

Patient Volume And Your Medical Practice
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When I perform an assessment for a medical practice, one of the first data sources I evaluate is patient volume.

While this helps me get a “feel” for a provider’s productivity and that of the practice, it can also **help you** make critical decisions you may face such as

Is it time for us to add another physician? Extender?

Do we need to develop a replacement plan for partners retiring or reducing their role(s) in our practice or can we handle the volume without adding physicians or extenders?

How can we evaluate the productivity of our satellite office(s)?

Do we have time for more surgery, clinical trials or to pursue outside interests?

The first step in this process is to gather and separate data:

? ? Three month(s) of patient schedules (adjusted for “no shows” and any other patients not actually seen). Separate by provider and by office.

Why three (3) months? My experience is that looking at multiple months reduces the chance of significant deviations created by vacations, leaves or illnesses.

Note: If you are a sole practitioner, you get to skip the separation step!

? ? Physician and extenders daily schedules (adjusted for lunch, surgery or meetings)

At this point, open up your new EXCEL spreadsheet and begin counting patients and separating data by locations. Let's assume we have an OB/GYN practice (*this can be done for any specialty*) with two (2) locations and two (2) physicians working with the following hypothetical data:

Physician A

	<u>Office A</u>	<u>Office B</u>	<u>Totals</u>
<i>Patients Actually Seen</i>	600	450	1,050
<i>Hours Actually Worked</i>	150	150	300
<i>Patients Per Hour</i>	4.00	3.00	3.50

Physician B

	<u>Office A</u>	<u>Office B</u>	<u>Totals</u>
<i>Patients Actually Seen</i>	500	250	750
<i>Hours Actually Worked</i>	225	75	300
<i>Patients Per Hour</i>	2.22	3.33	2.50

Combined

	<u>Office A</u>	<u>Office B</u>	<u>Totals</u>
<i>Patients Actually Seen</i>	1,100	700	1,800
<i>Hours Actually Worked</i>	375	225	600
<i>Patients Per Hour</i>	2.93	3.11	3.33

Now, remember-this is three (3) months of data. To get a monthly figure, divide by 3!

Now, let's interpret this data:

- ? ? Physician A and Physician B both work 100 office hours per month (I look for 90 hours per month for a full-time OB/GYN so this is good).
- ? ? Physician A sees 3.50 patients per hour (I want OB/GYN physicians to be at this level so this is good). However, Physician B only sees 2.50 patients per hour Not good, right? Not necessarily, since he or she could be GYN only with no short OB visits. Also, Physician B could be doing a lot of office procedures and hospital surgery so that his or her charges and collections are high. What about his or her scheduling template? Maybe it needs "tweaking".

My point to you: numbers can often be misinterpreted. We need to look at the entire picture.

? ? Physician A is more productive in Office A than Office B. The opposite of this is true for Physician B. Is this bad? Not necessarily. It's a positive that they "balance" each other out, particularly if you feel you need both offices. Also, since Physician A is more productive in Office A, how about shifting Physician A into Office A for more hours than Office B and, since Physician B is more productive in Office B, shifting Physician B in Office B for more hours than Office A?

? ? Do they need more physicians or extenders? No, in fact, they have excess or surplus office hours

<i>Patient Volume</i>	<i>Hourly Ratio</i>	<i>Hours Needed</i>	<i>Actual Hours</i>	<i>Surplus (Deficit)</i>
1,800	3.50	514	600	86

There are approximately 29 extra hours per month between both physicians that could be put elsewhere (*not a lot* but they could go toward more surgery, summer hours on Fridays, etc.)

Overall, with the right scheduling template and support staff and interpreting the data above

Both physicians can see the same number of patients they currently see with less hours

or

More patients without increasing the hours they work

Other Benefits

? ? Monitoring your patient volume monthly can also give you a "heads up" on an "off" month you have each year so that you can prepare for it (scheduling physician and/or staff vacations for that month).

? ? Poor results in a satellite office on a continual basis may be telling you that you don't need that office or that you should reduce the hours (and staffing) in that office, making you "leaner and meaner".

Without monitoring your patient volume, you would not have any of the information necessary to make these important decisions. There are so many benefits to knowing your patient volume that it is worth the time and effort to do so *every day*.

Why not give it a try and see if you don't agree?