

Don't Let Time Killers Fly Under the Radar

Look back at any workday this week. Did you overcommit? Did you start seeing patients on time, or were you 10, maybe 20 minutes late? Perhaps your staff complained about being overworked. None of these scenarios make good business sense, especially in a profession that demands perfection, speed and comprehensive decision-making.

Managing your time is all about setting priorities, something

"If it takes you 45 minutes to see a new patient, don't put them in a 30-minute slot," says Russ Still, a practice management consultant in Atlanta. "Be honest about what your daily schedule is like. Don't schedule your first patient at 9 a.m. when you never get to the office before 9:30."

you've heard thousands of times. But many physicians don't take this advice seriously. They work 12-hour days and are slowly killing themselves, yet they can't figure out what is wrong.

Russ Still has been working with physicians since his consulting firm was founded in 1982. As executive vice president of Medical Management Associates in Atlanta, he says that the biggest time-management

problem in medical practices is a lack of honesty in scheduling.

"If it takes you 45 minutes to see a new patient, don't put them in a 30-minute slot," he says. "Be honest about what your daily schedule is like. Be honest about when you're taking your last patient before lunch. Don't schedule them at 11 a.m. when you're not seeing them until noon. Don't schedule your first patient at 9 a.m. when you never get to the office before 9:30."

He recalls one physician who typically scheduled his first patient at 8:30 a.m. but rarely came to the office before 9 a.m. By the time he finished examining his first patient, he was already 45 minutes behind schedule.

Any way you look at it, it was a bad situation. Patients were always mad. His employees sometimes woke up stressed out or anxious because they knew they were going to be dealing with irate patients all day long. Even the physician was unhappy because he was always running behind and felt that he was under constant pressure. Yet all he had to do was start work on time or back up the first appointment each day by 30 minutes.

Consultant Russ Still advises doctors to schedule two blocks of time each day for catch-up, one in the late morning and another in the afternoon. Some doctors avoid doing this because they don't want to schedule unpaid time. But "it's also important to maintain patient satisfaction, staff efficiency and staff and physician satisfaction," he says.

Mr. Still says that many physicians or their employees rarely leave the office before 6 p.m., yet schedule their last patient of the day at 4:30. So why not schedule these patients at 5:30 p.m. instead of asking them to wait for an hour and possibly adding on a few extra minutes to your busy day to handle their complaints?

While many practices rely on scheduling software that creates 10- to 15-minute blocks of patient time, Mr. Still says that doctors

have no idea how long it takes them on average to see different types of patients. For a realistic time frame, he suggests checking computerized productivity reports to determine the number of new patient encounters, office consults and established patient office visits you had last month, quarter or year. Next count the number of workdays in a year. If you've deducted holidays and vacation days, you probably ended with roughly 230 days. Then determine how many minutes it takes you to see each type of patient.

One simple way is for a nurse or medical assistant to document on the patient chart the time he or she is shown into the exam room as well as the patient's check-out time. If it takes 30 minutes to see each new patient and your goal is to see six new patients each day, then three hours of each day must be reserved for new patients. Your scheduler will then know exactly how many patients and what types of visit to schedule each day.

It wouldn't hurt to schedule two blocks of time for catch-up, one in the late morning and another in the afternoon. Mr. Still says that some physicians avoid doing this because of no-shows and because

they don't want to run the risk of having two empty blocks of time.

"I would argue that it's also important to maintain patient satisfaction, staff efficiency and staff and physician satisfaction," Mr. Still says. "When you're working in a high-level stress situation, everybody is freaking out because you're running behind and dealing with upset patients."

He says that the most efficient medical practices understand the reality of their situation. Yet, only a handful really do their homework and analyze—instead of guess or estimate—how long it takes them to see each type of patient, develop a baseline, then monitor it at least once a year.

"It's another administrative task they don't have time to deal with even though it enhances productivity, performance and the general atmosphere for everybody," he says.

Small Changes Add Up

Other physicians fall into the "Got a minute?" trap, says Len Schwartz, a healthcare consultant in Ivyland, Pa. It's very common for nurses, medical assistants and other office staff to interrupt physicians with quick questions about a system, procedure or even supplies that need to be ordered, he says, adding that all of these small interruptions interfere with the flow of daily business.

