An Examination of the Impact of Cross training on Patient Flow and Profitability in

a Medical Practice

(This paper is being submitted in partial fulfillment of the requirement for election to Fellow)

August 2013

Exploratory Paper

<u>Objective</u>

Management and training of staff is a crucial task of Practice Administrators. Placement

and roles of staff within a medical practice can influence the patient experience and

ultimately the bottom line of the practice. Staffing in physician practices is a very

important part of both patient flow and profitability within the practice.   Practice

Administrators staff differently depending on their style of managing. Within this paper,

different styles of staffing in physician practices concentrating on the impact of cross

training, patient flow and profitability within the practice will be discussed.

Identification and application of information within this exploratory paper may assist

Practice Administrators in "rightsizing" their staffs.

Introduction

        Cross training is a common practice in many fields but is not fully embraced in

the medical community for a number of reasons most of which relate to style of

management. If done properly, however, cross training has the potential to improve both

profitability and patient flow when compared to traditional staffing. In an effort to

demonstrate the effects of cross training on patient flow and profitability, the pros and

cons of cross training and the benefits to both the practice and staffer will be examined.

There are advantages and disadvantages to cross-training; however, it presents many

opportunities for the staff involved. There are many benefits when cross-training is

incorporated into daily and monthly schedules. Even under the best circumstances, labor

demands can often exceed the anticipated need thereby reducing patient flow and the

bottom line of the practice. With cross training in these important patient handling areas,

the absence of staff goes unnoticed by your physicians and most importantly by your

patients. That is the ultimate goal for the cross training of staff—improving patient flow

and practice profitability.

Staffing a Medical Practice

        Staffing is a major concern and a challenge for Practice Administrators. It seems

to be an ongoing task to recruit and maintain the appropriate amount of staff to fill the

positions to adequately run a practice. Practices which are overstaffed in one area or

another suffer from decreased profitability due to the fact that the excess personnel are

not fully engaged in patient care. Conversely, understaffing may interrupt patient flow

by failing to efficiently move patients through their patient visit. This also leads to

decreased profitability as well as productivity. Cross training provides an effective

answer to issues of over- and under-staffing by enabling staff to effectively handle more than one area of responsibility.

What is Cross training?

Effective cross training enables one to efficiently undertake tasks or skills that are not the primary responsibility of the individual. Cross training helps make your staff more productive. It helps staff believe that it is a team effort and that everyone plays a key role in the practice success. Stevens (2006) proposes many benefits for cross training. These include:

1. boosting flexibility within office tasks;

2. fostering teamwork;

3. improving employee productivity;

4. increasing scheduling flexibility;

5. breaks up monotony by giving workers more variety to gain additional skills;

6. providing for better coverage of breaks, vacations, and other types of absences;

7. allowing employees doing multiple tasks which improves cost efficiencies;

8. preventing unwanted behavior among employees such as embezzling (since more than one employee is doing the same thing); and

9. eliminating employee mistakes (because multiple sets of eyes are working on a task).

In addition, Woodcock (2007) states that the employee will benefit from cross-training because it provides "a path to enhancing his or her skill set—and resume" (p. 318). Stevens (2006) would suggest that this also benefits the practice by stating that "the more we can train our staff to handle different jobs, the more flexibility we have as

managers" (p.2). Many days are very hectic as unforeseen circumstances arise in a medical practice. When staff is effectively cross trained in different areas, however, these days can be worked without unwanted stress and disruptions to patient care.

