

## **How To Maximize Staff Productivity**

**A highly productive office staff often translates into a successful practice. Accordingly, this author talks to leading practice management experts to get their take on motivation tactics, employee training and other helpful approaches for improving productivity in the office.**

**By Brian McCurdy, Associate Editor  
Podiatry Today**

From scheduling appointments to answering patient questions to billing, DPMs would be lost without competent and productive staff members. Indeed, having a good support staff is essential to a successful practice. However, with the hustle and bustle of everyday practice, it can be easy for staff to get bogged down in tasks. How can DPMs maximize the productivity of their staff?

Part of increasing productivity involves motivation and Lynn Homisak, PRT, says this requires a keen understanding of each individual, being interested in his or her needs and knowing what makes each member of your staff tick.

Although Homisak cites incentives such as a competitive salary, bonuses, dinner out or event tickets as motivators that work “when dangled in front of (staff) like a carrot,” she says no one approach will work for everyone. However, taking the time to find out what motivates staff is rewarding, according to Homisak, a Trustee of the American Academy of Podiatric Practice Management.

“I can assure you that once you make that effort, you will discover that a continuous, long-term circle of output occurs,” she says. “In fact, part of an employee’s enthusiasm to produce more and faster is a result of knowing that his or her doctor or boss cares enough to make it happen.”

While monetary incentives can bolster staff efficiency, John Guiliana, DPM, emphasizes the necessity of linking the incentive to an outcome directly under the employee’s control and within the job description. For example, it would be inappropriate to base a bonus on collections for a staff member who is a floor assistant. He also advises that an incentive plan is “extremely compromised” by not having a concurrent verbal acknowledgement.

## **Why Simple Gestures Of Appreciation Can Work**

Beyond financial incentives, demonstrating a simple appreciation for staff can make an impact on productivity. Homisak says motivation just needs to be meaningful to the staff member and can sometimes be a simple “thank you” and sincere appreciation. As Dr. Guiliana notes, some DPMs do not acknowledge staff when they have performed a job well done.

“This verbal and public acknowledgment is a crucial behavior modification tool that goes well beyond what monetary rewards can accomplish,” notes Dr. Guiliana, a Trustee of the American Academy of Podiatric Practice Management.

Complimenting staff in front of patients can go a long way, according to Hal Ornstein, DPM. That said, one should remember to compliment staff in front of patients. “Patients say, ‘I hope you pay her well,’ which is the best compliment,” says Dr. Ornstein, the Chairman of the American Academy of Podiatric Practice Management.

On the other hand, he advises against correcting or admonishing staff in front of patients, and encourages DPMs to defend their staff when patients badmouth them. Dr. Ornstein says he will defend his staff and let staff know he defended them. If a staff member is wrong, he says the DPM should talk to him or her but do so outside of the patient’s earshot.

### **Emphasizing Challenges And Appropriate Training**

Doctors should also challenge staff so they do not get bored. After 10 years, Dr. Ornstein notes one of his staff members felt bored and unchallenged. Dr. Ornstein says he found a “niche” of tasks for her and she later became his office manager.

“I gave her a whole bunch of duties to challenge her, paid her appropriately and she is very happy now,” says Dr. Ornstein.

Dr. Ornstein copies relevant podiatric articles for staff to read. He says providing such articles not only challenges the staff but lets them communicate with patients more. Another way to educate staff is sending them to clinical meetings, which he suggests is an inexpensive return on investment. Paying their way while at the conference would help return that investment. “You treat them like royalty and when they get back, they treat you like royalty,” notes Dr. Ornstein.

Kevin McDonald, DPM, agrees that ensuring appropriate educational opportunities and training are critical to maintaining a high standard of productivity in the office.

Boosting staff productivity begins with DPMs providing education, training and tools for the job and matching the job to the appropriate staff member, notes Dr. McDonald, a Fellow of the American Academy of Podiatric Practice Management.

Staff members should have specific tasks for which they are responsible, suggests practice management consultant Steven Peltz, CHBC. In Dr. McDonald’s practice, having written job descriptions has helped improve staff productivity

In addition to having an area of expertise, Peltz notes that every staff member should be able to handle other functions as needed. He also cautions against assigning too little work to staffers.

Don't assign too little work, advises Peltz, the President of Peltz Practice Management and Consulting Services.

