

TOWARD THE EFFICIENT MEDICAL PRACTICE PHYSICIANS GAINING GREATER PATIENT SATISFACTION THROUGH PROCESS CHANGES

STEFONI A. BAVIN, MA, JD, PRESS GANEY ASSOCIATES, INC., AND
ELIZABETH W. WOODCOCK, MBA, FACMPE, CPC, WOODCOCK & ASSOCIATES

Providing high-quality care and service is critical to keeping patients satisfied and loyal. In the medical practice setting, achieving those goals involves identifying process improvements—such as scheduling, patient flow, and improved communication—that hold the greatest promise for increasing patient satisfaction. A small but growing number of practices are going further, looking to reorganize into the medical home model of care. This article examines the experiences of three practices that have successfully implemented some of these changes to improve their delivery of patient-centered care.

ACCESS MANAGEMENT

Patient no-shows, last-minute cancellations, and, ultimately, poor scheduling practices cause a high rate of open appointments and lower practice income. Better scheduling is the end result of removing inefficiencies in a wide range of processes and behaviors by physicians, nurses, receptionists, and schedulers.

The issue is larger than just scheduling, however: It's about access to physicians.

Several factors, such as the expectations and satisfaction of patients, the expectations of referring physicians, a physician's specialty, and contractual obligations to the insurance companies with which the practice participates, all can influence where to set benchmarks for access. For example, a practice might declare that established patients should be seen within 24 hours of their request and new patients within three to fourteen business days. Schedules can be reviewed for predictable no-shows—such as an overnight hospital admission—so another patient with acute needs can be slotted in. The key success factor is to proactively manage schedules to respond to anticipated changes. Regular reviews of patient volume trends by provider, practice site, and time of day, week, or month can reveal patterns that need a response.

The University of Pittsburgh Medical Center's General Internal Medicine Practice (UPMC-GIM) found that tackling access problems required a broad attack on inefficient processes throughout the medical practice, not just a well-intentioned attempt to make scheduling run smoother.

At UPMC-GIM, access to care is a cultural standard that was implemented at the highest level. In 2005, it mandated patient access to a physician within 72 hours; for urgent care needs, patients can schedule an appointment on the same day. The overall culture of is one of refinement and improvement, where management, staff, and clinicians take a collaborative approach to improvement, rather than playing a blame game.

ESTABLISHING A MEDICAL HOME

In 2007, UPMC-GIM's patient satisfaction scores declined notably. In response, the practice took these results to its Disease Management team to solve the problem since they helped implement improvement initiatives in the past. Not only was a need for increased access identified as a priority, but moving toward a medical home was proposed. Changes to meet increased access included timely appointment scheduling, the ability to talk to a nurse or a physician in a timely manner, and improved response time for prescription refills or test results. The medical home model involved providing patients with more patient-focused care by a team approach. As described by early advocates of the concept, the American Academy of Pediatrics (AAP), in the medical home the physician "works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met."¹ The AAP also describes the medical home as a place where care is "accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective."¹

The medical home approach tracks patients over time and uses that knowledge to better anticipate their needs and demands. While the emphasis has been on primary care, the medical home approach can work for many types of specialties, and it is especially successful for patients with chronic conditions, such as asthma, diabetes, and cardiovascular disease. By anticipating and meeting the needs of more medically and emotionally demanding patients, UPMC-GIM's medical home model allows the practice to better serve other patients who find it easier to see their physicians.

Because of the changes implemented at UPMC-GIM since July of 2007, patient satisfaction with access to care has continued to rise. In 2008, it ranked in the 98th percentile of Press Ganey's national patient satisfaction database on patients' ability to see their desired care provider.

GETTING A GRIP ON THE PHONES

UPMC-GIM is also on the cutting edge of triage, a tripping point for many medical practices. Patient satisfaction with communication is customarily low in medical practices, and patients respond with increased requests or demands for information, or by seeking care at a different practice that is more communicative. As patients seek information, the practice's staff is under pressure to match those patients' needs to the practice's available resources of provider time. Sometimes there is a mismatch: a patient needing a high-level visit is scheduled for a quick visit, or vice versa. Worse, managing telephone requests can take valuable, unreimbursed time away from providers with other assignments.

High-quality practices rely on trained telephone triage nurses to help schedule appointments. Nurses are given access to and training in the scheduling system. They also receive immediate feedback from receptionists about any cancellations, and they encourage patients to come in to be seen by a physician. All secretaries who make appointments for patients are trained to recognize the predictable encounters when patients need to be seen the same day and they have the autonomy to schedule them

the same day that they call. The registered nurses are trained to assess patients' complaints over the phone and advise the patient according to physician-approved guidelines as well as to recognize when patients need to come in, speak to the physician, or need to be scheduled for other services such as laboratory and imaging. Other predictable encounters such as post-operative appointments required by patients scheduled for surgeries are accommodated.

