

Improving Workflows: Front Office, Back Office and What It Means for Staffing Webinar Questions and Answers

Q: Can you explain some of the pros and cons of having an MA vs. providers traveling alone?

A: Some of the benefits of having the help of a medical assistant to travel with providers to visits include the following: efficiency and improved productivity which allows for an increased number of patients per day to be seen; increased safety measure; serving as a witness if there were ever any alleged allegations; a second pair of eyes when traveling to potentially risky areas; assist with vitals; phlebotomy; immunizations; assist with positioning of patients; paperwork; and patient and caregiver education.

Some of the disadvantages to consider are: the cost and impact on staffing – will you be able to fairly accommodate medical assistant support for each provider on your team as appropriate; the medical assistant may be needed in the back office to perform other functions – this also limits schedule flexibility for the providers as they would need to start and end their day from the office base rather than home; and consider the liability of whose vehicle they will be driving and if you have company insurance.

Q: What advice do you have for small practices just starting out?

A: Four key considerations for small practices are as follows:

- Market your practice from day one and continuously work to develop relationships and partnerships. New practices may anticipate the flood gates will open, however that has not been the experience of many. Starting-up and accumulating a patient panel tends to be a very slow process that takes time and depends on the relationships you have with potential referral sources.
- Keep costs down, do not spend up on medical office space when it's not needed since the care you provide is in the home. Explore other affordable physical office space options or even utilizing a home office, is appropriate during startup.
- Make the most of all reimbursement opportunities. Under the current Medicare Fee for Service Model, it is imperative that you document, code, and bill appropriately for the services you offer in addition to taking advantage of advanced coding opportunities to reimburse you for non-face-to-face time and complex care coordination. For example: Chronic Care Management and prolonged services.
- Hire the right people. Home-Based Primary Care has many unique aspects, and it takes a special and passionate type of provider and staff member to dedicate themselves to this kind of work.

Q: On average, how many patients per day could a provider see with the assistance of an MA?

A: On average when traveling to the home setting, physicians with a medical assistant will see 8 to 10 patients per day. Productivity standards vary and depend on your practice make up, typical geography covered, the setting of care (Home vs. Assisted Living), the type of visit – for example: new patients or post-discharge visit will require more time. Be sure to consider any organizational standards, your practice’s mission and vision, and analyze trends or perform direct observations of your team to determine the right productivity standards for your team.

Q: When doing 8-10 visits, are they in homes, or do they include ALFs, or group homes?

A: The average of 8-10 visits per day is for physicians when traveling to the home setting with the support of a medical assistant. If you are providing care in an ALF, that will typically enable you to see an more patients per day.

Q: How do these practices utilize RNs?

A: RNs are utilized in a variety of ways: they triage patient care; place orders; handle referrals; call patients back with medical advice; and give direct instruction within the scope of their license. You could consider developing triage protocols to encourage RNs to work to their highest scope of practice. They may also serve as care managers for a certain patient population and can assist with Chronic Care Management and Transitional Care Management.

Q: What is the process for scheduling and routing visits? We have trouble maximizing patient visits and geographic area.

A: It is recommended to develop a scheduling guide and provider zones to group the service area for each provider within proximity. If your staff understands which areas the provider is anticipated to be in on a given day, it will make scheduling future visits in the same areas easier. Consider utilizing technology such a Carelink, Road Warrior, or Maptive to plan efficient driving routes and schedules. Bing or Google Maps may also be utilized for route planning.

Q: Do the practices outsource their labs, or does someone on the team draw them? I’m looking to increase efficiency in our established HBPC practice.

A: Both methods are commonly used in HBPC practices. Medical Assistants or the Provider may draw blood during visits in addition to partnering with a local mobile phlebotomy service who can conduct blood draws outside of routinely scheduled visits and allow you to free up your team when lab work is needed.

Q: For new patients, who assists with the new patient paperwork completion? Is this on paper or completed electronically?

A: Typically, your front office staff would be responsible for conducting new patient intake and obtaining the necessary registration forms such as HIPPA, consent for treatment, and patient communication preferences. It is important to utilize all staff to their highest scope to remove any administrative duties from providers when possible. If you do have a medical assistant traveling with you to a new patient visit and forms are needed, they could assist with obtaining this information as well.