

Structure in the Medical Practice

Does your practice run more like an ice hockey game or a ballet?

BY SHAREEF MAHDAVI



Identify this scene: a team of people moving fast with lots of intensity, bumping into one another, creating chaos and confusion. Does this sound like a night at the ice hockey arena? Instead, I am referring to some medical practices, especially those with multiple physicians and support staff. Chaotic practices lack an effective support structure. Vital information such as phone messages, charts, and test results is not tracked carefully and sometimes gets misplaced. The front-office and back-office teams routinely wrestle with conflicts between doctors' schedules and patient flow. The physicians, who are also frequently at odds, relinquish their roles as leaders and expect an administrator to handle any conflicts that arise. If a day working at one of these kinds of practices feels more like a match in a hockey rink for the staff, imagine what the patients must be experiencing!

CHAOS AND QUALITY

Throughout the year, I have been discussing the quality of service and why it is vital to the health and success of the refractive practice. The term *quality improvement* can be described as the process of reducing errors. Chaotic practices are at a disadvantage in the quality of service they provide patients, because such a business

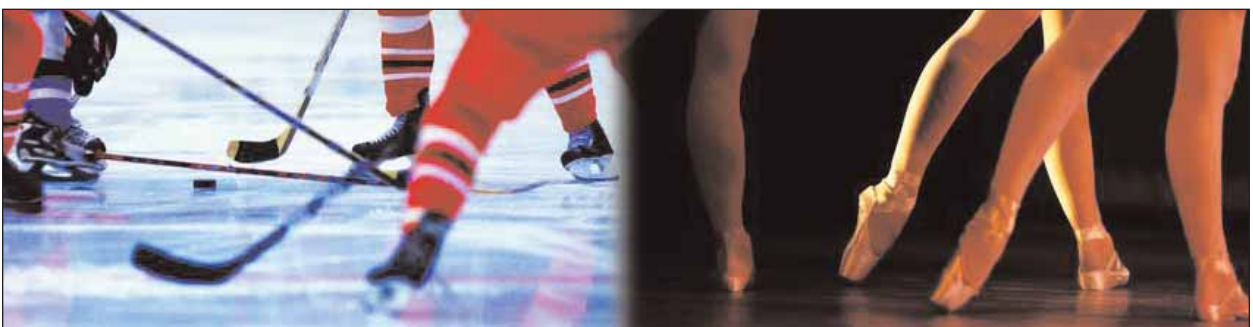
structure leaves tremendous room for error and creates an environment in which quality tends to worsen rather than improve.

By contrast, consider ballet. This art form is elegant, to be sure. Every aspect of a ballet is choreographed. The same moves are executed the same way in every performance. Striving for perfection, ballerinas practice their moves over and over.

CHOREOGRAPHED ENCOUNTERS

Medical practices could learn a lot from ballet. According to Greg Korneluk of the International Council for Quality Care (ICQC; Boca Raton, FL), a key indication of high performance in successful practices is what he terms the *choreographed encounter* between the practice and the patient. Like ballet dancers when the curtain rises, staff members within a medical practice should know what is expected of them each time they encounter a patient. There should be no surprises.

Think about what a practice that operated more like a ballet would look like. It would run smoothly and efficiently and put patients at ease. Choreographing each patient interaction would eliminate much of the confusion that often hinders productivity. Because such choreography involves a great deal of advance planning, the encounter with the patient has a much higher likelihood of being executed well, which in this context



means that the patient receives the full and undivided attention of the physician and his staff.

Choreographing patient encounters means preparing for them ahead of time. Experienced physicians and staff should be able to anticipate much of an interaction, such as the questions the patient might have. For example, they should:

- find out how to pronounce difficult names before entering the room;
- read the patient's chart before meeting him to refresh their memory of his history;
- knock before entering the examination room and enter the room promptly and deliberately, without rushing;
- shake the patient's hand or make similar physical contact within the first 10 seconds;
- use an icebreaker to get the conversation started; and
- sit next to the patient rather than stand.

These six points take place in less than 45 seconds, yet this precious time will often dictate the tone as well as the impact of the visit with the patient. (Actually, the ICQC cites research that people make up their minds about you within the first 7 seconds of their initial encounter.) In a profession that asks people to pay thousands of dollars for medical services, it is well worth the effort to ensure the most pleasant interactions possible.

CHOREOGRAPHY AND PODS

The Care Team

How does a practice begin to choreograph its processes? Korneluk advocates the creation of a decentralized care team. The care team forms the basis of patient interactions; it is composed of the physician plus service, clinical, and financial coordinators. The team functions as its own pod and keeps its examination rooms, charts, phone lines, and patients separate from other similarly structured pods in the practice. The care team delivers 90% of the patient's needs; the only functions that remain centralized are reception and human resources (salaries and personnel issues).

Benefits for the Staff

For the staff of a practice, the pod approach greatly reduces the possibility of errors (ie, improves quality), because the lines of communication are open and each person's role is clearly defined. It also increases efficiency. For example, a patient can easily reach a coordinator to schedule an appointment, and a technician can readily locate a chart because it is near the examination rooms

and doctor's office. Such organization improves teamwork and morale and fosters a less hectic and frustrating working environment.

Benefits for the Surgeon

The pod system allows the physician to achieve much more value in and satisfaction from his encounters with patients. First, it limits the time he spends taking histories and performing subjective examinations (they can be delegated within the pod). Second, it allots more time for assessing the patient and formulating a surgical treatment plan. The pod system frees the surgeon to spend more time on the nonclinical aspect of the encounter, such as answering patients' questions and managing their expectations. This social dimension applies equally to the younger refractive patient and the older cataract patient.

Benefits for the Patient

For years, I have advocated that physicians abandon a surgeon-centric approach in favor of a customer-centric approach to treatment. The use of care teams is a good example of how to redesign the practice to meet the needs of the customer. For reimbursed procedures and especially for elective ones, the ability to better serve the patient is a vital step in sustaining and growing demand within a local market. Indeed, how the patient is treated is just as important as what treatments are prescribed.

IN SUMMARY

Choreographing the patient/staff interactions in the practice puts the surgeon and staff in control of the daily performance of patient care. It ensures that patients will have a truly rewarding ophthalmic experience, which is what they remember most when talking with their family and friends. Pod systems make the delivery of patient care more efficient and effective. They also lessen the burden on the clinical staff, who in turn are able to approach patients with ease and attentiveness. Together, these operational systems can help turn a practice from an ice hockey match into a well-executed ballet. ■

The author would like to thank Brita Hess, President of the ICQC, for her assistance with the content of this article.

Shareef Mahdavi draws on 20 years of medical device marketing experience to help companies and providers become more effective and creative in their marketing and sales efforts. Mr. Mahdavi welcomes comments at (925) 425-9963 or shareef@sm2consulting.com. Archives of his monthly column may be found at www.crstoday.com.