

Complete transcript of Office Design, Practice Workflow Improvements from the Road

[00:00:03] The healthcare dynamic is rapidly changing. Understanding the basic fundamentals related to the Business of Medicine empowers practitioners to advance their skills in, and knowledge of, the business aspects of medicine. SMA's Business of Medicine Simplified program explores the essentials of everything from reimbursement and compensation models, insurance and risk management, to practice employment and business finance.

[00:00:30] Office Design, Practice Workflow Improvements from the Road. As more and more practices begin using EMRs and other software based applications, it is important to understand the changes which may affect the practice workflow in order to improve the processes with the end goal to improve efficacy. Join us for "Office Design, Practice Workflow Improvements from the Road". Reza Sadeghian will discuss the various aspects of improving practice workflow.

[00:00:58] This is a very, this is one of my favorite topics and this is something that really impacts almost every physician whether you are in an outpatient or inpatient setting. And so what our team tried to provide for this session for you guys is to kind of highlight the importance of understanding what our changes are in our new workflow of medicine and how can we help you to kind of go over your practice flow and see if there is anything that, that you're missing or if there is anything that you cannot think of or you might think of but you don't know how to go through the process to make the workflow lot better and easier.

[00:01:56] For the purpose of the webcast, we have a very limited time and I hope that our presentation kind of touched those high levels and help you with your practice. But this is one of those area that it's really hard to kind of narrow it down to 20-30 minutes talk. So I kind of summarize the talk into to six section. So the first thing I want to touch base is the change in practice workflow over the past couple of years, and this is the part that physicians struggle. This is the part that actually can cause physician burnout first first talk into this series. So over the past couple of years as more and more practices using electronic health record than... or any other software based application we have seen that workflow has become a very important crucial part of every clinical medicine. Now that this is very evidence that the workflow solution also becoming more and more popular. But the question is really is, "What can I do and what workflow improvement I can do and actually what it means to improve my workflow". You know, especially when you're talking about the practice bottom line. So the concept that here we have is what we call it reducing waste. This is the concept that comes from the lean manufacturing by Toyota as part of the total production system or TPS. They're talking about the terminology call Kaizen. And this is what we're trying to do. And if I, if I would say that you know we all agree that good solution can help cutting overhead and reduce and eliminate errors and waste, I don't think anybody would disagree with me. This is the same concept of waste and Kaizen. So it's a fundamental understanding in the lean manufacturing.

[00:04:00] We want to reduce waste and also on the other side, on the other hand, I would say the, to my experience there are plenty of practices that could benefit from simply by reviewing and analyzing the current or existing workflow processes. And if with the focus on improving

their efficacy and by doing that, you reduce your waste and by doing that in order to do that, you don't need to really spend a lot of money or equipment or software or anything like that, especially if you're listening to this podcast and you have a smaller practices compared to the large, larger one. This is something that you can do on your own. This is something that we can you at SMA to target those without spending a lot of time and money on equipment and software. So what is workflow optimization? I'm going to give you an example of this in a minute, and I like to kind of go back to something that you might, you experience every day. And first of all to me, it all starts from each individual in your practice. If everyone can do exactly what needs to be done as part of the workflow, everyone follows every key steps as part of their practice flow, then we will have that we will see the entire operation goes very smoothly and hopefully flawlessly. OK. And I would say you know based on talking to plenty of experts in the field and attending conferences and listening to many other talks, I would say that your goal should be to avoid waiting for someone else to do their job so you can do yours. How many times has it happened that you could not go to the six, specific section of the chart because you know the M.A. or the front this or somebody is working on the chart and they need to close it. So then you can go to your section and do the rest of the charting. It might, I bet it happened plenty of time. So the whole idea here is how can we put in place a workflow processes that everybody does what they're supposed to do in a timely manner that does not interfere with the work of the next person. And in order to better understand the notion of workflow analysis and management, I would like to talk about the process in your favorite coffee store Starbucks or when you go in and you go to the McDonald's and compare that to your medical practice when you go to the Starbucks or when you go to McDonald's and you place your order, you know, which size do you want? I won't you know grande and nonfat latte and I want two pump of hazelnut. And you know, do you want to be one you know anything else? Yeah, I want two packs of a Splenda so everything that is itemized on your receipt as it goes through the process, the person who is in charge of it, they put those items in, and if they follow the same procedures without any missing steps didn't you get your latte that you really like? The same thing with McDonald's. When, when you go through that when you go, for instance, through the drive thru and you place your order, the guy who makes the fries, put the fries in the basket. The guys who flip the burger, does the burger, the other person is filling, is filling your juice. These people do not need to communicate with each other. They have to set project ahead of them. That is their workflow. That is what they need to be done at the end of the day. They all come together and you get your sandwich with your fries and your drink and nobody's waiting for another person except the last step that everything comes together. Now let's compare that to your practice. When a patient come in comes into your practice he or she sometimes need to go and sign in that they came in the front office and then they go sit down.