He points to one physician's practice where constant interruptions sometimes slowed down the staff's ability to complete tasks. So Mr. Schwartz suggested that a new rule be established. The physician set aside 30 minutes in the morning and another 30 minutes in the afternoon during which staff could address any questions they had, ranging from administrative policies to office procedures. The remainder of the day was devoted to efficiently seeing patients or working on business growth.

The same policy was put into place regarding phone calls. Unless it was an emergency, staff was instructed to take messages for the physician. "He was actually seeing more patients because he wasn't interrupted, wasn't backed up and, of course, it increased his business," Mr. Schwartz says.

Other times, changing office hours to save time makes sense. Another one of Mr. Schwartz's physician clients—a plastic surgeon—worked three days a week, Mondays, Wednesdays and Fridays. But for some reason, his schedule on Wednesday mornings

was two-thirds lighter than on the other days. Mr. Schwartz suggested closing the office on Wednesday mornings and rescheduling those patients to the other two days. This way, he would have four extra hours each week to sleep in, spend more time with family or work on building his business. In the end, he didn't lose a single patient and was able to see just as many patients in less time by being strategic with his hours.

"Many doctors fight strategic hours of operation because they can't see the flip side," says Mr. Schwartz. "Any time you're able to tighten up the number of hours and see the same number of patients is always good. Work smarter, not harder."

Some doctors save time by spending time evaluating their practice's health, workflow and systems on a consistent basis. They treat the practice like a patient, give it a physical exam and identify symptoms that can lead to problems down the road.

Dr. Zack Bechtol, who practices family medicine at the North-east Oklahoma Family Practice and Obstetrics in Grove, Okla., divides everything in his practice into systems, evaluates how each works and how much time staff takes to perform specific

Time-Saving Tips

- Type a list of several common procedures or services frequently performed in the office practice. Categorize each of them as follows: time-consuming services such as a complete physical, routine services such as pap and pelvic exams and brief services such as treating a routine cold or ear infection. Then record the average time for each service and give the receptionist a list of questions so she can determine more precisely the amount of time to allocate for the appointment.
- During an appointment phone call, the receptionist should mention insurance plans the office accepts, if co-payments or deductible payments will be expected, as well as the general policy of payment at the time of service.
- Don't see patients twice. It is a waste of time to see them first in a consultation room and then in the exam room.
- Prepare written appointment-scheduling instructions and triage criteria for staff members.
- Start on time for office appointments. This is the number-one reason why scheduling is disrupted.
- Set up appointment reminder systems—automated phone system,

tasks, then figures out where the hang-ups are.

A good example is his procedure for treating diabetic patients. He uses simple-to-perform, in-office lab tests that are not subject to the certification requirements of the Clinical Laboratory Improvement Amendments (CLIA). With a single blood sample, Dr. Bechtol's nurse can perform a battery of tests and obtain the results in five minutes. The physician can then have the lab results by the time he enters the exam room. "We try to have a system in place that gives me all the diagnostic information I need while patients are in the office so I can talk about it and tell them what needs to be done and what changes need to be made," he says.

He also reserves one day a week—Thursday—for baby exams and pregnant women. On these days sick patients can't schedule appointments but others, who simply need their blood pressure or blood sugar checked, can.

Every Thursday a part-time nurse is also brought into the office to help his full-time nurse. Since many of the procedures performed on these patients are routine—like immunizations for babies—everything is planned out, Dr. Bechtol says.

mailing cards, personal phone calls.

- Dictate records after each visit as opposed to handwriting them, a significant time-saver.
- Make telephone callbacks at a specific time of each day.
- Make sure there are adequate exam rooms per provider (three is best) and the layout of supplies, instruments and equipment is the same in each room so that all providers can utilize [the rooms] without difficulty or time wasted.
- Leave some time open for walk-ins, emergencies and referrals.
- Make scheduling and patient flow a regular topic for discussion at staff meetings.
- Avoid over-scheduling on Mondays.
- Channel all appointments through your scheduling person. Minimize the number of persons making appointment entries.
- Have staff give appointment cards to patients being scheduled for follow-up visits.

