<u>Not</u> doing everything all the time: **Streamlining front desk roles for more effective clinic administration.**

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Presenter Disclosure

- **Presenters:** Jessica Neverson

- **Relationships with commercial interests:**
  - **Not applicable**

BRIDGEPOINT
ACTIVE HEALTHCARE

Family Health Team

Bridgepoint
Sinai Health System

Presenter Disclosure

- **Presenters:** Alice McDermott

- **Relationships with commercial interests:**
  - **Not applicable**

Disclosure of Commercial Support

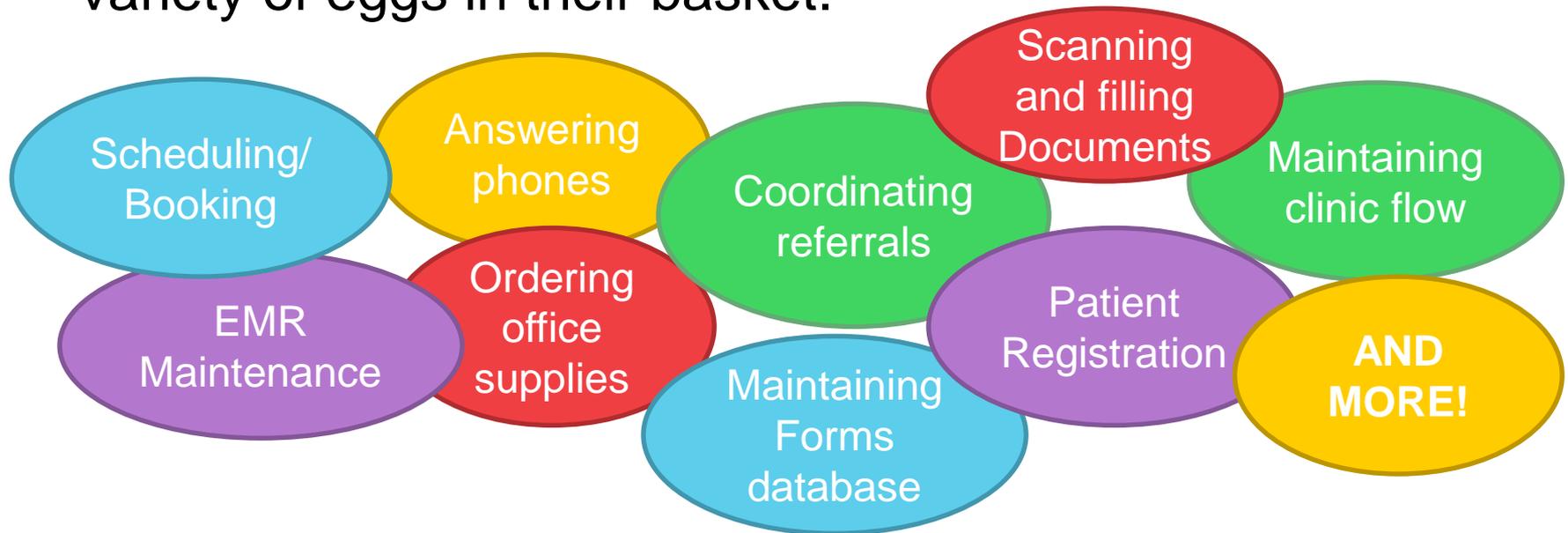- **This program has received no commercial support.**

Objectives

By the end of this session participants will:

- ✓ **Understand both the positive and negative outcomes of increased role specialization among medical administration professionals.**

- ✓ **Gain skills necessary for using process flowcharts to streamline clinical administration roles/functions.**

- ✓ **Gain knowledge of some practical approaches to supporting the administration of a growing Primary Care practice, without a growing budget.**

Doing it all

Front-desk staff in Primary Care traditionally have a wide variety of eggs in their basket.

