The Productive Therapist and The Productive Clinic

Peter R. Kovacek, MSA, PT

Format

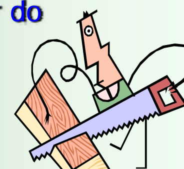
- Interactive
  - Discussions among equal peers
  - Constructive argument
- Reality Oriented
- Mutual Accountability

Expectation Planning

- I____________________________________
- I____________________________________
- I____________________________________
- I____________________________________

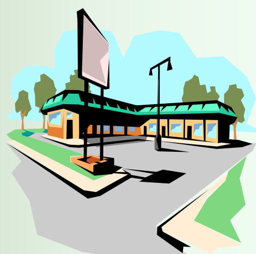
Who is The Productive Therapist?

- Many different people can be productive depending on the setting and systems in place.
- Avoid overgeneralizations
- What can the typical worker do to be more productive?



What is The Productive Clinic?

- Given the right people, any system can work
- Given the wrong people, every system will fail
- What systems are most likely to enhance productivity for the typical worker?



The Productive Clinic

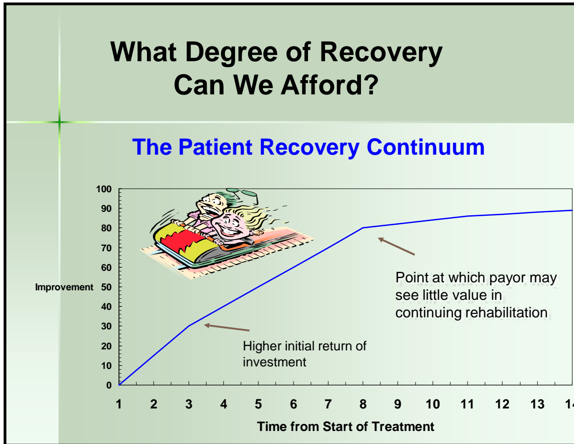
What Does It Mean To Be Productive?

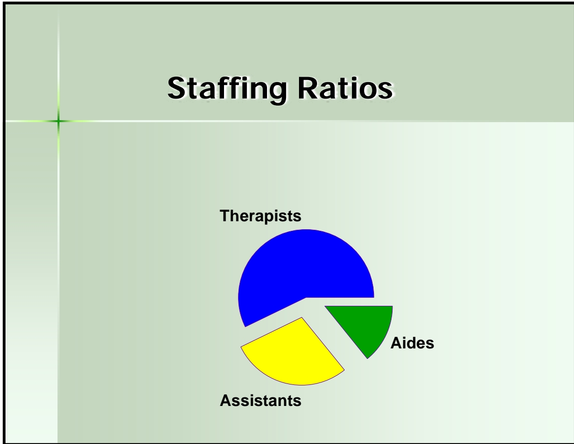
Simply - Getting More Done.
More of What? --- a crucial question.
Values determine what is important for your clinic.

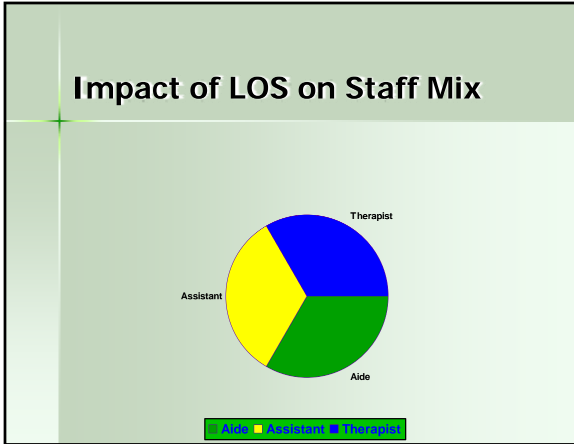
- Treatments
- Visits
- Charges generated
- Cases managed
- New cases started

Cost Reduction Strategies
Only 4 options

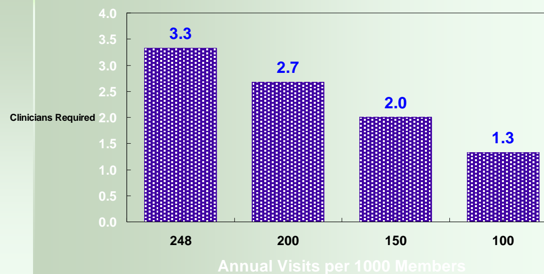
- Provide less care
  - Fewer visits
  - Shorter visits
- Lower payroll costs
  - Pay cuts
  - Work lower on the food chain
- Lower supply costs
- Accept less profit



