

# Practice Flow Concepts Every Doctor Should Know

*Improved practice flow may lead to greater productivity, better and more efficient patient care, and more opportunity for you to enjoy the practice of medicine.*

**BY LARRY BROOKS, AIA**

Medicine is not only a noble profession but a business, too—a business of selling time and knowledge. However, for the most part, a doctor’s training and education through medical school and residency focuses solely on the medical aspects of his or her chosen career path, with little regard to the business portion of the profession. This lack of education on the operational aspects of a practice frequently results in a costly expenditure of the doctor’s time and energy on demands other than patient care.

If you, as a physician, find yourself frequently running late, rushing from patient to patient, and scheduling patients weeks out (when you *know* you could see more patients on a daily basis but just don’t know how to squeeze them in), ask yourself how many times you:

- *Stand around waiting on a patient*
- *Have to go looking for staff*
- *Walk information or instructions to support staff*
- *Escort a patient out of your clinic*

These types of events eat away at your time, insert frustration into your day, and cost you, your practice, and your patients. Improved practice flow can eliminate these frustrations and may lead to greater productivity, better and more efficient patient care, and more opportunity for you to enjoy the practice of medicine.

## **Time Management Within Your Practice**

Practice flow is defined as the movement of patients, staff, doctors, and information through a practice. In short, better “flow” equals greater efficiency. How does a practice achieve that? With practice flow, time management is the key factor.

Effective time management in a medical practice eliminates wasted or lost time and promotes the delegation of those tasks that should fall to the support staff, leaving the doctor free to perform the functions that require the skill and judgment of a doctor. Time management is not about spending less quality time with patients. When a practice manages its time correctly, the doctor spends as much time as needed with each patient. Schedules run more efficiently, the doctor can see more patients, and the doctor and staff go home on time.

But how do you determine whether the issues of practice flow and time management apply to your practice? How do you know if it’s even possible to fit more patients into your day? If you answered yes to any of the scenarios mentioned above or you know of times you are not effectively caring for patients, then you *could* see more patients with improved practice flow. The issue typically is not with the doctor; the practice flow is at variance with the doctor’s capacity.

Do you know the average amount of time you spend with each of your patients medically? Without this information, you cannot accurately determine the aspects of practice flow you need to consider, such as the number of patients to schedule, staff to hire, or parking spaces to have

available. This information identifies your capacity and is invaluable in setting up practice flow applications that will allow your time to be used to its fullest. Knowing your capacity sets the basis for all other operational decisions.

When assessing how you are using your time, have one thing in mind: *The doctor’s main task is to care for patients. Tasks that do not require a medical education should be carried out by your staff.* You may never reach that optimal degree of time management. But the closer you get to it, the more patients you will see, the more revenue you will generate, and the more likely you and your practice will be able to effectively integrate changes that occur within the healthcare system. The following practice flow concepts will allow you to spend more of your time caring for patients.

## **Doctor Capacity Determines Appointment Schedule**

The length of each patient visit is going to be different from the one before. And the volume of patients a doctor can handle is going to be based on the doctor’s preferences, individual style, and manner in which he or she wants to manage each patient encounter. For these reasons, you’ll want a schedule that ensures patients are readied at a rate that allows you to always have a patient ready to see yet is respectful of patient wait time. Monitor the average length of time you spend with each patient per type of visit and track the number of each visit

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type you see on average per session. This will allow the practice to collect the basic information that should guide the patient appointment template. Table 1 illustrates how to continually track this information.

Once this information is gathered, there are all types of appointment scheduling techniques, such as wave, modified wave, open access, equal length slots, etc., that can be used to schedule patients.

You can perform a much more detailed study to determine how effectively practice time is being used. This requires tracking the use of your time while seeing patients. The time is then allocated into three categories: practicing medicine, delegate to staff, and time lost. The idea is that you, as the doctor, only should perform tasks falling under “practicing medicine”; all others should be engineered toward your staff to allow you to spend more time practicing medicine. Table 2 illustrates this type of time study.

## Reduce Distraction With Grouped Exam Rooms

The number of exam rooms a practice requires should be based on the doctor’s patient volume. This will vary, of course, with each doctor. However, the number of rooms a particular doctor uses should stay constant every time he or she sees patients, unless there are certain days where the volume varies, such as with a postop-only or procedures-only session. If possible, these exam rooms should be grouped in pods and arranged across from one another (as opposed to a string of rooms on the same side of the hall). Exam rooms across the hall from one another require less walking and therefore less time. Make it a general rule that the doctor walk no more than 10-15 feet between patients.

The traffic in that pod should be restricted to the direct clinical support team and that doctor’s patients scheduled for that specific appointment time. No through-traffic should enter a doctor’s pod. The less traffic, the fewer the distractions, and the more on time and productive the doctor can be.

