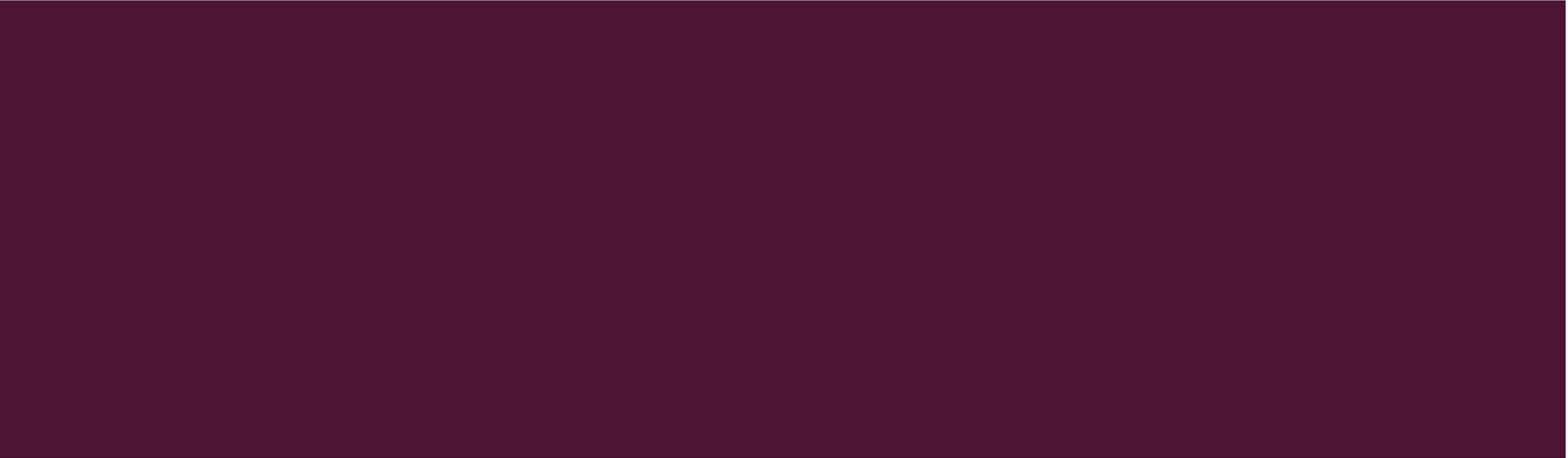




DYNAMICS OF A SMOOTH RUNNING OFFICE

KIM HEINEMAN, PMAC



OFFICE DYNAMICS

- Understanding responsibilities and challenges of the front office
- Understanding responsibilities and challenges of the back office
- Most common “battles” of the front and back office
- Effective communication techniques
- Ways to promote teamwork and productivity

FRONT OFFICE

- What do you consider front office?
 - Receptionist
 - Billing staff
- Front office is the spoke of the wheel
- Receptionist is the first impression of the office.
 - She/he is the first and last person a patient sees when they are in our practice!
- Billing is directly responsible for money flow.

RESPONSIBILITIES OF FRONT OFFICE-RECEPTIONIST

- Answering phones (small statement, big job!)
- Appointment scheduling
- Patient demographic entry
- Collecting payment for co-pays, OTC supplies, account balances
- Mail coming in and out of the office
- Filing
- Usually first line of defense with disgruntled patients or family members
- Office security by monitoring who is coming and going



RESPONSIBILITIES OF FRONT OFFICE-BILLING

- CPT entry
- Coding- ICD-10
- Keeping up with insurance rules and changes
- LCD changes and comments
- Refiling/ Redetermination requests
- Accounts receivable
- Chasing money!
- Explaining accounts/bills to patients
- Keeping doctor and practice manager happy with collection percentages.
- Deposits

Copyright 2003 by Randy Glasbergen.
www.glasbergen.com



“If you’re losing patience with our endless automated system and need to run outside and scream, press 44. If you’re feeling better now and wish to continue, press 45...”

