



Running an Efficient Practice (When the Doctor Is Not in Full Function)



Preparation is the key to dealing with the unexpected.

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Things happen. Your practice can be humming along smoothly one day, and then something happens. Perhaps it is an illness requiring you to be out unexpectedly. Maybe you were notified of an audit, which is sure to induce stress. Even worse, a friend or family member could have unexpectedly passed away.

Unfortunately, there is a long list of situations that can occur that you simply do not expect to happen. What happens then? How can you continue running your practice when, quite frankly, your heart is not in it right now? You know, however, that you cannot just stop working, since you have patients to treat, surgeries scheduled, and payroll obligations to meet. There are ways for you to proactively structure your practice to mitigate these unplanned crises and help you get through your day.

Have the Right Team in Place

On a good day, your support staff is essential to helping you be more efficient and productive. Too often,

we allow our team members to avoid working to their fullest potential. We often excuse lateness, absences, poor patient scheduling, and leaving early with the thought that our team member is generally not like that. In truth, it is likely easier to keep a team member who is not running at full effect than to terminate that team member and have to go through an exhausting search for a replacement,

then training and integrating that new hire into the team.

When the day comes that you need to rely on your team, it is essential that you have only the best people in place. The right team knows your patients well. They know how you work. They know how to struc-

ture your day. Most importantly, in times of crisis, they know how to make your life in the office easier. Avoid the temptation to save a few dollars by being understaffed. Your investment in your team will pay dividends when you need them most.

Huddle Every Day

No matter how you structure your schedule, it is always a good

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idea to run through it with your entire team. Many practices have implemented a “huddle” of their team, either in the morning before the first patient arrives or in the afternoon or evening after the last patient departs. During the huddle, the team is

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able to see what patients are coming in, assign the patients to treatment rooms, and ensure that everything is ready, whether it means pulling a custom orthotic or ensuring lab or MRI results are readily available.

The effect of a well-run huddle is immediate. In what often takes just ten to fifteen minutes, the team is able to get a good overview of the schedule and learn what they need to do to make the day run efficiently for everyone. Even on days where one or all of the doctors may be out of the office, the huddle is still performed by the team. In fact, a point person should be assigned to run the huddle each day, rather than it being run by a doctor.

Lean on Your Protocols

In the best of times, treatment protocols are an excellent tool to keep your practice efficient. In the worst of times, they are essential. A well-constructed treatment protocol provides the practice with its own best practices to addressing each visit for a particular condition. By know-

vary from practice to practice based on how each practitioner prefers to structure patient visits.

Protocols are not only “in case of emergency.” In fact, waiting for

er them to construct the majority of the note and serve as a scribe when needed.

Some practices have chosen to integrate a dedicated scribe into the

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a crisis to implement protocols will not be effective. Protocols should be introduced to your team gradually so they can be properly implemented. By making treatment protocols a regular part of the fabric of your practice, they will be second nature when the time comes that you need to rely on them.

Have Your Medical Assistants Pull Double Duty

Another source of inefficiency to many practices is documentation in the electronic health re-

practice on an everyday basis. These practices are already a step ahead when a crisis occurs. For the others, once a medical assistant is proficient at creating a note, s(he) can come into the treatment room with the doctor and create the note in real time with the office visit. The doctor will then only have to review the note to ensure it is complete and correct, then sign off on it. This is sure to be a game-changing time saver when it is needed most.

Things WILL Improve

In most cases, crises are of a limited duration. There will be a significant period where you may feel like you are in over your head. By being prepared prior to such times and making your practice run efficiently with you at full function, it will be ready to run efficiently when you are limited. Taking the time to prepare now will save you significant stress when a crisis occurs. **PM**

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ing which protocol each patient fits into during your practice huddle, all of the team members will have a reasonable idea of what to expect the doctor to do.

For instance, if a patient is returning to the office for a second visit with plantar fasciitis, the team can be ready for any eventuality. If the patient returns without pain, perhaps he or she will be evaluated for a custom orthotic. If the patient comes in with continued pain, an injection can be drawn and ready. Other treatment modalities, such as a night splint, can be out and ready if the practitioner decides it is appropriate. When it comes to treatment protocols, there is no right or best protocol. In fact, protocols will

cord (EHR). It is no surprise that many doctors spend hours in the evenings and weekends completing documentation for patient visits. In times of crisis, this time spent may not be available, which will lead to a backlog of notes. This is a recipe for poor documentation and delayed billing, resulting in failed audits and diminished cash flow. Both of these are sure to further stress the already-stressed practitioner.

The office team is already likely familiar with some aspects of the EHR. In many practices, the medical assistants enter the history into the system before the doctor comes into the room. It is worthwhile to orient the medical assistants on how to create an entire note. This will empow-



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