

WORKFLOW

Streamline Your Office Processes

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Eliminating side chains increases workflow productivity.

BY JON A. HULTMAN, DPM, MBA

Every treatment or financial outcome achieved by a medical practice requires completion of multi-step processes. The quality of your treatment outcomes, the revenue generated by them, and the cost of producing them are all dependent on the workflow design of your processes and the volume being moved through them. The more efficient that workflow, the better the opportunity to leverage the potential of your office's staff, space, and technology. A practice can attain dramatic improvement in both treatment quality and profit by streamlining the workflow steps of all its processes. Many tasks performed in a medical practice are unnecessary while others are performed in the wrong order or at the wrong locations. Any of these results in constraints on productivity and performance. When processes flow inefficiently, some "necessary"

treatment or information is lost to follow-up altogether when it "falls through the cracks." This results in medical errors, missed charges, low collections, and high costs—which,

"simple" process—a receptionist responding to a patient's phone call regarding a charge. A typical example is as follows: A patient calls, and the receptionist answers. The patient

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in turn, lead to a decline in patient satisfaction and sub-optimal financial results.

To gain an appreciation of just how workflow impacts quality, costs, and revenue, it is important to understand the concept of variability and the impact that it has on quality, cost, and the workflow of a medical practice. Let us take a look at the workflow steps in one

asks, "What is my balance?" The receptionist checks his/her computer screen and answers, "Your balance is ten dollars." This is a fast, simple, three-step process. *Flowchart A* is a "process map" of this workflow. Note that the letter labels used on the flowcharts indicate the following: **R** = Receptionist; **P** = Patient; **B** = Billing Staff.

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LAST WORD IN PRACTICE ECONOMICS

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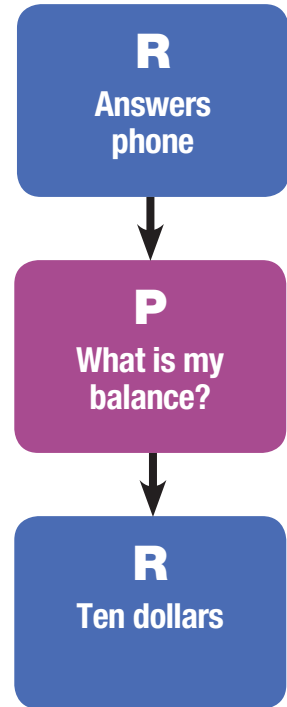
Flow Chart A

Flowchart A depicts the ideal workflow. It is quick and direct; however, achievement of the “ideal” is rare in the typical medical practice. There are numerous potential variables that can disrupt this efficient flow, and all result in higher costs

number of steps and handoffs. The ideal is that at least 80% of the time, the first person contacted at the practice—either by phone or in person—is able to complete a task without transferring or interrupting someone else. This will always produce the highest quality at the lowest cost.