Top medical practices also make sure that calls are proactively placed as needed to patients discharged from the hospital or experiencing significant health events, such as surgeries. Not only are these patients delighted to hear from their physician's office, but this action means the patient does not have to call (and interrupt staff) to ask questions about their medical event. This action also means that phone lines are cleared of calls from unhappy patients.

Since July 2007, UPMC-GIM's General Medicine Practice implemented processes to improve the management of telephones. Script guidelines were written to guide operators to more efficiently and effectively manage calls. Audits of phone calls were commenced to monitor quality, with feedback and reports to management. UPMC-GIM began to track the times that patients called physicians, as well as the response time. This initiative led the practice to recognize that physicians tended to wait until the end of the day to return calls, which created a substantial lag in response time and often resulted in patients calling again, tying up the phone lines and staff time unnecessarily. This inefficient process also significantly affected patient satisfaction. By encouraging physicians and providing the registered nurse support needed to handle messages throughout the day, UPMC-GIM was able to dramatically reduce response times and realize marked improvement in patient satisfaction.

UPMC-GIM furthered these gains by establishing "UPMC HealthTrak," an online portal where patients can view their medical records, lab results, information on disease and care management, securely communicate with providers, schedule appointments, and request prescription renewals. Currently, approximately 7,200 general medicine patients actively use the service.

ANSWERING THE PROBLEM

It's no surprise that staff at many practices consider the telephone a nuisance.² Typically, receptionists who are already busy with many other duties as patients arrive and exit the office are also assigned to answer phones. Additionally, nurses must take time between rooming patients to respond to callers whose calls are transferred to nurses' stations in an already busy clinical area. The work generated by the telephone never seems to stop, but patient satisfaction with practices' telephone communication also rarely seems to be prioritized.

At Mercy Health Network in Oklahoma City, Oklahoma, patient satisfaction scores on telephone response times were low, and patient comments revealed that response times ranged from hours to days. The findings prompted Mercy to act. It sought to reduce the demand for calls to be made and the transaction time of the calls that are made.³

Mercy found that when a practice has more than two physicians, an automated call distributor (phone tree) is mandatory; however, prompts must be kept to a minimum. Not all patients need to speak with someone for actions such as prescription renewal requests, so providing options where patients do not need a live voice was important. But if patients do need to speak with a staff member, the system was configured to allow callers to gain access to an operator within three prompts; Mercy refers to this configuration as the “three plus three” rule. The system allows basic data capture and reporting, such as call volume, talk time, and hang-up rates, to help evaluate its effect on patient behavior.

High-quality medical practices are not casual about how staff members guide patients to obtain follow-up appointments. Their receptionists do not tell patients, “Just give us a call to schedule your follow-up,” a common source of patient dissatisfaction. Instead, they develop scheduling templates to accommodate the anticipated volume of acute requests and routine follow-up visits that will likely be scheduled.

High-quality practices realize that while assuring future access is important, so too is making possible a reasonable amount of same-day access. Satisfying practices predict patient access based on historical data, and they proactively manage their schedules to those goals every day. Their staff members have electronic tools to access current information about the daily schedule. Schedulers and nurses work in concert to make sure that appointment slots are appropriately filled when patients call with urgent needs. In contrast to centralizing the function, Mercy deploys schedulers to work for specific physicians, allowing them to gain insight into patients’ needs and become experts in managing physicians’ time. Not accepting patients who request same-day appointments forces those patients to seek care elsewhere, leading to attrition and negative word-of-mouth.

One Mercy site implemented one hour of what it calls the Five-Minute Clinic, where patients can be seen that day but are told that they only have five minutes with the physician. The program has increased both physician and patient satisfaction. The physician treats patients who have historically struggled to gain same-day access and often found alternative routes to same-day care. Patients appreciate the availability to medical care by their chosen primary care provider.

ENCOUNTER MANAGEMENT

Every encounter with the patient contributes to the patient’s perception of care. When tests are ordered, high-performing practices establish realistic expectations about how and when patients will receive results. Instead of trying to manage patients’ prescriptions entirely over the phone, these practices encourage them to bring their medications to their office appointments. That way, the prescriptions can be renewed during the visit.

In closing the patient encounter, many physicians habitually instruct patients to call in the next day with a status report. The phrase, “Just give us a call to let us know how you’re doing,” echoes in many exam rooms. That simple phrase must be replaced by a

well-planned strategy built around effective communication with the patient at the time of the encounter. In these practices, written after-visit summaries are provided to patients and sufficient time is allowed during the visit to discuss medications, potential side effects of treatment, tests, and recommendations for next steps.

