How to Re-engineer Your Oncology Practice

by Craig Kishaba, M.B.A.

Oncologists in private practice and office managers are faced with four major challenges as they work to make all aspects of daily operation as efficient and cost effective as possible:

- improving patient access
- assuring effective and appropriate care (reliability)
- paying attention to individual needs (interaction)
- keeping the practice new and vital.

To decide if your practice needs re-engineering, ask yourself the following question: Do you want to increase collections, revenue, free time, and staff morale, as well as be in front of your competitors. If the answer is "yes," then you may need to retool your practice. First, however, make sure you have clear goals and a good sense of your practice's strengths and weaknesses. Changes fail without measurable goals or realistic assessments.

From 1998 to 2000 the Scripps Clinic, based in San Diego, Calif., participated in the Institute for Healthcare Improvement's "Idealized Design of Clinical Office Practices" (IDCOP) project. The goal of this two-and-a-half-year project was to redesign the delivery of health care in the clinical office setting by testing new models of office-based practices. These models focused on 1) fundamentally improving clinical outcomes, 2) lowering costs, 3) producing higher patient/staff/physician satisfaction, and 4) improving efficiency.

Much of what we learned about improving the efficiency of our internal medicine practice is applicable to an oncology private practice as well.

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PATIENT ACCESS

During the IDCOP project we had nine internists, three pediatricians, two obstetricians, and a host of part-time specialists in dermatology, urology, otology, podiatry, orthopedics, ophthalmology, optometry, nutrition counseling, and diabetes education—all at our 30,000-square-foot, stand-alone ambulatory care clinic.

Open *patient access* was the first major piece of the project we chose to implement. Patient access is the ability to give patients exactly what they need when they need it, 24 hours a day, 7 days a week. Access is not limited to one-on-one visits with providers and should include electronic and print communications and group interactions as well.

Our goal was to create an open access scheduling system. Although patients should ideally be able to make an appointment for the time they want, our internists' schedules were booked solid for the next six to eight weeks, except for a few frozen slots that were used for urgent same-day visits.

When appointments are not available on the same day, many phone calls become lengthy negotiations about when a patient can or should be seen, often punctuated by long periods on hold while the staff hunts down physicians in exam rooms to ask advice or permission about adding someone to the day's already full schedule. When open access is instituted, the telephone problem goes away.

In internal medicine, the goal is to have between 30 to 70 percent of the schedule open for same-day visits. Internists need more open slots at the beginning of the week, and the number of slots decline as the week progresses. However, each specialty will vary.

We put a tick mark down every time we could not give a patient a same-day appointment until we could see a pattern and knew how many slots we needed each day.

Open access can be achieved in two simple steps. The first step involves working off the backlog by adding extra staff and extra appointments for a short period of time. Wait-free care cannot happen in the presence of a backlog. Once the backlog is gone, continuous flow systems can actually decrease the workload. To work off a backlog, first determine if the true demand (patients wanting appointments) is greater than the supply (available appointment slots). We wanted to know if the time required to get an appointment was increasing or holding constant at about eight weeks. We figured that if the backlog increased over time (it didn't), open access probably would not work. The second step is to determine the expected demand based on the number of managed care patients and fee-for-service visits. Our goal was to have enough open slots to accommodate the

expected number of patients calling in for a same-day appointment.

Two internists went through the open access scheduling process every six to eight weeks. After just six weeks, one internist went from zero to two open patient slots a day to 14 to 16 open slots.

RELIABILITY

Reliability means ensuring that the care you give is effective and appropriate, and incorporates best practices gathered from both outside sources and your own office.

The Institute for Healthcare Improvement's working group that created the Idealized Design of the Medication System (IDMS) looked at ways to develop and implement an effective continuous flow process in a complex, customized product delivery system. With no best practice for this ideal medication system available within the health care industry, the team looked outside the health care industry for ideas. IDMS Design Team participant Frances Griffin, senior manager for performance improvement at the Medical Center of Ocean County in Brick, N.J., (part of the Meridian Health System) suggested benchmarking a room service process. There seemed to be many similarities between the demands placed on a room service operation and a medication dispensing system, including a complex menu of items, multiple items delivered at the same time, and multiple steps in the delivery process

We found that either system can run more efficiently by not ordering items until they are needed, optimizing scarce resources, and reducing opportunities for error by having a single person (expeditor) in charge of each order. Expeditors significantly increased system performance because they were in a position to prioritize and organize the overall process.