"Work has a way of filling the time you give someone to do it," explains Peltz, the President of Peltz Practice Management and Consulting Services. "Give your staff more than you think they can handle. When they complain, evaluate their issues."

Dr. McDonald concurs and suggests that DPMs might want to consider periodically "sitting in" on the employees' daily routine in order to better understand the challenges employees face and devise solutions.

### **When The Staff Becomes Bugged Down**

No matter how productive one's staff is, there are times when employees will undoubtedly be overwhelmed. When a significant dilemma arises, Dr. McDonald says one should first identify the problem that is hampering efficiency and then provide help through a more experienced staff person and additional training. For example, if a new person in the front office is having trouble getting cooperation from an insurance company, the office manager may want to make the call. Dr. McDonald says this helps demonstrate to the new employee "the calm yet determined persuasiveness required to bring (the insurance companies) to their knees."

Acknowledging that staff can tend to take on too many responsibilities, Dr. Guiliana emphasizes the importance of knowing when the employees' plates are too full. Drs. Guiliana and McDonald note that delegating duties can help prevent employees from being bogged down. They also emphasize the importance of choosing the right staff member for a task, taking into account the person's skills, experience and affinity for the job.

However, if a staff member is struggling to perform his or her job duties, Dr. McDonald says DPMs should be prepared to replace the employee if necessary.

When productivity suffers, managers should at first intervene delicately but avoid micromanaging, according to Dr. Guiliana. He adds that DPMs should ask questions instead of dictating office policy. As he suggests, staff will not misinterpret a question such as, "Is there anything I can do to help?" as micromanagement or disempowerment.

Along the same lines, Homisak says teamwork can eliminate bottlenecks and increase efficiency. She explains it is helpful for staff to recognize that when one person becomes bogged down by a task, it affects everyone in the office. When employees work together, she says they know what they need to do and all chip in to accomplish the goal.

Homisak also notes that when people become bogged down by a task in her office, everyone from the receptionist to the medical assistant chips in regardless of the rank of the employee. "I can always hear, 'Is there something I can help you with?' and before you know it, we are all working together to get the task done," she explains.

Homisak says such a team approach is particularly valuable when it comes to pulling inactive charts, which they do at her office on an annual basis. She says the office receptionist will begin the process but if anyone in the office has time to spare, he or she will jump in to help accomplish the goal.

### **Assessing The Pros And Cons Of Office Technology**

Homisak has had firsthand experience on how technology can be a great tool for improving office productivity. While some may argue that the Internet and computers may be a distraction for staff, Homisak says computers and the Internet have repositioned podiatric offices in a new direction with regard to marketing and communication with patients and insurance companies. "We are now able to accomplish activities that may have otherwise been brushed aside due to the inefficient time and expense previously associated with them," according to Homisak.

Dr. McDonald says e-mail access for staff has made it more efficient to verify insurance benefits, order supplies and has facilitated the use of electronic medical records. In his practice, Dr. Guiliana has computerized treatment rooms so staff can perform data entry and recall at the point of service. As he explains, this arrangement eliminates the front desk from being overwhelmed with such processes. He began using electronic medical records in 1996 and says it has eliminated many sub-processes of charting.

The Web site of Homisak's practice has been particularly helpful. Before an appointment, patients can fill out preliminary paperwork on the site, which Homisak says is a "major asset" to the practice maintaining its schedule. On the site, regular patients also have access to information on podiatry, patient instructions, downloadable forms, practice newsletters, office directions and e-mail access. Homisak adds that patients can schedule appointments online and get product information.

"It has opened up all new doors of opportunity to connect with our patients on a whole new level," she says. "The best part is that technology keeps moving forward and provides new and improved methods for us to continue to grow."

Dr. McDonald says his staff also encourages patients to complete paperwork prior to a visit by using e-mail, the Web site or fax. On the flipside, Peltz notes that, in his capacity as a practice management consultant, the majority of patients have not positively received the concept of completing forms online or in a waiting room kiosk.

Although a podiatric practice can use technology to boost efficiency or simplify tasks, the effect is not guaranteed, according to Dr. Guiliana. He says some managers adopt new technology but find its only effect is in making a job easier. Productivity is defined as a measure of output versus input so if the output does not increase, he says there is no effect upon productivity.