Additionally, cross-training enables the Practice Administrator to "rightsize" or perfect staff numbers and placement within the daily schedule: According to the Medical Group Management Association (MGMA, 2009), rightsizing is "the systematic review of staffing levels, tasks and work processes to determine the appropriate number and mix of staff needed to meet medical practice goals" (p.3). It means managing employees at a level that best fits your practice's needs. Rightsizing staff without layoffs may still result in cost reductions if the practice is able to operate with a lower-cost staff; i.e. medical assistants vs. registered nurses or trained coders vs. certified coders. Staff costs represent a major factor in a medical practice's operating costs. See *Figure 1*. With the rising cost of healthcare and declining reimbursements, cross training staff is one way Practice Administrators can cut costs while maintaining good patient care.
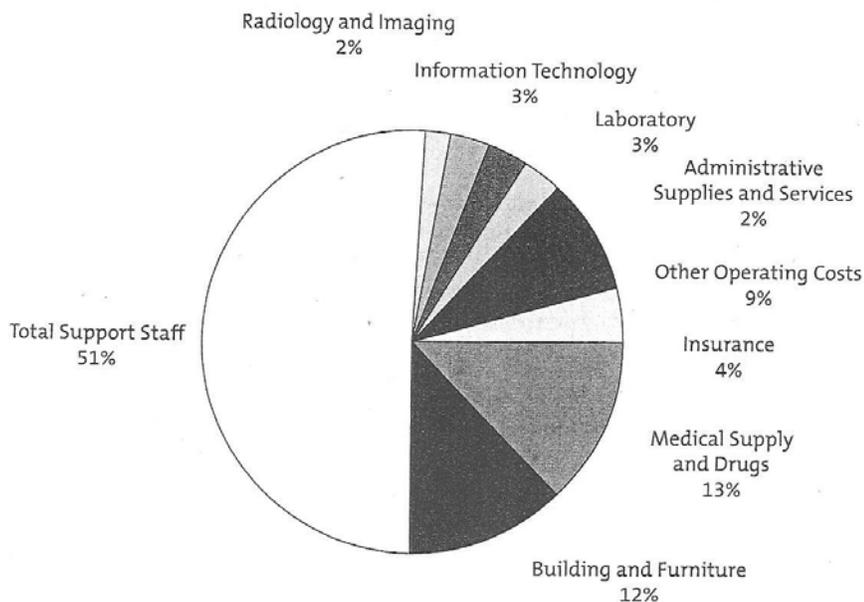

Figure 1: Typical operating costs for a medical practice (MGMA, 2009)

Practice Administrators typically staff their practices at varying levels depending on factors related to the size of the practice, specialty, and services rendered (MGMA, 2009). When a staff is rightsized, the Practice Administrator is ensuring that workloads are acceptable while providing effective service and quality care to our patients. According to the MGMA (2009), rightsizing involves five steps as listed below:

1. Benchmark the current state-Determine if there are opportunities for change or improvement based on practice data and compared to peer groups and better-performing practices. Look at the following six measures to assess staffing levels:
   - Staff FTE per FTE physician and FTE provider;
   - Staff FTE by staff category and by job classification level per FTE physician;
   - Staff FTE per various outputs such as relative value units (RVUs), work relative units, patients and patient visits;
   - Staff FTE per various inputs such as specialty and facility square footage;
   - Staff cost per FTE physician; and
   - Staff cost as a percent of total medical revenue.
2. Analyze current productivity-Understand the current productivity levels of the support staff. First, you must establish expected workload ranges by task or function and compare current staff productivity measures against these ranges.
3. Analyze the current practice model-Determine the model by which the practice operates. This includes the staff number and function allocated to each physician, method of check-in and check-out processes, medical record management, scheduling procedures and telephone processes. Many models exist, and it's important to monitor current processes and determine what works and what needs improvement.
4. Analyze process performance-Separate key business processes and create a flowchart for each. Begin this step by determining the starting and ending points of the business process and identifying each step in between. The flowchart will provide a picture of the process and allow you to identify redundant steps, unnecessary steps and other areas of improvement.
5. Take action-Share data with physicians and staff so that everyone understands the current status, may be able to provide suggestions and will be more likely to accept change. If changes are made to staffing levels or skill mix, be sure to measure patient satisfaction scores, physician productivity, staff costs as a percent of total medical revenue and revenue after operating costs, both before and after the changes are made. (pp. 4-5)

Just reviewing these five steps listed above can assist managers by examining their staff numbers and placement in the staffing schedule. It may allow a practice to readjust their current staff to increase revenue for their practice.

