Tips for Podiatric Physicians for Staying on Schedule

Take this timely advice.

BY MARK TERRY

One of the most common complaints patients have about their physicians is having to wait too long in the reception ("waiting") area. Of course, there are legitimate reasons for running late—emergencies being top of the list, or staff call-ins. But often the reason for running behind rests squarely on the shoulders of the physician.

Dr. Ornstein

"I think it's a significant problem for multiple reasons, but it's often a chronic problem and I think that what happens is people become delusional or just kind of accept it as their norm," says Hal Ornstein, DPM, Affiliated Foot & Ankle Center (Howell and Jackson, NJ). But it shouldn't be. Patients don't like it and it only causes stress for the physicians and their staff. Here's a look at ways to stay on schedule and see the last patient of the day on time.

#1. Allot the appropriate physician minutes. Let's say, for example, that you are scheduling routine patient visits for 15-minute appointments. How much of that time is the podiatrist allotted?

Cindy Pezza

Cindy Pezza, President and CEO of Pinnacle Practice Achievement, says, "No matter the amount of time allotted for appointments, there should be some sort of evaluation and visit preparation before the doctor enters the treatment room and a period of patient assistance (dispensing, instruction, or simply helping on with shoes and socks) to conclude the visit (performed by well-trained staff). During a standard 15-minute appointment, the physician may only be in the room for between five and 10 minutes. The patient, however, occupies the treatment chair (room) for the full 15 minutes."

#2. Create and use protocols. How often do you treat the same conditions (or the same patients for the same conditions)? Then you know what needs to be ready in the room. And so should your staff.

"I think treatment protocols are critical to success. And the driver of those treatment protocols is actually your office team."—Ornstein

Ornstein says, "I think treatment protocols are critical to success. And the driver of those treatment protocols is actually your office team. What they do is set up so that when you walk in a room, even before you see the patient, based on what's laid

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out, you have a good idea of what the patient is there for. If it's for pain, everything you need is there to treat pain. If it's trimming nails, everything needed for that is ready."

This is a good time to bring up a key performance indicator called ***Per Visit Value (PVV)*** or sometimes ***Per Visit Revenue (PVR)***. The PVV refers to how much money you bring in per visit. This is calculated by knowing the collections and dividing by total patient visits. This also gives an indication of how each provider in a multi-physician practice is measuring up and comparing to one another on the clinical protocols and utilization of services.

Dr. Yakel

Ornstein added, "If you maximize your revenue for patient-based outcomes and quality of care, you do not have to see as many patients to maximize your revenue. That gets down to per visit value. Patient protocols drive your PVV, which drives fewer patients, which is driven by your office team."

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In Ornstein's practice, they have made index cards with protocols and when they have new employees, they make sure they memorize the protocols. And during office meetings, they have little tests to make sure people are staying current on the protocols.

If you don't know how long specific procedures usually take you to perform, conduct a time study. Pezza says, "Every EHR has reason codes that you can assign, and you can conduct your own little time studies and figure out how many minutes on average it takes your new patients, to deal with heel pain, ingrown toenails, warts, bunions, or whatever. How long does it take for the entire visit and how long does it take on average for you as a physician in the room? Then you can adjust those reason codes in the EHR with the appropriate time slots."

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#3. Provide staff training on scheduling. James Yakel, DPM, Colorado Center for Podiatric Sports Medicine (Longmont, CO), who admits he is a bit of "a fanatic about staying on time," notes that he spends a lot of time on staff education and training on how to schedule. "Who requires more time, who requires less time? We spend a lot of staff training on scheduling and protocols, getting my staff involved with the patient, and the treatment or patient education, which allows me to stay on time."

Everybody interviewed points out the importance of tailoring your scheduling—and having your staff trained for it—to types of patients and procedures. New patients typically take longer, 30 to 45 minutes, for example. Yakel notes that due to his sports medicine specialty, he covers a lot of biomechanical issues. "From that standpoint, I'm the one working closely with those patients. But if we're doing, for example, orthotics or need to set up a scan or do some taping, or use the MLS laser, the staff can perform those."

Yakel adds that there are certain types of educational aspects of his treatment plans that he prefers to do himself, while there are others he is comfortable having his staff perform, so he can then move on to the next patient.

#4. Determine whether you are seeing too many patients. This is bound to be a bit controversial, but there's a possibility you're simply scheduling too many patients for the day. As Ornstein suggests above, in talking about PVV, more patients do not necessarily mean more revenue (and in fact, although outside the scope of this article, it's generally easier to cut costs rather than to increase patient load).

Yakel notes that he is most comfortable with around 20 to 25 patients per day. "That's where I tend to max out just because sports athletes require a lot more time. So I spend that time with them and do different things such as force or pressure analysis. These sorts of things take extra time than some of the more standard podiatry procedures like nail cutting, things like that."

Each practice is different. However, if you're finding that you and your staff are working efficiently but unable to stay on schedule, then a hard

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look at the number of patients you're seeing and whether that is reasonable for the level of staffing may be in order.

#5. Ensure that you have the appropriate numbers of staff, partners and treatment rooms. If you are chronically behind, are you staffed properly? Do you have an appropriate number of treatment rooms for the staff and the patient load?

