

# Creating the Peak Performance Office

The medical practice office staff is the engine that moves your office's operations. It molds how the practice is perceived by your patients, as well as by other physicians' offices, hospitals, and other entities that interact with it. A strong, well-trained, and motivated staff can help a medical practice thrive. An unhappy, unmotivated, and inadequately trained staff can create significant problems for the business.

## Fast Facts



- ▲ *Make sure your employees pass the test—before they start the job. Consultants recommend personality tests, spelling tests, math tests, or background checks for applicants, depending on the position for which they are being considered. Page 93*
- ▲ *Troubleshooting skills, keen business sense, knowledge of the healthcare industry—these are a few of the qualities of a good office manager. Page 94*
- ▲ *Think all your employees want from you is a paycheck? Think again. Money didn't even make the top-five list of what people are looking for in a job. Page 100*

Staffing an office brings up many questions: How do you find the right people? How many should you hire? And how do you train, motivate, and inspire them to do the best job possible? Yvonne Martin, CEO of BMG Now, a Newbury Park, Calif., medical consulting practice, faces these questions every day. Ms. Martin conducts operational reviews, staff training, and other management consulting functions for medical practices throughout the United States.

# A POWERFUL SSRI that's well tolerated

#1  
PRESCRIBED  
SRI  
BY PSYCHIATRISTS<sup>1</sup>

For **DEPRESSION**  
and **ANXIETY**

**UP TO 90%** of depressed patients  
present with symptoms of anxiety<sup>2</sup>

**PROVEN EFFICACY** for Major Depressive Disorder  
and Generalized Anxiety Disorder<sup>3</sup>

**Lexapro**  
escitalopram oxalate   
**POWER TO ENJOY LIFE™**

**IMPORTANT SAFETY INFORMATION** – Depression is a serious condition that can lead to suicidal thoughts and behavior. Antidepressants increased the risk of suicidal thinking and behavior (2% to 4%) in short-term studies of 9 antidepressant drugs in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Patients started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior, especially at the beginning of therapy or at the time of dose changes. This risk may persist until significant remission occurs. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Lexapro is not approved for use in pediatric patients.

Lexapro is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs), pimozide (see DRUG INTERACTIONS – Pimozide and Celexa), or in patients with hypersensitivity to escitalopram oxalate. As with other SSRIs, caution is indicated in the coadministration of tricyclic antidepressants (TCAs) with Lexapro. As with other psychotropic drugs that interfere with serotonin reuptake, patients should be cautioned regarding the risk of bleeding associated with the concomitant use of Lexapro with NSAIDs, aspirin, or other drugs that affect coagulation. The most common adverse events with Lexapro versus placebo (approximately 5% or greater and approximately 2x placebo) were nausea, insomnia, ejaculation disorder, somnolence, increased sweating, fatigue, decreased libido, and anorgasmia.

**References:** 1. IMS National Prescription Audit. May 2005. 2. Sadock BJ, Sadock VA. *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. 9th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2003:552. 3. LEXAPRO [package insert]. St Louis, Mo: Forest Pharmaceuticals, Inc.; 2006.

Please see brief summary of prescribing information for LEXAPRO on following page.

©2005 Forest Laboratories, Inc. 41-100638R1 6/05

Visit the LEXAPRO website at [www.lexapro.com](http://www.lexapro.com)

# LEXAPRO® (escitalopram oxalate) TABLETS/ORAL SOLUTION

Brief Summary: For complete details, please see full prescribing information for Lexapro.

Rx Only

**Suicidality in Children and Adolescents** Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of Lexapro or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Lexapro is not approved for use in pediatric patients. (See Warnings and Precautions: Pediatric Use, Pooled Analysis of Short-Term (4 to 16 weeks) placebo-controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with major depressive disorder (MDD), obsessive compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4000 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. No suicides occurred in these trials.

