

Orthopedic Practices Should Focus on Flow to Enhance Revenue and Optimize Surgeons' Time

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"The smoothest running clinics are the ones that control the schedule. The schedule doesn't control them."

— Cheyenne Brinson, MBA, CPA, in Orthopedics Today, 2017

SUMMARY

Because most independent orthopedic practices are physician-owned, they face relentless pressure to sustain or improve revenue, even as the evolving state of healthcare presents one new challenge after another. Among factors the practice can control, creating a smooth, sustainable workflow for providers is mission-critical, enabling physicians to be their most productive as well as ensuring patient satisfaction and high ratings for the practice. Integrating newly available analytics with your practice's historical schedule data is the most direct route to achieve optimal flow and productivity.

RUNNING IN PLACE

Physician-owned orthopedic practices are among the busiest and highest-volume providers in the healthcare universe. A typical midsized orthopedic group might have a half-dozen orthopedic surgeons and as many physician assistants, perhaps a non-surgeon physician, and a combined staff of more than 50 people. A physician might see as many as 70 patients in a full workday. Then there's the potential complexity of orthopedic visits, where a patient may interface with several specialized teams, not to mention reception and checkout staff. No surprise, then, that efficient scheduling and optimized flow are vital to a successful practice.

To meet revenue goals, your practice must effectively manage its operations on all fronts. Billing and revenue capture are a moving target as the industry shifts from a procedure-based, fee-for-service model to value-based systems, with their increased burden of record-keeping and reporting. The orthopedics world also is seeing lower-acuity cases move to the outpatient setting at a rate of 23% per year, increasing demand on private practices. Burgeoning rates of diabetes mean more patients with joint-related conditions. Surgeons today demand more flexibility in their schedules. Essential equipment upgrades put pressure on both profit and staff. And though most practices now have fully deployed EHR systems and "self-reporting" tools, charting continues to be a burden; providers have to squeeze in this work between appointments — or bring it home.

No wonder it often seems to practice managers that, no sooner have they implemented a new solution — a patient portal system, a prescription benefit manager, new software to streamline claims — than a new reality threatens to overwhelm the balance they've achieved. As one said, "My technology solutions can no longer keep up with my patient load."

Most physicians and surgeons appreciate a rapid, efficient rhythm, but that can easily tip over into frequent stressful situations.



THINK FLOW, NOT VOLUME

Successful orthopedic practices are already very efficient, seeing large numbers of patients per provider/day. But sheer volume is never the whole answer, certainly not over the long term. In a maxed-out schedule, it doesn't take much to cause a traffic jam and a lot of disgruntled patients. Any practice can have a bad day, but if it happens habitually the practice is in trouble. Likewise, most physicians and surgeons appreciate a rapid, efficient rhythm, but that can easily tip over into frequent stressful situations.

Some practices may need to increase patient numbers — that is, within an established time-frame of existing office hours. Patient volume is just part of the picture, though. In most cases, crafting and maintaining a smooth, productive flow will yield more important long-term benefits: improved provider efficiency and morale, happier (and better-served) patients, and a sustainable revenue stream over time.

Optimizing workflow to make the best use of your surgeons' precious time hinges on creating a highly refined scheduling architecture.

USE DATA ANALYTICS TO FINE-TUNE SCHEDULING

When planning any scheduling intervention, most orthopedic practices need to target these goals:

- Reduce backlogs and traffic jams
- Build in time blocks for walk-ins and urgent appointments
- Balance provider preferences and strengths with practice characteristics and needs
- Distribute call shifts equitably
- Ensure the right number of providers with the right specialization at all times
- Create windows in the workday for charting, and use other methods to spread out the EHR workload
- Optimize staffing to enable your practice to take on new contracts

Every practice has its own distinctive case mix, patient demographics, provider patterns, geographic factors, and other characteristics. In building a “blueprint” for efficient scheduling, this is critical knowledge, and it resides in the historical scheduling records of your practice. When harnessed to today's powerful analytics, this data — too often seen as an externally imposed burden — becomes the engine for optimized scheduling.