RESPONSIBILITIES OF FRONT OFFICE

- What else are you responsible for?
- What are major stresses in your job?

RESPONSIBILITIES OF BACK OFFICE ASSISTANTS

- Rooming patients
- Taking vitals
- Gathering complete history and objective for visit
- Assist in procedures
- Perform procedures-taping, casting, ultrasound, blood work...
- Surgical authorization explanation and signature
- Surgical prior authorization
- Charting



RESPONSIBILITIES OF BACK OFFICE ASSISTANTS

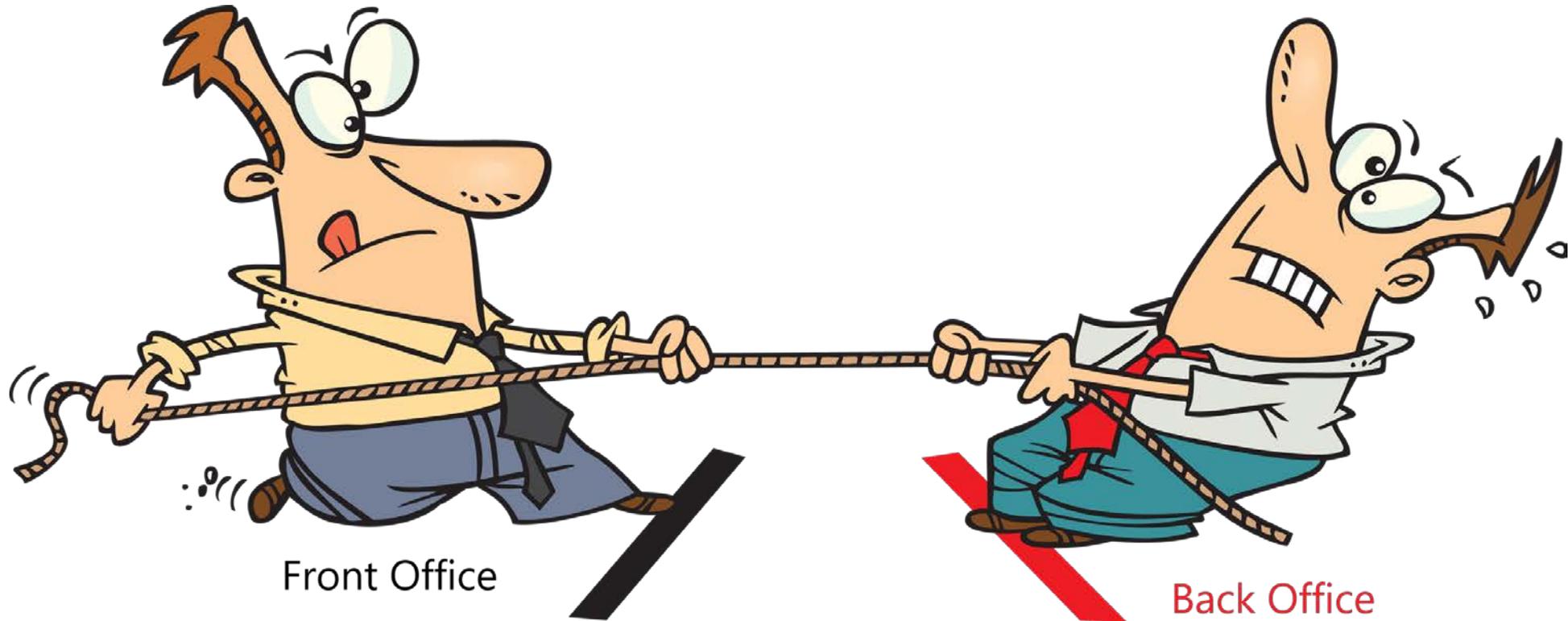
- Inventory and stocking of medical supplies
- Cleaning treatment rooms
- Instrument cleaning and sterilization
- Running “block” for DPM
- Dealing with drug/biologic/device reps
- Referrals to other specialties/providers
- Surgery scheduling
- Diabetic shoes/orthotics



RESPONSIBILITIES OF BACK OFFICE-CLINICAL ASSISTANTS

- What else are you responsible for?
- What are major stresses in your job?