**CONTRAINDICATIONS** Concomitant use in patients taking monoamine oxidase inhibitors (MAOIs) is contraindicated. (See WARNINGS.) Concomitant use in patients taking pimozide is contraindicated. (See Drug Interactions.) Lexapro is contraindicated in patients taking escitalopram or other antidepressants. **WARNINGS: Clinical Worsening and Suicide Risk**—Clinical Worsening and Suicide Risk in Patients with Major Depressive Disorder (MDD), both in adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. There has been a long-standing concern that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients. Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Pooled analyses of short-term placebo-controlled trials of 9 antidepressant drugs (SSRIs and others) in children and adolescents with MDD, OCD, or other psychiatric disorders (a total of 24 trials involving over 4000 patients) have revealed a greater risk of adverse events representing suicidal behavior or thinking (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. There was considerable variation in risk among drugs, but a tendency toward an increase for almost all drugs studied. The risk of suicidality did not consistently observed in the MAOI trials, but there are signals of risk arising from some trials in other psychiatric indications, including obsessive compulsive disorder (OCD) as well. **No suicides occurred in any of these trials.** It is unknown whether the suicidality risk in pediatric patients extends to longer-term use. In adults, beyond several months, it is also unknown whether the suicidality risk extends to adults. **All pediatric patients being treated with antidepressants for any indication should be observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.** Such observation would generally include at least weekly face-to-face contact with patients or their family members or caregivers during the first 4 weeks of treatment, then every other week visits for the next 4 weeks, then at 12 weeks, and as clinically indicated beyond 12 weeks. Additional contact by telephone may be appropriate between face-to-face visits. Adults with MDD or co-morbid depression in the setting of other psychiatric illness being treated with antidepressants should be observed similarly for clinical worsening and suicidality, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other psychiatric disorders. Although antidepressant medications can be helpful in the treatment of some of these symptoms, they can worsen others, especially the symptoms of irritability and hostility. Although the extent to which these symptoms may be exacerbated by antidepressant treatment has not been established, there is concern that such symptoms may represent precursors to emerging suicidality. Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that abrupt discontinuation can be associated with certain symptoms (see PRECAUTIONS and DOSAGE AND ADMINISTRATION—Discontinuation of Treatment with Lexapro, in full prescribing information for a description of the risks of discontinuation of Lexapro). Families and caregivers of pediatric patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for emergence of agitation, irritability, or hostility, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers who should include a careful observation by family and caregivers. Prescriptions for Lexapro should be written for the smallest quantity consistent with good patient management, in order to reduce the risk of overdose. Families and caregivers of adults being treated for depression should be similarly advised. **Screening Patients for Bipolar Disorder:** A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms described above represent such a conversion is unknown. However, prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression. It should be noted that Lexapro is not approved for use in treating bipolar depression. **Potential for Interaction with Monoamine Oxidase Inhibitors in patients receiving serotonin reuptake inhibitor drugs in combination with a monoamine oxidase inhibitor (MAOI):** The potential for serious adverse reactions (e.g., hypotension, autonomic instability, rigidity, myoclonus, autonomic hyperreflexia) has been reported in patients receiving MAOIs in combination with antidepressants. **MAOIs:** MAOIs should be avoided in patients with mental status changes that include extreme agitation, pressing to delirium and coma. These reactions have also been reported in patients receiving MAOIs in combination with Lexapro. **Discontinuation of Treatment with Lexapro:** Discontinuation of treatment with Lexapro should be avoided in patients with MAOI. Some cases presented with features resembling neuroleptic malignant syndrome. Furthermore, limited animal data on the effects of combined use of SSRIs and MAOIs suggest that these drugs may act synergistically to elevate blood pressure and evoke behavioral excitation. Therefore, it is recommended that Lexapro should not be used in combination with an MAOI, or within 14 days of discontinuing treatment with an MAOI. Similarly, at least 14 days should be allowed after stopping Lexapro before starting an MAOI. Serotonin syndrome has been reported in two patients who were concomitantly receiving linezolid, an antibiotic which is a reversible non-selective MAOI. **Serotonin Syndrome:** The development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including Lexapro treatment, particularly with concomitant use of serotonergic drugs (including triptans) and with drugs which impair metabolism of serotonin (including MAOIs). Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, coma), autonomic instability (e.g., tachycardia, labile blood pressure, hyperthermia), neuromuscular aberrations (e.g., hyperreflexia, incoordination) and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). **Discontinuation of Treatment with Lexapro:** Discontinuation of treatment with Lexapro should be avoided in patients with MAOI. **CONTRAINDICATIONS:** Concomitant use with MAOIs is contraindicated. (See WARNINGS—Serotonin Syndrome.) **General Precautions:** Patients should be advised that Lexapro may interact with other drugs. **Drug Interactions:** The concomitant use of Lexapro with serotonergic precursors (such as tryptophan) is not recommended. (See PRECAUTIONS—Drug Interactions.) **PRECAUTIONS Information for Patients:** Patients should be cautioned about the risk of serotonin syndrome with the concomitant use of Lexapro and triptans, tramadol or other serotonergic agents. **Drug Interactions Serotonergic Drugs:** Based on the mechanism of action of SNRIs and SSRIs including Lexapro, and the potential for serotonin syndrome, caution is advised when Lexapro is coadministered with other drugs that may affect the serotonergic neurotransmitter systems, such as triptans, linezolid (an antibiotic which is a reversible non-selective MAOI), lithium, tramadol, or St. John's Wort. (See WARNINGS—Serotonin Syndrome.) The concomitant use of Lexapro with other SSRIs, SNRIs or tryptophan is not recommended. (See PRECAUTIONS—Drug Interactions.) **Triptans:** There have been rare postmarketing reports of serotonin syndrome in patients taking an SSRI and a triptan in concomitant treatment of Lexapro with a triptan in the treatment of migraine. Patients should be advised to avoid triptans when initiating or increasing Lexapro treatment. **Discontinuation of Treatment with Lexapro:** Discontinuation of treatment with Lexapro with a history of mania/psychosis, anti-inflammatory drug (NSAID) or aspirin potentiated the risk of bleeding (see Drug Interactions). Although these studies focused on upper gastrointestinal bleeding, there is reason to believe that bleeding at other sites may be similarly potentiated. Patients should be cautioned regarding the risk of bleeding associated with the concomitant use of Lexapro with NSAIDs, aspirin, or other drugs that affect coagulation. **Hyponatremia:** Cases of hyponatremia and SIADH (syndrome of inappropriate antidiuretic hormone secretion) have been reported in association with Lexapro treatment. All patients with these events have recovered with discontinuation of escitalopram and/or medical intervention. Hyponatremia and SIADH have also been reported in association with other marketed drugs effective in the