## Electronic Communication for Greater Efficiency

How many times do you leave an exam room to relay information or give instructions to staff or go searching for the next exam room to find your next patient? How often is your clinical support staff not available to assist because they are “up front” looking to see if a patient has checked in? Walking as the primary conduit for information exchange is a time-waster.

To optimize your time, practice communications need to be streamlined.

Some systems you may find helpful are listed below:

- A light-signaling system, electronic health record (EHR) system, electronic medical record (EMR) system, or a combination thereof can direct the doctor and eliminate the search for the next patient

or staff. The implementation of an electronic system will save the staff from having to run around to flip flags, wait outside the exam room to tell the doctor where to go next, or move that magnet your practice has had as its communication system for years.

- The use of an electronic system such as an EMR or EHR system, printers, email, or pagers to notify coworkers of a patient’s arrival will keep clinical staff in the doctor’s pod and receptionists at the front desk.

- Using a scribe in the exam room, a light-signaling system, EHR, or walkie-talkie to transmit information to staff can save you a lot of time and energy.

## Protocols, Dictated Instructions, and Team Huddles

How many times do you go into an exam room only to turn around in a matter of seconds to order a test, ask for additional information, or look for assistance? Protocols, dictated instructions, and team huddles will help to reduce the number of trips in and out of the exam room during the same patient visit, thus allowing you to see more patients.

Protocols that are constant and understood by practice personnel will better allow staff to anticipate what the doctor will need for certain visit types, patient ail-

Timing			Patients			
Date	Start Time	End Time	Total Seen	New	No-Shows	Work-Ins
09/09/XX	8:25:00 am	12:54:00 pm	22	2	1	1
09/09/XX	1:25:00 pm	5:38:00 pm	21	2	3	2
09/15/XX	8:15:00 am	12:04:00 pm	22	1	2	2
09/15/XX	1:15:00 pm	4:54:00 pm	19	3	1	3
09/17/XX	1:05:00 pm	4:24:00 pm	20	2	1	2

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ments, etc. Dictating in the progress note what is to be done at the next visit allows your staff a better chance of having that patient completely prepared for you the first time you go into the exam room.

Initiate a quick, stand-up clinical team meeting in your pod at the beginning of each session to give instructions to your staff regarding specific patients. This will allow the team to prepare for a patient visit prior to the appointment.

## Minimize Patient Confusion

Patients can get confused, lost, or turned around in a facility if the path the patient must travel becomes too long or disorienting due to too many turns or too few identifying landmarks to keep them oriented. Unfortunately, this can cost you valuable time, because either you or your staff has to show them the way out.

To reduce the confusion and unnecessary wait time on the part of doctor and staff, have rooms and functions grouped together along the path the patient will take. People naturally try and exit a facility the same way they entered. Because of this tendency, the patients' exit path should be the same way they entered. Changing the office decor also may prove helpful; include signs and paint schemes patients can easily recognize and use to stay oriented.

## Redesign Job Descriptions

In your practice, your staff performs a host of duties, some for patients in the office by appointment and some for those off the premises (as in the case of scheduling appointments, follow-up calls, and billing). Because your new practice flow protocols dictate that staff always will have a patient ready for the doctor to see, you will want to have some members of your team dedicated to in-office matters exclusively and others who will handle duties not directly related to patients that are in for an appointment. This division of labor will encourage focus

Task	Timing		Distribution			Total
	Start Time	End Time	Practicing	Staff	Lost	
Find next patient	8:25:30 am	8:26:00 am		0:00:30		0:00:30
Review chart	8:26:00 am	8:28:23 am	0:02:23			0:02:23
Exam 1	8:28:23 am	8:35:59 am	0:07:36			0:07:36
Look for staff	8:35:59 am	8:37:14 am		0:01:15		0:01:15
Exam 1	8:37:14 am	8:39:19 am	0:02:05			0:02:05
Dictate	8:39:19 am	8:40:42 am	0:01:23			0:01:23
Walk	8:40:42 am	8:41:05 am			0:00:23	0:00:23
Talk in hall	8:41:05 am	8:41:58 am			0:00:53	0:00:53
No patient	8:41:58 am	8:45:20 am			0:03:22	0:03:22

and single-mindedness for a more efficiently run practice.

When setting up your staffing model, review all staff job descriptions, specifying tasks so there is no conflict between the two functions. This may mean additional staff or simply a reallocation of duties, with the commonly understood goal that "the doctor always has a patient ready to see."

## A Practice's Most Valuable Asset

The doctor's time is the most valuable asset the practice has. It should be regarded that way and used appropriately. To do so, you need to have an understanding of your personal patient volume capacity, the time that volume requires of your staff, and the space that volume requires. With the application of the practice flow concepts presented here, you can have a practice environment that is efficient and productive. This will lead to a much happier practice life: a staff with greater job satisfaction, patients that have a better rapport with your practice, a business that is more profitable, and doctors who can actually enjoy the practice of medicine.

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