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Pezza says, "You need to take into consideration the number of treatment rooms you have and the number of staff. There are practices where, for example, there are only four treatment rooms and two doctors sometimes treating patients at the same time. If you don't schedule appropriately, everything slows down. If the doctors are working by themselves, we can schedule more patients because you can keep the flow going, but if there are two doctors running schedules side by side, then you have to consider treatment rooms, staffing numbers, and practice workflow even more carefully."

Ornstein points out that this can be a balancing act where PVV can come into play as well. The reason is, as briefly mentioned, cutting costs is generally easier than increasing patients. Practices might think that means cutting back on staff. But that can result in more wait times and erratic schedules.

"Sometimes more is actually better," Ornstein says. "For example, if you hire an extra office team member and as a result see two more patients per day, that's approximately $240 times five days, which is $1200 per week. Annually, that comes to about $60,000 (for a 50-week schedule). That is absolutely enough to pay for an extra office team member. A major roadblock to people waiting too long is not having enough team members."

#6. Personalize scheduling. What all the talk of knowing how much time different procedures take and scheduling accordingly leads to the need to conduct more personalized scheduling. Don't just block in 10- or 15-minute periods and jam patients in—that's a recipe for having patients run over some blocks and be out very early for other blocks.

Ornstein suggests to always refer to it as the "reception room" instead of the "waiting room."

Pezza notes that having standard schedule blocks works for some practices and if it does, they should continue. But more often, Pezza says that "the number of minutes appointed for every patient, every encounter, should reflect the number of total minutes spent in the treatment room by the patient." And new patients typically require 30 to 45 minutes.

In order to do that, you have to know—based on your time studies—how long the typical procedures take. And your staff—who have been trained in this—have to ask the right questions about the reason for the visit and schedule accordingly.

Pezza adds, "Staying on schedule has always been a problem. And it's because someone years ago came up with the idea that every patient should have 10 minutes or 15 minutes or whatever. And that just doesn't work that way anymore; especially now with all the information that needs to be collected and the paperwork. That's why it's important to schedule different amounts of time for appointments depending on what the patients are there for."

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Miscellaneous Ideas

Pezza, Yakel and Ornstein all offer miscellaneous tips that might be helpful for staying on schedule.

• ***Start on time.*** Ornstein points out that too often physicians will start their day 10 or 15 minutes late. "Well, now you're in the hole. It's very hard to gain time. But if you start five minutes ahead of time with the first patients in the room 10 or 15 minutes ahead of time, it gives you a much better chance of staying on schedule for the rest of the day."

"Insurance companies want to pay for less and less. So it's time to really focus on quality over quantity."—Pezza

• ***Don't schedule new patients first thing in the morning.*** Pezza does not recommend scheduling new patients first thing in the morning or right after lunch. "If a new patient comes in and they're scheduled for 8 a.m. as the first patient and they don't have their paperwork filled out, or they forgot their glasses, or they forgot their medication list, can't find their insurance card, whatever it is, it holds up the whole schedule and you start behind."

• ***Make your reception room smaller.*** Yakel isn't sure this is advisable for everyone, but he said he built out an office about three years ago "and I purposely made the waiting room small. Because if the waiting room was full, then I know I'm behind. So if there's only one person sitting out in the waiting room or there's no one, then I know I'm okay."

On this point, Ornstein suggests to always refer to it as the "reception room" instead of the "waiting room." Although it's not necessarily advice related to staying on schedule, make sure the furniture is up-to-date, the room is well-lit and clean. Ornstein also suggests that a TV or two are showing something neutral like a home-gardening or DIY show. In his office, they supply phone chargers, although he notes that they often get stolen.

• ***Set a timer.*** This should be done unobtrusively, of course. But if you're wearing a watch with a timer or even if the phone in your pocket can be put on vibrate mode, Ornstein suggests setting the timer as you walk into the room. You don't have to run out the door when it vibrates, but it's a handy reminder that the clock is ticking.

• ***Apologize and reschedule if necessary.*** "If someone waits an extreme amount of time," Ornstein says, "I'll give them a dollar scratch-off lottery ticket and apologize. Always, always apologize for waiting if they're waiting a significant amount of time. I'll also offer to reschedule them as soon as possible."

Bottom Line

Patients and your staff don't like waiting and neither should you. Not only is it bad for business, but it affects your quality of life if you can't leave work at a reasonable time.

Pezza says, "It's not like it was 10 years ago, 15 years ago, 20 years ago. It's not lucrative anymore to put 40 or 50 patients on your schedule a day, because reimbursement is down and denials are up. Insurance companies want to pay for less and less. There are more and more out-of-pocket expenses for patients. So it's time to really focus on quality over quantity. If you have treatment protocols in place and have your staff trained on how to anticipate the needs of the doctor and the patient during the visit, you're going to maximize every visit and it's going to make your life easier." **PM**

Mark Terry is a freelance writer, editor, author and ghostwriter specializing in healthcare, medicine and biotechnology. He has written over 700 magazine and trade journal articles, 20 books, and dozens of white papers, market research reports and other materials. For more information, visit his websites: www.markterrywriter.com and www.markterrybooks.com.