treatment of major depressive disorder. **Activation of Mania/Hypomania:** In placebo-controlled trials of Lexapro in major depressive disorder, activation of mania/hypomania was reported in one (0.1%) of 715 patients treated with Lexapro and in none of the 592 patients treated with placebo. One additional case of hypomania has been reported in association with Lexapro treatment. Activation of mania/hypomania has also been reported in a small proportion of patients with major affective disorders treated with racemic citalopram and other marketed drugs effective in the treatment of major depressive disorder. **Interference with Cognitive and Motor Performance:** Lexapro 10 mg/day did not produce impairment of intellectual function or psychomotor performance. Because any psychoactive drug may impair judgment, thinking, or motor skills, however, patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that Lexapro therapy does not affect their ability to engage in such activities. **Use in Patients with Concomitant Illness:** Clinical experience with Lexapro in patients with certain concomitant systemic illnesses is limited. Caution is advisable in using Lexapro in patients with diseases or conditions that produce altered metabolism or hemodynamic responses. Lexapro has not been systematically evaluated in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were generally excluded from clinical studies during the product's premarketing testing. In subjects with hepatic impairment, clearance of racemic citalopram was decreased and plasma concentrations were increased. The recommended dose of Lexapro in hepatically impaired patients is 10 mg/day. (See DOSAGE AND ADMINISTRATION in full prescribing information.) Because escitalopram is extensively metabolized, excretion of unchanged drug in urine is a minor route of elimination. Until adequate numbers of patients with severe renal impairment have been evaluated during chronic treatment with Lexapro, however, it should be used with caution in such patients. (See DOSAGE AND ADMINISTRATION in full prescribing information.) **Drug Interactions CNS Drugs—** Given the primary CNS effects of escitalopram, caution should be used when it is taken in combination with other centrally acting drugs. Alcohol—Although Lexapro did not potentiate the cognitive and motor effects of alcohol in a clinical trial, as with other psychotropic medications, the use of alcohol by patients taking Lexapro is not recommended. Monoamine Oxidase Inhibitors (MAOIs)—See CONTRAINDICATIONS and WARNINGS. **Drugs That Interfere with Hemostasis (NSAIDs, Aspirin, Warfarin, etc.)** Serotonin release by platelets plays an important role in hemostasis. Epidemiological studies of the case-control and cohort design that have demonstrated an association between use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) and an increased risk of bleeding events have also been reported in patients with a history of mania. **Serotonins** should be cautioned about the use of such drugs concurrently with Lexapro. **Cimetidine:** In subjects who had received 21 days of 40 mg/day racemic citalopram, combined administration of 400 mg/day cimetidine for 8 days resulted in an increase in citalopram AUC and  $C_{max}$  of 43% and 39%, respectively. The clinical significance of these findings is unknown. **Digoxin:** In subjects who had received 21 days of 40 mg/day racemic citalopram, combined administration of citalopram and digoxin (single dose of 1 mg) did not significantly affect the pharmacokinetics of either citalopram or digoxin. **Lithium:** Co-administration of racemic citalopram 40 mg/day for 10 days and lithium 300 mg/day for 5 days had no significant effect on the pharmacokinetics of citalopram or lithium. Nevertheless, plasma lithium levels should be monitored with appropriate adjustment to the lithium dose in accordance with standard clinical practice. Because lithium may enhance the serotonergic effects of escitalopram, caution should be exercised when Lexapro and lithium are coadministered. **Pimozide and Celecoxib:** In a controlled study, a single dose of pimozide 2 mg co-administered with racemic citalopram 40 mg given once daily for 11 days was associated with a mean increase in QTc values of approximately 10 msec compared to pimozide given alone. Racemic citalopram 40 mg given once daily for 11 days did not affect the pharmacokinetics of pimozide. The mechanism of this pharmacodynamic effect is not known. **Theophylline:** Theophylline, given in combination with Lexapro, had no effect on the pharmacokinetics of theophylline. **Warfarin:** Administration of 40 mg/day racemic citalopram for 21 days did not affect the pharmacokinetics of warfarin, a CYP3A4 substrate. Prothrombin time was increased by 5%, the clinical significance of which is unknown. **Carbamazepine:** Combined administration of racemic citalopram 40 mg/day for 14 days and carbamazepine (titrated to 400 mg/day 35 days) did not significantly affect the pharmacokinetics of carbamazepine, a CYP3A4 substrate. Although trough citalopram plasma levels were unaffected, given the enzyme-inducing properties of carbamazepine, the possibility that carbamazepine might increase the clearance of escitalopram should be considered if the two drugs are coadministered. **Triazolam:** Combined administration of racemic citalopram 40 mg/day for 14 days and triazolam 0.25 mg given once daily for 14 days did not affect the pharmacokinetics of triazolam. **Fluoxetine:** Combined administration of racemic citalopram 40 mg and fluoxetine (200 mg) did not significantly affect the pharmacokinetics of citalopram. **Ritonavir:** Combined administration of a single dose of ritonavir (600 mg), both a CYP3A4 substrate and a potent inhibitor of CYP3A4, and escitalopram (20 mg) did not affect the pharmacokinetics of either ritonavir or escitalopram. **CYP3A4 and -2C19 Inhibitors:** In *in vitro* studies indicated that CYP3A4 and -2C19 are the primary enzymes involved in the metabolism of escitalopram. However, coadministration of escitalopram (20 mg) and ritonavir (600 mg), a potent inhibitor of CYP3A4, did not significantly affect the pharmacokinetics of escitalopram. Because escitalopram is metabolized by multiple enzyme systems, inhibition of a single enzyme may not appreciably decrease escitalopram clearance. **Drugs Metabolized by Cytochrome P450206:** In *in vitro* studies did not reveal an inhibitory effect of escitalopram on CYP2D6. In addition, steady state levels of racemic citalopram were not significantly different in poor metabolizers and extensive CYP2D6 metabolizers after multiple-dose administration of citalopram, suggesting that coadministration with escitalopram, of a drug that is a CYP2D6 substrate, is not expected to affect the pharmacokinetics of escitalopram. **CYP2D6 and CYP2C19 Inhibitors:** In *in vitro* studies, escitalopram was not significantly affected by either escitalopram or poor metabolizers of escitalopram (20 mg/day for 21 days) with the tricyclic antidepressant desipramine (single dose of 50 mg), a substrate for CYP2D6, resulted in a 40% increase in  $C_{max}$  and a 100% increase in AUC of desipramine. The clinical significance of this finding is unknown. Nevertheless, caution is indicated in the coadministration of escitalopram and drugs metabolized by CYP2D6. **Metoprolol:** Administration of 20 mg/day Lexapro for 21 days in healthy volunteers resulted in a 50% increase in  $C_{max}$  and 82% increase in AUC of the beta-adrenergic blocker metoprolol (given in a single dose of 100 mg). Increased metoprolol plasma levels have been associated with decreased cardioselectivity. **Co-administration of Lexapro and metoprolol had no clinically significant effects on blood pressure or heart rate.** **Electroconvulsive Therapy (ECT):** There are no clinical studies of the combined use of ECT and escitalopram. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** **Carcinogenesis:** Racemic citalopram was administered in the test to NMR1/BOM strain mice and CDBS W strain rats for 18 and 24 months, respectively. There was no evidence for carcinogenicity of racemic citalopram in mice receiving up to 240 mg/kg/day. There was an increased incidence of small intestine carcinoma in rats receiving 8 or 24 mg/kg/day racemic citalopram. A