Source: Office Productivity and Efficient Patient Scheduling, Practice Support Resources, Inc., Independence, Mo. (www.practicesupport.com).

“You’re just efficient because you’re doing the same things over and over again,” Dr. Bechtol says. “All those extra things take time. If it doesn’t make sense, I re-evaluate it. All I do is talk to the patient and go over the results. It’s about expanding the things nurses do for me that can take a lot of time off of me so I have time to spend with patients.”

Some physicians, like Dr. Zack Bechtol, a family physician in Grove, Okla., save time by spending time evaluating their practice’s health, workflow and systems on a consistent basis. They treat the practice like a patient, give it a physical exam and identify symptoms that can lead to problems down the road.

More recently, he checked into buying a software program that would automatically handle the 75 to 100 requests for prescription refills that his office receives daily from patients. But he quickly discovered he had to purchase a \$20,000 electronic medical record system to go along with it. So he hired a computer programmer and built his own. Called FastScripts Rx, it automatically faxes refill

requests to the patient’s pharmacy.

Dr. Bechtol says that the program is so efficient he’s marketing it to other physicians for less than \$1,000. (For more information, log on to www.fastscriptsrx.com).

Because of his entrepreneurial nature and ability to streamline office procedures, Dr. Bechtol works between 40 and 50 hours each week and is home by 5:00 every afternoon. And that’s without a nurse practitioner or physician’s assistant, he says.

But his efforts have also been recognized outside the office. In 2002, the Oklahoma Foundation for Medical Quality presented him with an award for his efficient system that monitors his diabetic patients.

“They came and audited my office and said, ‘This is incredible. You’re 10 to 20 percent above the benchmark in all of your care of diabetics. With breast exams and mammograms, you’re off the charts.’”

Three years later, he also received the Prevention Into Practice award from the Oklahoma State Medical Association for using preventive medicine techniques in his practice.

Dr. Bechtol’s advice to doctors: stop micromanaging. Focus less on the bottom line and more on improving office systems or

procedures. “[Physicians] don’t challenge the way they look at things,” Dr. Bechtol says. “Doctors are just creatures of habit and do things the way they were taught to do them. It’s the difference between scientists and innovators.”

Valuable Checklists

Even simple changes can make a difference. For example, Dr. Bechtol uses a series of checklists for baby checkups and a prenatal form developed by the American College of Obstetricians and Gynecologists; this minimizes the amount of dictation required, he says. All forms are color coded and match the same color on the appropriate education sheet that’s given to patients. And when Dr. Bechtol looks at a patient’s chart, he can count the number of colored forms and immediately know what checkups were performed or missed.

Dr. Bradley S. Johnson became a big believer in checklists after playing a game at a party. Each person looked at a tray holding 20 common household items, such as a pencil or tape. After 15 seconds, the tray was removed and everyone was asked to write down as many items on the tray as they could remember. People with a good memory recalled about 15 items, but most could remember only five or six. But if you gave them a list of 30 different items and asked them to check off 20 items they saw on the tray, they got much closer. Dr. Johnson concluded that a person’s recall using a checklist is much greater than spontaneous recall.

He applies this principle to medicine. As a family practitioner and chief medical officer at the Aspen Medical Group in Woodbury, Minn., he suggests using checklists whenever possible.

“Checklists for patient encounters might very well provide us with a more accurate and complete documentation of features and could be used as a dictation and enhancement tool,” says Dr. Johnson, adding that it can save physicians or nurses from making phone calls to patients to verify or request additional information. “I could list my five most commonly prescribed antibiotics and check which one I use instead of writing all that up.”

Another tip he recommends is to ask your employees to fill out a brief survey on how well you’re utilizing their time. It’s important that you also complete the same survey. Then compare responses. If they don’t match up, you have an opportunity to

explore how you can utilize your staff more effectively. Sometimes, he says, physicians simply fail to ask employees to perform certain tasks that they're well qualified to do.

“One of the principles of time management for a physician is optimal utilization of your available resources,” says Dr. Johnson, who is also a consultant for Partners Healthcare Consulting in Minneapolis. “It’s amazing how physicians don’t optimize this particular avenue.”