[00:08:22] Couple minutes later, the receptionist the front desk staff that call them again if they have a couple of questions, they go back, fill out a couple of questions and you know, maybe go back and sit again. After awhile, back and forth, going back and forth, filling up other documents.

[00:08:40] They eventually get sat down and in a doctor's room; then, somebody comes and take their intake. And so when you look at different practices when you walk in and how just their front desk staff operates, you will see that the process the first step of seeing the patient by itself can take three to four steps before even the patient gets to the doctor's room. And then when you

get to the doctor's room, we have other processes, you know, the MA comes, takes your blood pressure. So, this is just an example of how the practice can be so overwhelming for not only patient but also for a staff. If you have 50-60 patients sitting in the waiting room and you are doing this back and forth, you can imagine, you know how much, how much time it takes because you know you fill out the form, you go sit, they call out other patient to go do the first step. And the second and the first patient is waiting because she or he had to take that form to the front desk, but the front desk is busy with another patient to do the same process and then you kind of go between those patients to hand in the form and if they have any more questions. Yeah. "Please sit down. We'll get back to you. Can I copy your insurance card"? Nothing changed. So these are some of the things that I see in the practice flow off this outpatient clinic that little bit of modification is really making a big change to the patient. And, and, and the staff. The other example of some practice flows that can interrupt the normal processes is that for instance, we're talking about the hospital. I mean we're talking about the services. For instance, there's a service at the hospital that never get billed. You know a patient need to checkup. They never get called. You did not verify the insurance prior to billing or seeing the patient for placing an order, certain procedures. All of these can delay the process of your practice. And what I refer to initially as waste and Kaizen, that can create more waste, and that can cause more overhead expenses and all of which can lead to physician burnout, the staff burnout and, evidently, decreased profit. So again and again and again I mean I'm emphasizing that improving workflow makes non-revenue producing processes happen a lot more efficiently and helps the practice work for much more smoothly. Now there is a notion of paper versus electronic medical record-based practice. If you look at the electronic medical record, the vendors who, who, who develop these platforms, these are very flexible platform. You can configure it, you can we can customize it, to do a great job.

[00:12:03] But the thing is, even when you customize it, you will see sometime that they fail, and they fail not because the system doesn't do a good job. The problem is that people realize it doesn't really fit into the physician workflow. And after a while, the physician has stopped using it and they want to go back to their own, you know, prior workflow.

[00:12:27] So, one of the things that I would say is that we have to be cognizant of changing our behavior. OK? We have to look to see what is going on in our practice. What changes can we do that we can integrate that into that software. We can make our workflow look better and, and we can make our workflow more productive.

[00:12:58] And this is the thing that unfortunately has caused a lot of problems for clinician. Products that meant to improve workflow management, you know, they can just simply fit into the existing workflow.

[00:13:15] We need to make changes to make those also work better. For instance, if, if your billing manager spent a couple of years creating a system and form and learn how to do permission slips and, and doing other kind of work in the office that was working for them, obviously it's going to be harder because they now, they have to change it the way that new system operates. But if you look and see what our current workflow is and put a little bit of a deeper look into that, maybe that is not the best workflow that we're doing. Yeah, we're doing that. We're having all this paperwork; we just got used to it. But this may not be the best things that can be done, and we're just doing it because that's what we have been doing for many, many

years. So I would say the key is that good processes is in place. The key is a culture of change. And this is what. What are the important one of the most important topic and turn up production system and TPS; culture of change. You know, the truth of the matter is that no technology will help if the processes that are placed in your practice is poor. Again, no technology will help if the processes that are placed in your practice is poor. When I talk to physicians and you know our healthcare colleagues, oftentimes they think that the practices, they believe that they have a problem with the technology, and, and when I when I asked them more question and you know get into more detail into their practice workflow, I see that it is not a whole lot with the technology. Yes, technology has its learning curve. They might force it to do this stuff the way that you don't normally do, but I feel like there are also a lot of problem within the practice workflow.

[00:15:24] An example of that is that, you know, I, know a couple of practices and even hospitals that they have piles of denied claims; they have open charts; they have lost so much money and they're blaming it on their billing system.