“Finding the right people—who are mature and able to help you build your practice—takes some work, but it is possible and can greatly ease much of the pressure on physicians,” she says.

One of the first questions practice owners or managers need to answer when making hiring decisions is how large a staff is needed. That is something Ms. Martin often helps practices determine.

“Usually, it’s determined by the number of physicians and the volume of patients. You can try to use a formula, but it doesn’t always work this way. However, generally speaking, you try to hire three full-time employee equivalents per physician,” she advises.

This can change when the practice grows and has multiple sites, she says. Depending on how many people the physician has on staff, there may be a need for more people to fully manage both locations. Even when the physician is not at a particular site, you need to have presence or some system of answering patient calls, maintaining records, and ensuring that the location is properly stocked and secured.

Ms. Martin says that most practices need an office manager, if not a full-time office administrator, to manage the day-to-day details of staff scheduling, administrative decisions, and other details that are necessary for a well-run practice.

“If doctors are getting caught up in the minutiae of when people need time off, when to take lunches, what time someone should come in each day, watching for overtime, then they’re losing their ability to deal with patients,” says Ms. Martin. “You need an office supervisor or at least someone whose job it is to handle those things so that the doctor’s time isn’t spent making small decisions, but working with patients.”

## **The Right Staff**

Of course, finding the right people is a big job, and one that should not be taken lightly. The office staff, from nurses to receptionists to bookkeepers, will play a big role in how patients feel about the practice. Patients generally spend more time interacting with these people than they do with their physician.

So how do you find good people? John Philips, president of PivotHealth, a practice management company based in Brentwood, Tenn., says that there are a few basics that are often missed by physicians when planning their staffing needs, basics

that can make a big difference in how well a practice runs. These basics include pay, personality, and performance.

First, he advises researching the pay scale in your marketplace and paying at the slightly high end of the scale. “Don’t start by paying under the market. If you’re paying another dollar per hour, you’ll start off with a better pool of people,” he says.

He also recommends making sure that the person you’re considering has the right personality for the job at hand. “If you’re hiring a nurse who will interact with every patient, make sure that you’re getting the personality necessary for that job,” he

**“If you’re hiring a nurse who will interact with every patient, make sure that you’re getting the personality necessary for that job,” Mr. Phillips advises. Anyone who will have a great deal of interaction with patients should be comfortable in that role.**

advises. Anyone who will have a great deal of interaction with patients should be comfortable in that role. It doesn’t mean that you should only hire extraverts for your office, but your staff should be able to deal with people appropriately, even during periods of high activity and stress.

There is a variety of tests that can help you match the applicant to the proper job, from basic skills tests to personality assessments or employment tests. Mr. Phillips says that it’s relatively easy and inexpensive to give these tests and assessments to prospective hires to help you determine, beyond the interview, what personality, skill strengths, and weaknesses the individual might have.

Ms. Martin agrees. When assisting practices with hiring new employees, she uses employment testing products from Wonderlic, Inc., a human resources solution company based in Illinois, to help test aptitude in various areas. In addition, she gives the candidates spelling tests. While spelling may not be a skill that immediately comes to mind, it’s important that the candidate be careful when spelling names of various pharmaceuticals and have a general ability to communicate in writing, especially if he or she will be corresponding with other entities within or outside of the office. Candidates for billing positions receive math tests, and those who will be filing get quizzed on alphabetization, since a misfiled chart can throw an office into chaos. Candidates who will be involved in coding are tested on how

they would code various items, including which ones require modifiers.

Ms. Martin also asks for both personal and business references. “The business references are obvious. Usually the personal references are friends, but if the individual can’t come up with two or three personal references, that might be cause for concern,” she says.

Finally, in this era of information being just a click away, background checks may be a good idea. Ms. Martin uses one of the many background-check services available online where, for \$55, she receives a report about basic law infractions, including traffic violations, as well as lawsuits, more major offenses, civil judgments, and the like. She says that, in addition to telling you how the individual conducts himself or herself on a day-to-day basis, background checks can provide a measure of protection for the doctor.

“Some people are very litigious these days,” she says. “When you see that this person has been involved in more than one civil crime or has sued if a job doesn’t work out for whatever reason, and if that personality trait doesn’t fit with your practice, then you might reconsider hiring.”

## Hiring an Office Manager

Your office manager or administrator is the central person overseeing business operations. Jim Ehlen, M.D., an endocrinologist who is now a healthcare facility consultant with Halleland Health Consulting in Minneapolis, learned the importance of this position when he was in a private-practice partnership. When he and his two internist partners found that daily decisions and administration were taking away from their ability to treat patients, they realized it was time to find an administrative point person for their office.