Let us examine variations—side chains—that can develop in the “sim-

Flow Chart A



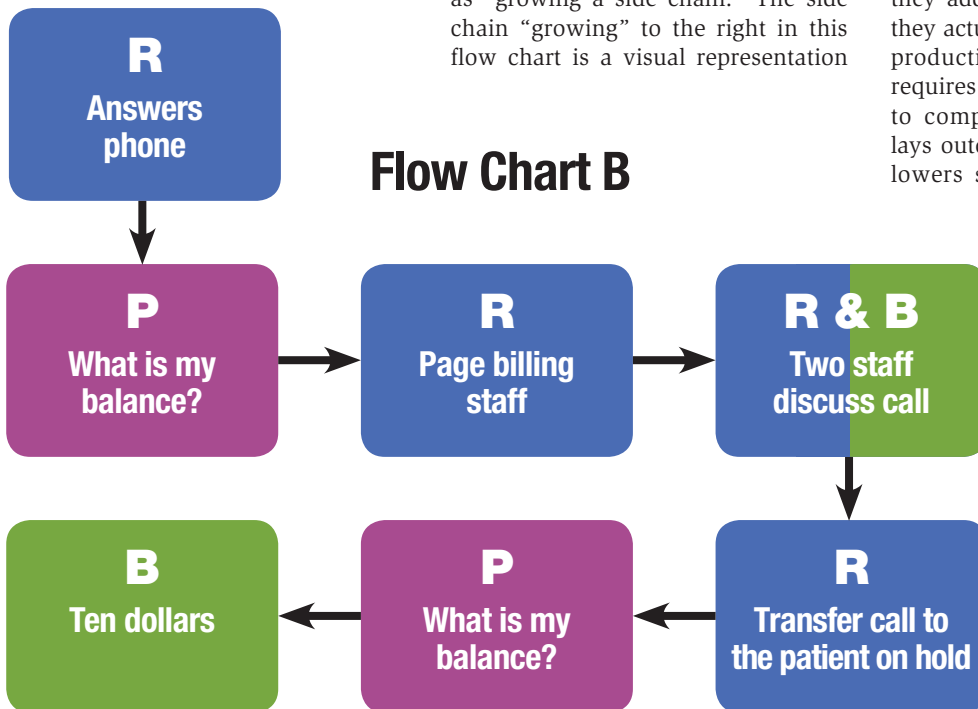
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and lower patient satisfaction. The greater a practice’s patient volume or the more the number of process steps utilized to accomplish tasks, the greater the likelihood that variation from the norm (side chains) will occur. Variation is possible at each step of every process within a practice, and its presence will always have a negative impact on both cost and quality. Your goal is to reduce this variation. An efficient workflow design is the one with the fewest

“new” process represented in Flow Chart A. What if, for example, the office policy at this practice is that the receptionist does not directly answer, but rather, transfers all billing questions to a person in charge of billing. This changes the workflow. S/he (R) must now put the caller on hold to page and interrupt a second member of the staff (B) and transfer the call to him/her (B) to answer the question. This “new” workflow (depicted in Flow Chart B) demonstrates the phenomenon referenced as “growing a side chain.” The side chain “growing” to the right in this flow chart is a visual representation

of the extra, and often avoidable, tasks that result from variation. The randomly occurring extra steps added by this *variation from the norm* create cost and quality issues because they add time but no value. In fact, they actually take time away from B’s productive tasks. This process also requires more than one staff person to complete and unnecessarily delays outcomes. This type of variation lowers staff productivity, increases the need for hiring additional employees, and leads to a decline in patient satisfaction as their waiting times increase. In this example, the patient has to wait longer for a response, but at least, s/he receives an answer on his/her first phone call.

Flow Chart B



Flow Chart B

Such variables can occur at each step of this same process. In

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this example, a second potential variable occurs when the receptionist attempting to transfer the call to billing finds that that biller is occupied and unavailable to receive his/her call. Now, the receptionist must take a message from the patient and leave it as a voice mail which the biller picks up at a later time. This creates an opportunity for the message and follow-up with the patient to fall through the cracks. Up to this point, the patient and the receptionist have both invested time and achieved no result. When the biller does pick up the message, s/he may need to retrieve additional information before returning the patient's call (another side chain). One more side chain could also be created if, when the biller returns the call, s/he then finds the patient unavailable, necessitating that s/he leave a voice mail. This particular variation often results in a game of phone tag. These side chains are depicted in *Flow Chart C*. They continue to become ever longer and more complex and, ultimately, mere-

ly accomplish what should have been a simple three-step task.

