Step one to Increasing Revenue: Create a Efficient Master Schedule

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Financial Disclosure

Jeri Screnci is employed as a Practice Administrator in Ophthalmology.
I am willing to act as a consultant and I have a financial interest in the scheduling spreadsheet that is part of this presentation, though creating an efficient schedule does not require use of a scheduling spreadsheet.

How was your 2013?

- Did your practice earn more revenue in 2013 than prior years?
- Are you looking forward to the challenges of 2014?
  - PQRS
  - ICD-10
  - Meaningful Use Stage 2
  - What other possible obstacles could there possibly be?
  - The best way to prepare for the challenges ahead is to take steps to ensure that at the end of the day, opportunities for revenue have been maximized.
  - Let me show you how to create the most efficient schedule for your practice.
Why spend the time to make the provider schedule better?

- Office visits are the foundation.
- The foundation is the base upon which all activities are built. A strong foundation can set the stage to increase all other lines of business:
  - Surgical yield
  - Cosmetic procedures
  - Optical - eyeglasses and contact lenses
  - Referrals to sub-specialists

How do you start to build an efficient schedule?

- Look at your different types of exams and appointments.
- Analyze these in terms of prior year results
- What percent of each different type of exam was done in your office?

Prior Year Analysis

- Percent of:
  - Comprehensive exams
  - Short problem focused, pressure checks, eyeglasses check, post-operative visits, etc.
  - Other exams unique to your office.
  - In our office we plan for and have a special appointment for “pre-operative visits”
  - Any other appointment types or procedures that are part of your office schedule.
Know your Resources

• Know your technician abilities!
  • How much time is required for each exam type work-up?
    • Comprehensive exam, Problem focused, post-operative, etc

• Provider time for the different exams types is also necessary for the framework of a schedule. How much time would providers desire for various exam types?

Understand your needs-compare!

- **DOCS prior year results analysis for 2012:**
  - Comprehensive exams: 55-60%
  - Problem focused, post-operative, pressure check: 25%
  - Intermediate exams: 8%
  - All others: 7%

- **DOCS Office schedule template:**
  - Comprehensive exams: 25%
  - Problem focused, post-operative, pressure check: 45%
  - Intermediate exams: 8%
  - All others: 22%

Consider how you schedule

• Appointment types represent exams
  • “Long” appointment = Comprehensive Exam (complete work-up, refraction, dilation)
  • “Short” appointment = Problem focused, one-day post-op, atn check

• Consider your own schedule and how you represent other exam types:
  • Procedures, Lasers, Pre-operative

• What are your “must-haves?”
How can I possibly change this?

- Where can I possibly put more patients!?!
- Your schedule is bursting, more calls than your Physicians and staff can handle.
- Next analysis: look at how the schedule is allocated for technicians and providers
- Your schedule is busy, but is it efficient?

Schedule before-
Technicians

Analysis:
Doctor A - 22 appointments
11 short  50%
6 long  27%
5 other  3%
3 hours

Schedule before:
Providers
Schedule After-Techicians

Analysis:
Doctor A - 23 appointments
6 short 25%
12 long 50%
6 other 25%
3 hours

Compare: Before and After

Before Analysis:
Doctor A - 22 appointments
11 short 50%
6 long 27%
5 other 3%
3 hours

After Analysis:
Doctor A - 23 appointments
6 short 25%
12 long 50%
6 other 25%
3 hours

Schedule after:
Providers

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Schedules that are not efficient

Two patients every 15 minutes can result in inefficient MD time and long wait times.

Impact to the practice: results

• 2013 YOY
  MD A: + 22%
  MD B: + 10%
  Practice: + 8%

In a challenging environment, our year over year reimbursements grew. We are optimistic for 2014.

• Thank you for your time.

• Any Questions?