

A Perfect Day in Your Medical Practice: The Efficient and Well-Run Medical Office



Image via Wikipedia

- All available appointments are full.
- All staff showed up for their shifts.
- No one burns toast in the toaster oven and sets off the fire alarm.
- None of the staff show up to work wearing flip-flops or pink underwear beneath their white scrubs.
- All patients have been reminded about their appointments so they all show up.
- Patients calling for same-day appointments are able to be worked-in appropriately.
- No patients give false information at check-in.
- Established patients arrive on time with their insurance information and co-pay.
- New patients arrive on time to complete their paperwork, and give their insurance card, photo ID and co-pay to the receptionist.
- Patients with x-rays or other imaging studies bring the films or a CD.
- Patients with fasting appointments arrive having fasted.
- All patients arrive bringing their bag of medications.
- Patients in wheelchairs and with difficulty ambulating are accompanied by caregivers.
- Patients who do not speak English or are deaf have notified the office prior to the appointment and the

appropriate technology or interpreters are available for the appointment.

- Patients with procedure appointments have followed their pre-procedure instructions.
- Patients with procedures have been pre-authorized by their insurance carrier and their personal financial responsibility has been discussed with them and payment arrangements have been made.
- Patient eligibility has been checked and those unable to be authorized have been called before their appointment to gain further information about their payer source.
- If computers go down, there are paper procedures in place to enable staff to continue seeing patients.
- No patients arrive saying “I forgot to tell you, this is Worker’s Comp/ an auto accident/ a liability case and I was told by my lawyer not to pay anything.”
- None of the patients pee on a waiting room chair.
- Neither JCAHO nor any state or federal officers show up.
- The copiers and faxes all work.
- No subpoenas come in the mail.



Image by [Smithsonian Institution](#) via Flickr

- It’s not your very first day live on electronic medical records.

- All phone calls are answered before the third ring and no one has to leave a message.
- No patients walk in the door with severe chest pains and say "I knew the doctor would want to see me."
- Patients remember to call the pharmacy for refills.
- Providers all run on time and seem in particularly good moods.
- Patients get their questions answered with callbacks within two hours.
- Someone delivers sandwiches, drinks and brownies to the practice for lunch. There is enough for everyone.
- No bounced checks come in the mail.
- Providers spend so much time in the exam room listening to their patients that the patients leave feeling that every question they had (and a few they didn't know they had) was answered.
- Providers circle the services and write the diagnosis codes numerically on the encounter form, remembering that Medicare doesn't pay for consults any more.
- Sample medications that providers want to give patients are in the sample closet.
- Records that providers want to reference are in the chart and are highlighted.
- No one calls urgently for old medical records that are in the storage unit across town.
- There are no duplicate medical records.
- Patients checking out never say "But he was only in the room for 5 minutes!"
- The patient restrooms don't run out of toilet paper.
- No bankruptcy notices come in the mail.
- All phlebotomists get blood on the first stick.
- No kids cry.
- The HVAC system works beautifully, keeping it cool where it needs to be cool, and warm where it needs to be warm.
- Congress announces that the SGR formula has been revoked and a new reasonable model for paying physicians has been discovered.

- Everyone goes home at 5:00 p.m., glad to have a job, glad to be of service, and happy with their paychecks.
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Best Practices For the End Of a Patient Visit

A good “good-bye” or closure to the office visit can save the practice follow-up phone calls and can help the patient get the most from their time at the practice.



1. The provider should end the visit by having the patient or caregiver **repeat back what the plan of care** is so the provider can assess their understanding. Some practices give patients a takeaway form that has any medication changes and suggestions for diet, exercise, or repeat lab work, and others dictate the office visit and give the patient a paper copy of their visit documentation before leaving the office.
2. If the patient is having any lab work or tests, information about **when the results are expected to be reported to the practice and how the practice will be informing the patient** is important. Giving the patient very specific instructions in writing on calling the practice if they haven't heard back can eliminate a lot of unnecessary phone calls for the practice and a lot of unnecessary worry on the patient's part.
3. The medical assistant or nurse can walk the patient to the check-out desk and ask **“Were all your questions answered today?”** As an alternative, the check-out person can ask that question, and if need be, either bring the patient back to the clinic area, or page the assistant

to come to the check-out area to speak with the patient if there are questions.

4. There should be very clear communication on **when the patient is to return** if a return appointment is needed. If the patient is not able to make the appointment at check-out for any reason, the practice should have a manual or electronic tickler to follow-up with the patient and schedule the appointment at a later date.
5. When on the phone with patients staff should always finish a conversation with a recap, **repeating the information** the patient asked for and making sure the patient had time to write it down. Trying not to rush a patient off the phone, but doing things in a friendly yet businesslike way is an art!

Note: Letting the patient know how your practice will handle their calls is an important thing to discuss with new patients. Will the patient get to speak with the doctor or the nurse? How soon will someone call back? How does a patient communicate an urgent need? Discussing these practice protocols before the patient needs to know can help a patient have confidence in your practice and reduce repeat calls and confusion.