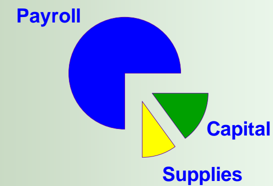




Staffing Requirements



Costs in Typical PT Clinic



Option 4: Less Profit

Factors Affecting Productivity

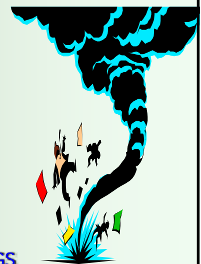
- Systems within your clinic
  - Management
  - Clinical
  - Clerical
- No one system change will work in every setting

Productivity & Quality Are NOT Mutually Exclusive

- In most industries, quality increases as productivity increases -- **to a point.**
- To increase productivity, do not assume staff can just work harder.
- Systems need to be changed to become more efficient and less error prone.
- To make systems more efficient, they need to be thoroughly analyzed and standardized.

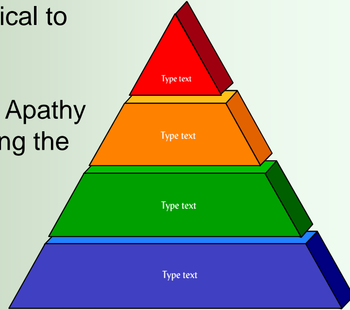
Which Management Systems are a Problem for You?

- **Management structure**
- Strategic planning
- Staff development
- Manager development
- Retention and recruitment
- Marketing and Public Relations
- **Policy development and maintenance**
- Accreditation compliance
- **Management reports**
- Payroll processing
- Supply purchasing
- Communication infrastructure **MEETINGS**



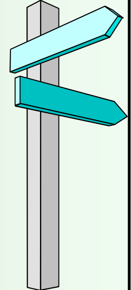
Management Structure

- Mundane but critical to efficiency
- Leadership VS Interference VS Apathy
- Time spent feeding the machine



Policy/Procedure Development

- Accreditation compliance
- Competence VS Compliance
- Manager VS Leader
  - Leader by values
  - Manager by rules
- Balance
  - Interference
  - Liability
  - Professional autonomy

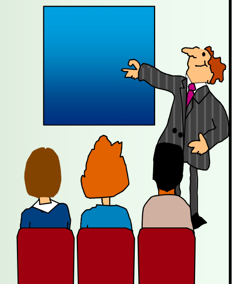


Reporting Processes

- Creating reports
- Reading reports
- Using reports
- Ignoring reports
- Stop doing reports:
  - Do anyone notice?
  - Does it matter?

Meeting Effectiveness

- Interface principles
  - Multiple time commitment/risk
- Principled meetings
  - Agenda
  - Time targets
  - Meeting critique
  - QI approach to meetings
- What is the best mechanism to accomplish the goal?
  - Meeting VS other options



Which Clinical Systems are a Problem for You?

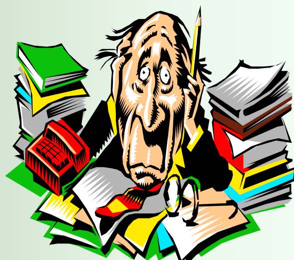
- Staff development
- Continuing Education
- Clinical education
- Aide/Tech training/use
- Documentation
- Record completion
- Staff scheduling
- Patient transport
- Supply purchasing
- Program development
- Clinical efficiency
- Third party relations

Documentation Systems

- Purpose
- Technology considerations
- Personnel considerations
- Realistic expectations

Purpose of Documentation

- Communicate
  - To others
  - To self
- Liability
- Reimbursement
- Practice Analysis
  - Research
  - Outcomes



Technology in Documentation

- Hand written narrative
- Hand written forms based
- Logs and flow sheets
- Dictation/transcription
- Automated entry
  - Bar Code
  - Template word processed
  - Scanned
  - Voice recognition
- Data based

