

# Improve Workflow and Save Money

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# Objectives

- ▶ How workflow naturally becomes filled with activities that add cost not value
- ▶ How workflows are costly, create staff frustration, provider irritation and can hurt morale in the clinic
- ▶ How large health care organizations have successfully improved workflow and reduced costs
- ▶ Call out workflow areas that you want to consider for improvement



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# Care Delivery in Medical Practices Today

- ▶ Increased complexity of workflow processes
- ▶ Difficult to keep up with rapid advancements in medical care and technology
- ▶ Practices must use data to demonstrate quality
- ▶ Challenging to maintain physicians and staff job satisfaction

And...we're tasked with

Delivering high quality care for a lower cost

# A Note About MACRA

## Medicare Access and CHIP Reauthorization Act of 2015

- ▶ **Advanced Alternative Payment Models (APMs)**
  - ▶ Primary care w/standards and credit for meeting some or all
  - ▶ Transition with small PMPM and continue FFS
  - ▶ Increase PMPM and decrease FFS in future years
  - ▶ Most participants will be automatically approved for the quality measures, improvement activities and advancing care measures

# MACRA (cont).

## ▶ Merit-based Incentive Payment Systems (MIPS)

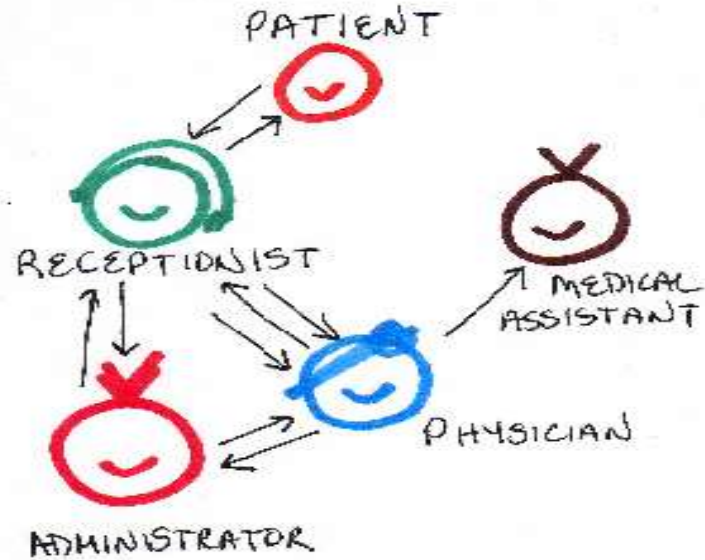
First payment year is 2019

- ▶ Don't participate = negative 4% payment adjustment
- ▶ Must have a certified EHR System
- ▶ Submit one quality measure or one improvement activity or one advancing care measure with an EHR certified system = avoid negative payment adjustment
- ▶ Submit 90 days of 2017 data (Oct. 2 last day to begin) six quality measures (271), 4 improvement activities (92) and 5 designated advancing care measures (15) = neutral or small positive payment adjustment
- ▶ Full year participation = up to 5% positive payment adjustment

# One Piece Flow and Workflow Efficiency

- ▶ Heart of efficiency science
- ▶ Concept fits well with health care
- ▶ It's complimentary to how we think
- ▶ The questions to ask about every process step
  - ▶ Is this the easiest way to achieve the result?
  - ▶ Is the right person assigned to the task?
  - ▶ Are we using the EHR smartly?
  - ▶ Can we achieve the result in one step?

## Practice Costs for One Incomplete Phone Note



5 mins/interaction. Each arrow = one interaction for each person

### Cost Estimates\*

\$1.30/min - Receptionist  
 \$7.50/min - Physician  
 \$3.75/min - Administrator  
 \$1.62/min - Medical Assistant

### Receptionist

Receives call  
 Creates & sends phone note to Dr.  
 Receives physician reply  
 Talks to Administrator  
 Calls Patient  
 Creates and sends phone note to Dr.  
 Creates & sends email update for Admin

### Physician

Receives and reads phone notes  
 Creates phone note response  
 Finds Administrator to complain  
 Receives and reads 2<sup>nd</sup> phone note  
 Creates response for pt. & sends to MA

### Administrator

Listens to physician complaint  
 Goes to front & talks w receptionist  
 Goes back to physician w results

### Medical Assistant

Receives phone note response  
 Contacts patient with results

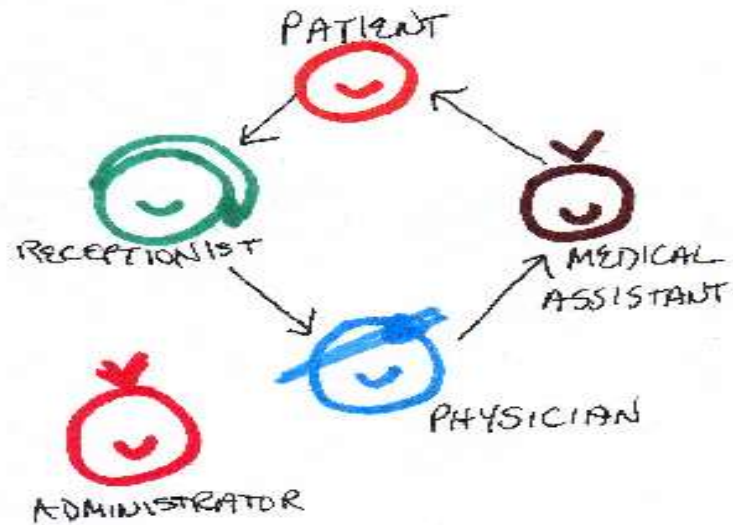
### Cost estimates

Receptionist	35 minutes	\$ 39.50
Physician	30 minutes	\$225.00
Administrator	20 minutes	\$ 75.00
MA	10 mins	\$ 16.20
<b>Total</b>		<b>\$335.70</b>

\*Cost estimates based upon data from 2015 Institute for Healthcare Improvement Conference, Dr. Mary Applegate, Medical Director for Ohio Medicaid program.