Scheduling/ Booking

Answering phones

Coordinating referrals

Scanning and filling Documents

Maintaining clinic flow

EMR Maintenance

Ordering office supplies

Maintaining Forms database

Patient Registration

AND MORE!

This can make even the most experienced front desk team overwhelmed.

Competing priorities

The concerns of a health care provider are often in direct contrast to the concerns of the patient.

"I hope all of my current issues can be addressed today"

"I still have many patients waiting, I hope I can efficiently prioritize today"
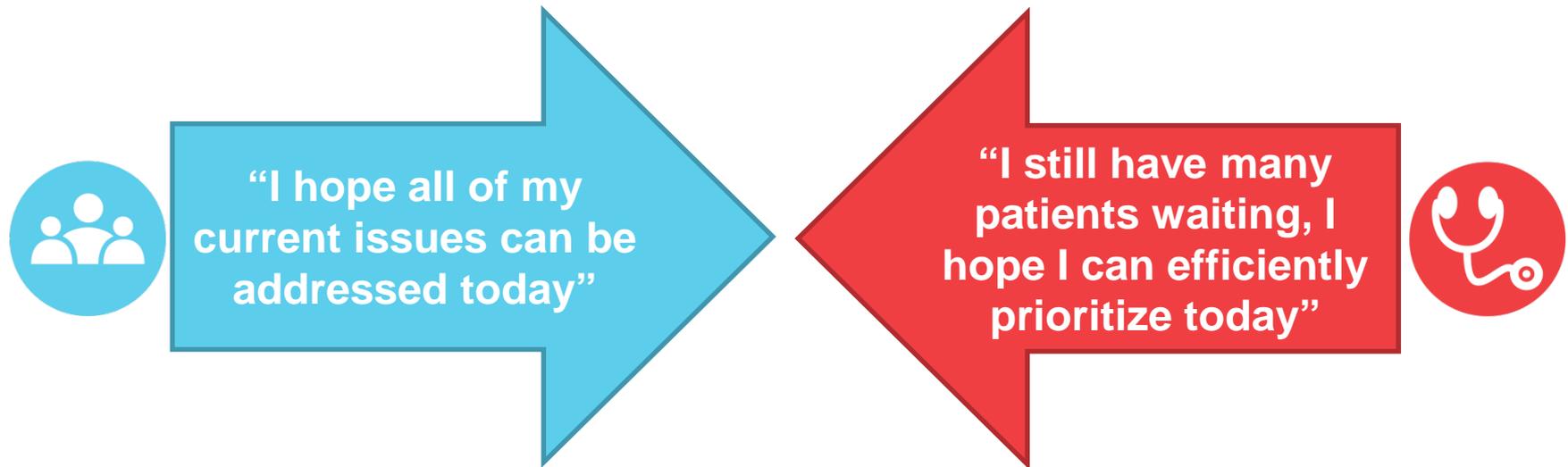
This can have the effect of turning the front desk into a kind of "gatekeeper"

The dragon behind the desk

Patients:

- Experience the front desk as a gatekeeper/ a barrier to care.
- First impression/ sets the tone of the visit.
- Feels the burden of self-advocacy.

Front Desk:

- Feels solely responsible for maintaining clinic flow.
- Needs to adhere to different rules for different providers.
- Feels unable to meet expectations of both the provider and the patient.

Not doing it all

- <u>Role Specialization</u> - Focusing occupational concentration on a specific area of expertise.