Personnel Considerations

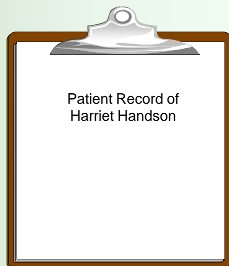
- Willingness to standardize
- Sophistication & experience with automation
- Keyboard skills
- Geographic dispersion of personnel
- Ability to support automation

Realistic Expectations

- Documentation is major source of complaints by staff
- Streamlined does not mean elimination
- Documentation is only source of credibility to many external agencies
- Avoid duplication and waste
- Reduce, Reuse, Recycle

Productive Documentation

- Standardized across staff and sites
- Max value, min effort
- Collection of data elements, not narrative
- Coordinated with outcomes
- Timely, attractive, meaningful



Best Documentation Systems

- Automated has many advantages
- Voice recognition is on horizon
- Standardize in hardcopy format before moving to automation
  - Easier editing
  - Less threatening
- Integrate with outcomes

Purpose of Third Party Relations

- Assure appropriate treatment
- Assure appropriate payment
- Joint problem solving
- Anticipate potential problems
- Marketing of your practice

Third Party Relations

- Interaction with Case Managers
- Interaction with MCO personnel
- Phone processes
  - Move to fax processes
- Develop personal relationships
  - Specific staff to specific case managers
  - Specific staff to specific MCO
  - Specific staff to specific referrers
- Give first, then receive
  - Organizational influence within the MCO
  - Board positions and Committee positions

Which Office Systems are a Problem for You?

- Patient scheduling
- Staff scheduling
- Billing
- Insurance verification
- Script re-authorization
- Referral routing
- Record completion
- Supply purchasing
- Routine typing, etc.
- Data gathering
- Report preparation
- Irregular office procedures

Scheduling

- Multidisciplinary Scheduling
  - Negotiated
  - Unprincipled
  - Miraculous
  - Misunderstood

Purpose of Scheduling System

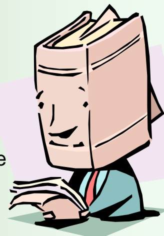
- Patient/clinician matching
- Communication
  - Internal
  - External
- Record keeping and data generation
- Practice analysis/research

Preliminary Scheduling Issues

- Who controls schedule?
  - Therapist?
  - Clerical Staff?
- How to build in accountability?
  - Clinician
  - Scheduler
- Who should access schedule?
- What additional information comes from schedule system?

Technology of Scheduling

- Appointment books don't work in medium to large clinics
- Automation advantages
  - Dissemination of real time information
  - Reporting
  - Reduction of staff/scheduler interface
  - Multiple simultaneous access
- Fancy system not needed
  - Basic data base system works fine

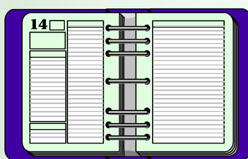


Automated Schedule System

- Automated scheduling VS automated record keeping
  - Accountability
  - Schedule management
- Who is responsible for productivity?
  - Computer?
  - Therapist?
  - Anyone?

Scheduling

- Initial visits
  - Blocks
  - Waiting list
- Recurring visits
  - Regular times
  - Inconsistent times
- Attendance issues
- Accountability issues

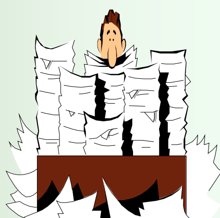


Billing for Productivity

- Use CPT/RBRVS system
  - Revenue codes in hospitals
  - Negotiate new contracts CPT
- Under billing epidemic
- Who assigns codes?
  - Therapists?
  - Clerical staff?

Record Completion

- Incomplete records are frequently a source of payment denial
- Track completion as part of Patient Information System (Schedule)
- Regular reports to clinicians with updates
- Build into PPAS



The Productive Therapist

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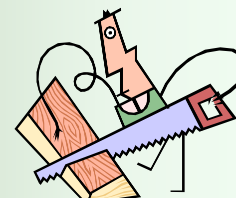
The Productive Therapist

To become more productive, we first must examine those who already are and especially those who already are not.

Who is The Productive Therapist?

