



How technology cuts staff costs

Even a modest amount of automation can do wonders for office efficiency.

May 6, 2005

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The Connected Physician

The more time your staff spends on routine, repetitive duties, the more you pay for those tasks. That's why even a small investment in information technology can deliver a handsome return.

By simply storing your transcribed notes in Microsoft Word files, notes Rosemarie Nelson, a healthcare informatics consultant in Syracuse, you can reduce chart pulls for patient phone calls. With your notes on their computer screens, front-desk personnel can answer many questions immediately instead of having to call the patient back. As a result, they can cut their phone time in half while providing better service.

The next step up, says Nelson, is to get a high-speed scanner and a basic document management program like PaperPort Pro. A scanner adequate for a small practice costs less than \$1,000, and the software, under \$200. For that investment, you can have staffers scan in incoming labs and other documents, broken down by category. Combined with online visit notes, this gives you a simple electronic record that can save further staff time. According to Nelson, 30 percent of chart pulls are done to answer questions about lab results. With labs online, many of those pulls become unnecessary.

An e-prescribing program will also reduce the pressure on your staff by cutting the number of pharmacy callbacks and simplifying the refill process. If you fax your scripts to the pharmacy and don't have to pull charts, you can reduce the time required for a refill from an average of 15 minutes to three minutes.

Nelson advises practices to think about using technology to expand capacity rather than to reduce staff. "The value of these tools is that they free up staff. As a result, they increase capacity to see more patients. If you can see one more patient a day, and the average charge is \$55, it adds up."

Here's how some practices with clinical information systems are using them to pare overhead and boost revenues.

Document management cuts overhead

Family Practice Associates of Lexington, KY, which includes eight family physicians and two physician assistants, has used a document management program called IMPACT.MD since 1999. While today, this system would cost \$7,000 to \$10,000 per doctor, including hardware, software, and implementation, it has helped reduce the Lexington group's overhead from 59 percent to 52 percent of revenues—a very substantial sum of money that's reflected in doctors' earnings.

Here are some ways in which document management and electronic prescribing have improved office efficiency:

- A lab tech sorts 300 lab reports into electronic charts in an hour; the same task would have taken more than a day in the old paper system.
- Staffers save up to 20 minutes a call—including the time required to pull a chart and return the call—when they can answer patient questions from online records.
- Staffers can computer-fax electronic referral forms to specialists and imaging centers, saving at least 10 minutes for each referral that they'd otherwise spend on the phone. That adds up to about 16 hours of

staff time a day.

- About half of the 600-800 calls the practice receives each day concern prescription refills. A typical callback to the pharmacy takes six minutes, but it takes less than a minute to send a fax generated by an e-prescribing program.

By saving time on routine tasks, these electronic tools free up staffers to assist doctors in other tasks. As a result, the practice has been able to add a drug dispensing service and a full-service lab. It has also brought in three new doctors without a big increase in staff. "We haven't added as much overhead as we expected to when new doctors came onboard, but have reaped the benefits of additional revenue," says group administrator Susan Miller.

How an EHR keeps staff size down

A mostly primary care practice of 11 physicians and eight midlevel practitioners in Elizabethton, TN, has a staff-to-doctor ratio of 2.3:1, less than half the national average for primary care groups. By using its MedInformatix EHR to increase efficiency, the practice has been able to add more and more providers without hiring extra staff.

Having charts accessible to staff when a patient calls has cut phone time by two-thirds, says Steve Hopland, the group's CEO. And the front desk saves more time by being able to attach phone messages to patient charts and send them to a physician's "in box," instead of pulling paper charts and giving them to doctors with Post-it notes on them.

The availability of the electronic record to everyone in the office means that a billing person and a referral clerk can be using the chart at the same time that a doctor is looking at it. Nobody is inconvenienced by the paper chart being on somebody else's desk—or missing.

The practice has fewer nurses than doctors for two reasons: First, says Hopland, "I don't have a nurse standing in front of a physician's door waiting for him to come out so she can ask a question." And second, he notes, physicians work at different speeds. So if each doctor had his own nurse, some nurses would be too busy and others wouldn't have enough to do. By having nurses work off a common order list that's part of the EHR, nurses can spread the work among themselves, increasing their efficiency.

Electronic prescribing, meanwhile, has cut pharmacy callbacks nearly to zero, says Hopland. At one time, nearly a third of prescriptions resulted in calls from—and back to—pharmacies.

At the end of the visit, the EHR spits out a bill along with the doctor's instructions at the checkout counter. "It avoids having the patient walk past checkout and not pay you," says Hopland.

A practice Web site adds to EHR savings

North Fulton Family Medicine in Alpharetta, GA, which includes eight FPs and eight PAs, is supporting twice as many doctors as it used to with the same number of staff. In the case of this group, however, an EHR was responsible for only part of the increased staff efficiency: a patient Web portal that was added to its A⁴ HealthMatics system last spring has provided the rest, says FP James R. Morrow Jr. 

When Morrow wants to inform a patient about lab results, he hits a button called "Web message" and sends the patient a secure, personalized message. This gives the patient the key results and the doctor's interpretation of them. If the patient wants to see the actual numbers, he can look them up on the practice Web site.

Because of HIPAA, says Morrow, nurses can no longer leave detailed messages on patients' answering machines. So calls regarding labs usually involve extended phone tag. Automated voice-response systems are cheaper but have limited value, he says, because the patient can't see all of their lab results. So a patient Web portal provides a better service and saves a ton of nurse time. Morrow figures that before the practice got its Web portal, each nurse spent 10 hours a week on lab-related calls.

Staff time has also been liberated by letting patients request appointments and refills through the portal. And doctors answer simple e-mail questions from patients—like how to take a drug or whether they should join Weight Watchers. If it's anything more than that, they'll have the patient come in.

All of this relieves the pressure on the phones, notes Morrow, adding, "The most expensive piece of equipment in our office is the telephone."