“It was a vivid lesson,” he recalls. “We realized that the business of our practice was being run by decisions made on Tuesday nights, after a long day of work. How many other 3- to 4-million dollar practices are run like that? I think the answer to when you need an office manager is when you realize that the time and attention and decision-making could be improved.”

Dr. Ehlen and his colleagues started searching for someone to

manage the business end of the practice, leaving them free to devote more time to their patients. That experience, in addition to his own consulting experiences, has given him a short list of qualities to seek in a good office manager or administrator:

■ **Good business training and experience.** The individual should have appropriate training for the job at hand. While some office managers are charged with simply overseeing the day-to-day aspects of the practice, an office administrator for a larger or growing practice should act as a mini-CEO, understanding how the business functions, including revenue and cost centers. In addition to setting up chains of command and overseeing the day-to-day function of the business, Dr. Ehlen says, the individual should be able to develop a strategic plan for the office, determining what it needs to grow and flourish.

■ **Independence and self-motivation.** A physician hires an

### Application Checklist

Ready, set, interview! Before you start quizzing potential job candidates about why they want to work for you, be sure you have all of the information and tools that you need to make an informed decision, says Suzanne Rey, human resources consultant and president of the Rey Edwards Group, a human resources consulting firm based in El Cajone, Calif.

- \_\_\_ Completed application, including current area of residence and contact information
- \_\_\_ Work history, including dates of employment
- \_\_\_ Contact information of previous employers
- \_\_\_ Resume, if applicable
- \_\_\_ List of qualifications you are seeking for the job
- \_\_\_ Referral source of the applicant (e.g., newspaper ad, recommended by colleague, etc.)
- \_\_\_ Expected salary range of applicant
- \_\_\_ List of three to four references, with contact information
- \_\_\_ List of questions to ask the candidate

office manager or administrator so that person can manage the business and personnel issues of the business. Therefore your office manager or administrator should be comfortable making decisions independently within a clear framework that has been established with the physician or physician partners.

■ **Understanding of medical office regulations.** Dr. Ehlen says that an appreciation for the current regulatory environment of today's medical practices is important in an office manager or administrator. "It's getting to be a more and more complicated world. Adapting to changes in regulations is just part of the reality. This person needs to understand the requirements for what changes are being forced on the practice, whether it's reimbursement, interacting effectively with payers or health plans, or other changes," he says. "Done well, managing these changes can make all the difference in the satisfaction of the practice, the profitability, and the team."

■ **Troubleshooting ability.** The person who manages the office needs to be able to identify problem areas in the practice—whether it's overscheduling, excessive waste, or a need to attract

## Interview Questions

Beyond asking where they were last employed and why they want to work for your practice, the following interview questions can prove extremely helpful when you're considering a prospective staff member, says Yvonne Martin, CEO of BMG Now, a Newbury Park, Calif., medical consulting practice.

■ **Where have you been employed in the past?** Asking about a person's work history can yield a great deal of information about the person. A spotty work history could be problematic, or it could be easily explained for valid reasons.

■ **What do you do in your spare time?** The answer to this question can be very telling. The person may spend time volunteering or be involved in a hobby. Look for people who have interests outside of work, says Ms. Martin.

■ **Are you employed anywhere else?** If the person is working part-time elsewhere, you need to know about that. "You might find someone who says they work at night for extra money. That may be fine with you, but is this person going to be too tired to get to work in the morning?"

more patients—and identify solutions.

Ms. Martin says that organizational skills and an ability to multitask are also important qualities to seek. “These are essential, because you often are working on charts or you’ve received a payment, the phone is ringing, and you have someone standing in front of you. You have to be able to deal with it all,” she says.

Ms. Martin also adds maturity to the list of essential characteristics. That’s not to say that the individual has to be of a certain age, she says. However, he or she should have experience dealing with different kinds of people and personalities, as well as having a levelheaded, strong approach to dealing with the sometimes stressful environment of a medical office. Physicians should take rigorous measures to ensure that the office manager is someone who is honest and who can maintain confidentiality, especially if the individual will have access to sensitive information about the business and/or patients.

Some practices run into problems when the administrator is hired and the partner physician or physicians do not want to relinquish control to the administrator. This is a mistake, says

These are conversations you should have upfront,” Ms. Martin explains.

Take some time to think about questions beforehand, she advises, instead of going into the interview cold. Think about what you really need to know about this person to decide if he or she is the right person for the job. Have someone else in the office interview the person, as well. For positions of great responsibility, such as a business manager or office administrator, you might invite a trusted colleague to interview the person, too, even if he or she is not involved with your practice. Be sure this is someone who is familiar with the needs of your office. Having multiple people interview the candidate will give you a broader base of information from which to make your decision.

Of course, your hiring approach and interview questions should remain in compliance with any state and Federal law that applies to your business. The Equal Opportunity Employment Commission Website at [www.eeoc.gov](http://www.eeoc.gov) provides a number of guidelines and information on the laws that affect your business. It’s always wise to check with your attorney to determine which questions and information can legally be included.

Dr. Ehlen. Once you find good administrative leadership, he advises letting go of control issues and maximizing this person's ability to lead. It doesn't make sense to hire (and pay) an individual for abilities that don't get used.

"Frequently, a physician may be the type who does not want to ask for help or give up control to an outsider," Dr. Ehlen explains. The physician who can master both the responsibilities of day-to-day tasks of running a business with the moment-to-moment needs of patient care is a "rare bird," says Dr. Ehlen. "It's better to find a way to let the administrator do [the business end of] the job."