You can also save time screening journal articles or researching information through medical information management services like JournalToGo (www.journaltogo.com) or UpToDate (www.uptodate.com). Dr. Johnson says that you can save a lot of time when you have journal articles that are relevant to your practice e-mailed to you.

He believes that one area in which doctors are improving is delegating the management of medications, such as warfarin, a blood thinner that requires monthly checkups. Dr. Johnson says that some doctors may prescribe this drug to as many as 500 of their patients. To constantly monitor them, physicians hire a reg-

Managing E-Mail

Bogged down with e-mail? Consider these tips offered by Jan Jasper, productivity expert and author of *Take Back Your Time: How to Regain Control of Work, Information & Technology* (St. Martin’s Press, 1999):

- Much incoming e-mail can be read once, then promptly deleted. At the least, do a clean-up once a month.
- Create e-mail folders for specific projects or subject areas, rather than leaving them in your in-box forever. You can drag and drop to file each e-mail, or you can create filters to drive e-mail automatically to a folder you designate. But don’t go overboard—too many narrow, specific folders make it harder to locate e-mail later.
- If your e-mail software doesn’t allow you to create folders, an alternative is to use Save As to save e-mail as text files. Group into directories by project, function, etc.
- Use detailed subject headers. Sometimes the whole message can be in the header! This saves time when searching for old e-mail later on.
- Insert “NRN” in subject headers when no reply is necessary.
- Customize your e-mail software to display all the information you

istered nurse, train the nurse on how to manage the medication by drawing each patient's blood and checking for a blood parameter called INR, which reveals how much the drug has slowed down the blood-clotting process.

This is a very common test performed in medical offices, especially in internal medical practices. Dr. Johnson says that delegating this task to a registered nurse offers one key benefit: it's a safer process since all patients taking the medication are placed on a registry. The nurse also uses very specific industry standards in instructing patients on medication adjustment. If they don't show up for their monthly checkup, the nurse can quickly identify them or schedule them for additional appointments throughout the month, if needed.

Dr. Neil Baum, a urologist in New Orleans, also learned the art of delegation. Before he examines any patient, one of his assistants takes a history of each patient's present illness and enters it into a tablet computer. Then Dr. Baum examines the patient and shares his findings with the assistant. She enters this information into an electronic medical record—the diagnoses,

need at a glance. Microsoft Outlook allows you to add columns to your e-mail screen.

- Delete unneeded e-mail regularly. You usually only need to save the last message of an ongoing "conversation"—the most recent message contains quote backs of all previous messages.

- Keep your in-box lean so it becomes an extension of your to-do list. Everything you must keep should be dragged into the correct folder. Only e-mail that requires action should remain in the in-box for more than a day.

- Unfortunately, filters are no longer adequate to control junk e-mail or spam. Consider a spam blocker that checks incoming e-mail against a list of "accepted senders" that you create. Two "permission-only" programs are Postmaster Pro and Spam Arrest.

- Create templates for routine replies.

- Know when to telephone. Unless you need to send the same message to a group, or to keep a record of what you said when to whom, the phone may be faster.

immediate results from lab work, a treatment plan, prescribed medications, follow-up appointments if needed and educational materials the patient will be given about his or her condition. By the time patients are ready to check out, their prescriptions and educational materials are already printed out along with a written summary of their visit.

“The value is that I’m not touching pencil to paper,” Dr. Baum says, adding that the summary and educational materials also eliminate patients’ need to call with additional questions later on. “That should be done by somebody else. I’m seeing more patients; patients are better educated, and patients have more eyeball-to-eyeball time with their doctor. As a result, the patient is getting a much better healthcare experience.”

When patients check out of Dr. Neil Baum’s urology practice in New Orleans, they are handed print-outs of their prescriptions, educational materials and a summary of the visit, thanks to the practice’s electronic medical-record system. “The value is that I’m not touching pencil to paper,” Dr. Baum says.

