



How to Staff Your Practice in an Unpredictable Marketplace

Adapt your hiring strategy to withstand uncertainty

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INTRODUCTION

The healthcare industry has largely recovered from the severest effects of the COVID-19 pandemic. Most medical practices report that patient volumes are increasing, and there is less intentional delay of care.

Independent medical practices continue to grapple with issues that were present before the pandemic—declining reimbursements, increasing costs, and health system consolidation. In addition, many smaller practices may still be struggling financially in part due to their size.

In the past few years, many practices experienced a supply versus demand roller coaster—a shortage in patients followed by a surge in demand, which may have been followed by another business decline, and so on. Uncertainty has entered into the business of providing office-based care.

For all practices, new challenges have emerged with finding and keeping talent. The great resignation hit the healthcare industry hard. Employees look for fulfillment in their work now more than ever before and may quit if they don't find it. What's more, burnout is not only affecting physicians in medical offices. Front desk, administrators, billers, and coders may experience burnout as well, although perhaps to a lesser degree, and may leave their jobs as a result. When administrative employees quit, it increases the workload for the remaining staff.

One common challenge practices face:

How to staff their offices in this unpredictable environment.

A medical practice that becomes an employer of choice has a much better chance of succeeding in this new environment. If you want your practice to be regarded as an employer of choice, consider how events of the past couple of years have affected your employees' wants and needs at work.

This e-book explores trends likely to impact how you staff your practice and provides guidance for moving forward.



VIRTUAL CARE

Even though concerns about fee parity remain, telehealth will remain a central care delivery tool for the foreseeable future. Large health systems and small independent practices have invested a lot of time and money into telehealth—and are unlikely to abandon this technology this far into the game. Patients have experienced the convenience of telehealth appointments and now expect it.

As more care shifts to virtual, the staffing model required to support your practice will change.

If your office treats fewer patients in person, you may need to redeploy nurses and medical assistants into new roles that support updated workflows. Doing so will enable you to continue to leverage the training and capabilities of your clinical staff.

Tip: When considering telehealth options, look for a solution that offers tight integration with other administrative systems. For example, when a patient is ready for their virtual visit, telehealth software should automatically deliver a notification to the EHR and practice management system. Key information from the visit, such as visit duration, intake response, and consent, should be delivered automatically to the patient's chart within the EHR. You should be able to manage visit documentation as you would an in-person visit.

Depending on the telehealth system they've implemented, some ambulatory practices may need fewer administrative support staff.

Telehealth solutions that integrate well with the EHR and practice management system can reduce your administrative burden.

If your practice adopted telehealth rapidly during the COVID-19 public health emergency, think about your long-term needs and reimbursement potential. Plan to optimize ongoing use of this technology. As patients return to the office, virtual visits may start to become a new, separate revenue stream—rather than just a replacement for in-person visits. From this perspective, medical practices may implement virtual visits as a growth opportunity with a relatively low barrier to entry.



WORK FROM HOME

Many non-clinical and some clinical staff continue to work from home. These staff members access the practice's health IT systems remotely to perform billing, care coordination, and other administrative tasks. This should be done securely, and your system needs to be built to protect protected health information (PHI). As time moves on, practices will likely continue to accommodate work-from-home staff.

Tip: When seeking to fill office staff positions, consider candidates from a wider geographic area. Many administrative and back office operational roles can be performed remotely—therefore, these roles don't necessarily have to be filled by people who live close to your practice. Recruitment and retention of top-quality staff has become increasingly competitive, which may make broadening the geographical boundaries of your talent pool more necessary.

THE DEMAND FOR STAFFING FLEXIBILITY

To enable your office to cope with staffing shortages and changing economic conditions, non-physician office staff may need to develop multiple skill sets so they can be more flexible in the roles they perform. As an example, front desk staff and medical records staff can be trained on how to manage the practice's accounts receivable (A/R). Once training is complete, these employees can start collecting aging receivables.

What's more, medical assistants and entry-level, computer-savvy staff, can take on a new responsibility—helping patients get connected to a virtual platform. Medical assistants can also serve as scribes for providers during virtual visits.

Clinical staff can also be trained to provide more assistance in managing patients with chronic conditions.



See *Increase Focus on Care Management* on [page 8](#).

OPPORTUNITIES OF THE NEW MEDICAL OFFICE

Consider the medical office itself. In many cases, less space is needed as more administrative staff work remotely and telehealth reduces the time physicians and patients spend inside the office. Some practices downsized their waiting rooms and repurposed space for clinical use. Other practices cut back on their rent expense.

If your practice owns a medical building with available space, consider leasing to an organization or provider whose services complement yours. For example, if your focus is primary care, you might rent space to a behavioral healthcare provider or a licensed clinical social worker.