### Practice Costs for An Efficient Phone Note



5 mins/interaction. Each arrow = one interaction for each person

#### Cost Estimates\*

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#### Receptionist

Receives call  
 Creates & sends phone note to Dr.

#### Physician

Receives and reads phone notes  
 Creates response for pt. & sends to MA

#### Medical Assistant

Receives phone note response  
 Contacts patient with results

#### Cost estimates

Receptionist	10 minutes	\$13.00
Physician	10 minutes	\$75.00
Administrator	20 minutes	\$ 0.00
MA	10 mins	\$ 16.20
<b>Total</b>		<b>\$94.20</b>

\*Cost estimates based upon data from 2015 Institute for Healthcare Improvement Conference.  
 Dr. Mary Applegate, Medical Director for Ohio Medicaid program.

# Workflow Flaw Groups

- ▶ Confusion
- ▶ Waiting
- ▶ Motion
- ▶ Defects
- ▶ Talent
- ▶ Over-Production/Over-Processing
- ▶ Inventory

# Confusion



People who are doing the work are not confident about the best ways to perform the tasks.

- ▶ Transcribing a patient verbatim in a phone note
- ▶ Using unstructured data to enter a medication when the MA can't locate it in the EHR
- ▶ New employee's orientation is interrupted

# Waiting

Idle time created when people, information, equipment or materials are not at hand.

- ▶ Patients waiting for providers to respond to unclear phone notes
- ▶ Providers waiting for accurate medication list information
- ▶ Billing when a physician's documentation is late



# Motion



Movement of people that does not add value

- ▶ Distance from the exam room to the providers office
- ▶ Distance from the check-in receptionist to the printer
- ▶ The MA takes multiple trips from the exam room for supplies that are not available

# Defects

Work that contains errors or lacks something of value

- ▶ A phone note that does not have the key information needed by the physician or advanced practitioner
- ▶ Medications are entered in unstructured data fields
- ▶ Procedure trays missing items
- ▶ Incomplete coding



# Talent



Creativity and knowledge of frontline workers is under-utilized or not utilized at all

- ▶ A new process for reception results in extra work for the Medical Assistants
- ▶ Bottleneck of work for the physician that could be delegated to a lead or advanced practitioner



# Over-Production / Over-Processing

Activities that are redundant or do not add value from the patient/customer perspective

- ▶ Incomplete phone notes resulting in multiple communications with the patient and physician
- ▶ Finding and transcribing unstructured medications into the medication list

Tip:

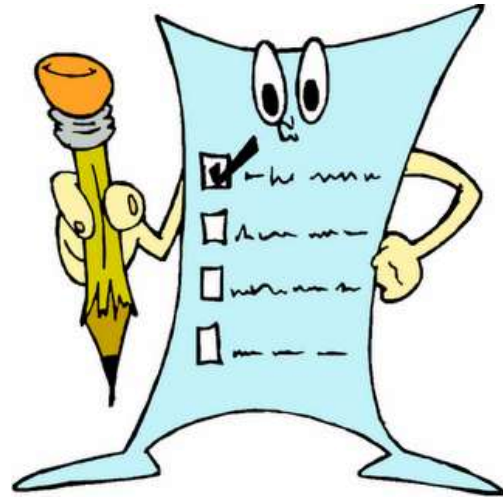


the

Check-In



# Inventory



More materials on hand than are required to do the work or not enough materials on hand than are required

- ▶ Overstocked medications
- ▶ Hoarding supplies
- ▶ Extra steps searching for medications, equipment and materials

# A Multi-Site Clinic Experience

- ▶ Multi-Specialty Practice with 3 locations and 21 providers
  - ▶ Service radius 50 miles
  - ▶ Pt volume 40,000
  - ▶ 6,000-8,000 patient visits per month
- ▶ 2,000 Incoming calls daily
  - ▶ 10% related to lab orders and results
- ▶ Workflow Cost
  - ▶ 2 mins x 200 calls each for Reception and MA
  - ▶ 400 mins for MA x \$1.62 min = \$648
  - ▶ 400 mins for Reception x \$1.30 min = \$520.00
  - ▶ **Total \$1168 daily cost**

## A Multi-site Clinic Experience (cont)

- ▶ Created Stakeholder team with members from all sites that included providers, Front Office, Back Office, Triage and Administration
- ▶ Survey found 11 ways lab order results were managed
- ▶ Worked out bugs in pilot
- ▶ Adopted a best practice
- ▶ Results of new process implementation
  - ❖ **Reduced lab follow-up call volume by 80%**
  - ❖ **Daily cost savings of \$934**
  - ❖ **Happier patients, staff and physicians**

# How Top Facilities Eliminate Workflow Flaws and Save Costs

- ▶ Dedicate time
- ▶ Keep it simple, focused
- ▶ Right tools, right people, right time
- ▶ Questions answered timely
- ▶ Follow-through on action items
- ▶ Test and debug before the roll-out
- ▶ Communicate information concisely and timely

# Let's Get Started

- ▶ List the top 3 areas you want to review for workflow flaws
- ▶ Make a note of the team that would best be involved
- ▶ Write down your next steps
- ▶ You're on the road to workflow improvement already!

# Resources

CMS.gov website

MACRA, MIPS, APMs

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

Institute for Healthcare Improvement (IHI)

Model for Improvement

<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

# Questions?

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