Objectives

1. Facility/supplies/vendor relations
2. Evaluating process in practice operations
3. Operations related to patient care
4. Patient scheduling and phone management
5. Analyzing practice operations
6. Culture
Operations Management

Operations management in a medical practice consists of developing and implementing an effective business plan and managing daily operations.

First Impression - Appearance

Facilities
- Parking lot
- Signage
- Waiting room
- Exam room
- Bathroom
- Security

Personnel
- Dress code
- Professionalism
- Cleanliness
Incident Report

Examples

- Medication related issues
- Needle sticks
- Falls within the practice
- Staff conflict
- Workplace violence
- Missing items/Theft
- Sexual harassment

Report Elements

- Name
- Date and time of the incident
- Location of the incident
- Description of what occurred
- Witnesses
- Statements
- Evaluation of investigation
- Documentation of outcome

Patient Termination

1. Provide a 30 day notice
2. Send certified letter and regular letter
3. Keep a copy in the medical record
4. Consider treatment plan
5. Send copies of record at patient request
6. Refer to medical society
Materials Management

- Inventory control
- Purchase order/receipt/packing slip
- Gifts
- Outsourcing services
- Standardizing supplies
- Frequency minimum/maximum orders

Evaluating Medical Practice Operations

- **People**: optimizing the skills and talents of their staff
- **Processes**: Standardize when possible
- **Technology**: Leverage technology to improve efficiency
- **Reimbursement**: Value based payment/Quality
Change Management

Self
- Evaluate strengths & weaknesses
- How do you deal with change
- How do you lead

People
- Anticipate resistance
- Different approaches
- Communication

Process
- Awareness
- Desire
- Knowledge
- Ability
- Reinforcement

Patient Centered

- How can we improve patient flow in medical practices?
- How can we improve patient care?
- How can we insure that all processes in the practice are focused on patients?
Patient Satisfaction Surveys

Does your organization conduct patient satisfaction surveys?

June 5, 2018
MGMA Poll
1616 Responses

Patient Communication

Website, brochure, portal
Acknowledge patients
Eye contact
Smile
Sit at patient level
Reflective Listening
Improvement Drivers

Physicians

Access

Admin

Efficiency

Patients

Resources

Spending

Payers

Scheduling

Avoid scheduling too far out
Utilize a patient wait list
Consider patient self scheduling
Automate reminder appointments
Simplify appointment types
New Patient No Show Rate

- 25% Appts with a lead time of < than a week
- 46% Appts with a 1 to 2 week lead time
- 53% Appts with a lead time of > 3 weeks

Source: MGMA Patient Access & Scheduling Report

Scheduling - No Shows

- No Show Policy
- No Show Rate ≤ 5%
- No Show Charge
- No Show Follow-up
- No Show Discipline
Text Messaging

Does your organization use text messaging to communicate appointments to patients

May 22, 2018
MGMA Poll
1569 Responses

Phone Efficiency

- Website
- Portal
- Use EHR Task
- Educate Patients
- Track Phone Calls
### 2019 MGMA Operations - Calls

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Primary Care</th>
<th>Nonsurgical</th>
<th>Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of FTE staff in the call center</td>
<td>6</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Number of call center FTEs per physician</td>
<td>0.43</td>
<td>0.44</td>
<td>0.52</td>
</tr>
<tr>
<td>Number of call center FTEs per provider</td>
<td>0.33</td>
<td>0.25</td>
<td>0.29</td>
</tr>
<tr>
<td>Inbound call volume per day</td>
<td>182.5</td>
<td>175</td>
<td>124</td>
</tr>
<tr>
<td>Inbound call volume per day per call center staff</td>
<td>54.36</td>
<td>65.48</td>
<td>50</td>
</tr>
<tr>
<td>Call length in minutes for inbound calls</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Speed of answer in seconds for inbound calls</td>
<td>19</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Inbound call abandonment rate</td>
<td>7</td>
<td>5</td>
<td>5</td>
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</tbody>
</table>

Source: MGMA 2019 Practice Operations
Process Improvement

<table>
<thead>
<tr>
<th>Heading</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Flow</td>
<td>• Waiting Time</td>
</tr>
<tr>
<td></td>
<td>• Total Time</td>
</tr>
<tr>
<td>Communication</td>
<td>• Expectations</td>
</tr>
<tr>
<td></td>
<td>• Feedback</td>
</tr>
<tr>
<td>Work Flow</td>
<td>• Duplicate Process</td>
</tr>
<tr>
<td></td>
<td>• Training</td>
</tr>
<tr>
<td>Insurance Reimbursement</td>
<td>• Revenue Cycle</td>
</tr>
<tr>
<td>Upfront Collections</td>
<td>• Financial Policy</td>
</tr>
<tr>
<td></td>
<td>• Patient Expectations</td>
</tr>
<tr>
<td>Expenses</td>
<td>• Variable Expenses</td>
</tr>
<tr>
<td></td>
<td>• Involving Staff</td>
</tr>
</tbody>
</table>

Appointment Wait List

Does your organization utilize a wait list for next available appointments?

