

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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Dear Mary Pat: Should a Medical Office Manager Eat Lunch With the Staff?

✘ A reader recently posed the question “Should a medical office manager eat lunch with the staff?” This question is more complex than one might originally think, and a lot of psychology actually plays into the answer. Here are some guidelines to help managers find the right times to eat lunch with the staff.

A manager should follow the rules set for the staff. If the rules say that lunch is to be eaten in the break room and not at desks, then the office manager should not hold her/himself above the rules and eat lunch at her/his desk because it is more convenient or relaxing.

The manager should appear in the lunchroom periodically to eat lunch as the staff likes to see the manager casually once in awhile and it’s a good chance to catch up with what everyone is talking about. It’s not good to eat with the staff in the break room too often, as sometimes they can’t relax or be natural or enjoy their lunch if they feel you are there watching them or listening to their conversation.

As to eating lunch outside the practice with the staff, choose your occasions wisely. I think it is acceptable to take the staff to lunch one-on-one for their birthday or anniversary as long as you take EVERYONE throughout the year, but typically

it would only be appropriate to go out with all the staff for a practice occasion. You can take a team of managers or supervisors that report to you out for a lunch meeting or a special occasion.

If you go to lunch with one employee regularly, you can be sure the rest of the staff is thinking that your lunch buddy has special information that they don't. Employees will worry about your ability to keep information confidential if you seem to be more friendly with some employees than you are with others. Some employees will even intimate that they have a closer relationship with you than they actually do.

If you're tired of eating alone, connect with other practice managers in the area and use the time to compare notes on issues without divulging any proprietary practice information, or just to connect on a personal level.

Managers of smaller practices might not have these kinds of decisions to make as their staff lunch breaks are separated, or the culture is such that everyone always eats together. I once worked with a practice many years ago where the staff cooked lunch most days for the physicians (2) and the staff (3) – it was both surprising and charming!

If you have any management questions you'd like me to answer, send an email with your question to marypatwhaley@gmail.com. Your name will not appear in the article.