PEDIATRIC CEO INTENSIVE

Critical Thinking in Your Practice

PEDIATRIC-CEO.COM



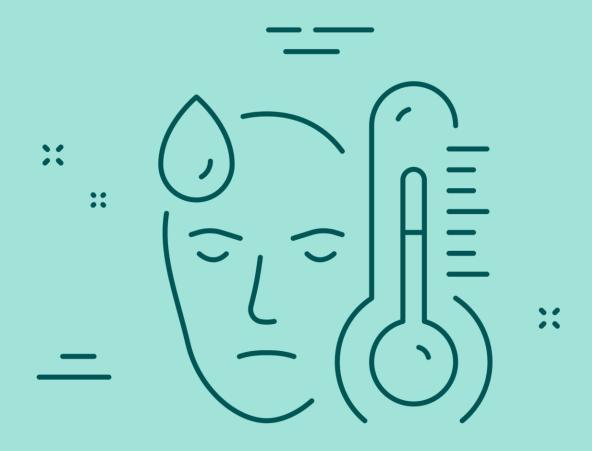


Let's set the stage

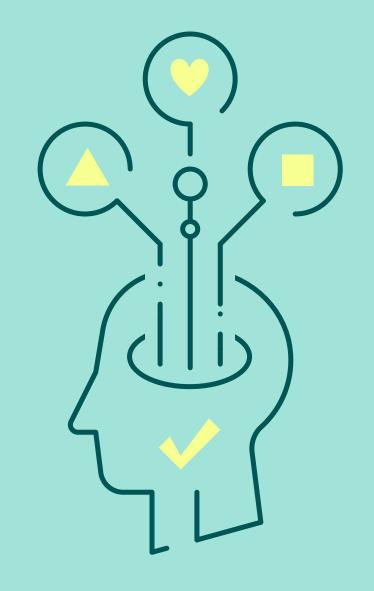
Who's in the room?



Learn
From
Your
Patients



Critical thinking is the ability to analyze facts objectively and form a judgment. It is a form of emotional intelligence.





Enhanced decision making and risk management skills



Increased adaptability and responsiveness to change



Boosted collaboration and communication



Stronger talent retention and leadership potential

Why should you think critically?



Develop curiosity, challenge status quo



Complex problem solving



Tolerate risk and balance it with reward



Innovation



Adaptability, learn from failure



Effective communication and collaboration



Critical thinking enables employees to consider multiple perspectives and potential outcomes of different decisions, leading to better choices that are more likely to succeed.

Forbes.com

How to foster critical thinking among your staff:



Invest in education for your team



Reward innovation and creative problem solving



Promote data-driven decision making



Lead by example



Create an environment of curiosity and discussion





Steps 2 – 4 is data analysis

L – Legwork
Research/data

Data analysis is the process of collecting, cleaning, and interpreting data to extract meaningful insights. It is an important part of any business, as it can help to improve decision-making, increase efficiency, and boost profitability.





Important Data Sources



Your Billing System

CPT volume, RVUs, charges, payments, provider productivity, the Dashboard...



Your Staff

They have their eyes on your workflow in places you didn't realize exist.



Your EHR

Overdue patient lists, missing clinical opportunities, quality KPIs.



Your Patients

The only way to really understand your patients is to ask them.

Data analysis can be used for a variety of purposes, such as:









Making better decisions

Evidence Based Practice Management

- Compensation Modeling
 What happens when you depend on "industry standards" to set the salaries for your clinicians?
 Do you know your overhead, your revenue, RVUs?
- 2 Scheduling Management
 Do you really know how many patients each clinician sees daily? What your demand is for different visits? How many visits do you need in a day to break even?
- Patients Smatients
 What do your patients really think about you? Has
 the demand for your practice changed over time?

Identify The Problem

You are interviewing a new residency graduate to hire for your practice. **She's asked for a starting salary of \$275,000 with three weeks of vacation.** She's eager to work as much as possible, up to five days a week and one or two Saturdays a month. She'd like three weeks of vacation per year.



Research/Data



You will need to dig deeper

- Expected per visit average revenue
- Anticipated number of patients seen per day
- How many days will she be able to work
- Your office overhead
- Your desired margin

Determine Data Relevance

Expected per visit average revenue	\$212	
Anticipated number of patients seen per day	27	
How many days will she be able to work	255	
Your office overhead + margin	80%	
Available for salary + benefits	\$292,000	

Determine Data Relevance

Expected per visit average revenue	\$212	\$158
Anticipated number of patients seen per day	27	25
How many days will she be able to work	255	255
Your office overhead + margin	80%	80%
Available for salary + benefits	\$292,000	\$201,000



Ask Questions

Identify the Best Solution

Expected per visit average revenue	\$212	\$158		
Anticipated number of patients seen per day	27	25		
How many days will she be able to work	255	255		
Your office overhead + margin	80%	80%		
Available for salary + benefits	\$292,000	\$201,000		



Present Your Solution

Analyze Your Decision

Assess your new doc's performance quarterly and reevaluate at the end of her first year.