Pros

Cons

Increased Productivity

Fosters Independence

Increased Accuracy

Less Flexible

May lead to boredom

Staff absence creates difficulty
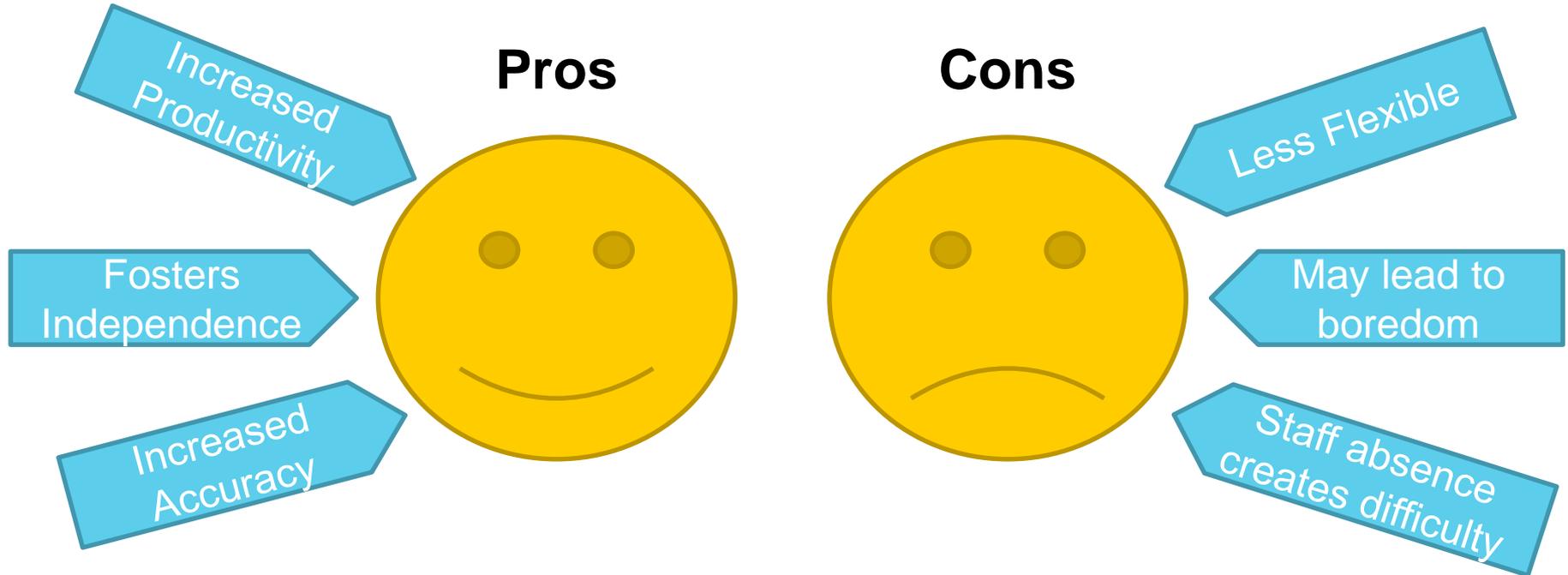
Role Specialization

A medical administrative assistant is responsible for:

- Greeting Patients, building rapport
- Booking appointments
- Arranging external consultations/ diagnostic tests.
- Entering all incoming collateral (imaging, test results, consult reports, etc.) into the EMR
- Communicating with patients (by phone and email)
- Onboarding new patients, creating new EMR charts
- Processing 3rd party bills
- Preparing and sending out correspondence to 3rd parties (insurers, employers, Government agencies, etc.)
- Maintaining and updating address books and forms repositories.
- Healthcare system expertise: Often the first point of contact for answering questions about navigating the healthcare system.

Role Specialization

Communicative

- Greeting Patients, building rapport
- Booking appointments
- Arranging external consultations/ diagnostic tests.
- Communicating with patients (by phone and email)
- Healthcare system expertise: Often the first point of contact for answering questions about navigating the healthcare system.

Clerical

- Entering all incoming collateral (imaging, test results, consult reports, etc.) into the EMR
- Processing 3rd party bills
- Maintaining and updating address books and forms repositories.
- Preparing and sending out correspondence to 3rd parties (insurers, employers, Government agencies, etc.)

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Clinic Process Flowcharts

Why use them?

- Ability to visually represent a complex process.
- A tool for increasing transparency & unity among teams.
- Easier to notice process gaps that may be contributing to loss of efficiency.
- Fosters engagement in the administration of your clinic by those that may not otherwise be interested.