MOST COMMON BATTLES BETWEEN FRONT AND BACK OFFICE



BATTLE OF THE APPOINTMENT SCHEDULER

- Front office claims responsibility for the scheduler. A common complaint from the front office is:
 - If too many people are scheduling it becomes a mess!
 - Take the blame for scheduling problems.
- Common complaint from back office:
 - A patient needs to be seen but there are no appointments available.
 - Certain appointment types (new patient, nail procedure, etc.) that take a while are booked together and cause bottlenecks

BATTLE OF THE APPOINTMENT SCHEDULE

- The schedule is part of the WHOLE office.
 - Front office should have control of it.
 - Back office should give guidance- how long for certain procedures, what can be double booked, how long for a new patient

There will always be exceptions! Have a policy that you try to follow but most importantly, keep communication open!

THE PATIENT HAND OFF

- Scenario: Mr. Jones finishes his appointment in the back. He wanders up front to check out. Rosie Receptionist has no idea what went on in the back. Mr. Jones asks if he needs to schedule another appointment. Rosie Receptionist is stuck not knowing when or what to schedule and is at a loss. How can we help?

THE HAND OFF

- One solution is to use paper slips to tell when to follow-up, to note any OTC products that need payment or any other message to the front office.
- I know we are in an electronic world but a simple sheet of paper can help with communication.
- Some EMR systems have electronic messaging so notes or messages can be sent that way as well.
- If you do not like using paper or notes (electronic or paper) you can use the verbal hand off.
 - This would be the assistant walking the patient to the front and verbally transferring the information to the front office.
 - My only concern with this is the front office remembering it all with 3 other things going on. Something could be forgotten or missed. This often leads to the receptionist having to write it down anyway.

DISTANCE

- One factor we may not think about is the physical distance between the front and back office staff.
- How do you communicate?
 - Do you walk to the other area?
 - Do you have intercom or telephone systems to communicate?
 - Do you communicate through an EMR system?
 - Do you yell to one another?
- However you communicate a system should be in place and utilized by everyone.

PERSONALITY DIFFERENCES

- Certain people and personalities thrive in different positions. It takes multiple personality types to run a successful practice. As co-workers, we need to be aware of these personality differences and how we deal with one another.

PERSONALITY DIFFERENCES

Front office-Receptionist

- Usually out-going and personable
- Loves direct patient contact
- Chatty

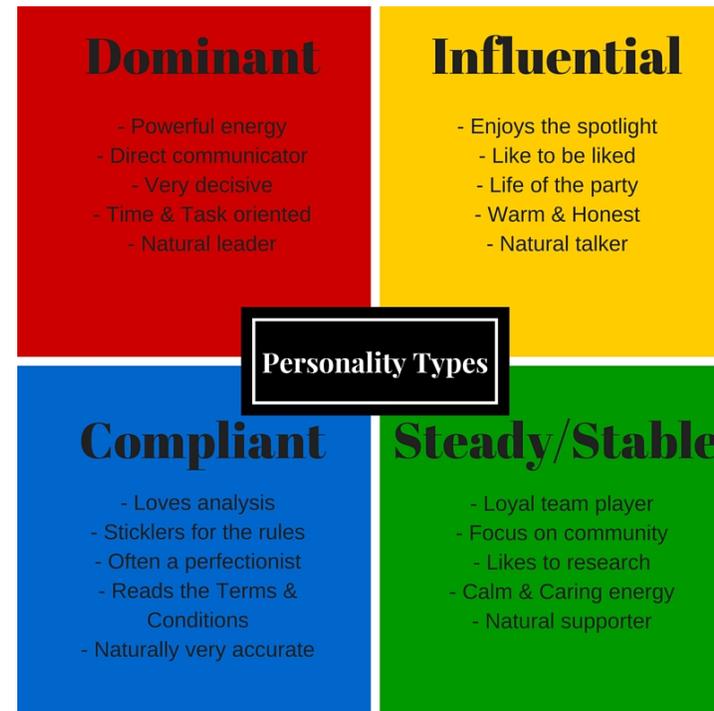
Front Office- Billing

- Likes working behind the scenes
- Task oriented
- Likes a challenge
- Likes to “fight” with insurance companies (and win)