Among his pet peeves are interruptions. When he’s examining a patient, he accepts calls only from the emergency room, operating room, intensive care unit or his family, if critical. This policy is the result of a past patient encounter. While he was examining a patient, his nurse interrupted him with a phone call. Dr. Baum stepped out of the room to accept the call. When finished, he returned to the exam room. Several minutes later, the same scenario repeated itself. But when he returned to the exam room for the second time, the patient said, “You’re a very nice physician, you have a wonderful reputation, but I don’t feel I have your undivided attention,” recalls Dr. Baum. “I’m going to seek my urologic care elsewhere.”

Dr. Baum was devastated and vowed never again to allow himself to be interrupted except for true emergencies. But even beyond the customer service perception, he believes that physicians provide better care to patients when they are not interrupted and save time in the long run by preventing phone calls from patients with questions that were never addressed or asked due to repeated distractions.

Likewise, when pharmaceutical representatives want to meet with Dr. Baum, he asks them to send an agenda letter regarding the purpose and anticipated length of their meeting. This way, he

can approve or reject any topic, control what's being discussed and focus on what he wants to address. The trade-off, he says, is that pharmaceutical representatives never wait—he's always on time. So far, he hasn't received any complaints.

To save time, Dr. Melinda Allen uses what she calls a face sheet. The first page contains a list of all the patient's medical diagnoses, the dates they were made, any surgeries, hospitalization dates, lab tests and office procedures with the dates they were performed. The second page lists all of their medications and the dates they were prescribed.

It's a very quick way to scan a patient's entire health history and automatically address their health concerns, says Dr. Allen, who practices internal medicine in Ponca City, Okla.

"When someone comes in complaining of abdominal pain, I can say, 'You know, you had a colonoscopy last year...,'" she says. "I know exactly how to deal with a patient. My results are right there so I don't have to flip through my chart to figure out what the results were."

She also mails patients a bright yellow postcard that's folded in half, then stapled to maintain confidentiality, informing them of all their blood work, test and X-ray results. There's also a space for handwritten comments like "We need to treat your cholesterol" or "Have you tried that diet we discussed?" She says that the card saves a huge amount of time because no phone calls are required.

Another time saver for Dr. Allen was moving to a small town. While some of her friends commute at least 30 minutes each way to their office, she lives two miles from her office and two blocks from the hospital.

"I needed that convenience of not having the distance to drive," Dr. Allen says. "Driving is a huge waste of your day."

Break Bad Habits

How often do you feel pressured to complete tasks or activities? If you're like most physicians, it's a daily occurrence. Dr. Bernard Godley, an ophthalmologist at Retina Specialists in DeSoto, Texas, says that it is easy for him to get pushed to the edge since he runs a basic research lab, works in a clinical practice and also handles emergency calls from various hospitals.

"There are times when you can't put the phone down," he says.

“It’s not hard to feel you’re at the edge of being overwhelmed.”

To help physicians save time, stay on task and keep balanced, he recommends these tips:

■ **Learn to say no without feeling guilty.** There are all sorts of organizations that want you to serve on a committee or board of directors or maybe volunteer to coordinate a project. Saying no is really self-preservation, not an act of selfishness. “You have to realize that time is a nonrenewable commodity,” he says. “When you do have free time, guard it very jealously.”

■ **Set priorities.** What’s most important to you? What do you want to accomplish? Know what you want and organize your life around those priorities.

■ **Get organized.** Schedule all activities ranging from meetings or other work-related tasks to spending time with your family or going to the gym. Then stick to the schedule. Also consider buying a handheld computer, or PDA. “There are all kinds of things you can download on to your PDA that will help you in your practice, like a mobile physician’s desk reference,” he says.

■ **Hire help.** Dr. Godley frequently uses a personal concierge to perform tedious time-consuming tasks such as picking up laundry or walking the dog.

“You have to love what you do and be happy with your setup,” Dr. Godley says. “You spend so much time doing it and it’s such a focal point of your life.”

Some physicians have trouble breaking bad habits that eat up valuable time, says Randy R. Bauman, president of Delta Health Care, a national healthcare consulting firm in Brentwood, Tenn.

He recalls one physician who was experiencing trouble with his practice’s electronic medical record system because it required him to use a template for his notes. But this physician was more accustomed to dictating not only notes, but also his thought process on how he arrived at each medical decision.