Many different people can be productive depending on the setting and systems in place.
Avoid overgeneralizations

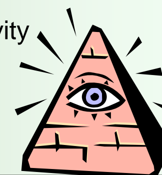


Therapist Skills

Having more skills available does not mean that what you do will be more effective
Focus is needed

Cautions

Different setting means different productivity
Different types of patients means different productivity
Support systems will have a tremendous impact on productivity
No magic "gold standards"



What Leads to Productivity?

Limit to outpatient orthopedic PT
Probably applies to other scenarios
Study pairs of therapists
- Same physical plant
- Same resources
- Same patients

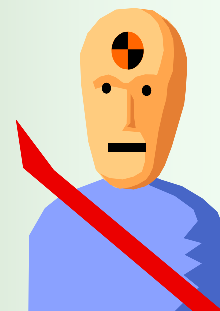
Pair differ by 30% in productivity
- Visits, treatments, etc.

Factors Affecting Productivity

Therapist Attitudes
Therapist Beliefs
- Quality
- Acceptable quantity

Therapist Behaviors
- Billing choices
- Treatment choices
- Interaction with support staff

Therapist skills



Study Design

Interviewed
125
Total Pairs

Interviewed

Structured Interviews Information Gathering

- Volume (8 - 46 pts)
- Outcomes (20%)
- Type of load (ortho)
- Hours worked
  - 40+ hr/week
- Experience (>2 yr)
- Continuing Education
- Management experience

World Class Clinicians

- Five 40+/day therapists in final group
- Not a goal - a model
- Most can not reach this goal
  - Or even come close
- Use the best to get better

Information Gathering

- Definition of quality
- "Full" load
- When does increased quantity reduce quality?
- What will managed care do to your clinical practice?
- Billing practices & behaviors
- Method of income for therapist

More Information

- Actions to increase productivity
  - Clinical
  - Business systems
  - Documentation
- Typical patient interactions (Audio/Video)
  - Initial eval
  - Routine treatment
  - Discharge
- Use of ancillary support staff (30-40%)

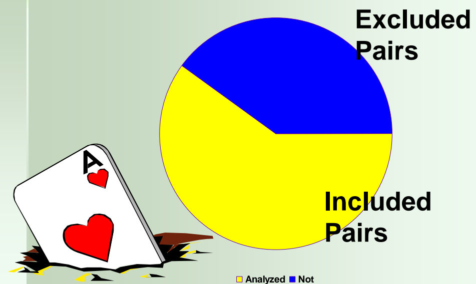
More Information

- Stress level at work
- Perceived important actions for productivity, i.e. What has worked?
- Treatment paradigms
- Use of pathways or protocols
- Extent of productivity monitoring system

Reasons for Exclusion N=50

- Inadequate characteristic match
  - Dissimilar hours
  - Varying neuro/peds load
- Inadequate quality match
  - Dissimilar outcomes
  - Poor outcomes
  - Poor patient satisfaction
- Observed poor quality or interaction

Study Design



The Productive Composite

- Tremendous variance within individual clinics and between clinics
- No relationship between stress and volume at steady state
- More stress when volume is increasing
- Few are not aware of need to increase
- Most therapists are concerned about quality degradation

The Productive Composite

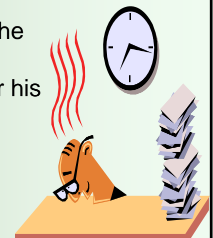
- Individual skills matter
- Individual behaviors matter
- Productivity is a discipline
- Productivity requires discipline

Bill - The Low Producer

- Feels somewhat disorganized
  - Struggles with time management
  - Tried daily planners and organizers but nothing seems to work for him
  - Thinks about today - today, not before

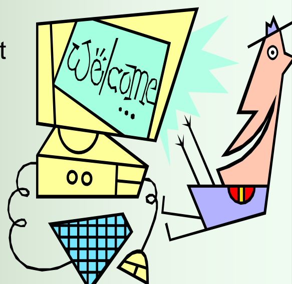
Bill - The Low Producer

- Passively accepts his schedule
  - Often not sure what will happen next
    - Today, tomorrow, later in the week
  - Tends to blames scheduler for his less productive days
- Many discharges seem "unanticipated"



A Basic Requirement

- You can not treat what is not scheduled
- You can not treat what does not show up