Cross training has a huge impact on patient flow by ensuring there is enough staff with patient centered skills to keep the process flowing as they arrive to the office or call on the telephone, or check out. This fosters positive patient satisfaction by meeting the needs of the patients in an efficient and effective manner. One of the most important factors in a patient visit that is handled by staff is promptness of the encounter. Whether by telephone or physical visit to the office, patient's time is of great value. Therefore, there should be ample staff to answer phone calls and be able to handle the calls. Also, during the patient visit, there should be sufficient staff so that patients are not kept waiting in exam rooms for labs, injections, etc. Additionally, physician orders should be carried out promptly. In order to accomplish this, the staff needs to be trained to handle additional tasks beyond their primary duties.

Cross training works best with the following positions:

Medical Assistants (MAs) - Primary tasks are direct patient care and clinical duties such as performing labs, injections, testing (vision, hearing), and procedures (ear irrigation, assisting physician).

Front Office-Primary tasks are check-in patients, collect payments, verify insurance, telephone operator, medical records, in and out going faxes, and calling out prescriptions.

Billing Office-Primary tasks are posting of payments and charges, working insurance reports, denials, collections and patient accounts, coding, and referrals.

These positions work best because staff that is proficient in their primary tasks can also perform and interchange with these three positions listed. For example, staffing an MA that is cross trained in the front office will enable the Practice Administrator to move the MA from the front office to the clinical area to help out with patient flow if all the other clinical personnel are busy and unable to get to pending labs or injections. This job shift shortens patients wait times and thereby frees up exam rooms for incoming patients. Having staff that is cross trained to assist in areas that have a higher demand to meet the patient needs improves patient satisfaction while increasing and managing productivity thus profitability of the practice. Depending upon the setup of a particular office, cross training could also be utilized using check-out to post payments or charges in between checking out patients. This is productive and utilizes time in between patients while assisting the billing office so that they can concentrate more on collecting monies and resolving insurance issues. Front office staff that is also trained in billing can collect payments up front thus preventing future collection problems. This is a time saver for billing. There are multiple ways to utilize your staff in areas other than their "expertise" and this varies in each office and similar suggestions for cross training are proposed in Physician's Practice (2004). The amount of cross training present in a practice will be dependent on the leadership of the Practice Administrator, the specialty and culture of the practice, as well as physician preferences.

While barriers or disadvantages of cross training are minimal, a Practice Administrator should be aware of them prior to implementing any type of cross training regime.

Cross training:

1. can create frustration among staff that doesn't want to work in other areas of the office;

2. takes the time of the Practice Administrator to allow for proper training;

3. costs the practice to train personnel;

4. could result in turnover of staff and loss of training investment;

5. can result in a worker doing many jobs adequately rather than doing one job well (Stevens, 2006);

6. allows clinical staff to train in other areas of the office; however, other staff cannot train in clinical tasks due to licensing and clinical training.

Despite the barriers, most researchers indicate that the benefits of cross training in a medical practice far outweigh the negatives. Elizabeth Woodcock (2007) states that "preparing an employee to handle multiple jobs might mean you need fewer employees overall and high performing practices use cross training to boost productivity and reduce downtime when employees are out" (p.318). She states it also promotes teamwork and performance improvement as employees learn from one another.

Similarly, the MGMA (2011) examined a pediatric practice in Washington as they implemented a cost-savings initiative to ensure that staff tasks were appropriate to licensure and to improve patient flow across clinics. It stated that the new approach reduced total patient visit time by 23 minutes, primarily through reduced time in waiting

rooms and during handoffs between provider and clinic staff. The MGMA also stated

that it decreased staffing needs and supply costs, and improved satisfaction for patients

and families. Their overall goal was to apply "Lean" (minimal staff needed) strategies to

develop a team approach for providing effective and efficient patient care. Lean is a

management philosophy that began in the manufacturing industry through the Toyota

Production System. They define "Lean" as to being efficient and effective as possible in

the workplace or to get more done with fewer resources in a timely fashion.