“He didn’t trust his mind to remember the consistency of how he deals with patients,” he says. “It was total overkill. It was probably very repetitive. It was ridiculous. The EMR templates are there to help you speed up.”

Poor office layout can also result in lost time. For example, is your sample closet located in the most convenient spot in your office? Mr. Bauman recalls another physician client who stored

his samples in a closet at the other end of the exam rooms. When he needed to get a sample to give a patient, he would walk across the office to the sample closet, passing the nursing station on the way. He would frequently get interrupted with questions or phone messages or be asked to sign some type of order form. By the time he returned with the samples—anywhere from five to 15 minutes might have passed—he had lost touch with the patient.

The response to this problem requires a classic time-management solution: store supplies or samples in areas close to exam rooms so you can quickly and easily retrieve them.

Another idea: many practices still don't use a prescription pad with carbonless copies. Physicians write out the prescription, then write the same information in the patient's chart. It would save time if all prescriptions were written just once. The duplicate copy could then be attached or inserted into the patient's chart.

Mr. Bauman advises doctors not to be “penny-wise, pound foolish” regarding the break-even cost of a medical assistant. “In most primary-care practices, the cost would equal seeing one to two patients a day, depending upon what type of ancillary services they offer in the office that can drive up their collections,” he says, adding that many doctors still observe the one-doctor, one-nurse rule. “That may make sense in an internal medicine practice where the physician sees 22 patients a day. But it may not make any sense at all in a practice where the physician sees 30 to 40 patients a day.”

He explains that an additional medical assistant may be well worth the salary because he or she can actually help the physician see more patients and handle tasks that may be performed by the physician or other clinical staff. For example, the assistant can schedule tests, call in prescriptions, take vital signs and document each patient's chief complaint, saving physician time. The most productive primary-care practices he knows have three

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to four nurses or medical assistants per physician.

Consistency is necessary in group practices where physicians see each other's patients. Mr. Bauman says that this is an area where doctors hate to enforce rules. Consider new physicians, who always think they have a better, more efficient way of doing things while senior doctors roll their eyes, saying, "We already tried that."

Neither is right, says Mr. Bauman. He suggests standardizing all office procedures and systems as much as possible; otherwise different procedures will be followed by each physician. Consider using an electronic medical-record system, which features standardized templates.

But in all practices, he says, physicians and front desk staff must establish protocols and time allotments for patients. When patients call for an appointment, the scheduler needs to inquire about the nature of their visit. If patients say they have a cold that won't go away or a runny nose, schedulers know that's a 10-minute visit. If patients complain of more serious problems, then they must allow sufficient time for you to check out their symp-

Time Busters

Ever wonder where all of your time goes? Consider this 80-20 rule as it's applied to a physician's practice:

- 80% of patient complaints represent about 20% of your services.
- 80% of staff phone time with payers is spent on 20% of the plans.
- 80% of benefit comes from the first 20% of effort.
- 80% of decisions made in meetings come from 20% of the meeting time.
- 80% of a manager's interruptions come from 20% of the people.
- 80% of your staff headaches come from 20% of the staff.
- 80% of your partner headaches are generated by 20% of your partners.
- 80% of a problem can be solved by identifying the correct 20% of the issues.
- 80% of instruction time is taken by 20% of the staff.
- 80% of your phone calls are to 20% of your phone list.
- 80% of your most valuable work is generated during 20% of your working hours.

Source: Keith Borglum, a medical management consultant at Professional Management & Marketing, Santa Rosa, Calif. (www.practicemgmt.com).

toms and make an accurate diagnosis.

Many physicians also struggle with how they can see 40 or 50 patients on any given day and spend adequate time with them.

“I see primary-care doctors who see 80 patients a day who developed the ability to make the patients feel—even though they were in the room for five to six minutes—that they spent 20 minutes with them,” Mr. Bauman says, citing their “mannerisms, body language, looking at them with an open stance, looking them in the eye.”

Dr. Baum says that he sees six to seven patients an hour, spending an average of five minutes with each patient. Yet his patient satisfaction surveys are in the 97 percent to 98 percent range.

