

# Practice Management

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# Getting a good reception

## *5 signs your front desk has a problem*

Typically, physicians don't spend a lot of time in the reception areas of their practices. Yet the front desk is the first face-to-face interaction patients have with your staff, and first impressions matter. Any problems there can negatively affect your practice, possibly reducing patient retention — and your bottom line.

### The red flags

Here are five warning signs that your practice may have a problem in your reception area:

**1. Mishandled phone calls.** How does your front desk staff handle phone calls? Do they answer abruptly and carelessly with an impersonal tone, or in a friendly way that conveys willingness to help? An easy way to find out is to call the office yourself or listen in on calls. You may learn a lot about how it feels to be a patient of your medical practice.

Other potential issues with how the phones are handled include callers being accidentally cut off.

Does your staff have appropriate instruction on how to operate the phone system, including how to transfer calls, place callers on hold or use the intercom? Do they work from scripts, or are their responses to typical questions improvised? And, worst-case scenario, are they giving unauthorized medical advice?

*Staff handling the schedule*

*need to understand the difference between a routine visit, a complicated visit or a brief follow-up visit.*

**2. Scheduling problems.** Electronic medical record (EMR) systems offer efficiency in programming your desired schedule. Often, they're set at a default of 10- or 15-minute blocks for every type of appointment. Unfortunately, not all visits fit into this rigid schedule pattern.



Staff handling the schedule need to understand the difference between a routine visit, a complicated visit or a brief follow-up visit. They also should know the types of treatments common to each type of visit, and how much time each might require. It's a good idea for front desk staff to have a list of triage-type questions that will help them identify the type of visit that will be needed. They also need guidance on when it might be reasonable to double-book or create time for special cases without throwing your daily schedule into disarray.

### 3. Staff that aren't the right fit for the job.

Not every person in a medical practice should work the front desk. Some staff members might be better in back-office positions or in other parts of the practice. Although standard office skills — such as using scheduling software, retrieving patient records and bookkeeping — are a significant part of the front office skill set, the job also requires excellent people skills. One warning sign of potential reception area problems is when you hire staff who would prefer to be working in a clinical setting, perhaps because that's what they're trained to do.

### 4. Unenforced, unwritten or inconsistent policies.

It's important to follow up to ensure that policies and protocols you think are in place are being followed. Putting everything in writing can be helpful. In addition, remind staff of them regularly, perhaps with an annual review of your practice's policy manual. Written policies for the reception area should include procedures for:

- ▶ Handling money,
- ▶ Communicating patient financial responsibilities,
- ▶ Collecting copays,
- ▶ Handling missed, canceled or late appointments as well as walk-ins, no-shows and emergencies,
- ▶ Dealing with outside physician-referred patients, and
- ▶ Addressing any lack of insurance referrals.

It's also important to understand that a written policy that doesn't involve training, discussion or enforcement is no policy at all.

**5. Lack of proper tools.** How patients interact with the front desk staff can be determinative in whether those patients feel their needs are addressed properly. So, the reception staff need to be professional and efficient — all the time.

For that to happen, they need to have the tools for success, such as the right equipment, including an up-to-date phone system, and updated computers and software. You also need to ensure they clearly understand job expectations and are given the training and protocols needed to meet them.

### Be aware

A well-run reception area can cement your patient relationships and keep your practice thriving. When patients attempting to interact with your practice's front office staff experience difficulties getting their needs met and their questions answered, they may think twice about returning. Make sure reception problems aren't interfering with the success of your practice. ▶

#### Patient satisfaction surveys

Patient satisfaction surveys should cover more than the front office staff, of course. But part of the survey should focus on this part of your practice. Examples of potential questions include:

- ▶ Did you have any issues arranging an appointment?
- ▶ If you have called with an urgent matter, did the office staff respond in a timely manner?
- ▶ How long did you wait in the office (excluding your appointment time) to be seen by the provider?
- ▶ Overall, how would you rate the front desk's customer service?
- ▶ Was the front office staff courteous, warm and friendly?

# Starting a new practice? Be sure to write a business plan

Many medical practices have been faced with both financial and practical challenges over the past two years because of the many effects of the COVID-19 pandemic, some temporary and some lasting. As a result, when starting up a new practice, you need to ensure it's designed to survive and thrive in this new environment.

You can't casually assume that, if you treat patients and pay the bills on time, your new practice will be fine. You need to plan your operations strategically — and creating a business plan can help provide you with a blueprint for success.