Flow Chart C

Variation occurs at crossroads where different paths can be chosen. On a process map, these new paths appear as side chains (depicting extra work)—which, at best, eventually circle back to the original flow. Each handoff to another person and each piece of work set aside

While side chains cannot be totally avoided, at least 80% of them usually can, and reducing their frequency will dramatically improve a practice's workflow and increase its productivity. Side chains occur randomly, hundreds of times each day, in every process, and in every area of a practice. Furthermore, many processes are connected, allowing variation in any one to impact others. Each side chain that you can

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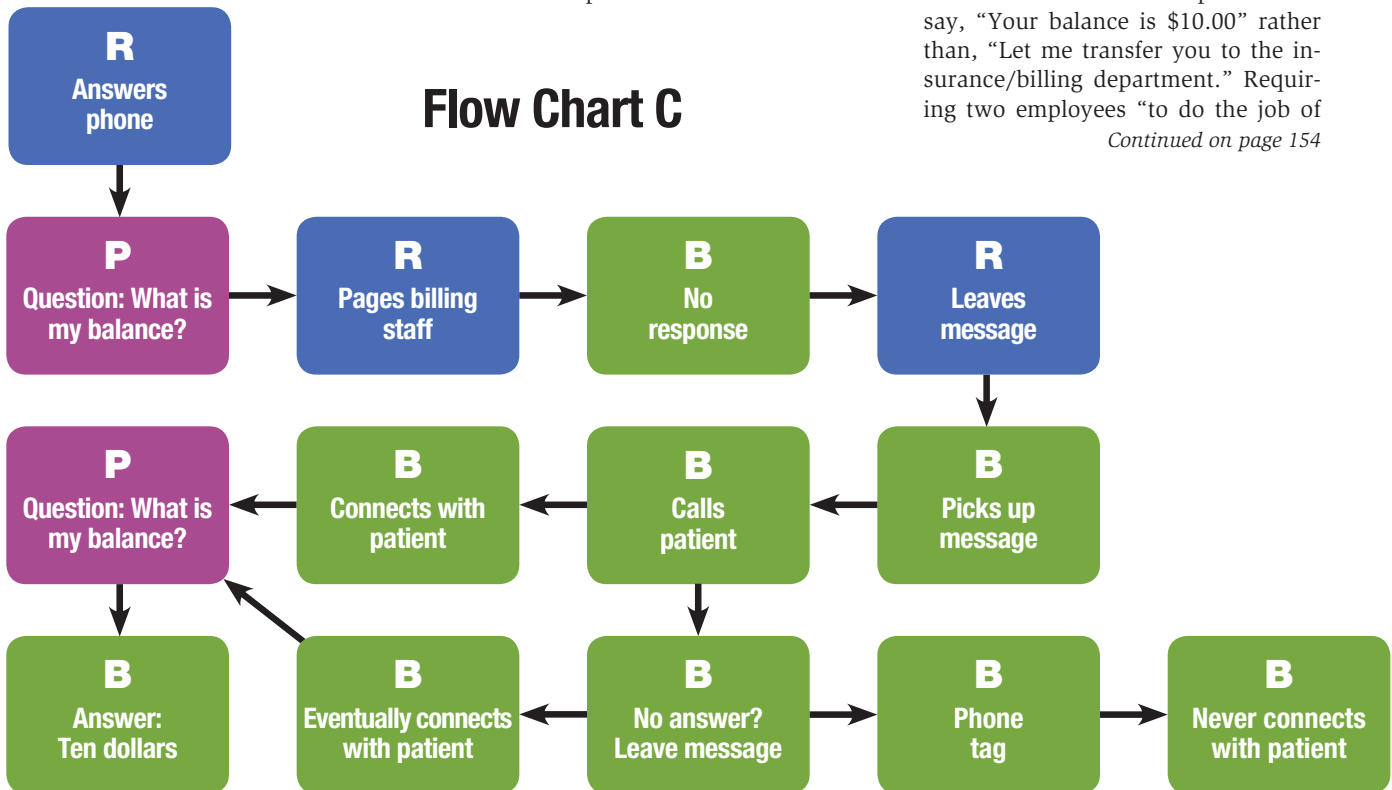
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for completion at a later time creates potential for variation—setting the stage for errors, unnecessary work, prolonged delays, and the possibility of data being lost or work never being completed. Each variation adds to costs, decreases quality, and delays completion of the task. All of this, in turn, slows the outcome of an entire process.

eliminate has a positive impact on a practice, and these positives add up to major improvements over time.

