Center for GI Practice Management and Economics

AGA Center Consulting Services

Case Study: A Practice in Crisis

Since its inception nearly four years ago, the **AGA Center for GI Practice Management and Economics** has helped GI practices throughout the continental US and Puerto Rico solve a variety of practice management problems and improve the operation of their practices.

This case study is the third in a series of case studies of consulting projects conducted by the Center. Previous case studies appeared in the August 2003 and January 2004 issues of *GI Practice Management News* and can be found on our website at **www.gastro.org/center**. To protect the confidentiality of our clients, we have combined the characteristics of several practices that we visited.

Practice 3 is a two-physician practice in a small town in the southeast. The practice is one of two in a 20-mile radius. The other practice in the community is a solo practitioner. Both practices have a heavy demand for their services. The physicians in the practice work 12 hours a day, five days a week and share call on the weekends with the other practice. Each physician is on call every third week. Both physicians are in their early 40s and have a family that they rarely see because of the heavy work load. Both physicians are close to burning out. They have been recruiting another physician to join their practice for over a year, unsuccessfully. The purpose of the assessment was to lighten the load on the physicians without impacting access to care and reducing income.

Step 1: Assessment

The Center was contacted by one of the physicians to evaluate the practice and to provide recommendations that would address the problems. The project consisted of the following:

- Interviews with the physicians and staff;
- Observations of the clinical and clerical area;
- An analysis of financial reports;
- A medical record review; and
- Reimbursement and compliance training for the physicians and staff.

Step 2: Conclusions

The physicians required a reality check. Given the shortage of gastroenterologists in most areas of the country, it was not likely that they would be able to successfully recruit another physician to their practice. An analysis of the revenue to expenses indicated that the practice was paying significantly below the norm for expenses relating to staff. The physicians were doing much of the work that should be performed by a medical assistant because that was the way they were accustomed to working. Not only were the physicians overworked, but their referring physicians and patients were not happy with the long wait to be seen.

Both physicians spent half of the day in the office seeing patients and the other half doing procedures and rounding on patients in the hospital. Many of the office visits were for healthy patients that were referred for screening colonoscopies. The physicians were on staff in five hospitals in the area and spent as much as two hours per day traveling from the practice to all of the hospitals. Each physician rounded on his/her own patients in all of the hospitals each day. Because of the schedule, the office was without a physician every afternoon. The staff made themselves busy in the afternoon with clerical functions.

Step 3: Recommendations

- **Increase staff.** Given the reality that it was not likely that the practice would be able to get a new physician any time soon, it was recommended that the practice hire a non-physician provider (NPP), a nurse practitioner or physician assistant. The NPP could see the routine follow-ups for patients with chronic conditions, see urgent patients when the physician was not available in the office, and perform the history and physician examination for the patients referred for screening colonoscopies.
- **Limit hospital affiliation.** The physicians should reduce the number of hospitals that they cover by splitting the hospitals between the two practices. In that way all of the hospitals would get coverage.
- **Share hospital rounds.** The physicians should be assigned to rounds so that one physician can see all of the patients in the practice. The NPP can also share in hospital rounds.
- **Hire a medical assistant (MA) to work with the physicians.** The MA can room the patient, take vital signs, and record a brief history. The physician can then move quickly from one exam room to another with little down time, increasing efficiency.
- **Make better use of office space.** Rather than have both physicians working together, each should be assigned a full day in the office with the remaining days for procedures. The NPP can see patients in the office when the physicians are out doing procedures.

Step 4: One-year Follow-up

The practice hired a nurse practitioner and a medical assistant. Though expenses increased, the volume of patients that could be seen in the practice more than compensated for the increased costs. In addition, the physicians are working fewer hours with no decrease in income giving them more free time to spend with their families. The patient wait has decreased and both patients and their referring physicians are happy with the service they are receiving from the practice. The practice is considering adding another NPP to concentrate more heavily on inpatient services.

Find out how the Consulting Services of the AGA Center for GI Practice Management and Economics can help you. CALL TODAY!

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