## What should it cover?

A good business plan generally should contain:

**A business description.** Essentially, this is your medical practice's mission statement. It could consist of a single sentence, such as: "To run a single-practitioner family medicine practice." Or: "To run a single-practitioner orthopedic surgery practice focusing on sports and athletic medicine." But those examples are rather bare bones. It's a good idea to include more details on your intended practice structure, whether you plan to have a partner and whom you expect your target patient population to be.

**A marketing plan.** Marketing is a never-ending aspect of running any business, but it carries more weight when starting up a practice. Plan on developing a website and being on social media platforms such as LinkedIn. Make sure you connect with local physicians and introduce yourself as a potential referral doctor. Based on your practice's focus, you may even want to visit nursing homes or sporting events — wherever your targeted group of patients might be.

In addition, ask any hospital with which you're affiliated to help you market your new practice. Pharmaceutical reps also are often willing to assist with marketing efforts. An open house can be another way to introduce your practice to the community.

**Financial budgets.** Start-up medical practice budgets need one budget for the business and another for the household. Generally, new practices require about six months of working capital for both the business and the household.

The household budget includes how much money you need to live on for six months, including rent or mortgage, taxes, insurance, and food. Be generous with yourself, because it's better to estimate on the high end and have more than you need rather than less.

The business budget is more complicated and requires you to make decisions about your practice. For example, if you plan to perform surgery, you'll need a surgery suite. This will require a larger space and a bigger budget that includes equipment and staff. After you decide the appropriate number of staff, you'll need to determine how much to pay them and what kind of benefits you'll offer.

A specialized consultant can help with many of these decisions. A pro forma budget covering



expenses and income for the first year makes sense — but having one that projects financial activity for two to five years is even better.

*After you decide the appropriate number of staff, you'll need to determine how much to pay them and what kind of benefits you'll offer.*

**A staffing strategy.** Management includes you, of course, but the biggest part of your job is to see patients. You'll likely need someone to run your office. Thinking this through will help define your practice and shape the budget. Decide whether you'll hire an office manager or administrator

or act as your own — at least at first. Determine how many nurses will be needed and whether you'll need to hire a specific number of physician assistants or nurse practitioners. Finally, evaluate whether you'll need additional full- or part-time staff on board.

### Who can help?

After you've written the initial draft, it's generally a good idea to revise your business plan based on advice from qualified professional advisors such as your banker, your CPA and your attorney. If you consider all aspects of operations and put sound strategies in place, you'll better ensure that your new medical practice will get off to a good start and meet the distinctive challenges of these uncertain times. ▶

## How to choose the right scheduling approach

Among the top patient complaints is waiting too long to see a doctor. And all too often, it's with good reason — practices simply don't implement good scheduling practices. Many randomly fill in appointments where there's a slot, regardless of what the patient is there for. As a result, the daily schedule can turn into a chaotic mess long before noon.

### 3 common schemes

There are three broad types of scheduling schemes:

**1. Traditional, or standardized, method.** Using this approach, a physician's schedule is split into

consistent blocks, often consisting of 15 minutes each, with four per hour (or 10 minutes, six per hour). Patients are simply slotted into the blocks.

This method is simple and straightforward, but it doesn't consider emergencies, late patients or no-shows. It also doesn't account for the variability of patient visits, where some procedures might take five minutes while others might take 30 minutes or more. Another name for this method is "cramping," which isn't a compliment.

**2. Wave, or steady stream, approach.** This can be implemented in several ways, but the most

common is to schedule several patients, often six, at the top of the hour. While staff is collecting data, information and vitals from several patients, the doctor is seeing others. A modification is to spread the six patients over an hour, with two scheduled on the hour, two at the 20-minute mark and the remaining two 40 minutes after the hour.

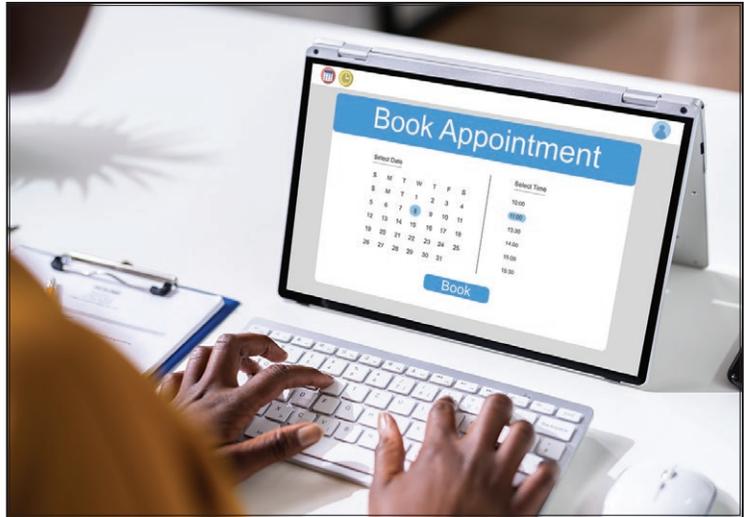
**3. Modified wave approach.** As the name suggests, this is similar to the wave method. However, this method leaves the last 15 minutes of the hour open to allow the physician to finish with patients or deal with any unexpected problems that arise. The benefit of this approach is having time built in to deal with the unexpected.