As in the original example depicted by *Flow Chart A*, it usually takes less time for the first person encountering a task to complete it than it does for that person to refer the task elsewhere. Faster and better service is rendered when the receptionist can say, "Your balance is \$10.00" rather than, "Let me transfer you to the insurance/billing department." Requiring two employees "to do the job of

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one” is always more costly and takes more time. There is no benefit to saving one employee’s time if transfer of his/her work increases someone else’s time for achieving the same outcome. It is always better for all staff members and doctors to complete their work as they go along. It is also better for a patient to receive an answer on the first phone call or from the first employee s/he contacts at the office.

No workflow design is ever 100% ideal. The hope is that the 80:20 rule prevails. That is, 80% of potential side chains are eliminated, leaving only 20%. In our first example (*Flow Chart A*), the person answering the phone has immediate access to the necessary information to answer the question and should be required to transfer the call only if the question is complex and requires a more knowledgeable person to answer it. The opportunity for major process improvement lies in the fact that, in many cases, these side

is used; simply having “the best” is not enough. In fact, technology is often used in a way that actually adds to the number and length of side chains. To avoid this happening in your practice, you should first map your processes so that you understand your current workflow

Not only do the processes in which staff are engaged become unwieldy, so do those utilized by the doctors in a practice. Consider the various processes a doctor completes when seeing a patient. They might include: examining the patient, taking a history, ordering

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before you apply technology to it. When designing a process and a decision point arises in the workflow, the questions that should be asked are:

“What type of information needs to be accessed at this point, and how can I get it here? What training (or cross-training) is needed in order for staff at this decision point to be capable of accessing this information and completing the task? What authority is needed by staff at this

tests, educating the patient, dispensing information, writing a prescription, discussing a return visit, marking a routing slip, marking a charge slip with the diagnoses and charges, receiving messages, sending reports and/or a referral letter, and transferring information to the staff regarding the need for treatment authorizations or scheduling procedures. Then too, consider all the possible interactions between the doctors and staff involving completion of the billing process following patient treatment. Imagine the number of possible variations within each of these steps in the course of a busy hour or day. The ideal is for the doctors as well as the staff to stay caught up throughout the day and complete their tasks in a timely manner.

Physicians must develop a new mindset that recognizes side chains and considers them unacceptable. Once a practice is focused on everyone’s workflow and the amount of time it takes to complete processes, it is on the path to improving its quality, increasing its productivity, and lowering its costs. **PM**

To be effective, any technology introduced must be applied in a way that improves workflow through elimination of these process side chains.

chains creating extra steps are totally unnecessary and are 100% correctable. The challenge lies in being able to step outside of the processes (or office policies) with which you have become comfortable and recognize which of the ones that you are using have been designed in ways that actually *guarantee* inefficiency and variation. Only then will you be ready to make effective changes.

A common misconception held by doctors is that technology is a magic tool that will assist them in improving their practices. You cannot assume that this will be the case. To be effective, any technology introduced must be applied in a way that improves workflow through elimination of these process side chains. This will not occur automatically—even when the “best” technology

point in order to complete the task? Should information arrive as a pop-up note or through a rapid search mechanism? Also, what questions or transactions here actually need to be referred elsewhere” (the “necessary” 20% side chains)? If there is potential that five different side chains could develop in a process with each growing even longer under certain conditions, eliminating the possibility of four of these chains (80%) will be a major accomplishment. Once a practice’s workflow has been thoroughly analyzed, technology can be applied to these well thought out processes. Technology does have the capability of enabling certain types of controls and “smart” decision support services that will further reduce the frequency of the 20% of “acceptable” variations.



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