

MMP Classic: How Many Staff Do You Need?



Staffing your medical practice can be a daily balancing act.

There's no simple formula for staffing that one can apply to every practice because each specialty and each situation requires something different. It is very important to right-size your staffing. Understaffing can cause patient dissatisfaction, frustration, burnout and a staff exodus. Overstaffing can cause lower productivity, reduction in profit and never really getting to the root of why some problems exist.

Matching FTE Providers to FTE Employees

Most benchmarks utilize FTEs (full-time equivalents) which is an employee working a 40-hour week, or a provider working the number of hours considered full-time for providers. Although this works well for employees, it doesn't always follow for providers. A .5 FTE provider that works two days a week may need more than a .5 clinical and .5 non-clinical person because patients still call for prescription refills and questions and test results still arrive to be reviewed on the days the provider is not there.

Back to basics

It helps to bring the equation down to the simplest formula of clinical and non-clinical staff. For now, disregard billing, lab, other ancillary services, management, and medical records and focus first on the number of staff needed to get the patient in the door (front desk), get the patient seen (clinic assistants), and get the patient out the door (front desk again.)

Let's imagine that Dr. Goodman is a full-time primary care physician with a mature practice and a full schedule. She works 4.5 days per week and has one non-clinical person who answers the phones, checks patients in, checks patients out and handles the medical records. She also has a clinical person who rooms the patient, performs the intake, and takes the vitals. The clinical person also answers patient phone calls with medical questions and contacts patients to give them their test results. Either employee may schedule tests and referrals for patients. Dr. Goodman has 2 full-time employees and if she's really fortunate, both employees are interchangeable so each can fill in for the other if they want to take vacation or are sick for more than a few days, maybe with the help of a temp or a prn person if needed. If the practice has electronic medical records (EMR) and everything is as automated as possible, they can probably get by for short periods of time.

Most brand new practices start with just one employee who does all front office/administrative (reception, phones, registration, scheduling, referrals, time-of-service collections) and all back office/clinical (vitals, procedure prep and assistance, phlebotomy, injections, lab testing, patient call-backs.) As the practice grows, it becomes clear when a second employee is needed.

What about a practice with ancillaries or more providers?

Front desk – as the number of providers grows, so does the need for more staff to check patients in or check patients out. Floating staff between these positions can be a temporary solution before adding full-time staff in both areas. Using a patient check-in kiosk can minimize the stress of checking-in many patients arriving simultaneously, and having patients register online or through a portal can save significant registration time.

Dedicated phone staff – when employees are consistently pulled between answering the phone and working with the patient in front of them, it's time to consider a separate phone position away from the front desk. Don't overlook the possibility of having a remote employee taking calls from home full-time, or part-time during peak days and times.

"Nurse" triage – if providers are seeing patients all day every day, clinical assistants may not have the capacity to answer phone calls between patients, or to manage the patient schedule. Nurse triage can keep the office flow even by deciding when patients need to come in for same day visits, answer questions, call patients with test results, and cover breaks for other clinical/non-clinical staff. Vaccines administered by the clinical staff can often be what determines when more staff is needed – if the clinical assistant is administering vaccines, s/he is not available to room the next patient. The appointment interval can be another defining factor in how many clinical staff are needed – the shorter the appointment intervals, the more help will be needed to keep the schedule moving.

Laboratory – services can be as limited as the clinical person taking specimens, or as complex as a full-blown lab staffed with a full-time lab tech to draw blood and test it. Lab services are often determined by two factors – improved care for the patient (can the provider get test results during the visit that will assist in getting the patient diagnosed and on a treatment plan?) and convenience for the patient (how far will the patient have to go to get blood drawn at a lab?)

Referrals – most primary care offices refer patients for lots of tests and if the process is not electronic and requires lots of time on the phone, you may need to dedicate a FTE person to this job if you have 3-4 providers.

Billing – billing can be completely outsourced from the entering of charges to pushing accounts to collections, or it can be handled in-house. A typical ratio is one billing person to two providers for a practice that sends statements and one billing person to four providers if using **credit card on file**.

Imaging – for those offices that have onsite imaging, one employee is enough if there is another imaging facility close by. Depending on the imaging volume, some practices have mobile imaging services come to office once or twice a week, or have an imaging technician who can also perform other clinical duties.

Medical records – with the predominance of EMR, the designated medical record person has just about disappeared in smaller practices. Most remaining medical record functions (scanning mailed records, tracking down records from other providers or

facilities, providing records to other providers, attorneys and to patients themselves) are performed by other staff as part of a litany of shared duties.

Management – when does a practice need a manager? Well, that's another post for another day, but typically a solo physician/provider does not need a manager, unless she has lots of ancillaries with lots of associated employees. A **Fractional Administrator** can offer part-time assistance that is enough to help a small but growing practice.

And in a specialist's office:

Surgery scheduling – in some surgical practices, the clinical assistant does the scheduling while the physician is in surgery. Larger practices employ centralized surgery scheduling which usually takes 2 schedulers to make sure one scheduler is available at all times.

Specialized Testing – one technician is usually enough for each specialized testing modality, unless the practice is a referral center for other providers. The other exception is if the equipment, a nuclear camera for instance, is so expensive that the practice cannot afford to not be able to do tests if an employee is absent.

Why do some offices need more staff and some need less?

Inefficiency requires more people! If people have to get out of their seats to solve a problem or get an answer, they're inefficient.

Systems and processes must support the work of the employees, not hinder it. Do your systems support your workflow?

Some physicians can keep two (or more) clinical assistants busy.

Some physician specialties order many more tests and need more staff to schedule them.

Poorly organized practices duplicate efforts, and in doing so, cause themselves more work. A good example of this is the patient calling the practice multiple times during the day when they do not get a callback, causing much more work than if the patient was called back within 2 hours.

What should you do if you can't figure out if it's taking too many people to do the work?

1. **Do you know what every person is doing?** Have everyone keep a log of all the jobs they do over the course of several weeks. Ask them to assign the percentage of time they spend doing each task. Evaluate their lists and see if staff are carrying equivalent workloads.
2. **Cross-train employees** and see if jobs take more or less time when others do the tasks. There should be some variance, but not a significant variance.
3. **Is every task something that contributes to the practice?** Does something absolutely need to be kept in two places in two formats? Are things being done because "we've always done them that way?"
4. Is one thing so far behind that it's causing **duplication of effort**? Bring in a temp, ask staff to work on a Saturday, do whatever it takes to bring everyone back to ground zero again.
5. Hold **brainstorming sessions** with staff and involve them in developing plans for improving efficiency. Also ask them one-on-one for their ideas for improvements.
6. **We expect more** of everyone than we did before the

economy tanked, and employees are responding by being more stressed and by being out sick more. Evaluate if everyone is out more than in the past and how that may be affecting the work.

7. Do a **simple efficiency study** by observing individual employees at work and documenting what they're doing one minute at a time for a period of two hours. Graph the work by time to see what two hours of their day looks like. Some jobs are by nature "interruptable", like phones, check-in and check-out, and some jobs are performed best when the employees are subjected to minimal interruption. Are these jobs defined in this way, or are the two interspersed creating inefficiencies?
8. **Try this exercise:** create the ideal staff for your office as if you could afford every person you'd like to have. Then, start to work backwards, seeing how jobs could be combined and what positions would be nice, but not necessary. Compare the final product to what you have now, and see what the differences are. Another way to approach this is to pretend your practice doesn't have the physical confines that it does, and see if you would staff it differently if the space was more accommodating.