

Case Dr. Nguyen

Dr. Anna Nguyen has been in practice for several years in her specialty of infectious disease. She has two associates and all three are very busy. However, patients constantly complain about the wait time they face when they come to the office. Some patients are now arriving 15 to 30 minutes late for their appointment rather than sitting in the waiting room. This happened yesterday with two of Dr. Applegate's patients and she blew up at the staff about what could be done to get the patient's to come in on time.

Dr. Nguyen is 56, all kids are in college or graduated. She is looking forward to working six to nine more years and then plans to fully retire. Her current goal is to see as many patients as possible and generate more income to fund her retirement plan. Her husband is a couple years older, a physician and is on the same path.

Dr. Beauchamp is 44 and has been known to really blow up to the staff. He is demanding. You as the practice administrator have talked with him on a number of occasions to no avail. He listens but then returns to his old ways. The staff is afraid of him and tries to do what they can to keep him on time. However, he comes in late, takes calls during clinics, and occasionally goes into his office and closes the door. Obviously, his patients complain all the time about how slow his clinic runs. Yet he turns on the charm and the patients love and praise him after they have seen him. His loyal patients have also been good ambassadors for his practice growth indicating to many that the wait time is worth it.

Dr. Campbell is 38 and has small children at home. Her main focus is to work a few hours a week. She tries to leave to get home in time to be with the kids after they get home from school and if possible to be able to pick them up at school. She has demands on the staff to get out on time but for the most part works well with the team and completes her day close to on time.

The practice has just switched to a new practice management and electronic health record as advised by Dr. Nguyen's husband, a radiologist. This is a change from the billing service that had been doing the billing for the past 12 years. This new system has been a source of many delays. The doctors do not complete their documentation until late into the evening, at home or on the weekends. This delays billing and has caused problems at check out as well as with cash flow. There has been a 50% turnover of the staff in the past six months, which frankly is typical.

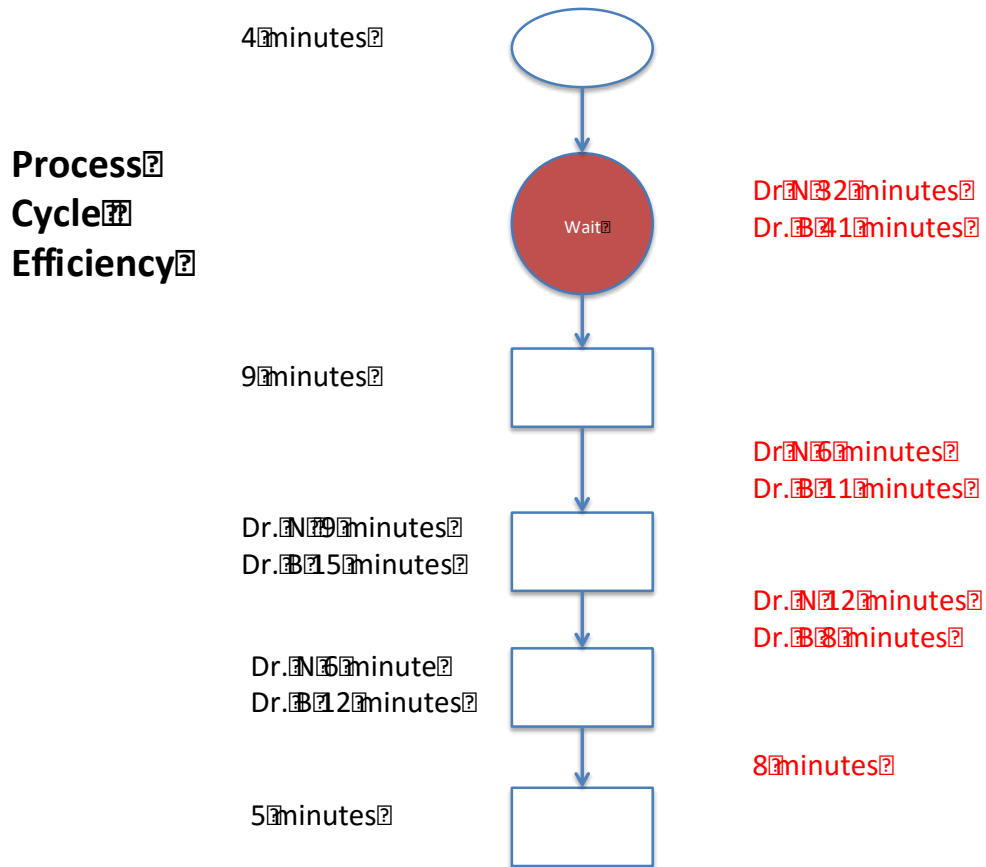
Dr. Nguyen believes that there are some diagnostic tests that could work well in the practice. In addition, she would like to do all infusions in the office to gain the revenue that is currently lost to the local hospital. Many patients complain about the hospital and have asked if there could be another location to receive their infusions.

As administrator, you had just attended an MGMA state meeting where one of the speakers talked about Lean Management. You were excited but when you got back to the office and talked with Dr.

Nguyen, she was not impressed and suggested that you focus on the opportunities to increase revenue. You agreed that this was important but wanted to see what the average time was that patient's spent in the office. While there are no known national standards in discussing this further with Dr. Nguyen you both agreed that patients should be in and out of the office in 45 minutes. This seemed reasonable and would help things move more efficiently. One of the goals of some type of cycle time analysis was to find ways to increase the number of patients seen. The seminar speaker indicated that if each doctor saw one more established patient visit as a 99213 visit, using current Medicare rates that would mean between \$50,000 and 60,000 in additional revenue for the practice. Dr. Nguyen agreed that this should be looked into.

You got the team together and decided that it would be possible to track patients through the office using the EMR software. The goal was to check time in each of the five key steps in the patient cycle. Once this was done it was felt that a process map and possibly a value stream map could be created which would give all a picture of the flow in the office.

The results of the VSM are noted on the following page.



Single numbers mean the same time for each Doctor.

Questions:

1. Calculate the value add time and PCE for each doctor
2. What other tools might be useful at this stage?
3. What would you do now?
4. What are your recommendations to give to Dr. Nguyen at your next meeting?