Mercy found that the style of phone conversation also made a difference. Many Press Ganey patient comments reported that Mercy's staff talked too fast; this was particularly true when staff could see there were many calls in the queue. Mercy trained the operators and schedulers to slow down. To increase patient satisfaction, staffers were also trained to avoid saying "no" to patients' queries, instead providing options to patients to resolve their question. Smiling while on the phone affects the voice and makes for a more pleasant encounter, so Mercy installed small mirrors on staff members' desks for a quick smile check.

During its initiative to improve telephone management, Mercy determined that nurses and physicians were loathe to return calls if they did not have a "final" answer. This belief was challenged when staff members were shown higher patient satisfaction scores in practice sites that placed interim calls to patients letting them know they did not have an answer but were working on the issue.

Due to the changes implemented by Mercy, patient satisfaction with telephone services has continued to rise from the 50th to the 70th percentile in the national database.

TAMING OFFICE-VISIT CHAOS

The nature of the fast-paced environment of a medical practice can produce chaos if not carefully managed. Chaos can quickly breed inefficiency—and frustration—for patients, practice staff, and clinicians. Patients sense this chaos, and they will certainly bear the impact if the providers' chaotic day results in delayed return phone calls or late reporting of test results. This can create a domino effect: dissatisfied patients are delayed, and will seek information they did not receive, then pursue care elsewhere and share their dissatisfaction with others.

Controlling physicians' daily schedules is critical to streamlining patient flow and avoiding long wait times. The University of Missouri Department of Physical Medicine and Rehabilitation clinics have found that patient comments help staff and physicians determine where improvement is needed or where celebrations are warranted. For instance, the Interventional Physical Medicine and Rehabilitation clinic was collecting a high number of negative comments regarding phone call returns despite the fact that staff members believed they were addressing the calls in a timely manner. Ultimately, a glitch in the phone system was found and management was able to remedy the problem immediately.⁴

Although tactics vary, high-quality practices focus on the following steps to manage patient flow: chart preview, huddles, time management, and task lists.

Chart Preview

Staff preview all scheduled patients' charts at least one day before the appointment. Chart previews give staff time to round up test results, consultation reports, or other material the physician needs to see before or during the patient's visit. Working in advance, the physician can provide a written summary of orders in a specific place in the patient's record. Regardless of whether a paper or an electronic chart is in use, this documentation will alert staff to check for test results before the patient's next visit. Going over the charts in advance also helps the staff to anticipate whether that patient's visit requires special equipment or supplies.

Missouri's Physical Medicine and Rehabilitation clinics frequently treat patients who are injured in the workplace. To prevent delays, backlogs, and patient dissatisfaction related to the complexity of managing patients covered by workers' compensation, Missouri developed cheat sheets on what referring physicians need in terms of paperwork to be completed. This comprehensive list was distributed to referring physicians to guide them through the necessary paperwork and materials the clinics need for these types of visits.

Huddles

At the beginning of the day, high-performing practices briefly gather as a team to debrief one another on upcoming events. The entire practice—or a smaller group composed of the physician, nurse, and scheduler—meets to quickly review the upcoming day. The daily appointment schedule can serve as the agenda for these sessions. Huddles help practices identify critical needs of the day in order to streamline patient flow. Those needs may include anticipating which patients may be no-shows, understanding what test results are outstanding, or knowing what documents are missing. They also can review which patients might require more time or resources than others, or special supplies or equipment. Given the hectic pace of a busy clinic, many physicians find it convenient to use the huddle format at several intervals throughout the day to communicate with their direct support staff.

At Missouri's Physical Medicine and Rehabilitation clinics, physicians and staff gather fifteen minutes before office hours commence to run through the entire day's caseload. This affords the staff the opportunity to discuss potential problems or concerns and plan for in-house procedures; for physicians to show preferences of times for same-day requests and ways to minimize the impact of these patients; to see what the flow of the day will be; and to generally ensure everyone is on the same page in terms of that day's schedule. Missouri's Physical Medicine and Rehabilitation clinics have found the huddles improve referrals, workflow, and physician, staff, and patient satisfaction, because they maximize teamwork and efficiency.

Time Management

Quality practices recognize that their physicians' time is the most important asset of the practice—and that it is a resource that cannot be stored or inventoried for later use. Under the predominant health service reimbursement systems of today, physicians are not paid for the time they spend communicating with patients by email or telephone, or completing much of the paperwork connected to a patient visit. Therefore, the real-time interactions with patients are prime time that must be used efficiently.