Tip: Consider outsourcing functions that are not central to the practice of medicine. For example, if your practice, hosts its own EHR and practice management software, determine whether it's worthwhile to continue to maintain servers in-house—this may be the time to move to a cloud hosting solution.

Another opportunity and perhaps a silver lining to recent challenges:

More practices can focus on their core competency—the delivery of high-quality care—and unburden themselves of certain administrative tasks that can be outsourced.



INCREASE FOCUS ON CARE MANAGEMENT

Care management responsibilities may become more prominent. As value-based payment models gain a stronger foothold, managing your patient population with effective programs becomes more important.

Expect increased focus on care plan development, patient education, and adherence to the plan of care. Staff will need to develop skills that support health maintenance over many years of a patient's life. Staff may need additional training to better manage patients with chronic illness and address social determinants of health.

Consider shifting nurses and medical assistants to tasks that support population health and care management—reaching out to patients, identifying and closing gaps in care, and monitoring and engaging with patients with chronic conditions to improve outcomes, reduce hospitalizations, and decrease emergency department visits.

Tip: Consider implementing a high-touch virtual approach to care management. Care managers can use telehealth for patient outreach and follow-up. This helps avoid the need for patients to find transportation and the risk of contagion during in-office visits. In addition, virtual outreach leverages the practice's investment in its IT infrastructure.

ROLE OF THE PHYSICIAN

As leaders of the healthcare team, physicians can oversee the establishment and implementation of standardized, practice-wide triage guidelines to govern the assignment of patients to virtual visits or in-person care. These workflows, and subsequent staff training, will largely determine a practice's success in implementing virtual care.

Now that the visit mix incorporates virtual care, practices have an opportunity to become more efficient. Physicians, in turn, may get an opportunity to extend the time spent with higher-need, complex patients.

Physicians may also have an opportunity to focus more attention on population-level problem-solving. Additional time may allow physicians to develop workflows and outreach programs to address specific patient cohorts.

The ability to perform virtual visits from any location, including home, can help *reduce* physician burnout. Virtual visits allow reimbursement for on-call work that, until recently, was not billable.

Tip: Virtual visits can sometimes save the patient the need to visit an urgent care or after-hours clinic. At the same time, these visits generate revenue for the practice as a replacement for non-reimbursed, after-hours phone calls. You can integrate mobile technology with a telehealth solution to enable providers to conduct virtual visits using their smartphones.

PROACTIVE STRATEGIES TO MANAGE OFFICE STAFFING

Like other businesses, healthcare practices must be prepared to adjust staff resources during times of financial transition. Consider the recommendations below.

Perform time studies

Time studies are fundamental to establishing a baseline of current operations in preparation for staffing changes. These studies determine how much time is needed—per patient—for each office function, based on a full schedule. Repeat time studies over multiple days to: identify outliers; account for variability related to the specific day of the week and care team composition; and obtain a meaningful average.

For example, determine how much time nurses require to complete their charting on a single day by calculating a weekly average. Then divide this by the number of patients that were seen on average in one day. This will tell you how much nursing staff time must be allocated per patient for charting.



**TIME SPENT
ON CHARTING**
(Weekly average)



**NUMBER OF
PATIENTS**
(Daily average)



**TOTAL TIME
NEEDED**
(Per patient)

Note that these time studies are based upon tasks, and that staff members may perform multiple tasks. A medical technician, for example, may spend most of the day providing clinical support for the doctor, then answer phone messages for a couple of hours, and, as their last responsibility for the day, balance the drug cabinet. A separate time study will be needed for each of these functions. How many messages did the tech answer in one day? How many drugs were dispensed in a day? How long did it take the technician to balance the drug cabinet? What was the variability from one day to the next, or between two staff members performing the same tasks?

As staff roles become more complex, time studies do as well.

Once time-study information is obtained, you can more easily determine how many hours you need to add or cut back for each specific function when a sudden rise or drop in patient visits occurs.

For example, suppose time studies show your medical practice needs one front desk person and one check out person to work eight hours each day when the schedule is full. Then a surge in COVID-19 cases or some other unforeseeable event occurs, and patient visits drop by half. Based on time study information, you can combine the front desk and check out functions into a single role or reduce the hours for each of these tasks by half.

There is another reason to conduct these studies. They help you make sure your staff is performing at an appropriate level and meeting goals.

Assess office functions alongside available technology

When reviewing office functions, consider technology solutions that ease workload and allow for greater staffing flexibility. For example, an online self-scheduling tool integrated with a patient portal and your EHR may reduce the burden on front-office staff.

Also consider technology solutions that facilitate work from home. For example, patient eligibility checks can be performed online. It may benefit your practice to have them performed by work-from-home staff.

