



Understanding the Four S's That Govern Physician Productivity

Style, staff, systems and space all determine the efficiency and productivity of a practice. How does yours measure up?

A well-functioning neurology office that allows the physician to go from patient to patient with little to no wasted time does not happen by accident. It is the end result of careful planning and understanding of the operational characteristics of the neurologist(s) in that particular practice. We can view these operational characteristics much like a chain. The weakest link in the chain will determine overall performance. In a medical practice, the links form the “4-S Production Chain”:

- (1) physician *style*
- (2) *staffing* model
- (3) *systems* of patient flow and communication
- (4) office *space*

The Weakest Link

Are you the weakest link in your office? What dictates the number of patients you see on a weekly basis? Is it your “natural style”? The number of exam rooms you have? The ability of staff to get patients worked up for you? The fact that you have to hunt down an assistant to give follow-up instructions verbally?

If you are not able to swiftly go from patient to patient, or CPT to CPT, with no wasted time in between, then your staffing model, systems of operation or space allocations are arbitrarily reducing your overall production, your ability to care for patients and, ultimately, revenue. The higher volume the specialty, the more important efficiency is. But even typically low-volume professions such as neurology need to be mindful of time management on a per-exam basis.

Style

A physician’s style is determined by the physician’s personality, the way he or she was trained, and how he or she wants to practice medicine. Too many practices try to change the style rather than identify it and then organize the other links in the production chain to help the physician maximize his/her “natural style.” To understand the production characteristics of a neurologist’s style, the practice needs to understand how the physician’s time is consumed while seeing patients and whether this time is:

- *Doctor Time* – Time consumed by functions only the physician can perform.
- *Down Time* – Time consumed for no productive benefit, such as not having a patient ready to see.
- *Delegate Time* – Time consumed by functions that could be delegated to a staff member.

The physician’s “natural rate” is the rate at which he/she would see patients if down time were eliminated and the physician effectively delegated all the delegable tasks he/she currently does. This would mean all the time left in the physician’s day was effectively practicing medicine. Knowing this rate, it’s possible to design the rest of the 4-S Production Chain.

Staffing

Staffing is typically a touchy subject in a medical practice. So many articles have been written about the correct number of FTE’s per physician, how overhead must be managed, and how staff salary is the highest line item making up the overhead. But at the same time, if neurolo-

gists do not have staff available to whom they can delegate tasks, they will have to perform those tasks themselves, causing their patient volume/revenue to suffer.

When trying to determine whether or not an additional staff member is needed, look not only at what that staff member does to the overhead line on the financial statement, but also look at what that staff member could do to the revenue line in terms of time they free up for the neurologist to be more productive and see more patients. Remember, the only line of that financial statement that truly matters is the net line.

The second part of the staffing model is the job functions assigned to the staff. A general rule must be followed: “The staff’s number one priority is to always have the next patient ready to see.” For the staff to be successful at this, the practice needs to give them the proper duties and systems. For instance, if the same tech is responsible for loading the physician’s exam rooms and scheduling procedures, that staff member’s job functions are setting him/her up to fail. He/she will get tied up scheduling and not be able to keep the rooms full. Or if the receptionist has to check patients in as well as answer the phone and make phone appointments, he/she is set up to fail at one of the tasks because no one can successfully do both at the exact same time.

Systems

There are many “systems” in a medical office, but the two that seem to most impact the physician’s ability to be effective and productive are the patient flow system and the communication system.



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Patient flow seems simple: just allow patients to stay oriented in the facility, ensuring the ability to self-exit so the staff and physicians do not have to escort them out. This is much easier said than done, but when good patient flow is achieved, it can be a huge benefit both in terms of time savings and increased productivity of the physician and staff.

The key to achieving this is to use a person's natural instinct of wanting to exit a facility the same way they entered. This means organizing and decorating the path the patient is escorted along from the waiting room so it is memorable. Having this path pass the checkout counter means patients will naturally get to where the practice wants them to get after the exam without consuming the physician's or staff's time escorting them.

The communication systems of an office are another major wasteful time

consumer. Instead of using the patient's encounter form, printers, light signaling systems and computer network to communicate, many practices are still using the "sneaker network." This outdated mode of communication requires a physician or staffer to find the intended recipient of information to convey that information or give instructions. The staffer achieves no beneficial productive task while walking.

Review any communication that currently requires you or your staff to walk and/or verbally transmit information or instructions to see if there is a non-verbal way to accomplish the same task. This will allow the physicians and staff to be more productive and reduce the commotion of the office.

Space

Last but not least, the spatial require-

ments of the physician must be determined. This is often the first thing practices look at. But without first determining the physician's style and how he/she likes to practice, how many staff will be required, and the systems that bind the practice together, it is impossible to determine the correct amount and layout of space.

Again, the patient per hour rate of the physician determines the spatial need. For instance, the neurologist that delegates what he/she can to staff, uses scribes in the exam process to note the chart, and sees probably in the range of six to eight patients each hour will need more space than the neurologist that does not delegate well, manages the chart him/herself, and only sees two to four patients each hour.

The style of the physician determines the way the spaces get allocated and arranged. For instance, do you like to mix your procedure patients and regular exam patients during the same clinical session and therefore need exam and procedure rooms in the same exam module? Or do you schedule procedure-only sessions and therefore need a minor procedure area separate from clinical exam modules your partners may be using? Do you perform Botox injection or IVIg infusion and need a separate system to keep track of such procedure-based patient visits?

Four S's in Success

For you and everyone else in your practice to be as productive as you all can be requires identification, analysis, and understanding of all these style, staffing, systems and space issues. The patient population of your area will get access to the best care, and the practice will be as successful as it can be. When this is accomplished, physicians typically report a much higher satisfaction with their practice life because they are now doing what they love—practicing neurology—not paperwork, looking for staff, or waiting on a patient to see. **PN**