ACG PMC Practice Toolbox

Title: Improving Patient Flow Efficiency

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INTRODUCTION:

Demand for gastroenterology services are increasing and patients throughout the country experience challenges in obtaining timely access. Meanwhile, declining reimbursement and increased regulatory requirements are increasing the productivity pressures on gastroenterology practices. Small increases in the number of patients cared for by physicians in your practice during a given period, often called "throughput" or "patient flow," could significantly improve patient access to care, patient experience of care and practice revenue. Delays and inefficiencies in the clinic, on the other hand, will reduce these things and become hazardous to the success of your practice. This practice management toolbox article seeks to briefly outline important factors and considerations to maximize efficient patient flow.

TOPIC OVERVIEW:

There are many ways to structure a project to improve the patient throughput in a medical practice. We recommend organizing the project by dividing the process based on the pathway to care. This pathway includes tasks starting before the patient arrives, before and during the direct patient interaction, and finishing with initiation of a care plans and discharge (see list below). Staff utilization should be assessed and adjusted for efficiency. Finally, physical layout of the clinic space may have profound effects on the efficiency of patient flow.

ORGANIZING THROUGHPUT IMPROVEMENT BY CARE PATHWAY

1. Scheduling
2. Pre-appointment processing
3. Arrival and check-In
4. Initial clinical information
5. Direct physician-patient interaction
6. Care plan initiation
7. Checkout and discharge

THROUGHPUT STARTS WITH SCHEDULING:

Optimizing scheduling is challenging given the wide variation in the chief complaints, prior data to review, complexity, and providers. First, most practices schedule based

on expectations of the practice and/or provider. Few practices scheduled based on actual observed visit lengths. While initially onerous, tracking patients' experience in the clinic (i.e. time and flow for parking, check-in, rooming, with provider, and checkout) facilitates both scheduling, staffing and workflows. For example, if the same person at the front desk checks patients in and out, then a patient checking out may delay the rooming of a patient who is waiting to check in. These micro-delays quickly compound in a busy clinic to the detriment of the patient and provider experience. Identifying reasons for variation in visit lengths (i.e inflammatory bowel disease, hemorrhoid band ligation, and uncomplicated reflux) for each provider along with monitoring no-show rate may enable an increase in patients seen during clinic and at the same time mitigate provider burnout. Scheduling staff must be heavily involved with the process of verifying referrals, verifying benefits, and obtaining necessary clinical information. When benefits are not verified, or referrals are not properly received, throughput will be severely affected.

ARRIVAL AND CHECK-IN:

Identify and attempt to solve for known external factors that contribute to delays. A common example is difficult parking resulting patients arriving late to clinic. Educating patients on parking options when scheduling or having a drop-off location may decrease this category of delay. Scheduling often creates artificial peaks in demand for clinic staff resulting in delays in patient care. For example, if five providers all start clinic at 8am with 30 minutes visits then the front desk and medical assistants will be very busy at 8am, but the staff will be idle from 8:10-8:30am. This will repeat every 30 minutes throughout the day. In contrast, a staggered schedule with 1-2 providers starting at 8am, 8:10am, and 8:20am would enable a more level demand on the staff throughout the day and minimize delays in rooming and checking out patients with the same or fewer staff. This concept similarly applies when determining how many providers are in clinic at the same time. For example, if three providers are in clinic on Tuesday and no one on Wednesday then clinic staffing, and space utilization will be suboptimal. Third, preparing for clinic (potentially with clinic staff) will enable identification of potential barriers to care (insurance, available records, etc.) before the patient arrives at the clinic.

Some providers choose to "pre-round" with clerical and clinical staff on each patient before the patient arrives. This often saves much more time than it costs. Systems for pre-certification and verification of benefits are critical as well. Whenever possible, these processes should be handled before the patient arrives.

STREAMLINIG THE CLINICAL INTERACTION:

There are numerous ways to streamline the clinical portion of the interaction.