Staff Cross Training Models:

LPS Model

The LPS Model is a model that was developed internally and has the following key

elements:

1. Cross training all eligible staff

2. Maintaining staff productivity

3. Micro managing staff scheduling

4. Efficient patient flow

5. Patient satisfaction via time efficiency and decreased wait times

6. Increased physician productivity via sufficient staff to meet patient demands

7. Increased profitability is the end outcome

"Normal" or "Typical" Model

The Normal or Typical Model of staffing which is used by many practices consists of

usually one MA per physician, lab personnel, front office staff, and billing staff all of

which are trained only in their area. The practice is usually overstaffed in some areas while understaffed in others depending on patient demands.

As a Practice Administrator, the most important goals are to ensure a well-run practice that provides efficient and effective patient care while delivering productivity and profitability for the physicians. In looking at a practice and how it is staffed to meet the demands, a Practice Administrator must look at all possible scenarios in order to avoid any unfavorable situations. Smart staffing practice is a great way to be efficient and profitable at the same time.

Having worked in multiple positions within a practice, the author of this paper decided to implement cross training when she assumed the management of the practice as she had witnessed firsthand how much downtime there was at different times of the day. For example, the front office was typically very busy in the morning taking calls, scheduling appointments, etc. During this time, clinical personnel were idle waiting for patients to arrive. Conversely, in the afternoon, the work load in the front office slowed down while the work load in clinical area was more than the scheduled staff could handle. This problem became even more pronounced if a clinical person was unexpectedly absent. The understaffing of the clinical side of the practice interrupted patient flow, decreased patient satisfaction, and frustrated physicians who had pending shots, labs and other ordered procedures. This also kept the exam rooms occupied longer which made the wait time longer for the scheduled incoming patients. The clinical staff was frustrated and most often at the end of the work day left exhausted and overwhelmed. Conversely, the front office personnel were overstaffed and nonproductive many times throughout the day. The check-out person was totally non-productive because their only

duty was to collect encounter forms and make follow-up appointments. The billing office

staff stayed busy; however, were not as pressed as the front office and clinical staff,

because they were making most of the phone calls and not receiving them, and the

payment and charge entry could be easily interrupted and restarted. The pressure was

mostly on the clinical staff and the telephones and check-in as this is where the patient

demand is most of the time in a medical practice.

According to LPS Model currently utilized by the author of this paper, the MA's

are cross trained to work in the front office, primarily on the phones, so that in an absence

or a busy situation with patient care and patient flow they can immediately move to the

back to fill in the void. The clinical area has the most critical impact on patient flow and

patient satisfaction as well as productivity, which effects profitability. It also has the

most technically trained staff that cannot be replaced or trained easily. Prior to changing

to staffing in this manner (LPS Model), the practice was staffed with one MA per

physician, total. The MA's were hired and trained to do clinical patient care only,

therefore leaving the area "short-staffed" when someone was absent or "overstaffed"

when a physician was out of the office. The front office was staffed with five to six

"medical receptionists", one of them being the check-out person for the day scheduled.

The front office staff were hired and trained to do front office procedures only, which

was no instructions or training to collect any payments. The billing office consisted of

four "billers" which were hired and trained to do billing office procedures only. This was

consistent with "normal or typical" staffing which when compared with today's model,

was overstaffed in particular areas but understaffed in the clinic as a whole. The name

for the LPS model is derived from the practice where the administrator implemented the cross training.

