is running late, they are talking to the patients about how the physician is doing and that he is concerned about being a little bit late as everybody still okay so on and so forth that are the primary role is critical and again peeling work away from the reception physician is part of management's job.

DR. LARRY KASKEL:

Marc if you walk into a office when you are there for a few minutes because it kind of just hit you and you have a revelation of really what the problem is in this practice and then the rest of your day is really just kind of data gathering and window dressing?

DR. MARC HALLEY:

We enjoy walking in, slipping in to a practice and trying to sit in the reception area to find out how long it takes for receptionist to notice us and acknowledge that we are there and ask if he or she can help. Sometimes I can open my laptop and get a little work done before anybody notices that there is this unusual guy sitting in middle of the reception area.

DR. LARRY KASKEL:

Marc Halley of Halley Consulting Group thank you very much for talking with me today.

DR. MARC HALLEY:

My pleasure.

I am Dr. Larry Kaskel and you have been listening to the business of medicine on ReachMD to comment or listen to our full library of on-demand pod casts, please visit us at www.reachmd.com and thanks for listening.