### Specific considerations

Weigh various factors when deciding which type of scheduling works best for your practice. First, assess what type of practice you have. If you run an operation that handles many routine care situations that can be triaged by ancillary staff, that may require one type of scheduling. However, if most of your care situations involve extended examinations and treatments, that may call for a completely different scheduling method.

Second, be honest with yourself about how you approach your day. Are you able to stay on a strict schedule, or do you feel that spending more time with each patient is important? Do you tend to get behind, no matter your best intentions? Do you schedule time throughout your week to deal with business-related issues, continuing medical education and correspondence? These factors all play a role in what system would work best.

Third, how much staff do you have? Are there enough employees to take vitals and triage some patients while you see others? Is this the case for all patients or just for specific types of cases?



Your best scheduling approach might turn out to be a mix of all three approaches mentioned, perhaps with some adjustments of your own. Finding the right balance will require insight into your medical practice's purpose, culture and your own personality.

For example, you may want to schedule specific types of patients in blocks. New-patient visits might take 30 to 45 minutes compared with a typical 15-minute appointment for an existing patient. Some physicians set aside one day a week for longer appointments, whether new-patient visits or annual physicals. That way, for the remainder of the week, they can focus on shorter appointments, such as treatment of acute illnesses or surgical follow-ups.

### The necessity of buy-in

Occasional conflicts will likely happen no matter what scheduling approach you use. And we haven't even mentioned software. It's possible your scheduling software isn't adequate or flexible enough for your needs, but that's a matter for another day.

Ultimately, whatever approach you choose, obtaining buy-in from your fellow physicians and staff is essential. An effective, widely embraced scheduling policy can lead to a less stressful work environment that maximizes efficiency, good patient care and profitability. ▸

# Tips for hiring the best staff for your practice

Especially since the COVID-19 pandemic hit our economy, labor issues have become paramount for many businesses. Even medical practices can be negatively affected by labor shortages. If you're struggling to find good staff but not receiving enough good applications, you might need to reconsider your search requirements. That doesn't mean you need to lower your expectations, but perhaps it's a good idea to rethink exactly what you're looking for.

## Skills and abilities

First, spend some extra time specifying the skills necessary for each open position, whether those skills involve working with scheduling software, answering phones, performing billing or interacting with patients. Also consider what "soft skills" might work best in those positions. Is a sunny, upbeat personality really a key qualification for billing, or do you want someone with particular attention to detail?

Questions during the interview should focus not only on a job candidate's skill set and experience, but also on whether the candidate's personality is appropriate for your practice. You need to rely on



more than just a gut feeling — particularly if you're trying to determine less obvious characteristics, such as timeliness, motivation, high energy, positive attitude and coachability.

Also, discuss expectations — both yours for prospective employees and what they expect from the practice. What kind of work experience are they looking for? If they're just out of school, ask why they picked the medical field and what they hope to accomplish in their career.

## Other considerations

Keep in mind that state and federal laws for interviews can be a minefield of potential discrimination in terms of protected categories. These include national origin, citizenship, age, marital status, disabilities, arrest and conviction record, military discharge status, race, gender, and pregnancy status. Ensure that your staff are trained to follow the law and, when in doubt, consult with a labor attorney.

Sometimes it's best for the physicians in the practice to *not* do the actual hiring, but instead play an oversight role in the process. Ideally, the individual with hiring responsibilities should be someone with experience in human resources, such as a manager or supervisor. Small practices don't always have a designated HR employee, so you also might consider hiring an outside consultant, staffing agency or medical staffing network.

## Qualities matter

Think long-term when hiring. Hiring an inexperienced person with the right "soft" qualities who you can train can be a better long-term solution than hiring an experienced person with a bad attitude who doesn't fit in with your practice's culture. ▶

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