How does he do it? He points to a variety of ways. While waiting, patients watch educational videos of Dr. Baum explaining their specific medical problem. He also

never discusses their medical condition with undressed patients. He says that if they’re worried about their dignity, they’re not listening to him. When he talks with patients, he never looks at their chart. He’s sitting down, establishing eye contact. All of his focus is on them.

“If you can see 20 percent to 30 percent more people as a result of this kind of efficiency, it’s worthwhile to do,” says Dr. Baum, adding that he’s home by 5:00 in the afternoon every day.

Rick Carter knows some ophthalmologists who are capable of performing eye exams in 10 minutes instead of the usual 15 or 20 minutes. Mr. Carter is senior managing director of Phase 2 Consulting in Salt Lake City and has consulted with physicians for approximately 17 years. The difference, he says, is that these physicians can be sociable, develop immediate rapport with patients and be technically appropriate with their medical process or procedures.

Many physicians spend between five and eight minutes seeing each patient, Mr. Carter says. But then there will be one or two patients who demand an exorbitant amount of time, which can

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throw the practice off schedule. What usually happens is that patients make an appointment for one problem but want to discuss three more. When this occurs, he says, physicians must focus on the one problem and ask the patient to reschedule another time to address the other two issues.

Yet, Mr. Carter says, the most popular billing code for primary-care physicians is 99213, which is for an established patient visit and has an expected time of 15 minutes. But when doctors see patients quicker, does that mean their process is faster? Are they establishing rapport with patients? Are they listening to their issues, explaining the problem, making a connection?

Mr. Carter advises physicians to review time-management practices by recording five different time components with each patient:

- The receptionist writes down the time each patient checks in at the front counter.
- The nurse or medical assistant records what time the patient was brought into the exam room.
- Next, the physician writes down the time he saw the patient.
- Then the medical assistant writes down what time the patient is taken out of the room.
- Lastly, the checkout receptionist writes what time the patient checked out.

After a month of recording this data, analyze it to see if the patients came in when they were scheduled, how long they waited in the waiting room, how long they waited for the doctor and how much time you spent with them. “What you’ll find is that the amount of face time the physician has may be five minutes out of one and three-quarter hours,” Mr. Carter says. “That’s what makes them irritated.”

He believes that all primary-care physicians need a good list of referring physicians so that when patients begin to talk about their second or third health concern, they can be referred to a specialist, if warranted. If you want to delve into complex matters, Mr. Carter advises you to schedule your patient visits for longer than 10 or 15 minutes.

During his years as a physician consultant, Mr. Carter has noticed that doctors who complete charting and return calls in between patients tend to code more accurately and have higher reimbursements than those who wait until the end of day. If you

wait, you risk forgetting the details of the patient visit and down-coding as a result.

Also avoid scheduling meetings of any kind on your busiest day, which is probably Monday. On those days consider offering extended hours, such as from 7 a.m. until 8 p.m., he says, adding that you probably could fill every time slot. That way, you may be able to shave off time elsewhere during the week when it's slower.

Likewise, find ways to reduce the number of patient callbacks. Mr. Carter says that physicians who have a huge amount of callbacks are those who give very little patient face time and don't provide clear or thorough instructions. If you track the number of calls a practice gets, about half are actually return calls because the patient's first call wasn't

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returned, he says. So returning calls quickly and answering patient questions while they're in the exam room is an effective way to reduce callbacks.

Another time-saving technique is hanging big clocks in every exam room, hallway and waiting room. Some of his clients have said, "Oh no, don't do that because the patient will just sit there and watch it." While that may be true, patients will also realize that they've been waiting only five minutes for the doctor, even though it felt like 15.

The clock also helps physicians monitor their time. They can choose whether to address the patient's multiple concerns or stick to their schedule. As a result, a nurse or medical assistant doesn't have to interrupt the patient encounter to remind the doctor that other patients are waiting.

"Ten percent of the practices I've been in have a process where physicians get in too deep and the nurse walks in to prompt them to move to the next patient," says Mr. Carter. "The problem with that is usually at that moment, they're very involved with the patient and it's very intrusive. It's very anti-customer-service."