Clinic Process Flowcharts
How to read them

Customer

Cashier

Arrives at grocery store

New customer arrives at cash register

Chooses desired items

Scans/ weighs all grocery items

Lines up at cash register

Calculates total

Pays for groceries

Pays with cash?

Leaves Grocery store

No

Yes

Provides change

"The swim lane"
Each role has it's own column.

Arrows show directionality

2 arrows (Yes / No) are used to represent decision points.

The beginning and end of the process is clearly visualized.

Clinic Process Flowcharts

All possible tasks involved in the process:
Clinic Flow (Daytime, Monday-Friday)

Verify HC#

Mark the patient as "arrived"

Provide an Ocean tablet

Send the patient to an exam room

"Turndown" or clean the exam room after a visit

Take, and record vitals

Provide a urine collection kit

Have the patient wear a mask

Mark the patient as "left"

Monitor the schedule for no-shows, new arrivals

Prepare the exam room for the next patient

Ask the patient to be seated in the waiting room

Charting/ documentation

Clinical Assessment

Clinical Procedure

Update demographic information

Administer a vaccine

Book a follow-up visit

Indicate in EMR what room a patient is in

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Clinic Process Flowcharts

Front Desk	Medical Assistant	Health Care Provider
- Provide an Ocean tablet - Monitor the schedule for no-shows, new arrivals **Have the patient wear a mask** - Mark the patient as "arrived" - Provide a urine collection kit - Update demographic info - Ask the patient to be seated in the waiting room - Verify HC# - Book a follow-up visit **Send the patient to an exam room**	- Monitor the schedule for no-shows, new arrivals - Prepare the exam room for the next patient **Have the patient wear a mask** - Take, and record vitals "Turndown" or clean the exam room after a visit **Charting/ documentation** - Prepare the exam room for the next patient - Administer a vaccine **Send the patient to an exam room**	- Clinical Procedure **Charting/ documentation** - Clinical Assessment - Mark the patient as "left"

Clinic Process Flowcharts

Legend:
- **Start/ Finish**
- **Predefined process**
- **Decision**
- **Task** (manual)
- **Task** (EMR)

Clinic Flow B (Monday - Friday 8:30 Am - 4:30 PM)

Front Desk	Medical Assistant	Primary Health Care Provider

Front Desk

- Patient Arrives at front desk
- Verifies: health card number, address, phone number
- Marks the patient as "arrived" in the PSS schedule
- A urine sample is required (indicated in the schedule) — YES → A urine collection kit is given to the patient. The patient is instructed to return the sample to the front desk.
- NO
- An OCEAN tablet number is present in the schedule — YES → An OCEAN tablet is given to the patient
- No
- The pt is required to wear a mask (indicated in the schedule) — Yes → A mask is given to the patient, they are instructed as to how to wear it.
- No
- An exam room is available. — NO → Patient remains in waiting room
- YES → Indicates in PSS which room the pt has been sent to
- Patient is directed to the exam room
- The front desk preformes the action requested by the clinician: booking a follow-up visit, signing a document, paying a bill, etc.
- Patient leaves the clinic.

NOTE: Where the health card is not valid, a detaild printout is given to the patient, indicating exactly what the error is. When a patient arrives more than 5 minutes late, permission must be obtained from the HCP before the patient is directed to an exam room.

Medical Assistant

- Receives a notification that a HCP requires assistance in an exam room
- Vital signs, height, weight, and primary concerns are measured/ recorded. Injections administered as needed. Other tasks executed as per the HCP's instructions
- Tablet is returned to the fronk desk
- The patient has a tablet with them — YES
- NO
- The next patient is directed to the exam room
- An exam room is available. — YES → Indicates in PSS which room the pt has been sent to
- NO → Patient remains in waiting room
- Monitors the schedule in order to identify when the next patient can be called into an exam room.
- The runner prepares each exam room according to the next visit type.