[00:15:40] OK. And then when you look into their processes you will see oh, there's so many charts that this individual have not completed. And that goes back a couple months ago. You will see that their insurance coverage was not verified before the claim went out of the door and at least you know other, you know, goes on.

[00:16:04] So we should not anticipate technology do everything for us. Improving workflow -- it start from us -- start from the practice and introducing the culture of change.

[00:16:18] And I would say at this moment when you are facing with all this changes and challenges and technology for a moment, just forget about, we're gonna have this technology. We're gonna have this software. We're gonna have this new EMR and everybody's like freaking out. Just think about your processes, your every step processes in your office from the moment the patient opened the door, come to your waiting room, all the way till you shake hands. They're leaving your office, your charting, your submitting your claims. These are very important steps that need to be looking into and they're a different part of your clinic, different part of your institution, different part of your hospital that they have to work like the way that McDonald works or Starbucks, Starbucks works. And you have to look at those processes to make sure that when you get your coffee, your latte, it has everything you wanted. And you're not gonna say, "Oh the latte machine that a Starbucks use, you know the coffee machine, is a great coffee machine." No, it's the staff behind it.

[00:17:26] So I share with you one of the one of the experience that I had you know traveling from Alabama to Seattle was about, I believe, is about 3000 miles and it took me a couple of days and I said you know what, "I want to try Starbucks in a different state as I'm passing through different states and going through different state, and I always order the same thing and surprisingly in some states I got a different taste. So. How is it possible that I'm ordering the same thing? They use the same machine, but they had their different staff, probably to use different milk throughout the country from different suppliers, but their coffee should be the same. I'm guessing their pump of vanilla should be the same. But why did why the test is different.

[00:18:20] So to me it's all about the individual who are working through the system because the coffee machine, that latte machine is the same. They've got it, they get it from the same company.

[00:18:34] So, taking this example and applying to the clinical practice you would see that, you know, we blame everything on the system, and I'm not saying that the electronic medical records, they are problem free and they have their own learning curve, and you know, in some instances may or may cause your workflow a little bit out of your norm. But, diving deep into some of the complaint that I hear from colleagues and I sit down with them to go over their workflow processes, I see that there are a lot of, there are a lot of issues that are not pertinent to their practice and individual workflow that they need, that they perform as part of the pieces in their practice. So what I would say is that you know, we need to sit down and look what we do, and that's what we call it current, current state mapping. So we need to sit down, you know, if I have my practice and I see OK, things are not going well or it's not the way I want it, then I would sit down and take it step back and look at it - each critical function of the workflow processes and I draw it on a paper and I say, "OK, what am I missing here?" And then I propose my future state mapping, which means, "OK, I need to change this. I don't, I want to design a system that when my patient when the patient comes into the clinic they don't need to go to the front office three or four times. Maybe I reduce it to one time if I can. If not two time and that's it. When the patient comes to the room, this is what I want the M.A. to do, so I don't have to do this.

[00:20:26] This is what I want the other staff to do so when I get into my chart all the information is available for me and depends on what issues you're dealing with your practice. This is how I would sit there and design the future state mapping. Now, we have a link here in our presentation and I'm sure if you, you can look it up, it's in our presentation, you can Google it. I'll tell you what it is or if you don't have access to our, to the computer to see these slides or if you can't find it on Google, please email us and we will send you the link. This is for AHRQ which is Agency for Healthcare Research and Quality and it's called AHRQ Primary Care Practice Facilitation Curriculum. This is a source, I believe, like 70-page document, 69-page document that goes over the workflow.

[00:21:22] What is workflow? What is the current state? What is the future state? When I tell you to draw it and you might ask, "How I'm going to try it? I don't know how to draw a workflow. I don't know how to look at my practice." So, it has a couple examples, even on page 9 and 10 about the sample workflow processes in your practice from the time the patient comes, in the nurse or supportive staff see them, and maybe your PDA see the patient, nurse practitioner until they get to you.

[00:21:54] Also it has information about other part of your clinic. You know, make an appointment, scheduling, making referrals, educating family and patients, coordinating, coordinating referrals, labs, registration, all the information that you might need in your practice. So I highly suggest that for those who are listening this podcasts to take a look at this ARHQ module ten document which is mapping and redesigning workflow, and if you guys have any questions that we at SMA can help you to have a better understanding of your current workflow

processes in your office, and if you would like us to give you some advice, and help you with redesigning your future state, we would be more than happy to help you.

[00:22:49] Want to learn more about these topics? Make plans to attend SMA's Southern Regional Assembly June 27-29 in Birmingham, Alabama. Visit SMA.org/assembly for more information and to register.