

Juggling the Physician's Time

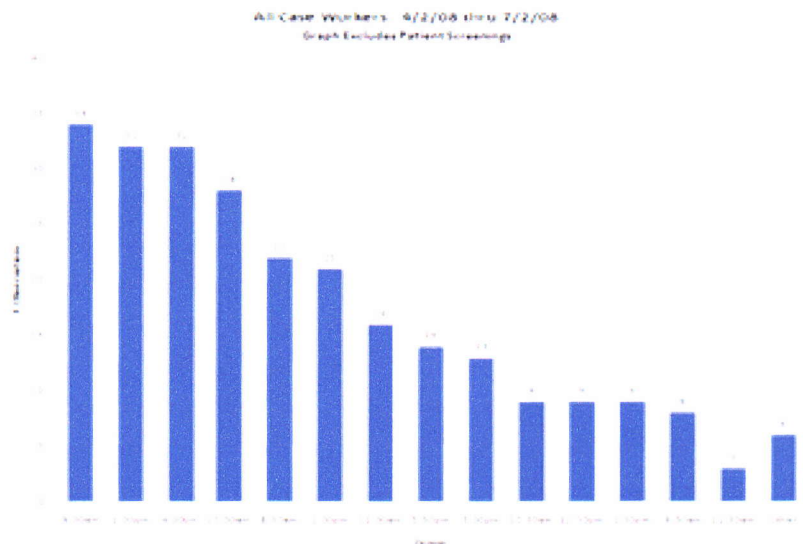
Project Background

Within this podiatry practice, two separate legal entities existed: 1) a general practice and 2) clinical study. Since 2006, the number of clinical studies had grown significantly adding greatly to the success of the practice, but also causing the following unintended consequences: 1) difficulty for physician to stay on schedule 2) patient dissatisfaction 3) intra-office "tug of war" for physician's time and 4) physician work-life imbalance. These issues triggered the medical practice leadership to address the root causes impacting the entire practice by simplifying and standardizing associated processes.

Current State

At this office, both the general practice and clinical trial areas scheduled patients using independent systems and processes. Communication between both areas was unpredictable and ad-hoc. On average, the general practice scheduled 34 patients per day, Tuesdays through Thursdays and scheduled as many as 8 surgeries per day on Mondays and Fridays. The clinical study area scheduled up to 3-5 study patients per case worker Tuesday through Thursday, often at the same time as general practice appointments. To further exacerbate the root causes contributing to the practice's issues, no time was truly dedicated to satisfy administrative demands (e.g., signing checks, regulatory paperwork). As a result, the physician had to complete administrative duties after normal business hours.

Frequency of Clinical Patient Appointments



Key Changes

- Optimized (i.e., patient placement and value) patient schedule for entire practice.
- Developed and incorporated per visit value system based on treatment and diagnosis.
- Dedicated specific appointment times to satisfy clinical trial objectives.
- Identified and developed key metrics (e.g., service cycle time) to measure patient service time.
- Blocked dedicated time for completing administrative work.
- Shifted approximately 70% of post-ops appointments to secondary physician.

Controlling the Gains

Making improvements to a process is often straightforward. Changing the behavior and adhering to a new process is more difficult but key to success. Sustaining the new process requires support and accountability from the entire practice. What gets measured often gets changed.

Conclusions & Results

Three weeks after the kaizen event, the medical practice implemented one schedule for the entire medical practice which eased the footprint on the physician's time. The medical practice employed new scheduling processes that enabled them to balance physician patient objectives while working as one cohesive unit. The tug-of-war for physician time subsided due to a common understanding of when and where the physician was scheduled to be at any given time. Moreover, administrative time was incorporated into the schedule and completed during normal business hours. Underlying all of the changes that were implemented, having both areas of the medical practice recognize the impact of suboptimal scheduling practices on all aspects of the medical practice brought improved stability, productivity and work-life balance back into the entire medical practice.

“ This is the first time in quite awhile that I’ve been able to leave the office over my lunch break and run some errands.”

- Physician

Patient Appointment Calendar		Date: Monday, August 11, 2008	
Time	Patient Name	Description	Phone Number
8:00am	Mealwith Lisa, Mary		
8:15am	B Type		
8:30am	A Type		
8:30am	B Type		
8:45am	C Type		
9:00am	A Type		
9:15am			
9:30am	K Study Consult		
9:45am	A Type		
10:00am	B Type		
10:15am	A Type		
10:30am			
10:45am	A Type		
11:00am	B Type		
11:15am	A Type		
11:30am	C Type		
11:45am			
12:00pm	Lunch		
12:15pm	Lunch		
12:30pm	Lunch		
12:45pm	Lunch		
1:00pm	A Type		
1:15pm	B Type		
1:30pm	A Type		
1:30pm	B Type		
1:45pm	C Type		
2:00pm	A Type		
2:15pm			
2:30pm	A Type		
2:45pm	K Study Consult		
3:00pm	A Type		
3:15pm	B Type		
3:30pm	A Type		
3:30pm	B Type		
3:45pm			
4:00pm	A Type		
4:15pm	B Type		
4:30pm	A Type		
4:45pm			
5:00pm			

About Qualmentus Inc.

Qualmentus is a consulting group comprised of certified efficiency specialists dedicated to the improvement of business operations within the healthcare community. Clients experience an increase in net income, staff productivity and patient satisfaction. Working closely with the office staff, Qualmentus designs and implements solutions with measurable results using an approach based on Lean Six Sigma.

Co Founder Patrick Widhelm — Seven years experience in process engineering and program management at USAA and in the US Air Force Space Program. Patrick holds a Masters in Public Policy from Harvard University and graduated Summa Cum Laude from the US Air Force Academy with a BS in Management. He is Six Sigma Black Belt certified and specializes in statistical analysis and data modeling.

Co Founder Sergio Trevino — Seven years of process engineering experience in the field of Health Care, Property & Casualty Insurance, Life Insurance, Banking, Financial Services and Grocery Supply Chain Management. Sergio earned an MBA from Our Lady of the Lake University in e-Commerce Management, graduating with honors. Lean Six Sigma Black Belt trained, Sergio specializes in strategic business planning and the implementation of lean operations.