

# Less Is More

It's a matter of improved workflow efficiencies.

BY JON A. HULTMAN, DPM, MBA

While traveling more than a decade ago, a headline in the February 23, 2011, issue of *USA Today* caught my attention. It read, “Companies Do More with Fewer Workers,” and the sub-headline read, “Smaller, more efficient staffs is the new normal.” This article’s headline, which was focused on the post-recession American workplace, sounded as if it could have been taken from many past articles. What the reporter found significant about this “less is more” trend is that companies that had successfully accomplished a change to smaller and more efficient staffs during the recession reported that they had no plans to return to their old ways “even if business were to surge.” Let us apply this “new” trend to the practice of medicine.

Most busy medical groups are typically over-staffed; yet, these over-staffed practices are often less productive than ones that have fewer, but more effective, staff. What often goes unnoticed is that many of these practices with smaller staffing ratios

are not just accomplishing more; they are actually performing *better* in key areas such as patient satisfaction and collection percentages than they did when their staffs were larger.

Every successful business that seeks to remain successful must search continuously for new ways to do things better. This is especial-

Fees have not kept pace with inflation; costs and patient volume have climbed even higher, and the medical environment has become even more complex, making this “triple opportunity” strategy even more relevant today.

In spite of the fact that many “experts” have begun to use re-engineer-

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ly challenging in an environment in which fees are stagnant or declining while volume and costs are rising. Does this sound like the reality in which you are practicing? The winning strategy in this environment is one with “triple opportunities,” “doing more, with less, and doing it better.” This is the strategic foundation of re-engineering, a strategy critical to thriving in a cost-competitive environment of managed care.

ing buzz words such as efficiency, workflow, variation, and process improvement, few actually fully understand the significance of these concepts or how they can be applied to implement the type of radical changes needed to “do more, with less, and do it better.” The sticking point is that because most doctors do not actually believe it is possible to do anything better at a lower cost, they

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# WORKFLOW!



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try to “do more, with less,” and end up “doing it worse.”

Obviously, if re-engineering were an easy path to take, everyone would follow it. The reality is that this type of radical change is not easy. Even when management and employees put in the hard work to implement re-engineering principles, some are often omitted or incorrectly applied—creating outcomes in which little is improved. Since many doctors do not actually believe that things can get

The end result of this change in workflow was that this three-year old bank became profitable for the first time—in spite of the recession. This is but one of the many workflow changes implemented during the recession that increased both productivity and customer satisfaction for Anderen Bank. Significantly, the bank maintained this new workflow when its loans and deposits rebounded in 2010, and it had six fewer employees. It turns out that this “triple opportunity” strategy, which works well in “bust” years, can produce even bet-

often cannot help out in inundated areas is because of one or more of the following reasons: 1) these employees lack the relevant information to help with the inundated tasks, 2) they lack the cross-training necessary to perform the tasks, 3) they are at a location in the workflow that makes little sense for doing this work, 4) they lack access to the necessary technology for performing the work, or 5) outdated office policies or narrow job descriptions in place restrict their ability to do more. All of these constraints are fixable because the doctor designs the workflow, training, job descriptions, and office policies, and it is within his/her control to make any changes that might be necessary to improve the workflow.

With today’s technology, location should be less of a constraint because a temporarily idled employee can help with backlogs, even from physical locations far removed from those backups. If you are not already on electronic medical records, the “necessity” to implement them presents the same “mother of invention” opportunity in your practice as the recession did for other businesses. Implementation of software in which an electronic medical record is fully integrated with the practice management software can be disruptive and time consuming; yet, if done with sound re-engineering principles in mind, it presents the opportunity to create a highly efficient infrastructure able to radically improve your workflow. Know that your goal is to find solutions where you can do more, with less, and do them better—there are ways. There is no need to settle for less because both “more” and “better” are definitely possible. This may not be easy, but the payoffs in increased patient satisfaction, quality, and profitability will make the effort worthwhile. **PM**

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better when using less, most of their projects “are cost saving,” aimed at “not spending.” These are doomed from the start. We have all heard the expression that necessity is the mother of invention. In the past few years, the recession has presented us with the “necessity;” The “invention” we need is the triple opportunity improvement strategy that re-engineering can deliver. This strategy puts primary focus on the patient in a way that results in positive outcomes for the doctor, staff, payers, and patients alike.

When we look at *USA Today’s* example of Anderen Bank in Orlando, Florida, one thing that stands out is that the bank made significant workflow changes—ones in which its tellers, customer-service representatives, and new account salespeople were no longer “chained to their stations” as is typical. Instead, a temporarily idled teller would leave his/her window to help a customer open an account or reconcile a statement, and new account and customer-service representatives would, likewise, open new teller windows if they were free and those lines started to grow. This is clearly more customer-focused than what we see at a typical bank, where no one seems to care how long a customer waits.

ter results in boom years. Customer focus is a factor critical to success in every environment.

You too can find ways to do more, with less, in your medical practice. If you take notice of the majority of establishments you frequent at busy times of day, you will see that it is common to see employees in one area standing around while those in other areas are inundated with work. This is always the case because the standard statistical variations that occur in dependent series workflows make it impossible for the workload to be consistently in balance. If you look at any busy medical practice, you will see these same examples. Various employees are temporarily idled throughout the day, in spite of how busy you or your staff might appear to be at any given time.

In a medical practice, these idled employees are often 1) waiting for something (such as a return phone call, a piece of paper, or a person in the workflow who must complete a task before s/he can complete his/hers), 2) performing unnecessary tasks (such as looking for missing patient charts or finding and re-doing something because of an earlier mistake), or 3) using inefficient processes.

The reason idled staff members



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