Primary Health Care Provider

- The patient is handed over to the HCP
- Verbally informs OR sends an instant message to MA
- YES
- Furthur assistance is required from a MA (injection, BP cuff, etc.)
- Medical assessments and/or procedures are preformed
- NO
- Data is documented into the patient's electronic medical record.
- This does not necessarily occur same-day
- The patient is booked to see a secondary provider
- YES
- NO
- Patient is directed to the front desk. *HCP notifies the front desk*
- This action requires that the booker indicate the 2nd appt by using the words "C/B with ___ " in the PSS schedule
- Furthur assistance is needed from the front desk
- Patient is directed to the front desk
- Uses the blue "visit follow-up" sheet to communicate with the front
- YES
- NO
- Schedule: Patient is marked as "left" by the clinician who is the last to interact with them
- Patient leaves the clinic.

Analyzing your Flowcharts

- Which roles involve more decision making than others? Do those individuals have all of the tools they need to make those decisions?

- Which roles involve less structure than others? Would those individuals benefit from increased structure and guidelines?

- Are there areas on the flowchart that cannot be easily represented by a single event?
  - Consider expanding that process into it's own flowchart.

- Are there any actions or events for which it is not clear which role is the most responsible?
  - Consider taking that observation back to your team for clarification.

Flowchart – External Booking

Start/ Finish

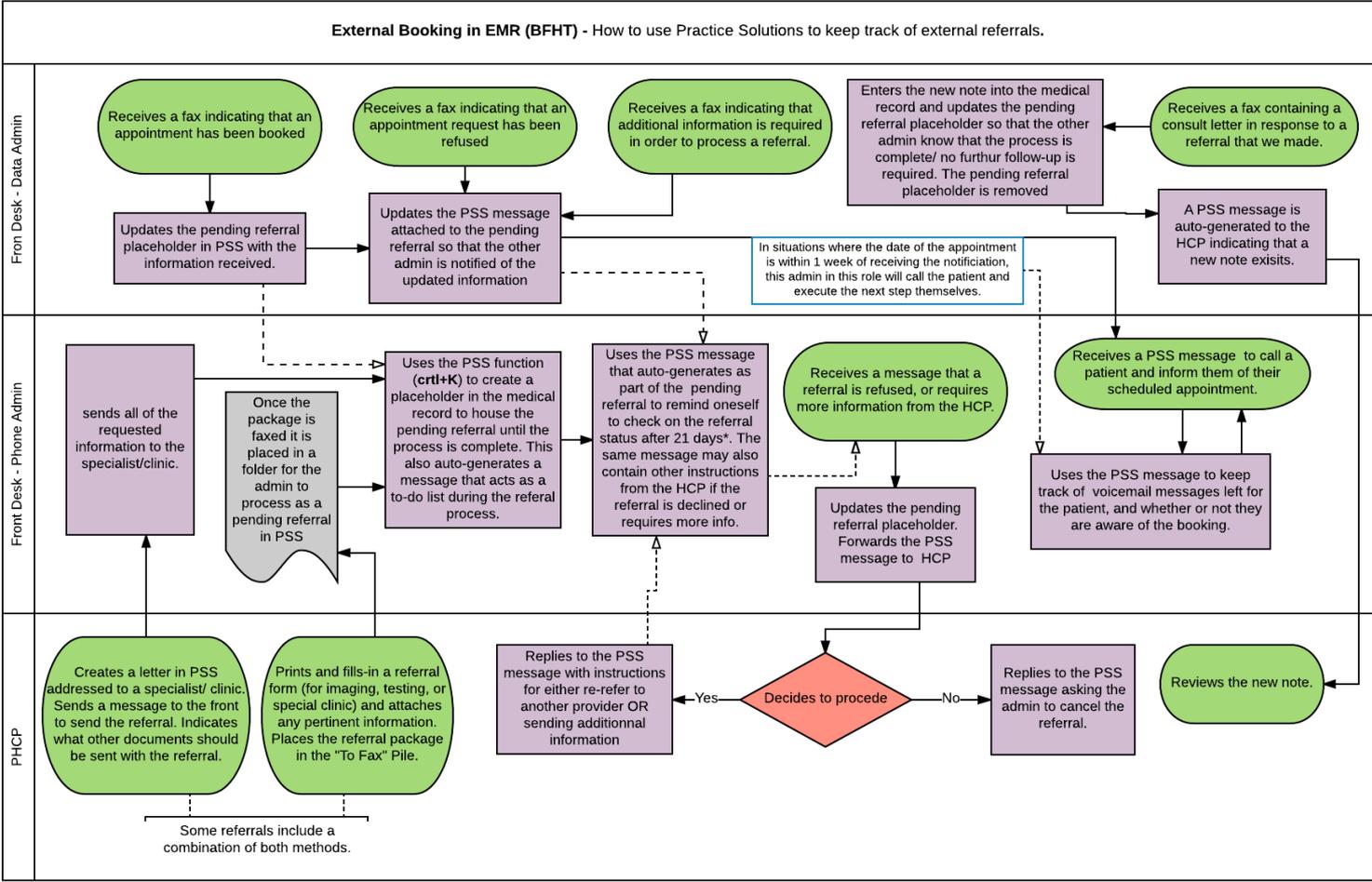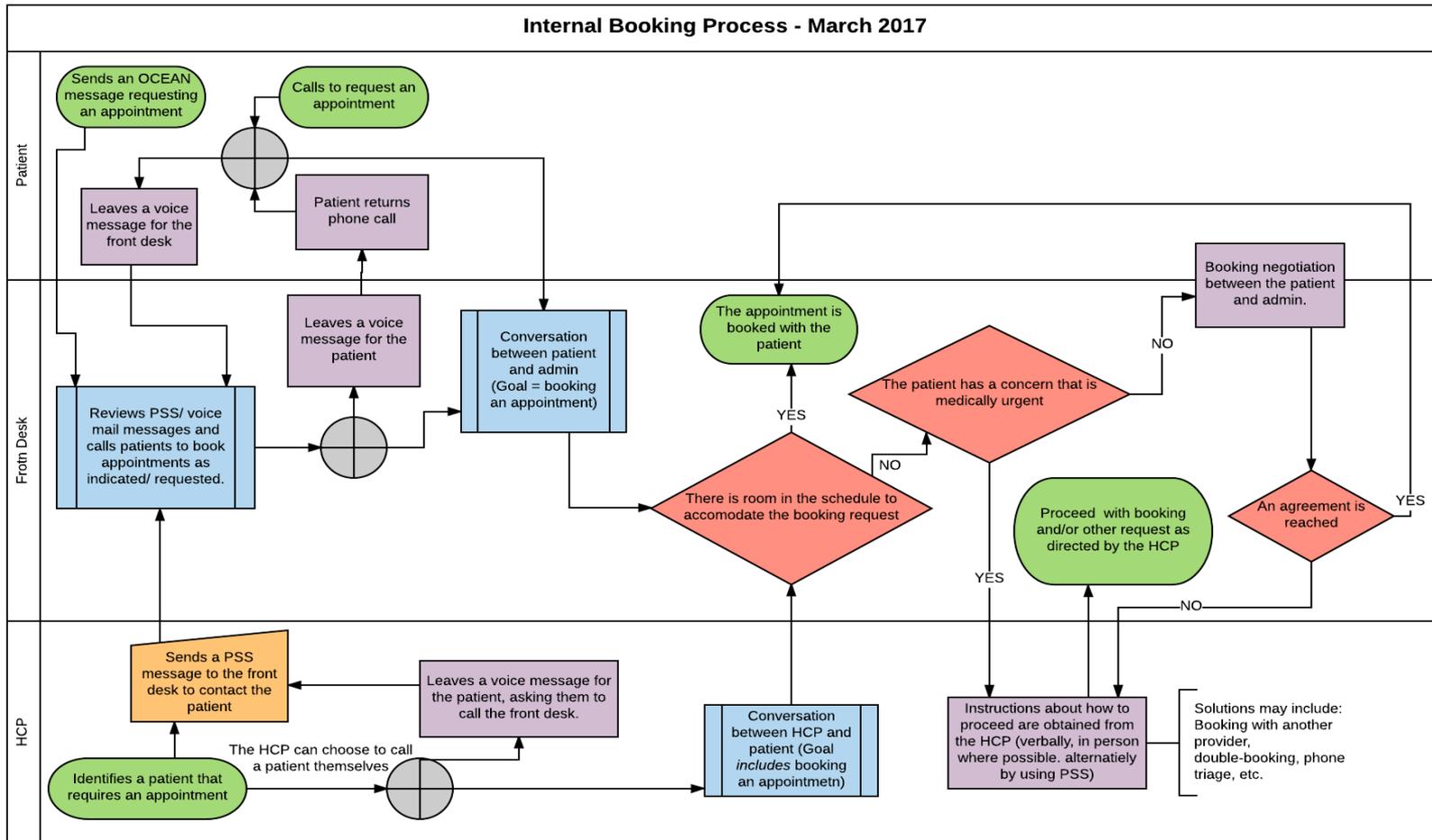**Task**