The start of the day is a prime example of inefficiency. A patient scheduled for 8:00 a.m. is rarely seen by a physician before 8:15 a.m. Without taking this lag time (due to the time it takes to greet, register, and room a patient) into consideration, the physician starts the day running fifteen to twenty minutes behind. To truly be ready for the day, Missouri recognizes the transaction time required for the reception, registration and nurse intake processes. For an 8:00 a.m. clinic start time, thus, patients are scheduled to see the “clinic team” at 7:45 a.m. The logic repeats for the afternoon clinic as well.

Missouri’s Physical Medicine and Rehabilitation clinics also implemented a new program to keep patients apprised of delays. By initiating a standardized communication protocol to keep the patients aware of the status of their visit, the clinics significantly increased patient satisfaction.

Task Lists

Satisfying practices recognize that starting the day with supplies, people, space, and technology ready facilitates efficiency. They also know that this efficiency is an important ingredient in patient’s perceptions of good quality service. Task lists help identify what needs to be done at the start—and end—of each day. Checklists can be developed for the front office and the clinical team. At a minimum, the tasks on the list should include reviewing the cleanliness of the office and exam rooms, turning on computers and lights, and readying equipment and supplies.

Task lists have an additional benefit for staff morale. Although conscientious, well-trained workers typically perform these tasks almost by rote, high-quality practices recognize that not everyone on staff is as informed, trained, or responsible as its best employees. In fact, the workers who don’t seem to need these checklists are the ones who benefit the most from them. Because the use of a checklist ensures accountability for everyone, it takes pressure off the conscientious workers who always jump in to take up the slack for others. Checklists should be part of every environment where high performance, safety, and accuracy are part of the mission. Even seasoned airline pilots start and end every flight with a checklist.

Missouri’s Physical Medicine and Rehabilitation clinics establish their lists and prerequisites tailored to their practice’s populations and each physician’s needs. An on-site clinic flow coordinator at their main site was hired to proactively manage practice-wide workflow, serve as a leader in emergency situations, and lead efforts to standardize processes. Improved workflow dramatically increased the efficiency of the visit, as well as patient satisfaction.

Because of the changes implemented at Missouri’s Physical Medicine and Rehabilitation clinics, patient satisfaction with the visit overall has recently risen to rank at the 93rd percentile in the Press Ganey National Medical Practice database.

SUMMARY

Listening to patients and bearing patient satisfaction in mind is critical to determine what aspects need modifications for the greatest return. Quality medical practices that address the broader issues behind access and workflow help to separate satisfying, high-quality practices from average, lesser practices. Relatively inexpensive modifications can make all the difference, and having awareness to determine where to invest in changes is critical. By paying close attention to barriers to patient access and how their physicians' time is being used, high-quality medical practices are able to assure that more of that time is spent in quality patient care, and see the returns in patient satisfaction.

Stefoni Bavin is a knowledge manager at Press Ganey Associates, Inc. She received her Master of Arts degree in Sociology with a specialization in Social Psychology from Bowling Green State University, and her Doctorate of Jurisprudence from Indiana University School of Law, Bloomington. As a knowledge manager, Stefoni conducts qualitative and quantitative research, crafts research articles and educational materials/presentations, and creates solutions products for improving the quality of health care and increasing physician, employee, and patient satisfaction.

Elizabeth Woodcock is a professional speaker, trainer, and author specializing in medical practice management. Elizabeth has focused on medical practice operations and revenue cycle management for 17 years. The author of the best-selling Mastering Patient Flow, she has delivered presentations at regional and national conferences to more than 150,000 physicians and managers. Elizabeth is a Fellow in the American College of Medical Practice Executives and a Certified Professional Coder. In addition to a BA from Duke University, Elizabeth completed a MBA from The Wharton School of Business of the University of Pennsylvania.

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Rebecca Smith, CPC, Business Manager II/ Senior Practice Manager, Department of Physical Medicine and Rehabilitation, and Gregory M. Worsowicz, MD, MBA, Chairman, Department of Physical Medicine and Rehabilitation. University of Missouri, Columbia, MO. Interview conducted August 7, 2008. The Department of Physical Medicine and Rehabilitation has three clinics and nine physicians.

Joanna Riley, RN, MPM, Division Administrator, General Internal Medicine; Steven Sallinger, RN, MS, Clinic Manager; Gary Fischer, MD, Medical Director, Ambulatory Services; and Deborah Redmond, RPT, MBA, MHA, VP, Ambulatory Care. University of Pittsburgh Medical Center, General Internal Medicine Division, Pittsburgh, PA. Interview conducted Aug. 14, 2008. General Internal Medicine is the primary residency training program for general medicine at UPMC-GIM, with 44 attending physicians and 36 residents.