- 61% Yes
- 29% No
- 7% Considering
- 3% Unsure

June 19, 2018
MGMA Poll
1288 Responses
Analyze

Financials
Schedule
Staffing
Patient Experience
Quality

Benchmarks

Internal Benchmarks
• Prior Year
• Doctor to Doctor
• Budget

External Benchmarks
• Medical Group Management Association
• Specialty Societies
## 2019 MGMA Operations Scheduling

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Primary Care Median</th>
<th>Non Surgical Median</th>
<th>Surgical Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes spent waiting in wait area</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Minutes spent waiting in exam room</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total wait time (in minutes)</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Percent of total appointments that were same-day appointments</td>
<td>10.00%</td>
<td>5.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>Avg appt time for new patient visits</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Avg appt time for established patient visits</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Avg appt time for preventive care visits</td>
<td>30</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Avg appt time for follow-up visit</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Third next available appointment for new patients</td>
<td>8</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Third next available appointment for established patients</td>
<td>3</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Third next available appointment for preventive care visits</td>
<td>8</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Third next available appointment for follow-up/post-op visits</td>
<td>3</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>New patient appointment slots per day per provider</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Established patient appointment slots per day per provider</td>
<td>8</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Preventive care visit appointment slots per day per provider</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Follow-up/post-op visit appointment slots per day per provider</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Unfilled appointment slots per provider per day</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Same-day appointment slots per day per provider</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No-show rate</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
</tr>
<tr>
<td>No-show fee</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Minutes late until patient considered a no-show</td>
<td>15</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Percent of total appointments that were same-day appointments</td>
<td>10.00%</td>
<td>5.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>Total claim denial rate</td>
<td>9.00%</td>
<td>7.00%</td>
<td>9.00%</td>
</tr>
<tr>
<td>Charge-posting lag time between date of service and claim drop date to payer</td>
<td>3</td>
<td>2.81</td>
<td>3</td>
</tr>
<tr>
<td>Percent of collections charged by billing service</td>
<td>6.00%</td>
<td>6.00%</td>
<td>6.00%</td>
</tr>
<tr>
<td>Source: MGMA 2019 Practice Operations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2019 MGMA Operations Billing

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Primary Care Median</th>
<th>Non Surgical Median</th>
<th>Surgical Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial claims biller posted per day</td>
<td>63</td>
<td>39</td>
<td>31</td>
</tr>
<tr>
<td>Quality measure reported to CMS</td>
<td>31</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Number of quality measures reported to largest payer</td>
<td>11</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Number of payer contracts organization has</td>
<td>15</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Time (in months) payer contracts were evaluated to determine need to renegotiate</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Government claims biller posted per day</td>
<td>42</td>
<td>32</td>
<td>24</td>
</tr>
<tr>
<td>Follow-up claims biller posted per day</td>
<td>20</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Total claims billed per day</td>
<td>166</td>
<td>85</td>
<td>72</td>
</tr>
<tr>
<td>Percentage of practice claims denied on first submission</td>
<td>9.00%</td>
<td>7.00%</td>
<td>9.00%</td>
</tr>
<tr>
<td>Charge-posting lag time between date of service and claim drop date to payer</td>
<td>3</td>
<td>2.81</td>
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</tr>
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</tr>
<tr>
<td>Source: MGMA 2019 Practice Operations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 2019 MGMA Operations Staffing

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Primary Care Median</th>
<th>Non Surgical Median</th>
<th>Surgical Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business operations support staff turnover</td>
<td>13.88%</td>
<td>13.81%</td>
<td>14.14%</td>
</tr>
<tr>
<td>Front office support staff turnover</td>
<td>13.54%</td>
<td>13.79%</td>
<td>13.33%</td>
</tr>
<tr>
<td>Clinical support staff turnover</td>
<td>14.29%</td>
<td>14.29%</td>
<td>14.63%</td>
</tr>
<tr>
<td>Ancillary support staff turnover</td>
<td>12.50%</td>
<td>12.50%</td>
<td>10.26%</td>
</tr>
<tr>
<td>Physician turnover</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nonphysician provider turnover</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Primary care provider time to close a patient chart after an encounter

- 24 Hrs, 26%
- 49 Hrs, 21%
- 72 Hrs, 50%
- Other, 1%
- Did not Track, 2%

Source: MGMA 2019 Practice Operations
Medical Practice Challenges

**FACILITY STRUCTURE**
Front office/Back Office, Checkout, Workstations

**STANDARDIZATION/PROCESS**
Registration, Clinical, Billing

**REDUNDANT SYSTEMS**
Multiple people duplicating responsibilities

**PHONES CALLS**
Messages, Tasks, Routing

**STAFFING MODEL**
Productivity, clinical vs admin responsibilities

**SCHEDULES**
Appt Types, Appt length

**EQUIPMENT**
Capital needs, technology

**EDU/TRAINING**
CEU, Systems, processes
Culture

Patients

Physicians

Culture

Employees

Customer Service

Care Coordination

Technology Implementation

Respect

Acknowledgement

Questions

Michael D. Cash, MHSA, FACMPE
Senior Medical Practice Consultant
michaelc@svmic.com
O 615.846.8353  M 479.601.3644

101 Westpark Drive, Suite 300 • Brentwood, TN 37027
P 800.342.2239  F 615.843.0347  SVMIC.com