
Front Office Fiasco – A Case Study

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ABC Clinic

- Single Specialty Family Practice Clinic
 - 5 full-time equivalent (FTE) physicians
 - 1 FTE mid-level provider
 - 1.2 Licensed Clinical Social Workers
 - Certified Rural Health Clinic
 - Provide in-office ancillary services
 - Significant Spanish speaking population
 - Planning conversion to EMR within 12-18 months
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Front Office Assessment

- Information requested of ABC Clinic
 - Current job descriptions
 - Hours worked including overtime reports
 - Longevity of staff and turn-over rates
 - Current staff salaries
 - ✓ □ Patient satisfaction survey results
 - ✓ □ Documentation of patient complaints
 - ✓ □ Competency Checklist for staff training
 - ✓ □ Policy and procedure manual

✓ Did not exist

Assessment Process

- Confidential interviews with physicians, key front office staff and the office manager.
 - Observation of processes and front office staff performance on a busy Monday morning when all providers were scheduled.
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Results of Observation and Interviews

- Turn-over in the front office has been persistent
 - We observed a lack of consistent processes among providers
 - Quality of work is below desired levels
 - Staff do not greet patients in a warm or inviting manner
 - No written policies and procedures exist
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Results of Observation and Interviews

- Space is congested
 - Medical records are packed too tightly
 - Purged charts are located in more than one location
 - Tasks are distributed to staff at random
 - Each front office employee is assigned responsibility for a particular provider
 - A patient's call regarding chest and left arm pain was not treated as urgent
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Results of Observation and Interviews

- Supervisors have been advised to seek input from “the physicians” for complicated management issues
 - New employees are often “thrown into their position” with minimal training
 - Outgoing phone lines were inadequate
 - Employee morale was very low
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ABC Provider Staffing Analysis

ABC Provider Staffing Analysis	
	FTE Providers
5 physicians	5
1 FTE ARNP	1
1.2 FTE LSCSW	1.2
	7.2

ABC Staffing per FTE Physician

ABC Staffing per FTE Physician					
		MGMA FTE Staff per 1 FTE Physician	MGMA Projected Staff	FPA Staff	Difference
	Medical Reception	1.0	5.0	3.0	(2.0)
	Medical Records	0.4	2.2	1.0	(1.2)
	Total Front Office Staff	1.6	8.2	6.5	(1.7)
	Clinical Support Staff	1.6	8.1	6.0	(2.1)
	Total Support Staff	4.5	22.3	19.0	(3.3)

ABC Staffing per FTE Provider

ABC Staffing per FTE Provider					
		MGMA FTE Staff per 1 FTE Providers	MGMA Projected Staff	FPA Staff	Difference
	Medical Reception	0.7	5.3	3.0	(2.3)
	Medical Records	0.4	2.9	1.0	(1.9)
	Total Front Office Staff	1.3	9.1	6.5	(2.6)
	Clinical Support Staff	1.2	8.6	6.0	(2.6)
	Total Support Staff	3.5	24.9	19.0	(5.9)

ABC Staff Costs per FTE Physician

ABC Staff Costs per FTE Physician						
		MGMA Staff Cost per 1 FTE Physician	MGMA Projected Staff Cost	2007 ABC Staff Cost	2008 ABC Staff Cost (Projected)	Difference (2007)
	Medical Reception	\$24,474	\$122,370			
	Medical Records	8,678	43,390			
	Total Front Office Staff	37,326	186,630			
	Clinical Support Staff	46,361	231,805	\$203,056	\$217,192	\$(14,613)
	Total Support Staff	159,844	799,220	624,341	668,350	(130,870)

ABC Staff Costs as a % of Medical Revenue

ABC Staff Costs as a % of Medical Revenue				
	MGMA Median Staff Cost	2007 ABC Staff Cost	2008 ABC Staff Cost	Difference in 2008 YTD
Medical Reception	4.4%			
Medical Records	1.5%			
Total Front Office Staff	6.8%			
Clinical Support Staff	8.0%	7.4%	6.8%	-1.2%
Total Support Staff	28.5%	22.7%	21.0%	-7.5%
In 2007, 1% of revenue was \$27,542.				

Recommendations

- Alternative Front office Staffing Model
 - 1 Greeter
 - 1 Central Phone Attendant
 - 2 Check-Out Clerks
 - 1 Medical Records Coordinator
 - 1 Chart courier/Translator
 - 1 Front Office Supervisor
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Recommendations

- Adjustment of salaries based on local and state comparisons
 - Use of a competency checklist for training
 - Training for all staff on patient relations and telephone courtesy
 - Development of written protocols and training for handling emergent calls
 - Moving business office or mental health off-site or moving medical records to basement to solve space limitations
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Recommendations

- Combine purged charts
 - Document patient complaints and how they were handled
 - Add 2 outgoing phone lines
 - Physicians meet at least quarterly to develop policy
 - Physicians need to define their expectations of management and determine if current manager can meet those expectations
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Questions



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