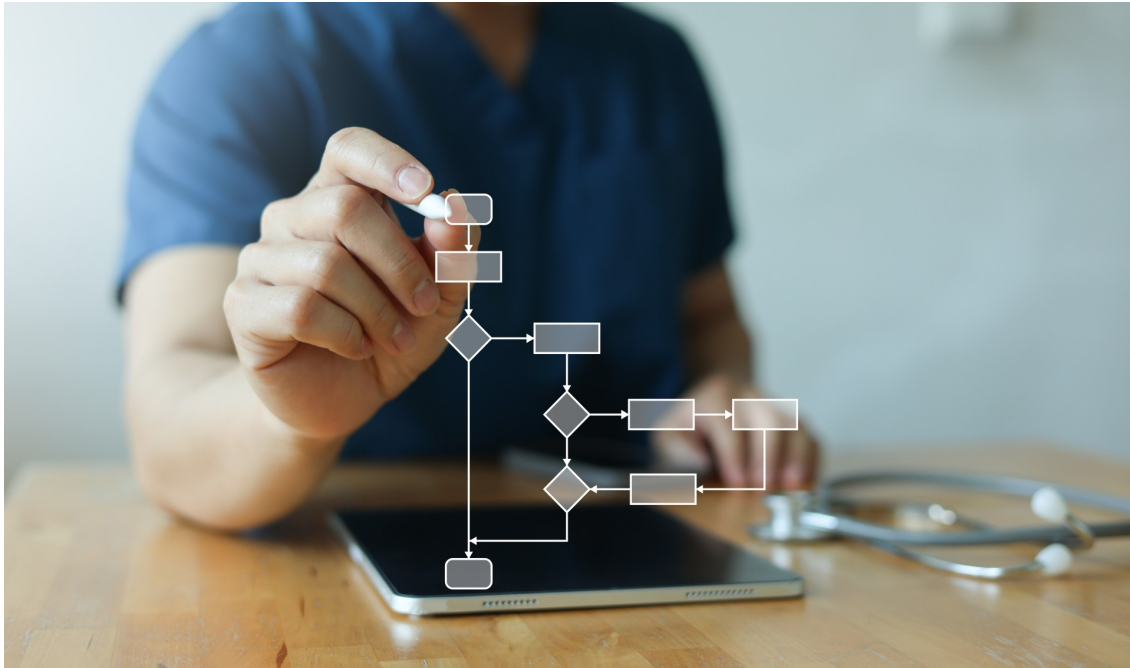


# Strategies to Streamline Practice Workload



**By Elizabeth Woodcock, MBA, FACMPE, CPC**

Medical practices throughout the south report heightened patient demand. While having more “customers” is welcome from a business perspective, too many patients can overwhelm both your space and your team – and may impact your ability to provide safe, quality medical care. As a result, practices are increasingly exploring new techniques to improve capacity while maintaining quality and experience. Consider these ideas that have a proven track record.

**Secure Messages.** Message management is key to an efficient office. Establish clear protocols for who reviews and responds to messages. Support these efforts by converting messages into billable encounters to help fund the infrastructure needed to manage between-visit care. Consider adding a “pop-up” alert for patients that offers same-day or virtual appointments instead of leaving a message. Designate time each day—an hour for your daily “minute clinic,” for example—to address these requests. Alternatively, explore

billing codes for virtual communications (99421–99423), which are now widely used across the industry (for example, click [here](#). Although extreme, some practices have shut off patient-initiated secure messages altogether and are instructing patients to call.

**eConsults.** Virtual consultations between physicians have gained popularity within large, integrated health systems as a means of reducing unnecessary specialty care utilization. Although there are many use cases, a common model involves primary care physicians consulting specialists regarding referrals and ongoing care management.

The result is often improved referral appropriateness and better management of patients within primary care. Consider replicating this model within your own referral network. eConsults are also billable (99446–99449, 99451–99452), although reimbursement varies by payer.

*Advanced Practice Providers.* Physician assistants and nurse practitioners represent two of the 10 fastest-growing occupations in the United States, according to the Bureau of Labor Statistics. With near-term growth projected at nearly 40%, new training programs are opening, and existing programs are expanding. Consider serving as a preceptor so that you are well-positioned to evaluate new graduates and potentially recruit top candidates into your practice. Increasingly, APPs are helping manage stable, established patients, allowing physicians to open more appointments for new patients. Many practices are moving away from the “incident-to” model, which can be difficult to manage from a compliance perspective and may unnecessarily limit the role of APPs for only modest revenue gains. Review your state’s scope-of-practice laws and consider how advanced practice providers can help expand your practice’s capacity.

**Onboarding.** What may seem like a minor operational detail has become increasingly important: managing every aspect of onboarding a new physician or APP. This includes fast-tracking credentialing and payer enrollment as soon as an offer is accepted; clearly defining the physician’s or APP’s support team and ramp-up schedule (does it really take a full year to build a full schedule?); incentivizing staff to fill the new physician’s or APP’s schedule during the first six months; and setting expectations regarding clinic hours and physician/APP cancellations (for example, requiring leave requests more than 90 days in advance, except in emergencies). High-performing practices are not leaving these details to chance.

**Shared Visits.** Group appointments may not fit every specialty, but many practices can benefit from this model. For example, shared prenatal care programs have shown success in obstetrics (Click [here](#) to visit website) Shared visits are no longer considered an outlier approach; Cleveland Clinic conducts thousands of shared medical appointments each month. As appropriately performed and documented, these visits may be coded and billed as standard office encounters.

**Return Visit Intervals.** Medical literature has increasingly examined the timing of follow-up visits. For example, click [here](#). Follow-up frequency naturally varies based on patient condition, but a simple data analysis may uncover opportunities for improvement. Run a

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report by physicians and APPs showing each patient's frequency of return visits over the past three years, including diagnosis codes. Review patterns and identify variations within your practice. For example, for the same diagnosis, Dr. A may see patients an average of 12 times, while Dr. B averages four visits. Consider incorporating additional data such as emergency department visits, hospitalizations, and patient satisfaction scores. Root-cause analysis may reveal effective practices worth sharing—perhaps Dr. B has implemented effective nurse follow-up, caregiver management programs, or motivational interviewing strategies that support healthier patient behaviors. Examining return visit intervals may not provide a definitive roadmap, but it can help identify and spread best practices.

Ultimately, improving access and managing rising demand require more than simply adding appointment slots; they demand intentional redesign of workflows, care teams, and operational expectations across your practice.

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