That's not to say that you shouldn't have controls. Ms. Martin says that regular meetings to keep the physician partners abreast of the practice's happenings are important, as are regular financial reports to keep the partners informed of the financial health

### What Do Your Employees Really Cost?

If you're hiring a full-time employee for \$30,000 per year, that's not all that you pay. Employee taxes, benefits, vacation time, all add up. Use this worksheet to help you determine what your employees are really costing you.

Salary	\$ _____
Federal taxes	\$ _____
State taxes (if applicable)	\$ _____
Other state or local taxes	\$ _____
Worker's compensation insurance	\$ _____
Vacation time	\$ _____
Health insurance	\$ _____
Disability insurance	\$ _____
Life insurance	\$ _____
Retirement plan contribution	\$ _____
Other benefits	\$ _____
<b>Total Cost:</b>	<b>\$ _____</b>

of the business. It may also be a good idea to have your accountant review these reports and the business financials periodically as a series of checks and balances to ensure that the practice is growing, reinvesting, and compensating its people as it should.

Of course, compensation is a big part of getting and keeping the right people. While there is a great deal of research in the human resources sector that says that most people value other aspects of their jobs—autonomy, praise, satisfying work—more than money, it's only realistic to expect to pay more for good people.

But it doesn't make sense to pay more than you need to. How do you set your salaries so you can attract the right staffers without breaking the bank? Ms. Martin offers some tips:

- **Ask other practices what they're paying.** Sometimes getting the information you need is as simple as asking other physicians or medical practices in the area what they are paying. You can do this by phone or, better still, write a letter and include a questionnaire with the information you need along with a self-addressed, stamped envelope. Ms. Martin suggests offering an incentive, such as a free copy of the aggregate information from the survey, to those who respond.

- **Check with industry associations.** Ms. Martin says that the American Medical Group Association and other trade groups often issue salary reports that are broken down by geographic region; average salaries may vary considerably from one area of the country to another.

- **Talk to your consultant.** If you work with a medical-group management consultant, that person may be able to tap into contacts in his or her network to access salary information for various practices. Of course, getting information this way will cost you the consultant's rate for however long it takes.

## Rewards of the Job

Some employees may get a pat on the back or a plaque when they hit performance goals. When employees at the Nevada Center for Reproductive Medicine do an outstanding job, they go to the Caribbean.

Eight years ago, Russell Foulk, M.D., founder and director of the practice, was looking for ways to inspire his six employees

to reach new levels of customer satisfaction and help him grow the Nevada Center for Reproductive Medicine, based in Reno. So he set a series of goals based on the success rate of fertility treatments. That included the level of patient satisfaction.

“There is only so much that we can control, but we wanted our patients to feel that we had done everything possible, and that even if the fertility treatment was not successful, everything else was a positive experience,” he says.

If the office reached a goal of 45-percent patient satisfaction success, he would take the team to Disney World. If they reached a 50-percent success rate, he would take them on a Disney cruise. If they reached a success rate of 55 percent, he would take the entire office and their spouses on the cruise. The group went on a Disney cruise with their spouses that year.

Since then, the practice has picked themes around which it will measure performance, with exotic trips as the reward for attaining their goals. The group has traveled together on five cruises, where they also have meetings to discuss how they can improve patient care.

“Each year, we would increase the goal, then achieve that, too. It’s been an incredible incentive and has had an incredible impact on employee retention,” he says. Scott Whitten, M.D., among others, has joined the practice, which has doubled the number of employees including five nurses, three lab embryologists, two medical assistants, and three support staff members.

### What Employees Want

Bob Nelson, one of the authors of *1001 Ways to Reward Employees* (Workman Publishing, 1994), has researched the wants and needs of employees for years. His is among the research that has found that employees aren’t screaming, “Show me the money” when it comes to what makes them happy on the job. He found that the top five things employees want from their work are these:

1. Support and involvement in their jobs
2. Personal praise
3. Autonomy and authority to make decisions on the job
4. Flexible working hours
5. Opportunities to learn and develop

Not all practices need to go to such lengths to reward employee performance, but Mr. Phillips says that physicians should look at how they motivate their employees. He recommends starting with an annual employee satisfaction survey conducted by an outside research, marketing, or medical-practice consulting firm. This anonymous survey should allow employees to freely voice their frustrations and concerns, as well as indicate aspects of their work environment with which they are pleased.

“You can’t have an office manager—who will know everyone’s handwriting or see them handing in the survey—do it,” he advises. “It has to be anonymous, so it’s best to have an outside firm handle it.”

Creating an office environment that feels like a team atmosphere—as opposed to one where it’s the staffers vs the management and partners—is important for both productivity and patient relations. Regular staff meetings are good ways for your employees to bring up concerns in a more immediate fashion and engage in a group approach to resolving them. And, says Mr. Phillips, simply being approachable is an important factor in an office, one that many doctors overlook. Staff members should go through the chain of command when they have issues, but should also know that if a problem is not being resolved, their concerns are important to the partner physicians. Ms. Martin agrees and adds that being willing to pitch in and do what needs to be done creates a sense of teamwork among employees.

Nancy Elliott, M.D., oncologist and founder of the Montclair Breast Center, Montclair, N.J., is known for pitching in, cleaning exam rooms, and changing table paper when necessary. She also finds that making an effort to create a personal touch goes a long way when it comes to employee satisfaction. She makes it a point to learn the names of her employees’ spouses and children, and to remember important events that are going on in their lives. “One thing I’ve learned is that employees aren’t always looking for the highest pay,” she says. “They’re looking for a job where they feel that the people around them know who they are. When you bump into them in the hallway, and know what’s going on in their lives, it makes them feel good, makes them feel you care,” she says.