- Pre-rounding on patients with clinical staff.
- Initial clinical information
    - Review of systems

    - Basic medical history
    - Verified medication list
    - Identifying relevant previous procedures and results.
- Direct physician-patient interaction (Not to be rushed!)
- Initiating the care plan (patient education, additional testing, procedure scheduling)
    - Excellent and accessible handouts, pamphlets and tools.
    - Digital education tools in the exam rooms
    - Easy to use care-plan forms to review with nursing staff
    - Physician should initiate these plans but then leave for other clinical staff to repeat and reinforce
- Check out and discharge
    - Scheduling follow up appointments should be done immediately when possible
    - Scheduling hospital-based services and referrals to other physicians should be documented during the patient visit but completed after clinic as time allows. Patients must be given proper expectations about the timing of these appointments.
    - Patient satisfaction surveys should be addressed during check out. Rapid digital exit surveys are highly efficient and increase survey rates.
    - Post-encounter follow-up calls can be automated to ensure excellent service and improve compliance.

UTILIZING STAFF TO IMPROVE THORUGHPUT

While cross-training staff is important for flexibility, staff members multi-tasking commonly distracts from the patient currently in clinic. Given the demands on staff during a busy clinic to care for the patient being seen, a staff member may delay rooming a patient to complete a task (i.e. authorization) for a patient not currently in clinic. With clear daily responsibilities, staff members can stay focused on a specific task resulting in greater efficiency. A poorly managed phone system can create enormous distractions throughout the practice. It is extremely difficult for a staff member to have valuable phone interaction with a patient while also serving patients in clinic. We encourage separating the phone hub functions with specialized personnel. Delegating various functions to staff members based on their scope of practice enables better utilization of each of them.

USING TECHNOLOGY TO IMPROVE EFFICIENCY

Using the right technology can make clinic much more efficient. Multiple vendors offer “kiosk” services to assist with check-in processes including consents and waivers. The use of these electronic systems decreases staff time both in collecting and in filing these documents. The success of kiosk based systems to facilitate patient check-in and collecting demographics, medical, and social history has been widely variable. This is likely attributable to staff making a coordinated effort to assist

patients with the kiosks, which early on may slow processes down as staff and patients adapt to a new workflow. Other areas where technology can improve throughput are listed below.

TECHNOLOGY OPPORTUNITIES FOR IMPROVED THORUGHPUT:

1. Appointment reminder and verification systems.
2. Patient portals for scheduling and communication.
3. Check-in kiosks.
4. Website design to answer common questions, care plans, and information.
5. Digital education tools in exam rooms. These often include digital anatomy diagrams and disease specific visual aids.
6. Mobile medical applications for patient use. (eg. Low FODMAP diets, weight loss)
7. Digital surveys for patient experience of care.
8. Automated post-encounter care calls.

IMPROVING EFFICEINCY WITH CLINIC DESIGN:

While new or small practices often must develop a workflow based on the clinic space, growing practices may have the opportunity to design a clinic that improves clinical workflows. First, the distances walked by providers, staff, and patients can rapidly add up over the course of a busy clinic. Second, co-locating staff and providers who work closely enables timely and effective communication. Third, separating patients who are being checked in, checked out, and scheduled for procedures may prevent bottlenecks from developing.

CONCLUSIONS:

Utilizing thoughtful scheduling, staff utilization and layout design will enable gastroenterologists to increase the number of patients seen, improve patient and staff satisfaction, and decrease operating costs.

Resources:

http://www.medicaleconomics.com/practice-management/5-ways-improve-patient-flow
https://www.aafp.org/fpm/2002/0600/p45.html
http://www.physicianspractice.com/patient-flow-wait-times/eleven-ways-improve-patient-wait-time
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Racine AD, Davidson G. Use of a time-flow study to improve patient waiting times at an inner-city academic pediatric practice. Arch Pediatr Adolesc Med. 2002. 1203-1209.

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