Dr. McDonald notes there are potential downsides to technology. If the technology in use does not perform as expected or if the staff has insufficient training, Dr. McDonald says staff productivity can "plummet" and lead to decreased revenue. To remedy this, Dr. McDonald suggests surveying an installation of the same technology in another practice to form a realistic

expectation of how the technology will perform. A practice also should not indiscriminately begin using technology which has not been proven reliable or has not been debugged, according to Dr. McDonald.

David E. Marcinko, MBA, CFP, CMP, and Gary L. Bode, MSA, CFP, concur, saying one should avoid or reconsider using technology that has a perceived advantage rather than a real advantage. Drs. Marcinko and Bode recall the CO2 lasers of a decade ago, which they say “were often more of a marketing gimmick than a better way to treat warts or ingrown toenails.” They note that simple hand instruments were more effective, less expensive and faster than the lasers at treating ingrown toenails.

However, they do emphasize the advantages of staying cognizant of the latest developments in medical, pharmaceutical and durable medical equipment (DME) technology in podiatry.

When taking advantage of technology, Peltz notes that technology should not make a visit more difficult for a patient but should impress the patient and make him or her feel the practice is progressive.

For example, digital X-rays on a laptop or monitor will impress a patient. On the other hand, Peltz notes that patients will not be impressed when such X-rays do not show up on a monitor. The patient may then lose confidence in the doctor’s ability to use technology.

### **How To Handle Patients Who Arrive Late**

In addition to DPMs training staff to be more productive, experts agree there are ways staff can “train” patients to improve office efficiency. Several suggest getting patients accustomed to certain expected behaviors when canceling appointments or running late.

As Dr. Guiliana says, staff may strive to accommodate patients but also may send inappropriate messages when patients are late. He warns that accommodating a patient who is 20 minutes late may send the message that tardiness is acceptable.

“With the exception of emergent care or causes beyond a patient’s control, training a patient to arrive on time may involve some minor inconvenience (such as rescheduling) for the patient,” notes Dr. Guiliana. “However, patients will very rarely make this mistake again once they are inconvenienced, especially if open communication and rationale are provided.”

Homisak concurs. She says staff should be consistent with their actions and emphasize to patients the importance of following office policies and how those policies can lead to quality patient care. Homisak notes that patients will not recognize the importance of arriving on time for appointments unless staff members impose consequences for lateness. While some late patients may not care that their late arrival inconveniences other patients, Homisak says they will respond to their own inconvenience of needing to reschedule an appointment.

“By rescheduling these patients (instead of seeing them when they walk in late) and being consistent in our actions, we are teaching them that their discourteous behavior is

unacceptable,” advises Homisak. “After a couple of times, they will eventually learn that arriving on time for their appointments will prevent their being inconvenienced in the future.”

In the same vein, Peltz recommends training both staff to respond to confirmation calls. Staff should also train patients to call when they need to cancel an appointment or will be late so the office can respond in a more productive manner. For example, if one patient calls to cancel an appointment and then another patient calls with a problem, staff can then quickly fill the hole in the schedule by giving the cancelled slot to the second patient. Peltz says tracking patient and information flow will allow a practice to see where problems and bottlenecks are.

“Customer service starts with how the telephone is answered,” adds Peltz. “The staff have to sell the practice and always figure out how to get the patient into the office.”

To that end, part of improving efficiency entails how staff greets patients. When patients present at the practice, Peltz suggests that staff greet them by name with a smile and inform them if the doctor is running behind.

### **Phone Scripts: Can They Have An Impact?**

Dr. McDonald suggests writing phone scripts for staff in order to help them with preauthorizations, referrals and required documentation during a patient’s first visit, emphasizing in such scripts “how much you like and care about the caller.”

Dr. Ornstein’s practice uses phone scripts so staff can quickly answer common questions such as whether or not heel injections hurt. With this in mind, Dr. Ornstein suggests going through the 10 most commonly asked questions with your staff and role playing to increase productivity.

An office should have brochures on the most common podiatric conditions so patients can read these before the doctor sees them. Dr. Ornstein says the staff can answer additional questions from patients short of diagnosing or treating them. By the time the doctor sees patients, Dr. Ornstein says they often do not have as many questions thanks to the brochures and the prior patient discussion with a staffer. However, Dr. Ornstein maintains he still reviews important information with patients and asks if they have questions.