The flow of the medication system can be evened out by leveling the load away from peak delivery times and keeping specialists focused on what they do best. In other words, pharmacists should concentrate on clinical pharmacy issues, not on medication delivery.

Another way a practice can be streamlined is by removing unnecessary activities. At the peak of our volume, we had two RNs handling up to 1,900 calls a month. We collected data and discovered that, on average, we could save three to five same-day visits and approximately 15 calls a day per internist.

Other benchmarking data can be obtained from the Medical Group Management Association or American Medical Group Associates. Some ways to achieve a better workflow are instituting triage protocols, taking patient surveys on continuity of care, and tracking data such as overtime. Measurements of success can include disease-specific health outcomes, bed days, and the patients' rating of the care they received.

INTERACTION

Interaction is the ability to give patients the help they want when they want it. Care is individualized, decision making is shared between doctor and patient, and cultural values are honored. Components of good interaction include communicating information, involving family and friends in care, instituting patient-owned medical records, using e-mail to contact patients, and encouraging patients to control their health decisions. Talking to patients is the best way to find out if your interaction goals are being met.

We found out what both our new and our existing patients wanted by talking to them when they came for their appointments and asking them to fill out questionnaires when they were in the office or when they visited the web site. We did not mail the questionnaires because mailings are expensive and very few people fill out the forms and send them back.

Survey questions could include asking if patients were satisfied with the wait time to get an appointment, if the appointments they were assigned were convenient, or what they would like to see offered, such as group appointments.

Staff in an ideal practice would say, "Every patient is the only patient and receives all the time he or she needs. Our care flows smoothly, and we customize our services by continually inquiring about patient preferences."

In our practice, interaction was implemented chiefly by starting Senior Groups for our managed care patients. We focused on senior patients who accessed their primary care physician more than 10 times a year, and created groups for them that met monthly for 1.5 to 2 hours. There were 12 to 20 patients in a group. Vitals were taken and any changes in their health status were entered in their medical records. A scaled-down version of the medical record was created for patients to take home and bring back to each meeting.

Individual monitoring was followed by a group discussion on topics from meditation to nutrition. Guest lecturers or the physicians themselves were speakers. After the group visit, a physician was available to meet with patients one-on-one. Most patient questions could be answered quickly without having to set up another appointment. Patient satisfaction was very high, and physicians could provide good care for these patients in a shorter period of time.

The out-of-pocket cost for our managed care patients in the Senior Group is only their office visit co-pay, and we are exploring options for our Medicaid patients.

VITALITY

Vitality is the ability of your practice to sustain itself financially, adapt to changing needs and times of transition, and constantly innovate to renew itself. A vital practice has good business sense. It continually finds ways to improve financial performance by improving its internal processes, products, and services. The practice reduces internal waste and invests part of what it recovers in innovation, continual staff development, and organizational learning.

To increase your practice's vitality, you will need to adopt innovative planning and payment systems, constantly research and add new services, create staff development programs, and make strategic alliances. Success in the vitality category can be measured by determining the amount of work you do that is innovative, the number of new patient visits, your operating margin, and staff morale.

As always, with change comes stress. I believe stress is important to a thriving organization as long as it is channeled in a positive direction. Your staff will become excited

about positive changes, especially if they have been involved in designing both the changes and the change process.

Patients in an ideal practice would say, "The practice continually surprises and delights me with new services and great twists on old ones. They are always trying to do a better job for me, and they ask me about how they are doing."

Staff in an ideal practice would say, "Our practice derives financial strength from continual reduction in waste, the loyalty of our existing patients, and our ability to attract new patients."