PERSONALITY DIFFERENCES

Back Office Assistant

- Personable
- Caring, caregiver
- Clinical mindset, assesses situation/problem
- Enjoys taking care of people



MINDSET

- Everyone tends to think they work harder than everyone else.
- We are focused on what we are doing and may not realize just how much goes into a task someone else is responsible for.
- Teamwork relies on preparation, understanding and communication.

MINDSET

- What can we do to help our mindset?
 - Trade places- We can observe or cross train into other positions. This allows a realistic idea of what another position is responsible for and the work involved.
 - We should know enough about one another's roles that we can anticipate needs. By doing this and being willing to help, we foster an environment where it is ok to ask for help if you are overwhelmed or unsure.
- Meet regularly
 - Have staff meetings
 - Have daily briefing and/or debriefing



COMMUNICATION

FACTS AND TECHNIQUES



COMMUNICATION

- Communication affects everything that happens in our offices. It can be one of our greatest strengths or biggest weaknesses.
 - We spend approximately 70% of our time communicating with others.
 - The averages of how it breaks down are as follows:
 - 16% Reading
 - 9% Writing
 - 30% Talking
 - 45% Listening
- The MAJORITY of our communication is LISTENING!

BAD HABITS OF LISTENING

- Interrupting or finishing others' sentences
- Jumping to conclusions
- Making up your mind before you have all the information
- Compulsive note taking- paying attention to writing and not listening
- Impatience
- Loosing your temper or getting defensive when you do not agree
- Changing the subject to something that relates to you or your experiences
- Focusing on how you will answer or what you will say while the person is talking

LEVELS OF COMMUNICATION

- There are 3 levels or 3 parts to communication
 - 38% is voice inflection
 - 55% is non-verbal

This totals 93%!!! That only leaves **7%** for the actual words!

THINGS TO CONSIDER WHEN COMMUNICATING

- Who you are talking to
 - Would you talk to or communicate in the same way to a 15 year old boy and 92 year old woman?
- How are you communicating?
 - What is the mode of communication? Verbal, written, etc.
- The power of non-verbal communication
 - Are you standing with your arms crossed? Are you looking down or around instead of making eye contact?

STANDARDS OF EFFECTIVE COMMUNICATION

- Communicate relevant information
- Convey information so it is plainly understood
- Keep information as brief and concise as possible
- Offer and request information in a timely manner
- Be specific, if information is vague it leaves an area for different interpretations
- Acknowledge information received

COMMUNICATION SHUT DOWNS

- These are phrases that are detrimental to effective communication. Certain statements have a negative effect on any further discussion.
 - Examples are:
 - Don't be ridiculous
 - That's not my responsibility
 - We don't have time
 - We've never done that before
 - That's not how we do things around here
 - It can't be done
 - Are you crazy?

OBSTACLES FOR COMMUNICATION IN MEDICAL OFFICE

- Turn over or changes in team members
- Short on time, rushed
- Defensiveness
- Varying personalities and communication styles
- Conflict
- Lack of follow-up
- Distractions
- Fatigue
- Over worked, heavy workload
- Lack of role clarity

PATIENT CARE COMMUNICATION

- When communicating with other staff about patient care the following things should be included:
 - Situation: What is going on with the patient currently
 - Background: Clinical background and other background information that is relevant

SWITCH OFF

- When transferring care of a patient make sure appropriate and applicable information is relayed.
- Allow the opportunity to ask questions and clarify information

CLOSED LOOP COMMUNICATION

- Use closed loop communication.
 - Sender gives the message
 - Receiver acknowledges and confirms
 - Sender verifies
- This will take away any chance of miscommunication
- Example:
 - DPM: “Need a DP/Lat right in room 2”
 - Assistant: “So you want a DP and lateral right foot on Mrs. Jones who is in room 2?”
 - DPM: “Yes, that’s correct”

TEAMWORK AND PRODUCTIVITY

- What are our goals?
 - To improve teamwork and communication
 - Reduce the risk of errors
 - Ensure safety of ourselves, our co-workers and our patients

WHAT CAN WE DO?