Now is an especially opportune time for practices to assess their use of administrative technology. Expanded use of technology may give your practice the adaptability it needs to thrive in a volatile economy.



Monitor staffing needs

Review staffing numbers compared to production, based on key performance indicators (KPIs). Two important KPIs are daily charges and daily payments. To establish a standard for your practice and account for variability, obtain averages based on your office operating at full capacity over a period of time.

To determine staffing needs, use your KPI for daily charges to calculate your projected charges for the week:

- If at the end of the week, you don't meet these projections, it may be time to reduce staff hours.
- When you see charges returning to projected levels, you need to bring staff back.

Make your staff as nimble as possible

Know your staffing model and which KPIs you should monitor so you can swiftly adjust your workforce. The goal is to be ready to make staffing changes quickly.

With stricter enforcement of rules about staying home when sick, you may have to cross-train staff to have sufficient coverage. Such flexibility will only be possible if you have done time studies and understand what skills and technology are optimal for each function.



Monitor appointments

Keep track of how many appointments are scheduled. Determine milestone numbers for adding or reducing provider time. When the demand for care suddenly increases or decreases, having milestones in place helps you make staffing decisions quickly.

Become an employer of choice

We all want a positive work environment. For employers, it is important to treat all employees with respect and care. Staff members should feel like they can communicate openly about their problems and suggestions.

Listen to your employees, and make sure there is an accessible, reliable way to get input from them regularly, like a quarterly survey or suggestion box. Be patient and understanding whenever issues arise. Your employees are people, they can't be superhuman. Support employee wellness and team bonding. Be thoughtful about the benefits you provide to your employees and treat them the way you want to be treated.



Tip: Plan for ways to augment your staff. One option: collaboration with a third-party revenue cycle management (RCM) partner. An RCM partner can perform administrative tasks, including claims management, payment posting, and financial reporting. Other functions that potentially can be outsourced include denial and insurance A/R management, patient A/R management, and patient cost estimation, messaging, and call center support.

Be prepared for change

In order to guide your practice in an unstable environment, you must know your business well. This doesn't mean you have to be an expert in every aspect of running a medical practice. However, you must know your staff, both their strengths and weaknesses.

Past experience has taught us that staffing needs can change drastically in the blink of an eye. Practice owners, executives, and administrators are best off if they plan ahead to make business-based decisions.

A planned, thoughtful approach to change will enable you to handle volatility.

Sometimes on-the-spot decisions will have to be made, but if you plan for your decisions, it will lead to better outcomes.

Tip: Have a plan ready for adjusting staff—to respond to changes in the economy and achieve your practice's long-term goals. Communicate the plan to key members of your clinical and administrative staff and get buy-in from them. As of this writing, we are experiencing a staffing shortage, but it won't be this way forever. Everything is subject to change.

A volatile marketplace may also require practice owners and administrators to show more of their human side. There will be times of shortage and times of surplus; times when you need to hire more staff and times when layoffs are imminent. Let your current staff know what's going on to the extent possible. Be as honest as you can.

A thoughtful plan and a sincere approach to communication will lead to the best possible financial and human resource outcomes. Focus on what you can control—doing your best to become a medical practice with business operations and a staff of which you are proud.



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One common challenge practices face: **How to staff their offices in this unpredictable environment.** The medical practice that becomes an employer of choice has a much better chance of succeeding.

1 Todd Shryock, "Your staff is about to quit - here's why," Medical Economics, November 18, 2022. <https://www.medicaleconomics.com/view/your-staff-is-about-to-quit--here-s-why>. **2** Emily Olsen, "Outpatient telehealth use declines, but is still elevated from pre pandemic era," MobiHealthNews a publication of HIMSS Media, February 15, 2022. <https://www.mobihealthnews.com/news/analysis-outpatient-telehealthuse-declines-still-elevated-pre-pandemic-era>. **3** Chad Mulvany, "Telehealth's impact on clinic staffing models post-COVID-19," Healthcare Financial Management Association, Apr 07, 2020. <https://www.hfma.org/topics/coronavirus/telehealth-s-impact-on-clinic-staffing-models-post-covid-19.html>. **4** NextGen® Advisors Podcast - How Virtual Visits are Changing Care Team Roles, June 26, 2020. <https://www.nextgen.com/blog/2020/june-advisor-podcast-8>. **5** Tatum Hearn, NextGen Healthcare Webinar: Recovery from Financial Setback, June 30, 2020. <https://ng.nextgen.com/Recoveryfrom-Financial-Setback>. **6** Chris Emper, CMS Moving Forward with Major Physician Office Visit Reforms in 2021, NextGen Advisors blog, August 27, 2020. <https://www.nextgen.com/blog/2020/august/cms-physician-office-visit-reform-2021>

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