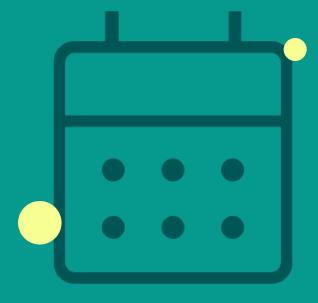
P – Problem

Identify The Problem

You'd like to open your schedule a full year in advance so you can pre-book all of your older patients for their WCC when they are checking out at the time of their current WCC visit. Your partners are pushing back claiming that they can't plan their schedules this far in advance and rescheduling patients will be too disruptive to staff and patients.



2 L – Legwork



Research/Data

You will need to dig deeper

- How many 4+ year olds are behind/failing to schedule WCC?
- What will it cost to reschedule a week's worth of WCC?
- How much do you stand to gain if you pre-book these kids?
- How many appointments are actually scheduled more than 3-6 months in advance?
- What are our prejudices about pre-scheduling appointments?

Determine Data Relevance

Let's assume someone decides to take a vacation 4 months from now. If you're booking a year in advance, they would have WCC for kids 2+ on the schedule.

- What do you estimate would be the volume of prebooked visits?
 - 0 10? 15?
- What is the payroll cost of your front desk staff?
 - o If we assume \$18/hr + 15% benefits, that's \$1.73 per 5 minutes. It probably doesn't take 5 minutes to reschedule every patient, but let's assume it does.

So rescheduling 15 patients would cost you \$25.88.

Ask Questions

Let's get feedback from other shareholders.

What?

What do our scheduling and front desk staff think?

How?

How much work does it take to do mass recalls rather than booking kids on the spot?

How?

How hard is it to track these kids down?

Identify the Best Solution

What is the best solution?

6 E – Execute

Present Your Solution

You are the Chief Repeating Officer.

Analyze Your Decision

Reassess your WCC coverage rates after **3-6-12-24** months.

Identify The Problem

Your providers and nurses keep telling you that you need longer appointment slots because they are always running behind. You currently book 10-20 minute appointments, depending on the appointment type.



Research/Data



You will need to dig deeper

- How long do my patients spend in the office all together?
- How long do my patients spend at each stage of the visit?
- What do my staff and providers think is taking the most time?
- Ask parents for their experience.

2	Curbside
7	Waiting Room
13	Triage
10	Waiting for Provider
13	Provider in Progress
4	Needs Nurse
9	Nurse in Progress
5	Checking Out
63	TOTAL TIME IN OFFICE



Provider	EP Sick	NP Sick	Med f/u	Asthma f/u	Tele- health	ADHD eval	New- born	EP WCC	NP WCC Infant	NP WCC Child	EP Teen WCC	NP Teen WCC	Grand Total
NP1	8	10	10	10	8	16	13	14	16	16	14	18	11
MD1	8	9	9	9	8	16	10	12	14	16	13	14	10
MD2	14	14	12	16	13	20	20	16	17	23	18	16	15
NP2	10	11	12	12	9	20	18	15	17	20	16	20	13
TOTAL	11	11	11	13	9	19	15	15	16	20	16	17	13

Determine Data Relevance

- Is all of the data accurate?
- Is someone forgetting to change a patient's status habitually?
- Does your staff chronically forget to check your patients out?
- Slice and dice look at times by appointment type, age, new/established, staff member, provider, etc.

Ask Questions

Get feedback from your team. Survey your parents/patients.

Do? Do they feel like they spend a long time in your office?

Which? • Which parts of the visit take the most time?

What?

What do they think could be more efficient?



Identify the Best Solution



Present Your Solution

Analyze Your Decision

Reassess your data with another time study and patient survey in 3-6-12 months.

Changes You May Wish To Make In Practice

- Before your next business decision, commit to approaching the challenge with an Evidence Based Practice Management Perspective
- Gather real data from your practice to predict what the outcome of your decisions will be
- Review your business decisions after-the-fact to determine how accurate your predictions were
- CANI constant and neverending improvement

