



# *Increasing Practice Productivity*

## *"7 Habits of Highly Effective Practices"*

*EOA Annual Meeting 2013*

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# Purpose

1. Identify and rank the characteristics that are most critical to driving practice productivity
2. Share a few data points tied to “Best of the Best Practices”

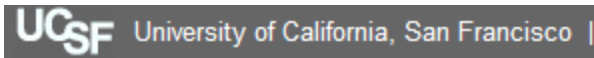
# Definition of “Practice Productivity”

- Optimized access to patients
- Optimized efficiency of the system to get as many through as possible
- Optimized use of surgeon time
- Optimized charge capture and collection

✓ 36% of reporting programs have surgeon(s) who see 80-100 patients per day, running 6 exam rooms, with the support of 3+ FTE in clinic.

# Survey Participants

## (25) Executive Directors - Academic Orthopaedic Consortium



Department of Orthopaedic Surgery

Vanderbilt Orthopaedics



Northwestern University Feinberg School of Medicine

Department of Orthopaedic Surgery



# Taking Inventory of the Characteristics

## Assumptions:

1. Efficient surgeon
2. Open access to ORs and exam rooms.

**We identified 26 characteristics that most impact “practice productivity”**



# Taking Inventory of the Characteristics

Of the 26 characteristics that most impact “practice productivity”:

**8 - Access**

**6 - Systems & Procedures**

**5 - Staff**

**2 - Incentives & Metrics**

**5 - Other**

# Ranking the Characteristics

## SurveyMonkey

Ranked point system with scale from 1 – 7

1- (nice but not critical).....7 – (you are dead without this)

Only allowed to rank 4 of the 26 a “7”

Only allowed to rank 4 of the 26 a “6”



# Top 7 Characteristics

**#1/26 (with a score of 6.38)**

- **Efficient appointment hub to answer calls and schedule appropriately**

## Best of the Best

- ✓ Abandonment Rate - 2%
- ✓ Time to answer Phone Call – 2 rings or less...< 30 seconds
- ✓ Hours of Operation for Appointment Hub – 7 days per week until 11 pm

*Cleveland Clinic & Rothman Institute do this very well.*

# Top 7 Characteristics

**#1 / 26 (with a score of 6.38)**

- **Efficient appointment hub to answer calls and schedule appropriately**

## Representative Comments

1. *A dedicated triage team at the call center level is critical. We currently lack this focus and function at our call center and rely on internal office staff to manage the schedules after patients are being appointed. This results in multiple hand-offs, inefficiency, and the inability to provide patient first call resolution.*
2. *Have made our 'Call Center' specific to Ortho, which improved results dramatically. Previously doing about 7 different departments.*
3. *We struggle mightily with this as we don't control the personnel*
4. *Keep physicians out of "managing" their own templates and placing restrictive rules*

# Top 7 Characteristics

**#2/26 (with a score of 6.29)**

- **Surgeon Compensation Plans linked to production (ie revenue, WRVU)**

## Representative Comments

*“If you don't start with this - none of the other pieces fall into place”*

*“We currently use an wRVU model which is good for the physician because it does not take into account for the patient's insurance. This keeps the physicians happy but accommodations need to be made on the back end for the practice's bottom line.”*

# Top 7 Characteristics

**#3/26 (with a score of 6.21)**

- **Billing & Collection team that collects > 98% of what is eligible to be collected.**

# Top 7 Characteristics

**#4/26 (with a score of 6.21)**

- **Anesthesia & Nursing who are committed to metrics tied to room turnover and case volumes.**

## Best of the Best

- Very few have this in place- but nearly all want it.
- **Mt. Carmel- New Albany does this extraordinarily well...room turnover rates @ 20 mins. 1100 joints a year with some OR days ending at 330 pm. Very data driven. Kudos to Drs. Lombardi and Berend who pioneered much of this.**

# Top 7 Characteristics

**#5/26 (with a score of 6.13)**

- **Access models that make it easy for referring physicians and patients to be seen by someone (with appropriate triage).**

## Representative Comments

*“Critical to survive.”*

*“Even with specialization there should be a model where ANY faculty member will see any type patient that needs to be seen that day if the appropriate faculty is not in clinic.”*

# Top 7 Characteristics

**#6/26 (with a score of 6.00)**

- **Solid Administrator to run the practice/clinical operations**

## Representative Comments

*“Practice manager, not administrator to run practice, implement regulations, with good infrastructure and support. Admin is the business end, CAO, CFO.”*

*“Give administrator oversight/control of clinical operations, need managers to report directly to this person.”*



# Top 7 Characteristics

**#7/26 (with a score of 5.83)**

- **Having access to referral networks (ie primary care practices, other ortho practices).**

## Representative Comments

*“Have an outreach coordinator who visits key referral sources”*

# All Other Ranked Characteristics

*How many of these describe you?*

8. Appropriate support staff assigned to surgeon in clinic and OR to assist in moving patients through the system
9. Adopting a “send it over” philosophy when it comes to referring MDs
10. Efficient EMR system to automate charge capture, documentation, and communication flows.
11. Being “in network” of insurance plans that tie to patients
12. Customer service surveys to measure patient and referring MD satisfaction
13. Convenient practice locations
14. Allowing referring MDS to directly call ortho surgeons for quick consults
15. Follow up communication and thank you note to referral source
16. Preparing patients before arrival to bring all required information and to complete as much as possible beforehand
17. Mitigating clinic no shows with overbooking appt slots and patient reminders
18. People to manage/respond directly to flow of information that comes to surgeon
19. Solid doctor ratings and reputation scores on online grading systems
20. Hiring PAs to see global follow ups and to decompress surgeon schedules of non-op pts.
21. Market & Digital/Social media strategy and visibility
22. Competitive pricing
23. Being affiliated with a large system (health system; academic)
24. Follow Up communication and thank you note to patients
25. Extended clinic hours (nights and weekends)
26. Taking ER call

# Top 5 Parting Thoughts

1. Ortho groups who control their own hubs and who answer the phone < 30 seconds from 7 am – 7 pm are best positioned.
2. Pay your doctors primarily based on production
3. Adopt a “*send it over!*” mantra and hire additional staff to deliver this service promise if necessary
4. Get paid for what you do
5. Get your hospital to align nursing and anesthesia metrics with OR production, under your lead, and sell the added volumes it will bring...and negotiate for a medical directorship to get paid for it!

**The “top 26” list is a good inventory to examine in comparing your practice’s characteristics specific to how well it is positioned to drive productivity.**

Thank you Jay Parvizi, Matt Austin, & the EOA