Comparisons of Staffing Models

When compared with the typical staffing model, the LPS model eliminates one full-time Front Office worker and one full-time biller resulting in a labor savings of roughly $220.00 per day based upon current salaries for those positions within the author's practice. It increases physician productivity by a more efficient staff by patients being cared for efficiently decreasing their time spent in the office overall. There is sufficient enough staff to cover for vacations or unplanned absences. This prevents disruptions in service. Using the LPS model eliminates two full-time employees while improving patient flow and efficiency.

LPS Model: Cross training implemented

1. **A 5 physician practice: 6 FT MA's, 4 FT front office staff, 3 FT billing staff, 1 Check Out**

   Clinical Area: 5 physicians working with 1 MA per physician—MA's are all cross trained in front office

   Front Office: 1 MA, 4 front office staff—front office all cross trained in collecting at front desk, and insurance

   Billing Office: 3 billers operating all billing office tasks—all billing personnel are cross trained on telephones and medical records

   Check-out: 1 Check-out cross trained in collecting payments, posting charges and payments

All MA's working one on one with a physician are busy with patients and orders such as injections, labs, working up physicals. If a physician comes out of a room needing help with a procedure, then the MA working in front office is immediately called to help the physician. Patients or physicians do not have to wait. The same MA covers for lunch breaks so there is no lapse in clinical coverage.

Phones are busy and to decrease wait times, the billing office staff assist with answering patient calls and or making appointments. Check-out is posting charges in between checking out patients thereby allowing billing office staff to concentrate on posting monies, working with patient accounts, and resolving insurance issues.

End Results

- Physician sees up to 30-32 patients per day

- Wait time for patients to be roomed is 10 minutes

- Total patient time in office to check-out is 25-35 minutes

- Patient hold time on phones is 0-2 minutes

- Cost saving on 2 staff

- Productive staff scheduled

- Cross trained staff to cover areas in unexpected absence

- Not overstaffed when a physician is out

"Normal" or "Typical" Staffing Model: Cross Training NOT implemented

2. **A 5 physician practice: 6 FT MA's, 5 FT front office staff, 4 FT billing staff,**

1 Check Out

<u>Clinical Area</u>: 5 physicians working with 1 MA per physician, 1 MA floats—

MA's are trained only in clinical area

<u>Front Office</u>: 5 front office staff—all trained in medical records and check-in

patients and telephones

<u>Billing Office</u>: Only trained in collecting money, posting of charges and

payments, etc.

<u>Check-out</u>: Trained in collecting patient encounter forms and making follow-up

appointments

All MA's working one on one with a physician are busy with patients and

orders such as injections, labs, working up physicals. The float MA is there to

pick up and help, however, she has been unproductive most of the day because of

the busy spurts were off and on. Time and money is wasted on a non-productive

employee. Phones are busy and front office staff is busy doing various other

things, however, no one in any other area is trained to answer the phones, so

patient hold times are increased thereby decreasing patient satisfaction. Check-

out is sitting idle between patients checking out because they are not trained to do

anything else. Time and money is wasted on non-productive employee.

<u>End Results</u>

- Physician sees up to 23-25 patients a day

- Wait time for patients to be roomed is 25-35 minutes

- Total patient time in office to check-out is 50-60 minutes

- Non-productive staff throughout day

- Overstaffed according to practice demands

- Unfavorable circumstances when there are unexpected absences

Examples of staffing that do not utilize cross training result in decreased productivity and profitability. This model is the normal or typical staffing model for a practice similar in size to that of the author's current practice. The following model was in use prior to the author assuming the duties of practice manager within the office.

The results of the analysis shown is that in comparison of both models you can see that cross training staff in all possible areas can and will alleviate most unpredicted circumstances to a favorable outcome rather than chaos and loss of productivity and less patient satisfaction. It has shown the impact of profitability and patient flow for both models mentioned. It illustrates how the scheduled staff for a normal day can handle the unexpected absence of either clinical or office personnel.

