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5 questions to ask that will improve patient access, revenue

By Timothy Ogonoski

Is your organization losing money on physician operations every year? To increase patient access and bottom line results, reassess the following areas that form the foundation of successful practices.

1. Do patients complain that it's hard to get appointments?

Poor scheduling practices are typically behind this complaint. Consider the following when evaluating patient access:

- Determine the number of patient-hours per day a provider is expected to work and clearly communicate the numbers to everyone involved.
- Determine if all appointment slots are used each day.
- Track and streamline rules about time slot use (such as not scheduling more than two new patients on any day).
- Ensure providers account for all time off, including vacations, holidays and continuing education.

2. Do you have a low internal physician referral rate?

To increase physician referrals, address the following:

- Alert providers to personnel changes in your practice.
- Schedule a regular meeting with providers that allows for peer-to-peer interaction.
- Provide referring physicians with regular feedback on available appointment access.
- Track internal versus external referrals and the detailed reasons for each.

3. Do your physicians complain that your EHR negatively affects their practice?

Providers are often frustrated by a lack of ongoing EHR training and support. The following tactics can help address EHR challenges:

- Compile and share an EHR issues and prioritization list.
- Measure and compare productivity for each provider.
- Create specific definitions for each data element tracked (such as visits, cancellations and no-shows), and be sure they are correct and necessary.
- Determine if there are other repositories for medical records (such as charts, photos or results) that are not part of an EHR.

4. Do you base physician compensation on productivity but lose money on each patient?

Many provider groups compensate physicians based on productivity, believing that will increase access and production. To ensure your compensation plan aligns with your organization's strategic and operating goals, assess the following:

- Check whether payer mix changed since implementing productivity-based incentives.
- Understand the effect of coding and charge capture processes on RVU productivity.
- Determine if the payment model incentivizes physicians to see new patients versus returning patients.
- Assess whether quality and satisfaction, among patients and referring physicians, have been affected by the change to RVU-based payouts.
- Ensure there is a correlation between revenue and expenses in the practice relative to the amount paid out in incentives.

5. Are your staff members practicing to the top or bottom of their licenses?

Many practices fail to hire and schedule nonphysician provider staff efficiently. Often this is because they don't have a clear understanding of the roles and responsibilities of the staff compared with actual operational needs. Consider the following to assess staffing:

- Clearly define roles and responsibilities.
- Budget and hire each level of staff based on benchmarks.
- Define the proper role of advanced practice providers (nurse practitioners and physician assistants).
- Align provider and nonphysician provider schedules and incentives.

These five questions provide a starting point to understand physician group losses, but they are usually part of a larger and more complex challenge. With efficient and profitable physician operations, management has more time to focus on strategy, and clinicians can concentrate on patient management and practice improvement, which frees up resources to reinvest in your enterprise and continually improve care. ■

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