- Assess and know your office
- Provide mutual support
- Use team tools

ASSESS YOUR OFFICE

- Do your patients have any idea how chaotic our offices really are?
 - How would they know?
 - What do our patients see and hear?
 - Do we want our patients to have a perception of chaos? **NO!**
- If you could describe your office in one word, what would it be?
 - Busy, chaotic, organized, unorganized.....
- If your patients were asked to describe your office in one word what would it be?
 - Knowledgable, comfortable, clean, on time, pleasant, late...

ASSESS YOUR OFFICE

- Our offices should appear calm and organized to our patients.
- We all know, in reality, there are 3 phone lines ringing, someone checking in at the front desk, someone checking out, a new patient in room 2 that needs x-rays, Mrs. Smith who is lonely and talks forever in room 3, a denial for a precert on a surgery that is scheduled for tomorrow, a patient holding on line 3 upset about their bill and 15 other things going on all at once!
- How do we work together and appear calm? How do we stay organized?

MUTUAL SUPPORT

- This is one aspect of a successful team!
 - You should know enough about one another's roles to be able to anticipate needs.
 - Pay attention to one another. Some people just won't ask for help! Create an environment for helping one another.
 - Foster an environment where it is ok to ask for help when you are overwhelmed or unsure.

TOOLS

- Use flow charts and processes
 - Example: For labwork being ordered, received, reviewed and discussed with the patient.
 - Who is involved? DPM, assistant, receptionist
 - What is the process:
 - DPM orders labwork
 - Assistant draws the labs, attaches appropriate paperwork and sends to lab
 - Receptionist receives the fax with the results.
 - Receptionist gives to DPM for review.
 - DPM signs off and sends back to receptionist to call patient and schedule follow-up appointment to review results.

TOOLS

- Daily Briefs
 - Have a short session about patients on the schedule for the day, expectations for the day and the schedule in general.
 - Assign roles and duties
 - Anticipate outcomes or difficulties that may arise due to the schedule.

TOOLS

- Debriefs
 - Exchange information after the day or specific situation to learn what works and what doesn't. Especially after a unique situation or extremely busy day.

TOOLS

- Pay attention to what is going on around you
 - Watch one another's backs.
 - Speak up if you see a mistake
 - Offer help if someone is behind

TOOLS

- Example: Office policy states if a patient is more than 15 minutes late for his/her appointment they will need to reschedule.
 - Mr. Johnson shows up 20 minutes late.
 - Rosie Receptionist tells him he will need to reschedule.
 - Office Manager Ollie overhears the exchange. She realized Mr. Johnson drives a long distance and has to rely on friends or family members for transportation,
 - Office Manager Ollie pulls Rosie Receptionist aside and praises her for adhering to the office policy. She explains Mr. Johnson's situation and has Rosie advise him we will make an exception this once so he can be seen.
- This is the proper way to handle the situation. How do you think it would have been different if Ollie Office Manager interrupted and said "no, we will see him today?"
- It would have upset Rosie Receptionist. She would have lost credibility to this patient and any other that overheard the conversation.
- It is important to communicate to one another and think about the situation and setting.

COMMUNICATION EXERCISES

- Following Directions
- Count the Ss
- Picture This
- Train Story

JUST A LITTLE FUNNY.....



-
- Kim Heineman, PMAC
 - Vice President, ASPMA
 - kheineman@mfs.omhcoxmail.com

THANK YOU!