Practice Administrators must also consider the legal ramifications before implementing cross training. Practice Administrators should always consult legal counsel as well as medical guidelines with their respective states to ensure that personnel may be cross trained without subjecting the practice as a whole to potential liability.

Conclusion

Medical practice administrators have many roles, but a top priority is to maintain a well-run practice that is efficient, has excellent patient care and is profitable. With the uncertainty of healthcare in the future as reimbursements decrease and costs for services increase it is even more important to find ways to do more with less. There are a number of ways to do so and cross training staff is beneficial not only in costs savings, but it

promotes teamwork, practice efficiency, productivity, and profitability.   Patient flow is improved thus patient satisfaction is met. To keep up with healthcare demands, administrators need to evaluate their practice and identify ways to incorporate any "lean" strategies as a cost-effective method of improvement and new ways to provide the best care (MGMA, 2011). One of the most common reasons for flow delay was due to full exam rooms and MA's who were busy in exam rooms so the next patient had to wait. Cross training decreases patient wait times, freeing up exam rooms by the MA that was staffed in another area so that they can be utilized when needed in the clinical area. There are many ways to use cross trained staff and in each practice may be different due to the demands and the practice culture. Another caveat is that the staff being cross trained is already familiar with the practice management software; therefore it is easier to learn other parts such as the billing portion for front office personnel or the scheduling portion for the clinical personnel.

Administrators should take a look at their staff numbers in various areas and start "rightsizing" for the demands of the practice. Staff members share a joint effort in patient care and cross training helps promote this. Staffing adequately, but not overstaffing alleviates the cost of overtime, making for happier employees, thus employees that take pride in their work.

Look for that "just right model" for your practice. "Medical practices that are highly productive already understand the principals of good staffing. They may not call it the highest and best use staffing, but that's what they're practicing" states Marc Halley, president and CEO of the Halley Consulting Group (MGMA, 2010, para. 2). The bottom

line is patient visit volume fluctuates daily, therefore the staff work is variable and cross

training is an excellent way to stay prepared and save the practice money (Keegan, 2011).

Topics for Future Study

While the benefits of cross training are readily apparent the field of primary and

pediatric care, the possibilities of implementing the principles of cross training in highly

specialized medical practices needs to be investigated further. For example, how much

cross training can really take place in a neurology clinic? Would such cross training be

so costly and/or labor intensive that it would be impractical to implement? Along similar

lines, the legal ramifications of cross training need to be studied more thoroughly to

protect the practice from potential liability. With licensing boards from each state

varying in their requirements for the practice of medical arts, a Practice Administrator

must have a firm understanding of the legal obligations upon the practice.

References

Conomikes, G. S. (2009). Why isn't your office staff more productive? *Medscape News*.

    Retrieved from http://www.medscape.com/viewarticle/710041_print

Keegan, D. W. (2011). Innovative staffing for the medical practice. Englewood, CO:

    MGMA.

MGMA. (2003). Assembling a solid staff. *MGMA Connexion.*

MGMA. (2009). "Productivity, Capacity and Staffing" from *Lessons for*

    Financial Success. Retrieved from

    http://www.mgma.com/workarea/downloadasset.aspx?id=31776

MGMA. (2010)."*Staffing your medical practice for productivity*," MGMA In Practice

    Blog, Retrieved from http://www.mgma.com/blog/Staffing-your-medical-

    practice-for-productivity/

MGMA. (2011, August). Using LEAN to redesign your team. *MGMA Connexion*.

Physicians Practice. (2004). *Cross-training staff*. Retrieved from

    http://www.physicianspractice.com/qa/cross-training-staff

Stevens, L. (2006). Cross-training your employees: Boosting flexibility, fostering

    teamwork. *American Medical News.* Retrieved from

    http://www.amednews.com/article/20060904/business/309049993/4/

Woodcock, E. W. (2007). *Mastering Patient Flow: Using Lean Thinking to Improve*

    Your Practice Operations. Medical Group Management Association (MGMA).