Bill - The Low Producer

- Frequently distracted in the clinic
  - Phone calls
  - Missing paperwork
  - Patients out of schedule interfere
  - Co-workers find him easily available to "help" with their patients
    - Interferes with treating his own patients

Bill - The Low Producer

- Misses meetings because patient care runs late into meeting time
  - Has to play catch up for meeting information
  - Considers meetings a waste of time
  - Leaves late

Bill - The Low Producer

- Documentation
  - Always seriously behind
  - Hesitant to see more patients because of the "excessive" paperwork required
  - Does not really have a "system" to get the notes done

Bill - The Low Producer

- Control of patient interactions
  - Spends significantly more time with patients but often needs to get more information later
  - Often pulled out of patient contact time by interruptions

Patient Perception of Therapist Time

- Bill
  - Patient perception of contact time is skewed low
- Phil
  - Patient perception of contact time is skewed high

Verbal Patterns

- Bill
  - Uses big vocabulary and jargon
  - Grade level 7-8-9
  - As high as 22nd grade level
- Phil
  - Use single syllable words
  - Grade level 5-6-7

Bill - The Low Producer

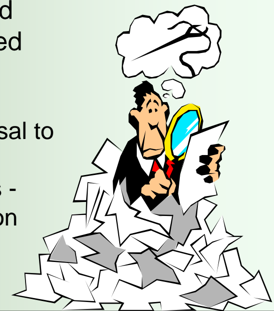
- Feels that patient education is not as important as hands on time
- Verbally allows patient to reschedule or miss treatments in the name of patient service
  - No show / Cancellation rate double that of Phil
- Sometimes fails to set mutual goals with patient

Attitudes About Therapy

- Bill
  - "Patients are here to get treatment from me"
- Patients
  - "I'm here to get better"

Bill - The Low Producer

- Specialist attitude toward treatment of complicated patients
  - When in doubt, uses all resources at his disposal to get the patient better
  - Patients get all his skills - every treatment session



Quality According to Bill

- Defines quality in relation to the amount of his time the patient gets, or that the treatment is done by a skilled Therapist

Quality vs Quantity

- Lower producers
  - Increased quantity is perceived to absolutely reduce quality
  - Doing more means doing it less well
- Higher producers
  - Increased quantity is perceived to potentially reduce quality
  - Doing more means getting more done, it may or may not affect quality

Therapist vs Patient Focus

- Lower producers
  - Define therapy from the therapist's viewpoint
  - Good therapy is when the therapist is good
  - Patient is a recipient of good quality
  - Therapist centered focus

Therapist vs Patient Focus

- Higher producers
  - Define quality of therapy from the patient's viewpoint
  - Good therapy is what works
  - Patient is an active partner in good therapy
  - Patient centered focus

Phil - The High Producer

- Highly Organized
  - Uses a daily planner religiously
  - Prepares the night before leaving
- Emphasizes scheduling
  - Can't treat what doesn't show up
  - Assured patient understands need to attend - does not give permission to miss.
  - Anticipates discharges and plans ahead

Phil - The High Producer

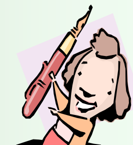
- Controls extraneous clinical distractions
  - Phone interruptions
    - Prepares a very select list of acceptable interruptions
    - Schedules time to return calls
    - Schedules a time to take calls
  - Peer interruptions
    - Shares clinical techniques but for patient reasons not social reasons

Phil - The High Producer

- Meetings
  - Attends on time
  - Requests agenda
  - Encourages time limits in agenda

Phil - The High Producer

- Documentation
  - Completes notes while with patient
    - Documentation becomes part of the regular treatment session
  - May use any of many technologies for notes
    - Whatever the technology, uses a system to make it work to his advantage
  - Keeps up - rarely falls significantly behind



Phil - The High Producer

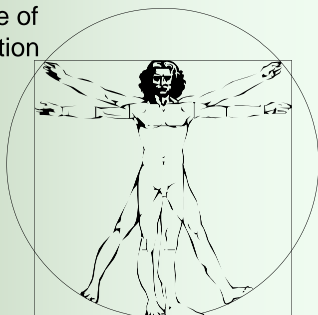
- Control of patient interactions
  - Outstanding listener
  - Intense eye contact
  - Patient perception of contact time is skewed high
  - Uses simple language and few multisyllable words to explain
  - Backs up verbal with written instructions