Ms. Martin also says that physicians and administrators need

to show appreciation for the effort shown by staff members. Small tokens—a coffee gift card or a simple handwritten note—are often greatly appreciated by employees who have gone the extra mile.

“I recommend that every morning physicians come in and walk through the office and say good morning to every person

**“One thing I’ve learned is that employees aren’t always looking for the highest pay,”** Dr. Elliot says. **“They’re looking for a job where they feel that the people around them know who they are. When you bump into them in the hallway, and know what’s going on in their lives, it makes them feel good, makes them feel you care,”** she says.

working for them, by name. And at the end of the day, thank them for their hard work,” says Ms. Martin. “On days when something unexpected happens—which can often happen with surgeons—or if there’s a stressful situation such as an equipment malfunction, and a doctor is stressed out or short with the employee, once they have cooled down, be sure to say,

‘Thank you for handling that; I’m sorry it was a stressful time.’ Good employees will stick with you through anything if you acknowledge they’re doing their absolute best and you appreciate their good work.”

While some doctors may worry that creating too close a bond with employees will lead to employees’ taking advantage of the situation, Ms. Martin says that having proper channels of command can help mitigate that problem. It’s more of an issue when the doctor has too many direct reports and is spread too thin among his or her responsibilities. If there is an objective manager who can pay attention to the details to ensure that no one is taking vacation time to which he or she is not entitled or inadvertently being shown favorable treatment, the issue of employees’ taking advantage of an easygoing office environment is less of a problem.

“You don’t have to be friends with your employees, and often that’s a mistake,” says Ms. Martin. “But you do have to have a mutual respect in order for the employer-employee relationship to work best.”

## Training Needs

Staff members are going to need training when they first join

your practice and throughout their tenure. Dr. Foulk has his staff spend an hour or two per day learning the physiology of reproduction when they first join the practice. The rest of the time, new staff members shadow another employee to learn the specific job as well as the office culture and the behavior and participation expected of all employees. The process can last for several weeks, but it's worth the time and effort.

To make these training sessions less intimidating and to further engage the new employee, each is assigned to an office mentor. This is usually the person whom the new employee is shadowing. However, the relationship goes one step further.

"It's like having an older sibling that you can always rely on to be your friend and mentor, to tell you how things are and give you advice," he explains.

In order to maintain compliance with Federal requirements, all healthcare workers need to receive training as prescribed by the Occupational Health and Safety Administration (OSHA) and the Health Insurance Portability and Accountability Act (HIPAA). Often, says Ms. Martin, offices use DVDs or tapes for some training, or there are manuals that can be purchased. The American Medical Association is a good resource to learn which staff members need training, and to learn where to obtain training guidelines and materials necessary to properly inform your staff.

In addition, nurses, lab technicians, and other clinicians need to participate in continuing education so that they learn about the latest advances in their fields; some may also need to accrue a specific number of continuing education credits to maintain their licenses. Trade associations are a great place to learn about new developments and training opportunities, says Ms. Martin. Each practice should include a training budget based on the size of the staff and the training requirements of the job each person does. For example, a bookkeeper may need to attend a one-day accounting software training session costing a few hundred dollars, while clinicians who are learning a new electronic medical records system may need to devote several days and thousands of dollars to those training requirements. Ms. Martin advises practices to forecast training needs each year and to calculate the costs to avoid unpleasant budgetary surprises.

## Communication is Key

Working together requires communication. However, in the sometimes hectic environment of a medical office, it takes conscious effort to keep those lines of communication open. This is especially crucial in staff scheduling and planning time off and vacations.

Dr. Foulk's practice employs a clinical coordinator who is in charge of staff scheduling and managing the number of hours that employees work. Employees notify the clinical coordinator of upcoming vacations or necessary leaves, which are assigned in order of the request. During busy periods, there may be a moratorium placed on vacation time, since the office needs all employees present to manage the workload.

When employees need time off from Dr. Foulk's practice, they are also responsible for finding a suitable replacement to do their work while they're gone. The employee usually asks another team member to fill in while he or she is gone before requesting the vacation time.

"Employees usually want to cover for someone else, because that way it's more likely that someone will be willing to cover for them when they need to take time off," explains Dr. Foulk. "Of course, when there's an emergency, everyone pitches in to do what needs to be done."

Having written policies and procedures can help staff clearly understand the rules of the practice and prevent misunderstandings that can cause problems.

■ **Policy manual.** A policy manual can be helpful in explaining everything from vacation allotments to health benefits to workplace expectations. Your policy manual should make clear all rules and policies that employees are expected to follow to request vacation time or other benefits.

■ **Office newsletter.** Dr. Elliott writes a monthly newsletter to her staff, informing them of upcoming events, office news, and ideas about patient care. She also asks staff to share their ideas about how to make patients more comfortable.

■ **Flyers.** Ms. Martin likes to use employee break rooms or other private, employee-only spaces to post relevant notices. Some government notifications must be posted on the premises (check with your attorney to see which state and Federal notifications

apply to your office). In addition, she suggests posting a list of office holidays, as well as any notices of which the staff need to be aware, such as staff vacation lists, training sessions, meetings, and notifications of changes or upgrades within the office.

■ **E-mail.** If your employees are regularly on the computer, office-wide e-mail messages can be a quick and effective way to keep in touch with staff members. For large practices, setting up an office intranet—a series of Web-based sites that provide information and announcements and which are accessible only to staff, administrators, partners, and authorized individuals—can be an effective way to keep employees up to date.

■ **Staff meetings.** Staff meetings are the mainstay of intra-office communications. These meetings don't have to be long, Ms. Martin says, but they can be great ways to brief the staff and keep yourself aware of how people are feeling about the practice.