Crafting and maintaining a smooth, productive flow is key to provider efficiency and morale, happier patients, and a sustainable revenue stream over time.

To derive scheduling insights for orthopedics, practice leaders should focus on analyzing data in these areas:

- Geography and seasonality
- Day of the week and time of day
- Provider variation and specialization
- Equipment use



“SURGICAL” SCHEDULING

Applying the right analytics to your historical data reveals patterns along these and other variables. The next step is to translate those insights into the most efficient schedule architecture to meet individual surgeon preferences and practice revenue goals.

Data analysis will suggest specific tactics for modifying schedule templates. Following are the most important scheduling options. Used in various combinations, customized to the provider, these tools can free up significant chunks of time in a surgeon's day for charting, other nonclinical tasks, or recovery:

- **Compression.** If an appointment is booked for 30 minutes, rarely is the provider in the room with the patient for more than half of that time. With compression, appointments are scheduled to overlap, so the provider moves smoothly from one room and patient to another without time wasted.
- **Filler appointments.** Appointments can be added where analysis shows historical gaps in scheduling, as long as they meet the duration criteria. Or these “filler appointments” can be slotted into time freed up by compression—for example, during times of unexpected heavy demand.
- **Precision double booking** — or what we call “strategic capacity loading.” Many practice leaders have tried “blind” (uninformed) double booking, only to find that it increases frustration for providers and patients without significant increases in revenue. In contrast, strategic capacity loading is a laser-focused technique, fully informed by data analytics. With this tool you can block short follow-ups most efficiently, optimize the timing and frequency of new-patient appointments, accommodate urgent same-day requests, and pinpoint the probability of no-shows at certain times.
- **Structuring by provider preference.** This can take many forms. Longer appointments may be designated for new patients, and some providers prefer these as early as possible in the day, or the week. Others like to schedule them just before a catch-up period, so they can use that time for the extra charting required.

“Surgical” scheduling is based on analyzing practice experience to inform precise and effective use of the surgeon's time.

This version of what the airlines call “demand management” gives surgeons more control over their schedules, while still increasing productivity and getting care to patients in a timely way. It is “surgical” scheduling, based on analysis of experience to inform precise and effective use of the surgeon's time.

CONCLUSION

Orthopedic practices today have an array of scheduling “solutions” to choose among. Given the complex staffing of these groups and the many process layers they already negotiate, practice leaders need to scrutinize the potential cost/benefit of any new tech tool. Going live with some innovations can cause a dramatic (if temporary) drop in productivity, add undue stress for providers and IT staff, and/or disrupt patient flow.

Fortunately, integrating data analytics with your existing medical records system can and should be nearly bump-free. **KairoiSuite®**, the schedule-optimizing software developed by Kairoi Health, meets all the criteria: low in cost, easy to deploy without adding resources, flexible in architecture, highly shareable across users, and EHR-agnostic. A proprietary, patented engine automatically cleanses your data of potentially misleading artifacts before analysis and again before generating optimized schedule templates. This is essential to extracting full value from your data.



A National Institutes of Health study of orthopedic surgeons found that most were happy with their specialty choice, despite long hours and considerable stress. Yet no one disputes that the challenges to productivity in any private practice are ever-growing, and consequently the pressure on surgeons. Besides performing their clinical work, they typically must find time to submit charges swiftly and consult on the revenue cycle. So whatever the practice can do to make their days run more smoothly, it should. As the director of one busy orthopedic group said, “What they do is irreplaceable. ... You have to figure out how to make all the processes around physicians work as optimally as possible, so that they can produce optimally as clinicians.”

Dr. John Golenski cofounded Kairoi Health in 2014 and has guided its growth and evolution from a services group to a company creating products that target the most urgent issues in healthcare. His depth of experience spans clinical services management, health policy, physician leader training, and primary care redesign. Over his long career of industry leadership, he has worked in 49 of the 50 United States, in widely varied regional medical cultures and both inpatient and outpatient settings, on key issues from benefits design to personnel management, and from patient bed-sides to forums of national and international health policy. [Read his full bio.](#)



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