One way that our practice found to improve vitality was to promote community-based, non-profit health care agencies as a way to add services we could not provide. A kiosk was made on one of the walls in the waiting area to present approximately 27 different non-profit health care agencies in San Diego. These agencies give patients things we cannot, such as extra time and access to community resources our physicians do not always know about. For instance, the Wellness Community of San Diego offers a cancer support group for children with parents who have cancer. Our practice can offer these children only one-on-one sessions with a therapist to help them cope. The Wellness Community gives them an opportunity to be around other children in the same situation and see that they are not alone.

Second, to improve internal processes I asked teams consisting of a nurse, a secretary, a member of the business office staff, and a person from health information to evaluate a variety of our procedures—from how the medical chart was forwarded to the physician and exam room to the exam room restocking process. The team outlined the steps in the current process, and then was asked to reduce those steps by 50 percent. Having a diverse team allowed each member to appreciate what other parts of the practice were doing.

WHAT YOU CAN DO

Continually improving your practice is vital to succeeding in today's competitive world. To start streamlining your office, try one of the IDCOP strategies called "quick cycle" change. One morning ask your physicians for one simple task that delays them (such as filling out a particular form or calling patients back on normal labs) and give this task to the staff person next in line: a nurse, for example. Tell the nurse she needs to do the extra task for the morning. At noon, ask the physicians if the elimination of this one task made their life a little easier, and ask the nurse how she feels about doing this task, if she should continue to do it, or if someone else should do it.

The more you repeat this practice, the better your physicians will become at pinpointing work they must do versus work that is best handled by someone else. Adding a second scheduler or secretary, for instance, is less expensive than paying for a nurse's or physician's time, and maximizing the physician's time is the key.

A good example is reviewing your prescription refill process. Go through every step, from when a patient calls in a prescription refill to calling the prescription request back to the pharmacy. You will find that an extraordinary amount of work is involved.

I measured the actual number of feet that had to be walked to accomplish prescription refills and used a stopwatch to clock each task. What I found was surprising: 23 separate tasks that required walking approximately 765 feet. Each refill took an average of 16.78 minutes.

I brought in my administration team on a Saturday morning and worked through each step to develop a more efficient system. We dropped the tasks down to 11, the total feet walked to around 200 (difficult to lower with a three-story building), and the total time to approximately five minutes. Although there is still much room for improvement, we have already saved a tremendous amount of work and time.

I also tried to improve staff efficiency by changing the team composition. Instead of one nurse (LVN or MA) to one physician, what would happen if the LVN or MA roomed patients for two physicians and an RN triaged and did callbacks for the same two doctors? This would cost more, but the two physicians might be able to grow their practices more quickly.

Resistance from staff and physicians was great. One nurse said she would never have enough time to room 40 to 50 patients in a day because senior patients take so much time to undress and get on the scale. I listened, but did not respond immediately. Perception is not reality. I decided to have the nurse manager track the actual time it takes to room a patient. We picked our fastest and slowest nurse, and again, the results were surprising. The fastest nurse roomed a patient in an average of 2.5 minutes. The slowest nurse took 6 minutes. Armed with these results, I presented the data to the team. If the slowest nurse had 50 patients in a day to room, it would take five hours, leaving three hours of the day for other tasks. Even if an emergency arose, the nurse would have extra time. The lesson is to do whatever you need to do to find out what is actually happening.

To re-engineer their practices, other prototype sites are changing all types of visits to 20 minutes, which are easier to schedule than longer visits, and implementing DIGMA's (drop-in-group medical appointments). They are adding a nurse practitioner to the traditional doctor-nurse team, and using e-mail to communicate with patients on non-urgent issues or to relay information.

Recently, our chief operating officer asked our site to come up with aggressive targets to meet in the next six months. Although we had been part of the IDCOP program for two years, we reviewed our procedures and found 14 tasks that needed improvement, including mammogram scheduling, drawing blood in the lab, filing medical records, and the patient check-in process.

We plan to meet our goals and enjoy the process of doing so. Our philosophy is, "The only way you will fail is if you don't try. Your only obstacle is yourself." We hope you can make similar changes in your organization that will bring it closer to the ideal practice you envision and make that vision a reality you will enjoy for years to come.