Decision

Involves a paper document

External Booking in EMR (BFHT) - How to use Practice Solutions to keep track of external referrals.

Fron Desk - Data Admin

Receives a fax indicating that an appointment has been booked

Receives a fax indicating that an appointment request has been refused

Receives a fax indicating that additional information is required in order to process a referral.

Enters the new note into the medical record and updates the pending referral placeholder so that the other admin know that the process is complete/ no furthur follow-up is required. The pending referral placeholder is removed

Receives a fax containing a consult letter in response to a referral that we made.

Updates the pending referral placeholder in PSS with the information received.

Updates the PSS message attached to the pending referral so that the other admin is notified of the updated information

In situations where the date of the appointment is within 1 week of receiving the notificiation, this admin in this role will call the patient and execute the next step themselves.

A PSS message is auto-generated to the HCP indicating that a new note exisits.

Front Desk - Phone Admin

sends all of the requested information to the specialist/clinic.

Once the package is faxed it is placed in a folder for the admin to process as a pending referral in PSS

Uses the PSS function (**crtl+K**) to create a placeholder in the medical record to house the pending referral until the process is complete. This also auto-generates a message that acts as a to-do list during the referal process.

Uses the PSS message that auto-generates as part of the pending referral to remind oneself to check on the referral status after 21 days*. The same message may also contain other instructions from the HCP if the referral is declined or requires more info.

Receives a message that a referral is refused, or requires more information from the HCP.

Receives a PSS message to call a patient and inform them of their scheduled appointment.

Updates the pending referral placeholder. Forwards the PSS message to HCP

Uses the PSS message to keep track of voicemail messages left for the patient, and whether or not they are aware of the booking.

PHCP

Creates a letter in PSS addressed to a specialist/ clinic. Sends a message to the front to send the referral. Indicates what other documents should be sent with the referral.

Prints and fills-in a referral form (for imaging, testing, or special clinic) and attaches any pertinent information. Places the referral package in the "To Fax" Pile.

Replies to the PSS message with instructions for either re-refer to another provider OR sending additionnal information

Decides to procede

Yes

No

Replies to the PSS message asking the admin to cancel the referral.

Reviews the new note.

Some referrals include a combination of both methods.

* 21 days is the standard time frame after which we can reasonably expect to hear back from an external booker. The process can be shorter or longer depending on the availbility of the 3rd party., which can also change from month-to-month.

Process Flowchart – Internal Booking

Internal Booking Process - March 2017

Doing More

Use of flowcharts and role specialization are not the only ways to support the front desk of your growing team.

Appeal to the rules

Get consensus

Keep the lines of communication open