Initial Patient Interaction

- Does not give permission to miss
- Promises realistic goal attainment

Goal Setting

- Draws verbal picture of successful completion of therapy



Phil - The High Producer

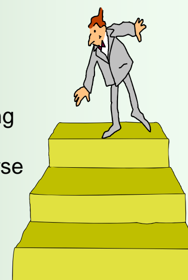
- Belief
  - Therapist is there because the patient needs them, not the patient is there for the therapist to treat
- Tiered approach to care

Phil - The High Producer

- Expert, not specialist attitude
  - Emphasizes what works, not techniques
  - High emphasis on patient's role & responsibilities
  - Excellent patient educator
  - Prefers to educate rather than hands on when appropriate
  - Focus is on patient - not therapist

Tiered Patient Care

- Focus on effective
  - Not efficient
  - Not "Cadillac-approach"
- When single preferred course is not obvious, chooses single or few interactions, not a little of everything
  - Rifle, not shotgun approach
- Starts with least risk, least cost course that is likely to be successful



Tiered Patient Care

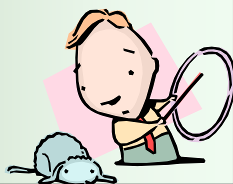
- Progresses, if needed, to next lowest cost, next least risk course
  - e.g. Hypertension intervention
- Terminates treatment when goals are reached or it is clear they are not likely to be reached
- Termination decision more comfortable

Use of Ancillary Caregivers

- Delegation won't help if:
  - You are not good at it
  - No one to delegate responsibly to
- Define capabilities and availabilities as a team
- Bad supervision worse than no delegation at all
- Define roles

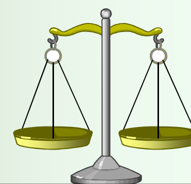
Keys for Delegation Decisions

- Education
- Experience
- Expertise



Critical Factors to Consider

- Separability of Tasks
- Predictability of Consequences
- Stability of Situation
- Observability of Basic Indicators
- Ambiguity of the Situation
- Criticality of Results



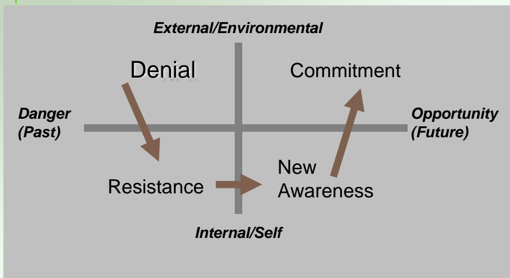
Phil vs Bill

- Neither one is bad person
  - Responsible
  - Hard working
  - Dedicated
- Neither one is Mr. Wonderful
- Phil is just more productive
- Everything else equal - more productive is better
  - Pays own way better

Changing staff behavior

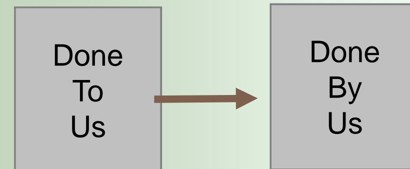
- Staff already knows importance of high productivity
- Clarify its importance in your clinic
- Help staff analyze Phil and Bill
- What can staff adopt from Phil and avoid from Bill?
- Staff needs to "handle" productivity to really learn it

Acceptance of Change



Overcoming Resistance

Convert Imposed Change
to Initiated Change



Handling the Concept

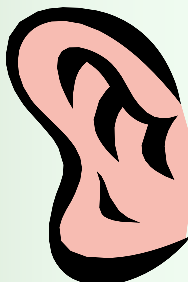
- Rubik's Cube approach
  - Don't just tell about it
  - Help staff experience it
  - Some of the rules are not known
  - Many years of practice may need to be unlearned
  - Everyone does it "their best"
- Skills are tedious to learn
  - Even more tedious to unlearn

Ask Staff Questions

- What is quality?
- When is it too much to be good?
- What have you done to be more productive?
- What is your documentation system?
- Are you a good delegator?
- Is therapy about you or the patient?

Then listen

- And keep listening



Productivity will challenge your values

- Clarify them
- Remember to focus on what is important - like Phil
- Don't get frustrated

Become The Productive Therapist

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Thank You