

# How to tame the big time wasters in your practice

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**P**ulling up charts. Phone tag. Prior authorizations. Rinse, repeat.

Reminiscent of the movie *Groundhog Day*, the daily grind in running a practice rarely gives way. Some days there are more faxes to process or paperwork to push than other days but, on the whole, there's no escaping the tedium and time sink that these gloomy chores engender. In some practices, an assistant is hired to absorb the barrage; if not, it is left to the clinician to handle at the expense of time for patient care or life outside practice.

Compounding matters, creating new systems to assuage these tasks can feel like a Sisyphean endeavor, because the energy required to start likely will be more than what is already being expended. For example, switching from paper-based to electronic systems is tantalizing but incurs its own learning curve and has a financial cost. Likewise, hiring administrative help demands a significant investment in training and, if patient contact is part of the job description, even more preparation is necessary because she (he) becomes the public face of the practice. Fortunately, both of these options pay dividends in the long run.

Yet, even with some basic strategies, what seems like the inevitability of inertia can be reshaped into a more efficient, less quotidian experience. Consider the following ways to streamline processes and eliminate time wasted and not spent on providing care.

## Patient-specific tasks

**Prior authorizations.** The typical process is to have to call the insurance company to have the paperwork faxed, burning 5 to 15

minutes by being placed on hold or being transferred between departments. Instead, ask the patient to call the insurance company (she [he] should get the phone number from the pharmacist and have your fax number handy) and request the paperwork, with her (his) demographic information pre-filled in, be faxed to your office. If she is told by the insurance company that the doctor has to call, instruct the patient to explain it is merely a request to have forms faxed and to call again and speak with a different agent if necessary. If the patient pushes back, explaining that this helps keep your rates lower or from having to bill for this specific time usually smooths things over.

**Voicemails.** Listening (and re-listening) to a long voicemail takes time. Although using a professional transcription service might be costly, it may be less expensive than your time if you get lots of long voicemails. Or, consider using a service that provides computer-generated transcriptions. Although less accurate, it often allows you to skim and is more affordable.

**Scheduling.** Booking follow-up appointments during a session uses valuable clinical care time, but booking them outside of session can be laborious. As an alternative, offer online scheduling through your electronic medical record (EMR) or a stand-alone service that allows you to retain control over what times you are available and how soon and far out patients can book. Be sure that only your current patients and, perhaps, colleagues (for scheduling phone calls) have access to

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### Disclosure

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your calendar, and make your cancellation policy explicitly clear.

**Refill requests.** Patients routinely opt-in for automatic prescription refill requests at their pharmacy, believing it is a no-brainer for convenience's sake. However, for psychiatrists who prescribe only enough refills to last until the patient's next appointment, these requests can become a burden because they can't be ignored, but shouldn't necessarily be acted upon either. Often, time is spent clarifying with the patient if a refill is really needed, and sometimes—consciously or unconsciously—patients use automatic requests to bypass having to come in for an appointment. As an alternative, ask your patients to opt-out of auto-refill programs and to contact you directly if they are about to run out of medication.

**Prescreening.** An inordinate amount of time can be spent ensuring that a prospective patient is a good fit from a clinical, scheduling, and payment perspective. Save time by having a simple prescreening process that conveys that you care, yet want to make sure certain criteria are met before you accept a patient into the practice. This is where having a trained assistant or an electronic prescreening option can be useful.

## Practice at large

**Electronic charts.** Common complaints about EMRs among users are they are clunky, convoluted, and slow, and the EMR "flow" does not match the provider's. Although each extra click might only take a few seconds, the loss of rhythm is draining and leads to a dissatisfying, tired feeling. Be sure when selecting an EMR that the user experience is considered as important as functionality.

**Billing statements.** Write or print, fold, place in an envelope, put a stamp on the envelope, address the envelope, take it to the mailbox. Need more be said about how inefficient this is? Use your EMR, a biller, or billing software to send statements automatically.

Of course, make sure that any method that employs technology or outsourcing to a service has appropriate Health Insurance Portability and Accountability Act safeguards.

## Nothing to lose but your chains

Although running a practice gives you some freedom in your schedule, with that comes the shackles of processing administrative tasks that accompany clinical care. Finding ways to handle them more efficiently leads to improved job satisfaction and more time for patient care. You and your patients will both benefit.

**Consider offering online scheduling through your EMR to book follow-up appointments instead of using clinical care time**



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