“Many offices are so busy that these meetings often have to be on lunch hour, so you need to pay them during lunch hour. But you can go over a great deal of information, such as an operational change, or things that are being forgotten in charting. Maybe go over those people who have vacation coming up so that the office can make plans to accommodate the jobs that will need to be done in those people's absence. It's also a great time to acknowledge things that have been done well. If new equipment is coming in, inform them what it's going to do, what codes are going to be used, and how it will enhance the practice,” says Ms. Martin.

Ms. Martin says that in hectic medical practices it's important to focus on stress management opportunities for employees and to ensure that staff is getting enough down time. This is especially true for oncology practices. “The burnout rate in this area of medicine is very high,” she says. The severity of some of the patients' illnesses can be stressful for staffers to deal with on a regular basis.

Ms. Martin recommends that high-stress practices schedule staff “play days.” This might be a team on which office members play ball or a group picnic or bowling outing. It's important that the team bond outside the office and have fun, she says, which makes the team more able to help each other through the challenging days that these practices have.

## Letting a Staffer Go

It's an unfortunate aspect of running a business, but no matter how well run the practice or how stringent the hiring procedures, chances are that you will, at some time, have to let an employee go. From poor performance to a slowdown in office revenue, there

**If an employee's performance in a particular area is lacking, then be direct and ask how you can work together to solve the problem. This will give the employee an opportunity to explain what isn't working and possibly identify a situation of which the physician was unaware.**

are many reasons that staff size may need to be adjusted. These occurrences can be a major disruption to the flow of the office if handled poorly. By taking extra measures to make the process go more smoothly, you can help prevent unpleasant repercussions.

Ms. Martin says that the first step is to try to solve the problem without resorting to dismissal. If the employee's

performance in a particular area is lacking, then be direct and ask how you can work together to solve the problem. This will give the employee an opportunity to explain what isn't working and possibly identify a situation of which the physician was unaware. Perhaps, for example, a new instrument actually takes longer to calibrate and creates a back-up in the office flow. This type of conversation, says Ms. Martin, can be a great way to solve problems that the office is having and to take advantage of the considerable knowledge of practice employees. If, however, the individual isn't performing well, Ms. Martin says it's important to take decisive action.

"I think that one of the mistakes people make is that they tolerate for so long, and when they're fed up, they're fed up," she explains. "You might have a person who's a good employee when she's there, but who calls out every Monday or after a holiday because she's tired," explains Martin. That not only affects office productivity, but it makes other employees resentful, she adds.

Having clear, written policies in place is important in making the employment termination process go smoothly. You might, she suggests, make a rule that having three unexcused call-outs within any 12-month period is grounds for a written reprimand in the employee file. If there are multiple written reprimands, it's

probably time to take action.

“When you notify the employees in writing, it prevents them from saying that they don’t know why they’re fired. It makes it more serious,” says Martin.

This is where being detailed in your employee policies and procedures can be extremely helpful, she says, adding that you can even include procedures for clocking in or out. “Your policy should be that you don’t punch in more than five minutes before your start time, and when you’re on overtime, you call the person in charge. You’ll find people who would be on overtime every single day if there wasn’t a policy about it.” When you find a new problem, she says, add it to the manual.

If you do have to let a member of your staff go, she advises meeting with the person privately and keeping emotion out of the exchange. Be brief; explain that the employment arrangement is not working out. While you can use your judgment and knowledge of the office needs to determine whether you ask the person to leave immediately, it’s often a good idea to do so. If the office is downsizing its staff, there may be situations in which physicians feel comfortable keeping the staff member as long as possible while he or she looks for another job. Once an employee has been fired for cause, it’s rarely wise to keep that person in the office, as such an arrangement can damage morale and leave the practice vulnerable to ex-employees who may feel angry or vindictive about being let go, she says.

## Time-savers

When it comes to managing staff, improper time management can lead to expensive and unnecessary overtime costs, says Ms.

### Is There Something I Can Help You With?

Sometimes a team player takes on (or is handed) more responsibility than he or she can reasonably handle, creating a bottleneck that affects the whole office. Brian McCurdy, an associate editor of *Podiatry Today*, says that giving staff the ability to delegate duties can help prevent employees from getting bogged down. Encourage employees to ask each other: “Is there something I can help you with?”

Martin. She recommends staggering staff start- and end-times and scheduling a mandatory lunch hour. This helps to curb the issues of employees' working through lunch or break times and accruing extra hours. In addition, staggering the start times of employees so that some are set up to come in late and leave late can prevent incurring overtime in the event the physicians are running late.

Standardizing practice rooms is also an important time-saver. Edward Gulko, administrator of Englewood Orthopedic Associates, Englewood, N.J., and author of *Medical Practice Management Body of Knowledge Review: Business and Clinical Operations*, suggests standardizing practice rooms to make staff and physician time more effective.

"You want the syringes in the same drawer in every exam room, for example. You don't want to waste time opening up every drawer. If you know that the 24-gauge syringes are in the top left drawer and the patient gowns in the cabinet on the right in every room, that helps everyone work more efficiently," he says. Overall, implementing the systems that were discussed in previous chapters will help streamline the office and prevent loss of information, charts, and other practice tools that are essential for an office that runs smoothly.

Creating an office and staff environment that is efficient, fair, and effective can have a great impact on the overall productivity, success, and profitability of the practice. Dr. Foulk says that productivity isn't the result of one or two actions alone, but a product of many behaviors.

"I always define productivity like happiness: You can't go out and find it. It's a natural result of your activity rather than a target," Dr. Foulk says, adding that the core of productivity is a personal value system that includes integrity and fair treatment of the people in your business. "Productivity can rarely be a priority. You have to let it come when you do your job right."